



**EMERGENCY MEDICAL SERVICES  
COMMISSION MEETING MINUTES**

**DATE:** February 19, 2021  
**TIME:** 10:00am  
**LOCATION:** Virtual Public Meeting  
**MEMBERS PRESENT VIA**

**TELECONFERENCE:**

Darin Hoggatt	(Paramedics)
Charles Valentine	(Municipal Fire)
G. Lee Turpen II	(Private Ambulance)
Myron Mackey	(EMTs)
Sara Brown	(Trauma Physician)
Melanie Jane Craigin	(Hospital EMS)
John Zartman	(Training Institution)
Andrew Bowman	(RN)
Thomas A Lardaro	(Air Medical Services)
Joel Thacker	(State Fire Marshal)
Terri Hamilton	(Volunteer EMS)
Matthew McCullough	(Volunteer Fire and EMS)
John P. Ryan	(General Public)

**Ex-Officio Members:** Kraig Kinney (Indiana State EMS Director)  
(non-voting) Dr. Michael Kaufmann (Indiana State EMS Medical Director)

**OTHERS PRESENT BY TELECONFERENCE:** Robin Stump, Don Watson, Jason Smith, Mikel Fort, Tony Pagano, Stan Frank, Candice Pope, Lisabeth Handt, and other EMS Community members.

Complete video of this meeting can be viewed at the following link:  
<https://acadisportal.in.gov/acadisviewer/Registration/ListOfAvailableTraining>

**CALL TO ORDER AND ROLL CALL**

Meeting called to order at 10:00am by Chairman Lee Turpen. Mrs. Candice Pope called roll and announced quorum. Everyone stood for the Pledge of Allegiance.

**ADOPTION OF MINUTES**

a. Adoption of minutes from the September 9, 2020 session.

**A motion was made by Commissioner Mackey to approve the minutes as written. The motion was seconded by Commissioner Hoggatt. Roll call vote taken:**

<b>John Zartman <u>Yes</u></b>	<b>John Ryan <u>Yes</u></b>	<b>Melanie Jane Craigin <u>Yes</u></b>
<b>Charles Valentine <u>Yes</u></b>	<b>Lee Turpen <u>Yes</u></b>	<b>Myron Mackey <u>Yes</u></b>
<b>Darrin Hoggatt <u>Yes</u></b>	<b>Sara Brown <u>Yes</u></b>	<b>Thomas Lardaro <u>Yes</u></b>
<b>Andrew Bowman <u>Yes</u></b>	<b>Joel Thacker <u>Yes</u></b>	<b>Matthew McCullough <u>Yes</u></b>
<b>Terri Hamilton <u>Yes</u></b>		

**The motion passed. Minutes were adopted.**

b. Adoption of minutes from the December 30, 2020 special session.

**A motion was made by Commissioner Hamilton to approve the minutes as written. The motion was seconded by Commissioner Bowman. Roll call vote taken:**

<b>John Zartman <u>Yes</u></b>	<b>John Ryan <u>Yes</u></b>	<b>Melanie Jane Craigin <u>Yes</u></b>
<b>Charles Valentine <u>Yes</u></b>	<b>Lee Turpen <u>Yes</u></b>	<b>Myron Mackey <u>Yes</u></b>
<b>Darrin Hoggatt <u>Yes</u></b>	<b>Sara Brown <u>Yes</u></b>	<b>Thomas Lardaro <u>Yes</u></b>
<b>Andrew Bowman <u>Yes</u></b>	<b>Joel Thacker <u>Yes</u></b>	<b>Matthew McCullough <u>Yes</u></b>
<b>Terri Hamilton <u>Yes</u></b>		

**The motion passed. Minutes were adopted.**

**HONORARY CERTIFICATES**

a. Retirement (staff reviewed and granted) –

William B. Alter, James Berger, Marcia Dorsey, Nicholas Durham, Marvin Gheen, James M. Helton, Vicky Meek, John Papka, Kraig Perkins, David Wagoner, and Sherri L. White

b. Emeritus (staff reviewed and granted) –

CL Mitchell and Rodney W. Snyder

c. Certificate of Appreciation (staff reviewed and granted) –  
Kenny Bogard, Kiely Culberson, Glenn Elmore, and Kyle McGann

### **INDIANA DEPARTMENT OF HEALTH**

No report given at this meeting.

### **EMS FOR CHILDREN**

Ms. Margo Knefelkamp reported the EMSC survey has been completed by 336 EMS agencies but still need more to complete. Discussed PECC and that one goal is to have 90% of providers will have a PECC by 2026.

### **INDIANA FIRE CHIEF'S ASSOCIATION**

Director Kinney reported that speaker requests are now being taken for IERC.

### **INDIANA EMERGENCY MEDICAL SERVICES ASSOCIATION (IEMSA)**

IEMSA has a meeting scheduled for today at 2:00pm

### **EMS EDUCATION WORKING GROUP**

Mr. Jeff Quinn gave a brief over view of their last meeting. Their next meeting is April 22<sup>nd</sup>.

**Chairman Turpen directed Commissioner Zartman to create a group to look at the alphabet soup courses, ACLS, CPR etc. and create a template for the hours allowed to count for continuing education.**

### **MOBILE INTGRATED HEALTH COMMITTEE**

Director Kraig Kinney reported the committee is looking at training/education for Mobile Integrated Health and funding for Mobile Integrated Health. They hope to bring recommendations to the Commission early next year.

### **NEW BUISNESS**

a. Legislative update- Director Kinney provided an update on current Legislation (see attachment #1)

Chairman Turpen went back to the IEMSA report.

Ms. Kim Godden reported for IEMSA. Ms. Godden stated that IEMSA is working on a grant for use of drones in rural EMS. Ms. Godden gave an overview of legislation that the group is watching.

### **OLD BUSINESS**

a. Mechanical Aids to CPR Agreement Requirement -  
Director Kinney gave the background on the template. (see attachment #2)

**A motion was made by Commissioner Lardaro to approve the template. The motion was seconded by Commissioner Mackey. Roll call vote taken:**

**John Zartman Yes**

**John Ryan Yes**

**Melanie Jane Craigin Yes**

Charles Valentine Yes      Lee Turpen Yes      Myron Mackey Yes  
Darrin Hoggatt Yes      Sara Brown Yes      Thomas Lardaro Yes  
Andrew Bowman Yes      Joel Thacker Yes      Matthew McCullough Yes

Terri Hamilton Yes

The motion passed.

b. Ambulance Controlled Substance Registration (CSR) update –

Director Kinney gave a brief background on why the rule is needed and reported that the Pharmacy Board Rule was tabled at their last meeting. Director Kinney and Dr. Kaufmann are working on educating the new board members on the need for the rule update.

c. Finalize 2021 meeting dates –

Director Kinney and Mrs. Pope went briefly over the meeting dates for 2021

April 16 10:00am, June 18 10:00am, September 15 (IERC) 3:00pm, October 15 10:00am, and December 10 at 10:00am

A motion was made by Commissioner Zartman to approve the meeting dates and times. The motion was seconded by Commissioner Ryan. Roll call vote taken:

John Zartman Yes      John Ryan Yes      Melanie Jane Craigin Yes  
Charles Valentine Yes      Lee Turpen Yes      Myron Mackey Yes  
Darrin Hoggatt Yes      Sara Brown Yes      Thomas Lardaro Yes  
Andrew Bowman Yes      Joel Thacker Yes      Matthew McCullough Yes

Terri Hamilton Yes

The motion passed.

## ASSIGNMENTS

a. Past Assignments

i. All past assignments have been completed and reported.

b. Today's Assignments

i. Commissioner Zartman to look at the continuing education hours for ACLS, CPR and similar classes.

## ADMINISTRATIVE PROCEEDINGS – INFORMATION ONLY

a. Waiver Orders

i. Personnel Waivers

1. PI waiver – 836 IAC 4-5-1- waiver from the requirement to take the EMT cognitive and psychomotor examinations for PI certification - granted - (Donna Bodenhorn, Kathy Collier, Christopher Crail, Dale Daniels Jr., William Eberhardt, Jakob Feldmanis, Walter M. Goebel, Tonya Johnston, Brian Ketterer, Amanda Magner, Kyle Martincic, Steven Matson, Greggory Meyer, Steven Perry, Patricia Rademachir, Challie Rogers, Russell James Sheets, William A. Sonntag, Brian

- K. Taylor, Aaron West, Shauntri West-Hill, Justin Whaley, Tiffany Whaley, Amanda White, William H. Vance)
2. Request to extend temporary certification/license – 836 IAC 4-4-3 (b)– requesting an extension of temporary certification– denied
    - a. Brown, Brian
    - b. Dotson, Jerome
    - c. Edwards, David
    - d. Marburger, Todd
    - e. Werner, Mitchell
  3. Request to extend temporary certification/license – 836 IAC 4-4-3 (b)– requesting an extension of temporary certification– granted
    - a. Hathaway, Jamie
    - b. Rock, Charles
- ii. Provider Organization Waivers
1. 836 IAC 2-2-1 (g) - 24 hour/ 7 day requirement – granted
    - a. Bright Fire Company
    - b. Franklin County EMS
    - c. Henry County EMS
    - d. Union Township/Chesterfield
  2. 836 IAC 2-2-1 (h) – staff configuration in the back of an ambulance - granted
    - a. IU Health LifeLine
- b. Disciplinary Orders
- i. Personnel
1. Letter of Reprimand and \$50.00 fine (Continuing education Sanctions)
    - a. Wolf, Scott A.
  2. Letter of Reprimand and \$100.00 fine (Continuing education Sanctions)
    - a. Burkholder, Tristan
    - b. Keener, Casey A.
    - c. Stowers, Joshua
  3. Letter of Reprimand and \$300.00 fine
    - a. Frederickson, Dillon A.
  4. \$500.00 civil penalty fine
    - a. Williams, Robert A.
  5. 30-day suspension followed by 2 year probation
    - a. Cassida, Keith Ryan
  6. 7-year Revocation
    - a. Bowlby, Chad

## **STAFF REPORTS**

- a. Data Registry – Ms. Robin Stump reported we are still running in the high 90% range for reporting. Everyone, no matter what vendor you are using, needs a log in for Image Trend. If you do not have a log in contact your district manager for assistance. Our data manager Randall is working with ESO to be able to accept NIFERS reports.
- b. Operations Report – Ms. Robin Stump reminded provider organizations to update their information in EMResources. District managers are contacting providers to have them complete the EMSC survey. District managers have been assisting with transporting vaccines around the state.
- c. Compliance Report – Mrs. Candice Pope reminded everyone to not wait til the last minute to renew your certifications.
  - i. Personnel – No report at this meeting
  - ii. Providers – (see attachment #4) report submitted for information only. No action taken. None required.

- d. Training Report – (see attachment #5 for the training report) report submitted for information only. Mr. Tony Pagano also talked about staff working with Jones and Bartlett for online continuing education offerings for continuing education.

**STATE EMS DIRECTORS REPORT** – Director Kinney gave updates on all of the following, administrative support grant (foggers and solution, and Covid – 19 LMS content), rule rewrite, EMS Compact, AED Registry, EMSC survey efforts, COVID – 19 vaccines, Homebound Hoosiers program, SIM Lab repairs completed and IDHS website updates. Director Kinney thanked the EMS staff for their work.

**STATE MEDICAL DIRECTORS REPORT** - Dr. Michael Kaufmann gave updates on several topics including EMT vaccine administration, data, and Homebound Hoosier program.

**CHAIRMAN'S REPORT AND DIRECTION**- Chairman Turpen encouraged everyone to update EMResource. National Conference in San Diego will be complete virtual this year. EAGLES Conference will be June 17 and 18 but to attend in person you have to have proof of having your Covid – 19 vaccine.

**NEXT MEETING**

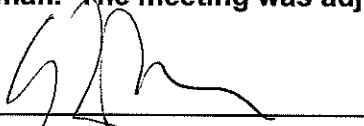
April 16, 2021 at 10:00am

Plan as of this meeting is for virtual meeting

**ADJOURNMENT**

**A motion was made by Commissioner Mackey. The motion was seconded by Commissioner Zartman. The meeting was adjourned at 11:52am.**

Approved



G Lee Turpen, Chairman

# Attachment #1



Monday, February 15, 2021

**To:** EMS Commission Members  
**From:** Kraig Kinney, Director and Counsel of EMS  
**Re:** Pending Legislation Report-2021 Session

Pursuant to the request of EMS Commission members that I provide a written list of bills that I note could have EMS impacts, here is a current report.

As a reminder, a bill must be passed by Committee and then have a Second and Third reading during which amendments may be made. Once a third reading is done, the bill would be eligible to be transferred to the opposite branch of the legislature for consideration. Many bills will have a First Reading and be assigned to Committee to not be heard there.

BLACK indicates that the bill was introduced but is pending in initial committee status.

GREEN indicates that a bill has a hearing or other action pending in the first house of the Indiana legislature.

BLUE indicates the bill has passed the first house and has been referred to the other House of the Indiana legislature.

**Looking Ahead**

- Halfway point approaching
- House bill must pass 3<sup>rd</sup> reading in the House by 2/22 in order to be considered in the Senate
- Senate bills must pass 3<sup>rd</sup> reading in the Senate by 2/23 in order to be considered in the House

Here is a quick link to all the bills from the 2021 session, you can either check updated status or more information of any of these below by clicking the bill number or name:

<http://iga.in.gov/legislative/2021/bills/>



**HB1002** **CIVIL IMMUNITY RELATED TO COVID-19.** (TORR J) Protects health care providers from professional discipline for certain acts or omissions arising from a disaster emergency unless the act or omission constitutes gross negligence, willful or wanton misconduct, or intentional misrepresentation. Provides that a health care provider is not protected from professional discipline for actions that are outside the skills, education, and training of the health care provider, unless certain circumstances apply. Specifies that orders and recommendations issued by local, state, and federal government agencies and officials during a state disaster emergency do not create new causes of action or new legal duties. Specifies that the orders and recommendations are presumed irrelevant to the issue of the existence of a duty or breach of a duty. Specifies that the orders and recommendations are inadmissible at trial to establish that a new cause of action has been created or proof of a duty or a breach of a duty. Prohibits filing a class action lawsuit against a defendant in a civil action allowed by the statute. Specifies

that a governmental entity or employee is not liable if a loss results from an act or omission arising from COVID-19 unless the act or omission constitutes gross negligence, willful or wanton misconduct, or intentional misrepresentation. Provides that a person is not liable to a claimant for loss, damage, injury, or death arising from COVID-19 unless the claimant proves by clear and convincing evidence that the person caused the loss, damage, injury, or death by an act or omission constituting gross negligence, willful or wanton misconduct, or intentional misrepresentation. Provides immunity from civil liability to certain persons, entities, and facilities providing health care and other services for certain acts or omissions related to the provision of health care services and other services during a state disaster emergency.

Status: Passed the House and Referred to Senate.

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**HB1032** **NEWBORN SAFETY DEVICES.** (FRYE R) Provides for placement of a newborn safety device at any facility that is staffed by an emergency medical services provider on a 24 hour per day, seven day per week basis, provided the newborn safety device: (1) is located in an area that is conspicuous and visible to staff; and (2) includes a dual alarm system that is connected to the facility and is tested at least one time per month to ensure the alarm system is in working order. Provides for placement of a newborn safety device at any fire department, including a volunteer fire department, that is located within the jurisdiction of a city or town law enforcement agency, provided the newborn safety device is equipped with an alert system that: (1) when the newborn safety device is opened, automatically connects to the 911 system and transmits a request for immediate dispatch of an emergency medical services provider to the location of the newborn safety device; and (2) is tested at least one time per month to ensure the alert system is in working order. Provides that a person who in good faith voluntarily leaves a child in a newborn safety device located at such a facility or fire station is not obligated to disclose the parent's name or the person's name. Makes conforming amendments.

Interpretation/Comment: This just cleans up the existing statute.

Status: Passed the House - Referred to the Senate

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**HB1057 EMS IMMUNITY.** (TORR J) Adds: (1) certified emergency medical responders; (2) certified advanced emergency medical technicians; and (3) licensed paramedics; to certain statutes concerning negligence and emergency medical services. Provides that a certified emergency medical technician who provides certain emergency medical services (EMS) to an emergency patient is not liable for an act or omission in providing those services unless the act or omission constitutes gross negligence or willful misconduct. Provides that a certified emergency medical responder who uses an automatic or a semiautomatic defibrillator on an emergency patient according to certain procedures is immune from civil liability for acts or omissions when rendering those services unless the act or omission constitutes gross negligence or willful misconduct. Provides that an act or omission of a licensed paramedic or a certified advanced emergency medical technician done or omitted in good faith while providing advanced life support to a patient or trauma victim does not impose liability upon the paramedic or advanced emergency medical technician, the authorizing physician, the hospital, or the officers, members of the staff, nurses, other employees of the hospital, or the local governmental unit unless the act or omission constitutes gross negligence or willful misconduct.

Interpretation/Comment: This is a Professional Fire Fighters' Union of Indiana initiative that IDHS was consulted on with correcting the negligence standard in that the civil liability statute for EMS does needs amended as it currently protects acts to the negligence standard which is the lowest standard so gross negligence would add further protections to EMS providers. This version also clarifies all level of EMS as it is arguable that the EMR level may not have liability protections under the current immunity standards.

Status: Referred to House Judiciary

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**HB 1118 Mobile Integrated Healthcare Programs and Safety Plans**

Provides that an individualized mental health safety plan includes information concerning a patient's physical health. Provides that an emergency medical services provider agency with an approved mobile integrated healthcare program shall be operated by a city, town, or township in accordance with the rules and under the guidance of the Indiana emergency medical services commission. Provides that upon disclosure of a patient's individualized mental health safety plan, a mobile integrated healthcare program or a mental health community paramedicine program may provide certain services to help facilitate the patient's safe transition back into the community. Provides that a representative of a mobile integrated healthcare program or a representative of a mental health community paramedicine program may request a patient's individualized mental health safety plan from a psychiatric crisis center, psychiatric inpatient unit, or psychiatric residential treatment provider if certain conditions are met.

Status: Passed the House – Referred to the Senate.

\*\* Tracking Concern: The bill amends the authorizing statute for MIH and indicates that MIH "shall be operated by a city, town, or township." This would preclude county-based, regional or private EMS from conducting MIH. IDHS is tracking and believes it will be amended in the Senate.

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**HB1141**      **TRANSPORTATION FOR MEDICAID PRESUMPTIVE ELIGIBLE.** (CAMPBELL C) Requires coverage for nonemergency medical transportation of individuals who have been deemed presumptively eligible for Medicaid during the time in which the individual is deemed presumptively eligible for Medicaid. Requires the office of the secretary of family and social services to apply for any Medicaid state plan amendment or waiver necessary to provide for the coverage.

Status:            Referred to House Public Health

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**HB1201**      **EMERGENCY TRANSPORT OF INJURED OPERATIONAL CANINE.** (MCNAMARA W) Provides that if there is not an individual requiring medical attention or transport, a paramedic, advanced emergency medical technician, or emergency medical technician may use emergency ambulance services to transport an operational canine injured in the line of duty to a veterinary hospital or clinic. Specifies the care that may be provided to the operational canine. Specifies who is responsible for the transportation and treatment cost of an injured operational canine. Provides that a paramedic, advanced emergency medical technician, or emergency medical technician who in the performance of their duties and in good faith renders care or transportation to an injured operational canine is not liable: (1) for any act or omission when rendering the care or transportation; or (2) to the veterinary hospital or clinic for expenses incurred for emergency care provided to the injured operational canine.

Status:            Passed the House – Referred to the Senate.

An amendment added language that without an agreement, then the law enforcement agency would be responsible for care and transport costs. If there is an agreement with an EMS provider, then the agreement must specify which services are covered.

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**HB1259**      **INTERIM TRAUMA CARE STUDY.** (VERMILION A) Urges the legislative council to assign the study of Indiana's trauma care system to a study committee during the 2021 legislative interim.

Status:            Referred to House Rules and Legislative Procedures

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**HB1230** **SAFE HAVEN 911.** (LAUER R) Provides that due to extenuating circumstances, if a child's parent or a person is unable to give up custody of a child under the procedure set forth in Indiana's safe haven law, the child's parent or the person may request that an emergency medical services provider (provider) take custody of the child by: (1) dialing the 911 emergency call number; and (2) staying with the child until a provider arrives to take custody of the child. Provides that the emergency medical dispatch agency or the provider shall inform the child's parent or the person giving up custody of the child concerning the ability to remain anonymous.

Interpretation/Comment: This is similar to Baby Box laws but could impact EMS by receiving a 911 call and then having to take "custody" of a child from a scene.

Status: Passed the House – Referred to the Senate.

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**HB1425** **LIABILITY FOR EMERGENCY MEDICAL SERVICES.** (LYNESS R) Changes the emergency medical services civil liability standard to gross negligence. Provides emergency vehicle operators civil immunity for an act or omission committed by the operator while operating an emergency vehicle.

Interpretation/Comment: The civil liability statute for EMS does needs amended as it currently protects acts to the negligence standard which is the lowest standard so gross negligence would add further protections to EMS providers.

Status: Referred to House Judiciary

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**HB1446** **AMBULANCE ASSESSMENT FEE AND FUND.** (SLAGER H) Establishes the ambulance assessment fee (fee) and the ambulance assessment fee fund (fund). Provides that the office of Medicaid policy and planning (office) shall establish the fee based upon the best available data. Defines a "provider organization" for purposes of the fee. Requires a provider organization to be assessed the fee. Provides that the fund is established for the purpose of holding fees collected. Provides that the office shall administer the fund. Provides that amounts in the fund are to be expended for Medicaid payments to provider organizations. Provides that the office shall make expenditures from the fund in a manner consistent with applicable federal law. Provides that the office shall establish and distribute a schedule of payment amounts in a manner that reduces the gap between Medicaid rates and average commercial rates. Provides that the office shall consult with the Indiana emergency medical services association in the development and implementation of the payments. Provides that the fee is in addition to, and does not replace, any state general fund appropriations to support provider organization reimbursements. Provides that the office shall not lower Medicaid rates for provider organizations as a result of the fee. Provides that the office may adopt rules.

Status: Referred to House Public Health

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**HB1454 NONEMERGENCY AMBULANCE SERVICE AND PHYSICIAN ORDER.** (BAIRD B) Prohibits a health carrier, the office of the secretary of family and social services, and contractors of the office from: (1) denying payments for nonemergency ambulance services when provided according to a properly executed physician order or certification statement; and (2) making reimbursement for nonemergency ambulance services contingent upon receipt of a physician's order. Requires hospital boards to establish protocols concerning issuing orders for nonemergency transportation. Requires physicians to issue orders for nonemergency ambulance services and specifies contents of the order. Prohibits a health carrier from requiring a covered individual to make greater cost sharing payments for ambulance services that were provided by an out of network ambulance provider. Allows an out of network provider of ambulance services to directly bill a health carrier and specifies determination of reimbursement amount.

Interpretation/Comment: This is an EMS Association supported proposed legislation addressing billing matters.

Status: Passed Committee. Full Senate consideration next.

Amendment #3 keeps the Medicaid reimbursement provisions about matching the physician's order but drops the balanced billing provisions while requiring that BLS and ALS providers that utilize FSSA (Medicaid) provide costs data from 2020 to FSSA by July 1, 2021. FSSA will provide feedback and questions by September 1, 2021, with the EMS provider to respond by November 1, 2021. FSSA will then collate by county and report to the legislative council by December 1, 2021.

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**SB83 LAW ENFORCEMENT DOGS.** (CRIDER M) Provides that if there is not an individual requiring medical attention or transport, a paramedic, advanced emergency medical technician, or emergency medical technician may use emergency ambulance services to transport a law enforcement dog injured in the line of duty to a veterinary hospital or clinic. Increases the penalties for cruelty to a law enforcement animal and a search and rescue dog.

Status: Referred to Senate Corrections and Criminal Law

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**SB232 EXPOSURE RISK DISEASES.** (FORD J) Adds any variant of severe acute respiratory syndrome (SARS), including coronavirus disease (COVID-19), to the list of diseases considered an exposure risk disease for purposes of emergency and public safety employee death and disability presumed in the line of duty.

Status: Passed Committee. Full Senate consideration next.

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**ATTACHMENT**

**#2**



To EMS Service Provider Organizations:

The Indiana EMS Commission has prepared template language in conjunction with the Indiana Department of Homeland Security in order to facilitate agreements between EMS organizations where one organization is providing transport for another responding EMS organization.

These draft provisions may be incorporated into an agreement between provider organizations, as set forth in 836 IAC 1-11-2(e). It is recommended that organizations voluntarily electing to use any of this language in their agreements tailor it as needed for their specific circumstances, since coverage areas vary and have their own unique characteristics.

The template language provided in this document is for general use and does not, and is not intended to, constitute legal advice. Neither the EMS Commission nor the Indiana Department of Homeland Security are parties to an agreement between provider organizations, and those that use this template language are doing so at their own risk.

**Provider organizations should contact their legal departments or attorneys for legal advice or review when developing and entering into any provider agreement.**

PROPOSED

### Template Language for Basic Transport Agreement

- Whereas Indiana Administrative Code 836 (IAC) 1-11-2(e) requires that basic life support nontransport provider organizations shall have and maintain in place an agreement between the nontransport organization and an ambulance service provider organization certified under IC 16-31. The agreement shall: (1) ensure that the nontransporting provider organization can be assured that patients treated shall be transported in a timely and safe manner; and (2) not preclude another ambulance service provider organization, if available, from transporting the patients.
- Initial EMS responding organization \_\_\_\_\_ (name) hereinafter referred to as "responding organization" and EMS transport organization \_\_\_\_\_ (name), hereinafter referred to as "transporting organization" hereby reach the following agreement regarding transport of emergency patients.
- When responding to a 911 emergency call, responding organization and transporting organization shall be both dispatched. Responding organization agrees to perform initial EMS contact and care for the patient according to the organization certification level. Transporting organization agrees to respond in a timely and safe manner and transport the patient to an appropriate medical destination. Should an alternate EMS provider ambulance be closer and available, responding organization may utilize that provider and disregard the transporting organization in this agreement. If transporting organization cannot accept the transport for any response due factors such as other responses, then transporting provider shall notify dispatch or the responding organization as soon as possible.
- Responding crew/organization agrees to provide transporting crew/organization with a written run report, including any CPR device reports (if available) within 24 hours of the initial dispatch time.
- Both responding organization and transporting organization shall maintain current Indiana EMS provider organization certification status under the Indiana EMS Commission. If either party has an expired or invalid Indiana EMS certification, this agreement will automatically terminate.
- A copy of this agreement shall be provided to the Indiana Department of Homeland Security by both parties with their Indiana EMS provider certification application(s).
- This agreement shall last for a period of \_\_\_\_\_ years.
- This agreement may be terminated with notice by either organization to the other organization on writing with thirty (30) days' notice and sent to the address listed in this agreement.



### Template Language for Mechanical Aids to CPR Device Transport Agreement

- Whereas, the Indiana EMS Commission has authorized the use of mechanical aids to CPR devices as included in the Indiana Scope of Practice for emergency medical responders (EMRs) and emergency medical technicians (EMTs) which allows BLS non-transport EMS providers to utilize the CPR devices.
- Whereas, the Indiana EMS Commission, in approving the expanded scope of practice to the EMR level, noted that there would be BLS non-transport provider organizations utilizing the CPR devices on scene when a transport provider would arrive and not be using the CPR device and approved the expanded scope with the stipulation that the non-transport provider and the transport provider prior to using the CPR devices.
- Initial EMS responding organization \_\_\_\_\_ (name), hereinafter referred to as "responding crew" and EMS transport organization \_\_\_\_\_ (name), hereinafter referred to as "transporting crew" hereby reach the following agreement regarding transport of emergency patients as it relates to transfer of care where a mechanical aid to CPR device (hereinafter referred to as "CPR device."
  - Written protocols and any SOPs relating to cardiac arrest management and utilization of the CPR device will be exchanged concurrently with execution of this agreement.
  - Training information or a training session on the CPR device shall be made available to transporting organization upon reasonable request.
  - Upon written request of transport organization, responding organization shall provide evidence of liability insurance that would cover any litigation arising from usage of the CPR device.
  - Parties acknowledge that the CPR device will be utilized by responding provider in the event that conditions of the written protocol issued by the responding provider medical director have been met.
  - Upon arrival at the scene of a cardiac arrest by the transporting crew:
    - A brief verbal report of the medical situation/patient condition shall be provided by the responding crew to the transporting crew.
    - The transporting crew shall assume patient responsibility with the responding crew either assisting the transporting crew or verbally released from the scene.
    - The transporting crew will then assess the patient and make a determination of the patient status including whether CPR should be continued.

- If it is determined that CPR should continue on scene (based on patient condition and protocol of the transporting organization), then utilization of the CPR device shall be as follows:
  - [Use of the CPR device shall be discontinued on scene with responding crew promptly removing the device. CPR shall be performed manually by crews on scene.]
  - [Use of the CPR device shall be resumed on scene with the responding crew responsible for the CPR device operations with effectiveness determination by both organization's crews on scene.]
  - [Use of the CPR device shall be resumed on scene with both the responding crew and transporting crew dually sharing operations of the CPR device and monitoring for effectiveness (only individuals that are trained on the CPR device as permitted to utilize or operate it).]
- If it is determined that the patient should be transported with CPR continued (based on patient condition and protocol of the transporting organization), then utilization of the CPR device shall be as follows:
  - [Use of the CPR device shall be discontinued on scene with responding crew promptly removing the device.]
    - [During transport, CPR shall be manually performed by the transporting crew.]
    - [During transport, CPR shall be manually performed by members of both crews (with crew members of responding organization riding in the ambulance with the transporting organization crew).]
  - [Use of the CPR device will continue during transport with responding crews sending at least two members in the ambulance with the transporting crews for operations of the CPR device.]
- If at any time, either the responding crew or the transporting crew have concerns about the effectiveness of the CPR device, then the CPR device should be discontinued and removed with manual CPR initiated after a reasonable period for troubleshooting.
- Responding crew/organization agrees to provide transporting crew/organization with a written run report, including any CPR device reports (if available) within 24 hours of the initial dispatch time.
- Both medical directors of the organizations they represent agree to conduct a meeting at least every six (6) months where they can specifically review some cardiac arrests where the CPR device was utilized in order to determine effectiveness of the agreement and any areas that need further education or training for their affiliated crew members.

- Both responding organization and transporting organization shall maintain current Indiana EMS provider organization certification status under the Indiana EMS Commission. If either party has an expired or invalid Indiana EMS certification, this agreement will automatically terminate.
- A copy of this agreement shall be provided by both parties to the Indiana Department of Homeland Security within seven (7) days of execution of this agreement and subsequently with their Indiana EMS provider certification application(s).
- This agreement shall last for a period of \_\_\_\_\_ years.
- This agreement may be terminated with notice by either organization to the other organization on writing with thirty (30) days' notice and sent to the address listed in this agreement.

PROPOSED

# ATTACHMENT

**#4**

**Emergency Medical Services  
Provider Certification Report**

**Date :** February 17, 2021

**February 19, 2021**

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 **February 19, 2021** 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	1
Basic Life Support Non-Transport	485
Ambulance Service Provider	96
EMT Basic-Advanced Organization	5
EMT Basic-Advanced Organization non-transport	1
EMT Intermediate Organization	9
EMT Intermediate Organization non-transport	0
Paramedic Organization	203
Paramedic Organization non-transport	15
Rotorcraft Air Ambulance	14
Fixed Wing Air Ambulance	3
<b>Total Count:</b>	<b>832</b>

**New Providers Since 01-SEP-20**

<b>AMERIMED EMS LLC</b>	<b>Basic Certification: 12/16/2020</b>
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## Emergency Medical Services Provider Certification Report

**Date :** February 17, 2021

**February 19, 2021**

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 **February 19, 2021** Commission meeting, the following report of agencies who have meet the requirements for certification as Emergency Medical Service Providers and their vehicles.

<b>AMERIMED EMS LLC</b>	<b>Paramedic Certification: 12/16/2020</b>
<b>AROUND THE CLOCK TRANSPORTATION</b>	<b>Paramedic Certification: 01/15/2023</b>
<b>DEACONESS EMS LLC</b>	<b>Basic Certification: 09/18/2020</b>
<b>DEACONESS EMS LLC</b>	<b>Paramedic Certification: 09/18/2020</b>
<b>LAPEL STONY CREEK TOWNSHIP FIRE TERRITORY</b>	<b>Advanced Certification: 09/01/2020</b>
<b>Rural Metro of Southern OH dba AMR NKY</b>	<b>Basic Certification: 11/04/2020</b>
<b>Rural Metro of Southern OH dba AMR NKY</b>	<b>Paramedic Certification: 11/04/2020</b>
<b>UNION TOWNSHIP FIRE AND EMERGENCY SERVICES</b>	<b>Paramedic Certification: 12/07/2020</b>
<b>VanBuren Twp VFD &amp; EMS</b>	<b>Basic Certification: 01/16/2021</b>

**ATTACHMENT**

**#5**

## February EMS Training Report

NREMT pass rates are enclosed in this report. These statistics are for courses ending between January 31, 2020 and January 31, 2021. Paramedic pass rates are for two years since most course last between 18 and 24 months. The EMT courses are broken down into three separate categories. The top category represents those training institutions whose graduates' average at least 70% after the first attempt which is the standard set by the Commission. 21 programs. This is a decrease in 4 programs since the last reporting period which ended in September. The programs in the next category (60% -70%) are near meeting the standard set by the Commission. 15 programs. Those in the bottom category are below standard; 42 programs.

Our numbers of individuals testing have decreased. In 2019 Indiana tested 1669 EMT course graduates for the first attempt while in 2020 that number dropped to 1247 for a decrease of 422. Total exam EMT exams, which includes retests, were 2398 in 2019 and only 1792 for 2020 for a decrease of 606 exams. During the month of February of this year there is an unusually high number of EMT practical examinations with 17 so that should mean March will probably yield a higher amount of EMTs than the normal March. Some programs have elected not to continue training, but others still completed training new EMS personnel. Some of the Fall semester courses are just now finishing. The NREMT developed a program where individuals who do not feel safe going to a Pearson Vue Testing Center may take the EMT and AEMT examinations online from their homes.

You will also see a wrap-up of the 2019 courses. Column A lists the Training Institution sponsoring the course. Under that may be a location where the course was held. Column B is the course number, C is the number of students originally enrolled, D is the number of students listed as successfully completing the course and eligible to sit for the certification examinations. Column E is the number of students passing submitting an application for certification, F is the percentage of students who successfully completed a course and applied for certification, G is the number of students from the course that ultimately certified, H is the certification level of the PI, and I indicates if the course is a High School course.

The bottom totals indicate the total number of courses, the total number of students registered, the number completing, the number applying for certification, and the percentage of individuals applying for certification versus the number completing the course.

Note that in 2019 there were 223 EMT courses with 41 of those being high school courses. In 2020 there were 193 courses with 46 of those being high school courses. There were a total of 25 courses cancelled for 2020.



## Emergency Medical Technician

Program Name	Program Code	Attempt	First	Att	total	pass	ELIG	First Pass %	Total Pass %
Clay Fire/Territory	IN-4756	8	8	8	8	0	0	100%	100%
Hancock Regional Hospital	IN-4577	1	1	1	1	0	0	100%	100%
IU Lifeline	IN-6509	5	5	5	5	0	0	100%	100%
Memorial Hospital Jasper	IN-5271	1	1	1	1	0	0	100%	100%
Central Nine Career Center	IN-5026	3	3	3	3	0	0	100%	100%
J. Everett Light Career Center	IN-6480	2	2	2	2	0	0	100%	100%
Statewide Transfer Amb and Rescue	IN-6003	1	1	1	1	0	0	100%	100%
Indianapolis Fire Dept	IN-5751	35	31	34	34	1	1	89%	97%
IU Arnett Hospital EMS Program	IN-5936	7	6	6	6	1	1	86%	86%
St Mary Medical Center/Hobart	IN-4943	6	5	6	6	0	0	83%	100%
Parkview Regional Medical Center	IN-5296	12	10	10	10	2	2	83%	83%
American Medical Response	IN-6528	11	9	11	11	0	0	82%	100%
Carmel Fire Department	IN-5989	16	13	16	16	0	0	81%	100%
Ivy Tech Community College Madison	IN-4542	5	4	4	4	1	1	80%	80%
Indianapolis Emergency Medical Services	IN-4083	21	16	20	20	1	1	76%	95%
Franciscan Saint Anthony Health Crown Point	IN-4079	17	13	14	14	3	3	76%	82%
Ivy Tech Community College South Bend	IN-4070	16	12	13	13	3	3	75%	81%
Indiana University	IN-4495	4	3	3	3	1	1	75%	75%
Richmond Fire Department	IN-5707	4	3	3	3	1	1	75%	75%
Jennings County EMS	IN-5887	7	5	6	6	1	1	71%	86%
Parkview/Whitley Hospital	IN-5023	7	5	6	6	1	1	71%	86%
						16			

## Emergency Medical Technician

Hands Helping Hearts	IN-6558	9	6	7	2	67%	78%
Other Creek Fire Department	IN-5929	12	8	9	3	67%	75%
New Castle Career Center	IN-5718	18	12	12	6	67%	67%
St Joseph Regional Medical Center	IN-5775	6	4	4	2	67%	67%
Elkhart Area Career Center	IN-5816	3	2	2	1	67%	67%
LaPorte Co Career and Tech Ed	IN-5994	3	2	2	1	67%	67%
Hands Helping Hearts	IN-6558	6	4	4	2	67%	67%
Franciscan St Elizabeth Health	IN-4068	9	6	6	3	67%	67%
Deaconess Hospital	IN-4516	31	20	23	8	65%	74%
Winchester Fire Dept	IN-6460	8	5	6	2	63%	75%
Ivy Tech Community College-Evansville	IN-4141	27	17	20	6	63%	74%
White County EMS Education	IN-5834	19	12	13	6	63%	68%
Ivy Tech Community College - Valparaiso	IN-5747	13	8	8	5	62%	55%
Franciscan St. Margaret Health EMS Acade	IN-5267	23	14	17	9	61%	74%
Elkhart General Hospital	IN-4067	5	3	5	0	60%	100%
Pelham Training	IN-4668	108	62	77	31	57%	71%
Heartland Ambulance	IN-6320	14	8	9	25	57%	64%
Methodist Hospitals	IN-4072	30	17	18	12	57%	60%
Gas City Rescue Squad	IN-6386	7	4	4	3	57%	57%
Illiana EMS	IN-6529	9	5	7	2	56%	78%
Ivy Tech Community College Bloomington	IN-4071	16	9	12	4	56%	75%
Hendricks Regional Health	IN-4380	16	9	11	5	56%	69%
Columbus Regional Hospital	IN-4355	16	9	11	5	56%	69%
Ivy Tech Community College Sellersburg	IN-4864	9	5	6	3	56%	67%
Lutheran EMS Training Center	IN-6351	11	6	7	4	55%	64%
Emergency Services Education Center	IN-4960	40	21	31	9	53%	78%
Scott County EMS	IN-4078	4	2	3	1	50%	75%
Goshen Hospital	IN-4162	6	3	4	2	50%	67%
Greenfield Fire Territory	IN-5732	10	5	6	4	50%	60%
DeKalb Memorial Hospital	IN-4446	10	5	5	5	50%	50%
Highpoint Health	IN-4065	6	3	3	3	50%	50%
Scott Township Fire and EMS	IN-6442	6	3	3	3	50%	50%
Clinton Co EMS	IN-5863	8	4	4	4	50%	50%
St Mary of the Woods College	IN-6538	2	1	1	1	50%	50%

## Emergency Medical Technician

Harrison county Hospital EMS	IN-4336	15	7	9	6	47%	60%
IU Ball Memorial Hospital	IN-4369	44	20	23	21	45%	57%
Redline EMS	IN-6495	11	5	6	5	45%	55%
Community Howard Regional Health	IN-5804	7	3	5	2	43%	60%
Ivy Tech Community College Indianapolis	IN-6506	14	6	8	6	43%	57%
Franciscan Health Indianapolis	IN-4080	21	9	11	10	43%	52%
Ascension Health Indianapolis	IN-4081	24	10	14	10	42%	77%
Ivy Tech Community College-Kokomo	IN-4362	12	5	6	7	42%	50%
Ivy Tech Community College Northeast	IN-4169	27	11	16	11	41%	59%
Benton Co EMS	IN-6548	8	3	3	5	38%	38%
Ivy Tech Community College Terre Haute	IN-4612	8	3	3	5	38%	38%
Morgan Co EMS	IN-6193	11	4	6	5	36%	55%
St Joseph Regional Med Center Plymouth	IN-5001	9	3	5	4	33%	56%
Crawfordsville Fire Department	IN-5990	3	1	1	2	33%	33%
Union Hosp Health Group	IN-4431	9	3	3	6	33%	33%
Benton Co EMS	IN-6548	9	3	3	6	33%	33%
St. Vincent Anderson	IN-4588	11	3	5	6	27%	45%
Hoosier Hills Career Center	IN-6346	4	1	1	3	25%	25%
Vincennes University	IN-4153	6	1	2	4	17%	33%
Franciscan Alliance Crawfordsville	IN-6002	7	1	5	2	14%	71%
Vincennes University Jasper Center	IN-4478	1	0	1	0	0%	100%
Hands on Instruction, LLC	IN-6017	1	0	0	1	0%	0%
Area 30 Career Center	IN-5147	2	0	0	2	0%	0%
				<b>182</b>			
				<b>351</b>			

## Advanced EMT

Program Name	Program Cd	Attempt	First Att	Cumuli	Cumula	Eligible	Fo	First Pass %	Third Pass %	Total Pass %
Columbus Regional Hospital	IN-4355	1	1	1	1	0		100%	100%	100%
Memorial Hospital South Bend	IN-4157	2	2	2	2	0		100%	100%	100%
Fort Wayne Fire Dept	IN-5955	23	20	23	23	0		87%	100%	100%
New Castle Career Center	IN-5718	13	6	6	6	8		46%	46%	46%
Yellow Ambulance	IN-4085	5	1	2	2	3		20%	20%	20%
Highpoint Health	IN-4065	1	0	0	0	1		0%	0%	0%

# Paramedic

Program Name	Program Cd	Attempt	First	Att	Cumuli	Cumula	Eligible	Fo	First	Pass %	Thirid	Pass %	Total	Pass %
Harrison County Hospital	IN-4336	9	9	9	9	9	0	0	100%	100%	100%	100%	100%	
Community Health Network EMS	IN-4063	13	13	13	13	13	0	0	100%	100%	100%	100%	100%	
Indianapolis EMS	IN-4083	64	58	62	62	62	2	2	91%	97%	97%	97%	97%	
St Vincent Hospital	IN-4081	24	18	24	24	24	0	0	75%	100%	100%	100%	100%	
Ivy Tech Community College South Bend	IN-4070	16	12	14	14	14	2	2	75%	88%	88%	88%	88%	
Franciscan Health Crown Point	IN-4079	19	14	16	18	18	1	1	74%	84%	84%	84%	84%	
Franciscan Health Indianapolis	IN-4080	36	26	33	33	33	3	3	72%	92%	92%	92%	92%	
Palham Training	IN-6266	34	24	28	30	30	4	4	71%	82%	82%	82%	82%	
Hendricks Regional Health	IN-4380	10	7	7	7	7	3	3	70%	70%	70%	70%	70%	
Ivy Tech Community College Terre Haute	IN-4612	34	21	29	30	30	4	4	62%	85%	85%	85%	85%	
Methodist Hospitals	IN-4072	13	8	9	9	9	4	4	55%	69%	69%	69%	69%	
Ivy Tech Community Northeast	IN-4169	29	16	22	23	23	6	6	55%	76%	76%	76%	76%	
Goshen Health	IN-4162	20	11	14	15	15	5	5	55%	70%	70%	70%	70%	
Ivy Tech Community college Evansville	IN-4141	15	8	12	13	13	2	2	53%	80%	80%	80%	80%	
Scott Co EMS	IN-4078	5	2	4	4	4	1	1	40%	80%	80%	80%	80%	
Ivy Tech Community College Valparaiso	IN-5747	21	8	11	13	13	8	8	38%	52%	52%	52%	52%	
Ivy Tech Bloomington	IN-4071	12	4	5	5	5	7	7	33%	42%	42%	42%	42%	
St Mary Medical Center Hobart	IN-4943	7	2	3	3	3	4	4	29%	43%	43%	43%	43%	
Ivy Tech Community College Kokomo	IN-4362	15	4	9	12	12	3	3	27%	60%	60%	60%	60%	

Training Institution		enroll ed	gible to test		Pass Rate		Level of PI	High School
<b>Parkview Regional Career Center at Anthis</b>								
	02-08-19	16	6	5	83%		E	X
	02-09-19	14	6	4	67%		E	X
<b>Ivy Tech Fort Wayne</b>								
	02-01-19	16	13	7	54%	7	P	
	02-02-19	19	15	7	47%	7	P	
	02-03-19	15	12	7	58%	7	E	
	02-04-19	18	16	8	50%	8	E	
	02-05-19	23	16	6	38%	6	P	
<b>City of Fort Wayne FD</b>								
	02-06-19	9	8	8	100%	8	P	
	02-07-19	18	17	16	94%	16		
<b>Columbus Regional Hospital</b>								
	03-01-19	4	3	2	67%	2	A	
	03-02-19	12	8	2	25%		A	
	03-03-19	9	6	2	30%	2	P	
	03-04-19	16	10	5	50%	5	P	
	03-05-19	3	3	0	0%	0	P	
	03-06-19	14	14	1	1%	1	A	
<b>Ivy Tech Sellersburg</b>								
	10-01-19	5	5	0	0%	0	E	
	10-02-19	12	9	1	1%		E	
Prosser	22-01-19	21	21	0	0%	0	E	X
<b>Clinton Co EMS</b>								
	12-01-19	7	4	0	0%	0	E	X
adult	12-02-19	11	9	3	30%			
<b>Highpoint Health</b>								
	15-01-19	14	13	10	77%	10	P	
	15-02-19	15	11	3	27%	3	P	
<b>Dekaib Health</b>								
	17-01-19	13	10	3	30%	3	P	
<b>IU Ball Hospital</b>								
	48-01-19	11	11	3	27%	3	P	
	48-08-19	10	9	1	1%		P	
	18-03-19	19	16	4	25%	4		

Jay Co HS

	38-01-19	10	9	5	56%	5	P	
	38-02-19	11	9	2	22%	2	P	X
	38-03-19	9	9	6	67%	6	P	X
Pike HS	49-35-19	34	9	0	0%	0		X
Rushville FD	70-01-19	13	11	5	45%	5	P	
<b>Heartland Ambulance</b>	49-18-19	9	6	4	67%	4	P	
	18-01-19	5	5	4	80%	4	E	
Noblesville HS	29-05-19	25	24	2	1%	2	P	X
Westfield HS	29-06-19	24	22	1	1%	1	P	X
Indianapolis	49-28-19	7	5	4	80%	4	P	
	49-36-19	15	11	5	45%	5	P	
	49-37-19	5	5	1	20%	1	E	
<b>Memorial Hospital Jasper</b>	19-01-19	9	5	0	0%	0	E	X
<b>VU Jasper</b>	19-02-19	CXL	CXL				E	
<b>Goshen Hospital</b>	20-02-19	20	15	7	47%	7	P	
<b>Elkhart General Hosp</b>	20-01-19	11	7	0	0%	0	P	
	20-06-19	CLX	CLX					
<b>Elkhart Area Career Center</b>	20-07-19	14	3	0	0%	0	P	X
	20-08-19	10	2	1	50%	1	P	X
<b>Hands On Instruction</b>	26-01-19	8	7	5	71%	5	A	
	26-02-19	4	4	2	50%	2	A	
	26-03-19	10	8	4	50%	4	A	
<b>Ivy Tech Marion</b>	27-01-19	7	1	0	0%		P	
	27-03-19	6	6	1	2%	1	P	
<b>Gas City Rescue Squad Training Inst</b>	27-02-19	21	17	7	41%	7	P	
<b>Pelham Training</b>	53-09-19	9	8	7	88%	4	P	
	53-10-19	8	8	5	63%	5	P	
	53-11-19	10	10	3	30%	3	P	
	28-02-19	5	5	0	0%	0	P	
	28-03-19	11	11	9	82%	9	P	

28-04-19	7	7	2	29%	2	P
28-05-19	4	4	0	0%	0	P
28-06-19	7	6	4	67%	4	P
28-07-19	10	10	4	40%	4	P
28-08-19	7	5	5	100%	5	P
28-09-19	4	4	3	75%	3	P
28-10-19	7	6	5	83%	5	P
28-11-19	9	8	3	38%	3	P

**Riverview Health**

29-04-19	6	4	3	75%	3	P
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**Carmel Fire Dept**

29-03-19	7	5	5	100%		P
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**Noblesville FD**

29-07-19	10	8	8	100%	8	P
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**Greenfield Fire**

**Territory**

30-01-19	11	10	4	40%	4	P
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**Hancock Co Hosp**

30-02-19	13	10	1	10%	1	P
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**Hendricks Regional Health**

32-01-19	19	18	12	67%	12	P
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32-02-19	12	11	2	18%	2	P
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**DePauw University**

67-01-19	20	20	1	<1	1	E
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**New Castle Career Center**

33-01-19	11	6	0	0%	0	E
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33-02-19	14	14	3	14%	2	P X
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33-03-19	12	11	2	18%	2	P X
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33-04-19	7	5	0	0%	0	P
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33-05-19	25	13	6	46%	6	P
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**Ivy Tech Kokomo**

34-02-19	9	8	3	38%	3	P
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34-03-19	10	7	3	43%	3	P
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34-05-19	14	6	0	0%	0	P
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**Howard Community Regional Health**

34-01-19	14	13	7	54%	7	P
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34-04-19	11	8	2	25%	2	P
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**Parvlew Huntington Hospital**



<b>Huntington</b>								
	35-01-19	11	8	0	0%	0	P	X
<b>Wabash</b>	85-01-19	15	6	5	83%	5	P	
<b>Ivy Tech Madison</b>								
	39-01-19	Cance						
	78-01-19	6	6	4	67%	4	P	
<b>Jennings Co EMS</b>								
	40-01-19	12	10	4	40%	4	P	
<b>Central Nine vocational School</b>								
	41-01-19	24	13	8	62%	8	E	
	41-05-19	21	17	3	18%	3	E	
<b>Franciscan Health Indianapolis</b>								
	41-02-19	23	20	15	60%	15	P	
	41-03-19	16	15	11	73%	11	P	
<b>Vincennes University</b>								
	42-01-19	32	28	4	14%	4	E	
	42-03-19	11	7	1	14%	1	P	
<b>Harrison Twp Fire Dept Training</b>								
	42-02-19	11	11	4	36%	4	E	
<b>Lutheran EMS Training Center</b>								
<b>Warsaw High School</b>	43-01-19	11	11	3	27%	3	P	X
<b>Leesburg</b>	43-02-19	13	9	5	56%	5	P	
<b>Parkview LaGrange</b>								
	44-01-19	9	7	3	43%	3	P	
<b>Franciscan Health Hammond</b>								
<b>Dyer FD</b>	45-01-19	21	14	8	57%	3	E	
	45-02-19	22	16	8	50%	8	P	
	45-03-19	14	12	7	58%	7	E	
<b>HACC</b>	45-12-19	16	12	4	33%	2	E	X
	45-13-19	15	6	3	50%	3	E	X
<b>Franciscan Health Crown Point Highland FD</b>								
	45-04-19	3	3	0	0%	0	P	
<b>Valpo FD</b>	64-01-19	10	8	6	75%	6	P	

**MACC**

	64-05-19	8	7	5	71%	5	P	
	45-10-19	17	16	10	63%	10	P	

Hanover Central HS	45-09-19	6	4	0	0%	0	P	X
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**Methodist Hospitals**

	45-06-19	10	10	1	10%	1	P	
	45-11-19	5	4	1	25%	1	P	

**Elite Ambulance**

	45-08-19	7	6	1	16%	1	E	
	45-17-19	5	1	0	0%	0	E	

**St Mary's Medical****Center Hobart**

Hobart FD	45-07-19	13	9	3	33%	2	P	
Hobart HS	45-14-19	23	6	1	17%	1	E	X
	45-15-19	17	8	1	13%	1	E	X
Hobart FD	45-16-19	5	4	0	0%	0	P	

**LaPorte Co EMS**

AK Smith Career Cen	46-03-19	10	5	1	20%	1	P	X
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**St Vincent Anderson**

	48-02-19	7	6	1	17%	1	P	
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**D26**

	48-03-19	CXL	CXL				P	
	48-04-19	35	11	7	64%	7	P	
	48-05-19	14	2	0	0%	0	P	X
	48-06-19	20	10	2	20%	1	P	X
	48-07-17	15	6	1	17%	0	P	

**Eskenazi Health**

IEMS	49-03-19	10	8	5	63%	5	P	
IUPUI	49-04-19	36	25	22	88%	22	P	

**Butler**

IEMS	49-23-19	16	6	5	83%	5	P	
IUPUI	49-21-19	11	8	4	50%	2	P	

**Butler**

IEMS	49-34-19	8	5	4	80%	4	P	
	49-32-19	14	4	4	100%	4	P	
IUPUI	49-33-19	22	15	7	47%	7	P	

JEL	49-16-19	13	5	0	0%	0	E	X
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	49-17-19	12	7	1	14%	1	E	X
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HSE	29-01-19	14	9	3	33%	3	E	X
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Fishers HS	29-02-19	15	7	1	14%	1	E	X
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**Saint Vincent Health**

	49-01-19	18	11	11	100%	11	E	
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	53-14-19	4	3	0	0%	0	E	X
	53-13-19	15	7	0	0%	0	E	X
Bloomington FD	53-12-19	7	7	5	71%	5	E	
Center Twp FD	53-15-19	5	5	4	80%	4	E	
<b>Franciscan Health</b>								
<b>Crawfordsville</b>								
	54-01-19	8	5	0	0%	0	P	
Southmont HS	54-02-19	5	3	1	33%	1	P	X

<b>Morgan Co EMS</b>								
	55-01-19	22	17	3	18%	3	P	

<b>Ivy Tech Valparaiso</b>								
	64-02-19	15	13	2	35%	2	P	
	64-03-19	12	5	0	0%	0	E	
	64-04-19	16	9	5	56%	5	P	
	64-06-19	12	12	1	1%	1	P	
	64-07-19	16	4	0	0%	0	E	

<b>Ivy Tech LaPorte</b>								
	46-01-19	Cance						
	46-02-19	5	3	1	33%	1	P	

<b>Ivy Tech Crown Point</b>								
	45-05-19	7	5	0	0%	0	P	

<b>Ivy Tech Starke Co</b>								
	75-01-19	15	11	0	0%	0	P	
	75-02-19	15	14	2	14%	2	P	

<b>Area 30 Career Center</b>								
	67-02-19	7	4	0	0%		E	X

<b>Winchester Training</b>								
	68-01-19	12	5	4	80%	4	P	

<b>Ripley Co EMS</b>								
	69-01-19	15	13	6	46%	6	E	

<b>Ivy Tech South Bend</b>								
	71-01-19	14	9	4	44%	4	P	
	71-03-19	21	7	3	43%	3	P	
	71-05-19	CXL	CXL					

<b>Elkhart Campus</b>								
	20-01-19	11	7	0	0%	0	P	
	20-04-19	19	11	2		2	P	

<b>Memorial Hosp SB</b>								
	71-02-19	11	10	10	100%	10	A	
	71-04-19	18	0	0		0	P	X
	71-06-19	14	12	5	42%	5	P	
	71-07-19	10	10	9	90%	9	P	

**Scott Co EMS**

	72-01-19	17	10	4	40%	4	A	
	72-02-19	20	16	5	31%	5	A	
Scott Co HS	72-03-19	9	3	0	0%	0	P	X

**Franciscan Health**

	79-01-19	12	10	8	80%	8	P	
	79-04-19	18	13	7	54%	7	P	
	79-05-19	18	11	1	10%	0	P	X

**IU Arnett**

	79-02-19	20	15	12	80%	12	P	
	91-01-19	19	19	6	32%	6	P	

**Ivy Tech Evansville**

	82-01-19	10	7	3	43%	3	P	
	82-02-19	8	5	3	60%	3	P	
	82-06-19	14	13	7	54%	7	P	
	82-07-19	6	5	4	80%	4	E	
	82-11-19	14	10	4	40%	4	E	
	82-10-19	11	8	1	12%	1	P	

**Deaconess Hospital -  
Safety Medic**

	82-03-19	12	4	1	25%	1	P	
	82-09-19	8	4	2	50%	2	P	

**Petersburg FD**

	63-01-19	16	11	3	27%	3	E	
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**EFD**

	82-05-19	6	6	4	67%	4	P	
	82-08-19	8	8	7	88%	7	E	

**AMR**

	82-04-19	7	5	4	80%	4	P	
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**Scott Twp Fire and  
Rescue**

**Union Hospital**

TH Vigo South	84-06-19	14	12	2	11%	2	E	X
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**Ivy Tech Terre Haute**

	84-02-19	9	4	1	25%	1	P	
	84-03-19	5	3	1	33%	1	P	
	84-04-19	14	13	2	15%	2	P	
	84-05-19	20	14	5	38%	4	P	

<b>Otter Creek Fire Dept</b>								
	84-01-19	20	14	10	71%	10	P	
<b>Terre Haute Regional Hospital Shoals FD</b>								
	51-01-19	CXL						
<b>Wabash FD</b>								
	85-02-19	5	5	2	40%	2	P	
	85-03-19	15	12	9	75%	9	P	
<b>Richmond Fire Dept</b>								
	89-01-19	12	9	2	22%	2	P	X
<b>Redline Training Academy</b>								
	89-02-19	13	12	2	17%	2	P	
<b>Wells Co EMS</b>								
	90-01-19	CXL						
<b>IU Health White Memorial</b>								
	91-01-19	19	19	6	32%	5	P	
<b>Parkview Whitley Co</b>								
	92-01-19	17	14	5	36%	2	P	X
<b>Edgar County Special Service Area Amb</b>								
	83-01-19	7	4	0	0%	0	P	X
	83-02-19	14	9	5	56%	5	P	
Adult	182	4437	1737	834	48%			
High School	41	589	282	52	18%			41
Total	223	5026	2019	886	44%			
Paramedics								Param
AEMT						159		edl
EMT						11		AEMT
						53		EMT