



INDIANA EMERGENCY MEDICAL SERVICES COMMISSION MEETING AGENDA

Location: Indiana Government South Building
302 W Washington St. Conference Center
Indianapolis, IN 46204

Date: May 14, 2020 10:00am
Electronic Meeting

- A) Meeting Called to Order –
 - 1. Determination of Quorum
- B) Pledge of Allegiance
- C) Adoption of Minutes
 - 1. Regular session meeting minutes from January 17, 2020
 - 2. March 26, 2020 meeting was canceled due to COVID – 19 public health emergency
- D) IDHS Staffing updates
 - 1. Kraig Kinney
 - 2. Marshal Joel Thacker
- E) Honorary Certificate
 - 1. Mel Tucker (Jason Smith)
 - 2. Dale Bancroft – Recommended for Primary Instructor Emeritus (Tony Pagano)
 - 3. John Schoffstall – Recognition as Paramedic Emeritus for LODD (Kraig Kinney)
 - 4. Dr. Stephen Champion - Recognition for Service to the EMS Commission (Kraig Kinney)
- F) Indiana Department of Health
 - 1. Trauma System Update
- G) EMS for Children (IEMSC) – Margo Knepfelkamp
- H) Indiana Fire Chief's Association – EMS Division – Douglas Randall
- I) Indiana Emergency Medical Services Association (IEMSA) – Nathaniel Metz
- J) Education Working Group – Jeffrey Quinn
- K) New Business
 - 1. Scope of Practice – Mechanical CPR Devices at the EMR level – Kraig Kinney and Jose Coby
 - 2. Non – rule policy for Continuing Education – Kraig Kinney
 - 3. Approval of new Continuing Education report forms – Kraig Kinney
 - 4. Demonstration of the new EMS web forms – Candice Pope
- L) Old Business
 - 1. Rule Promulgation Process update – Kraig Kinney
 - 2. Mobile Integrated Health update and Committee approval – Dr. Michael Kaufmann
 - 3. Non – rule policy Sanctions for Certification Fraud and Misrepresentation – Kraig Kinney
 - 4. 2020 Legislative Update – Kraig Kinney
 - 5. Update to EMS recognition guidelines – Kraig Kinney
 - 6. AEMT medication update modules update – Mikel Fort
- M) Assignments

1. Past Assignments
 2. Today's Assignments
- N) Administrative Proceedings
1. Waiver Orders
 - a) General Waiver Orders issued for COVID – 19
 - b) Personnel Waivers
 - I. PI waiver – to be waived from the requirement to take the EMT cognitive and psychomotor examinations for PI certification - granted - (Brittney Klein, Francisco Sierra, Scott Caprio, Benton Aldrich, Michael Hammond Sr, Kyla Thomas, Mark Taylor, Joshua Daring, Emmanuel Rodriguez, Amber Stine, Nathan Stine, Joseph Anglin, David Rooksberry, Courtney Carter, Jennifer Whitcomb, Jeremy Hayes, Bryan Dixson, Brady Wiles, Christopher Perry, Cydney Boze, Logan Ison, Trish Hunt, Gary Fisher, Kendall Lamar, Matthew Mize)
 - II. Reciprocity – Non accredited Training Institution process – granted- (Janell Krueger, Brendan Marshall)
 - III. US Steel AEMT waiver - granted (Gary Elliott)
 - c) Provider Organization Waivers
 - I. 837 IAC 2-2-4 (g)(1) – renewal granted - Batesville Fire
 - d) Training Institutions - Clinical waivers – granted (Harrison County Hospital, New Castle Career Center EMT program, Parkview Medical Center, Lutheran EMS Training Institute, Heartland Ambulance, ESEC, Dekalb Memorial, and Winchester Fire Training)
 2. Waiver Appeals
 - a) Frank Pepin – request to accept hours outside of certification cycle – staff denied
 3. Disciplinary Orders
 - a) Personnel
 - I. 2-year probation
 - a. Perdue, Jennifer A.
 - b. Wolverton, Ashley W.
 - II. Rescinding Order
 - a. Johnson, Danielle Alexandria
- O) Staff Reports
1. Data Registry – Robin Stump
 2. Operations Report – Robin Stump
 3. Compliance Report – Candice Pope
 4. Certifications Report
 - a) Personnel – Candice Pope
 - b) Providers – Robin Stump
 5. Training Report – Tony Pagano
- P) State EMS Director's Report – Kraig Kinney
- Q) State Medical Directors Report – Dr. Michael Kaufmann
- R) Chairman's Report and Direction - Lee Turpen
- S) Next Meeting
 July 9, 2020
 10am
 Zionsville Town Hall
- T) Adjournment

Webex information for this meeting:

Meeting number: 734 275 519

Meeting link: <https://indiana.webex.com/indiana/j.php?MTID=m841906c6501e77117d952c050ca2220a>

Video address:

Dial 734275519@indiana.webex.com

You can also dial 173.243.2.68 and enter your meeting number.

Audio connection:

+1-240-454-0887 United States Toll (San Jose)

+1-240-454-0887 United States Toll (San Jose)

Global call-in numbers

Access code: 734 275 519

**A) Meeting Called to
Order –**

1. Determination of Quorum

EMERGENCY MEDICAL SERVICES COMMISSION

ATTEDANCE ROSTER

Date: May 14, 2020

___ John Zartman	Training Institution
___ John P Ryan	General Public
___ Melanie Jane Craigin	Hospital EMS
___ Charles Valentine	Municipal Fire-Vice Chairman
___ G. Lee Turpen II	Private Ambulance-Chairman
___ Myron Mackey	EMTs
___ Darrin Hoggatt	Paramedics
___ Sara Brown	Trauma Physicians
___ Matthew McCullough	Volunteer Fire EMS
___ Andrew Bowman	Emergency Nurses
___ Terri Hamilton	Volunteer EMS
___	Medical Director
___ Thomas A. Lardaro	Air Medical Services
___ John Brown	Training and Preparedness Division Director

B) Pledge of Allegiance

C) Adoption of Minutes

1. Regular session
meeting minutes
from January 17,
2020



**EMERGENCY MEDICAL SERVICES
COMMISSION MEETING MINUTES**

DATE: January 17, 2020

TIME: 10:00am

LOCATION: Zionsville Town Hall
1100 W. Oak St.
Zionsville, IN 46077

MEMBERS PRESENT:

G. Lee Turpen II	(Private Ambulance)
Myron Mackey	(EMTs)
Mike Garvey	(Indiana State EMS Director)
Matthew McCullough	(Volunteer Fire and EMS)
Sara Brown	(Trauma Physician)
Darin Hoggatt	(Paramedics)
John Brown	(Director of Preparedness and Training)
Melanie Jane Craigin	(Hospital EMS)
John P. Ryan	(General Public)
John Zartman	(Training Institution)
Charles Valentine	(Municipal Fire)

MEMBERS NOT PRESENT:

Thomas A Lardaro	(Air Medical Services)
Stephen Champion	(Medical Doctor)
Andrew Bowman	(RN)
Terri Hamilton	(Volunteer EMS)

OTHERS PRESENT: Field Staff, Robin Stump, Tony Pagano, Candice Pope, Kraig Kinney (IDHS EMS counsel), and members of the EMS Community.

CALL TO ORDER AND ROLL CALL

Meeting called to order at 10:01am 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 November 14, 2019 session.

A motion was made by Commissioner Mackey to approve the minutes as written. The motion was seconded by Commissioner Hoggatt. The motion passed.

HONORARY CERTIFICATES

- a. Debra K. Hart – Mr. Jason Smith read request into record.
To Whom It May Concern,

This message is written in support of Paramedic Debra K. Hart's consideration by the Indiana Department of Homeland Security for the Indiana State Certificate of Merit award. I humbly request this on behalf of Debra, for her years of unflinching service as an Emergency Medical Technician to the people of the State of Indiana. Debra has been an Indiana Certified Paramedic for over 25-years, and an EMT for nearly 30. Debra served Wells County, Indiana early in her career as a basic EMT but has severed full-time in Adams County as a Paramedic since 1993. During her career, Debra has helped countless Hoosiers who had reached out for our help either through calling 911 or simply the basic transfer from the hospital back to the nursing home, and she has done this with honor, professional care, and compassion. Debra has worked directly for me for the past 3-years, and during that short time I have seen her demonstrate a compassion towards her patients that is rare this day-in-age. I have witnessed Debra be the "hand-holder", the Paramedic who cries with her patients (and their family), and the only Emergency Responder who gives them a hug when they need it. During her years at Adams County EMS Debra has also supported her husband Kent, an Indiana Paramedic and Primary Instructor, with countless hours of instruction help by participating in skills labs, mentoring students, and helping with State and National EMT practical exam check-offs, among other things (such as recruiting all of her many children to be patients for the check-off exams). As Debra finishes her final shift at Adams County EMS on December 30, 2019, it is my hope and prayer that your Committee approves this most deserved and prestigious award.

Respectfully Submitted,

Kevin Wellman MSN, RN, EMT-P, CEN
Director of Emergency Services | Adams Health Network
tel: 260-724-2145 x 11250 | fax: 260-728-3811 | cell: 260-223-6679
kevin.wellman@adamshealthnetwork.org

A motion was made by Commissioner Zartman to approve the honorary certificate. The motion was seconded by Commissioner Mackey. The motion was approved.

- b. John Purdy – Legal Counsel Kraig Kinney presented. While Counselor Kinney was in communication with Mr. Purdy's son regarding his father's certification Mr. Purdy unfortunately passed away. Mr. Purdy's son requested that an honorary certification be issued for his father. Director Garvey, Chairman Turpen, and Counselor Kinney decided to go ahead and issue the honorary certification. Counselor Kinney is requesting the Commission formally approve the certificate so that it is on record.

A motion was made by Commissioner Mackey to approve the honorary certificate. The motion was seconded by Commissioner Hoggatt. The motion was approved.

c. Joseph Spaulding – Mr. Jason Smith read the request into record. (see attachment #1).

A motion was made by Commissioner S. Brown to approve the honorary certificate. The motion was seconded by Commissioner Bowman.

d. Cord Coyle – Mr. Jason Smith read the request into record.

Hello , Mr. Pagano,

I would like to nominate Paramedic Cord Coyle for the life time Paramedic certification. Cord lives in Connersville. He has been in EMS over 30 years. He has had a 3 year or longer battle with cancer throughout his body. At this time, he has beaten the cancer. He has chosen retirement now. If this is possible, he is a worthy candidate.

Thank you for your consideration

Bill J. Hufford

A motion was made by Commissioner S. Brown to approve the honorary certificate. The motion was seconded by Commissioner Craigin. The motion was approved.

INDIANA DEPARTMENT OF HEALTH

Ms. Katie Hokanson reported that there is a grant opportunity out for rural first responders for naloxone replacement. Ms. Hokanson let everyone know that there is now a substance use disorder exhibit at the State Museum, and it will be on display at their remote locations. Ms. Hokanson also let everyone know that data day is coming up at the Capitol building on January 22nd. The Health Department will have be having a site visit on February 5 and 6th for Public Health Accreditation. On April 23rd the Next level recovery conference will take place at the JW Marriott. This year the EMS medical Directors conference will take place in conjunction with the IERC conference. Ms Hokanson also discussed the map (see attachment #2) for grants that have been given to counties throughout the state. The Health Department has been busy pursuing grant opportunities.

EMS FOR CHILDREN

Ms. Margo Knefelkamp presented slides to go over the EMSC survey (see attachment #3). Ms. Knefelkamp announced that she does not have any nominations for the EMSC Hero awards yet. Please consider nominating someone. EMCS Day is the Wednesday of EMS week.

INDIANA EMERGENCY MEDICAL SERVICES ASSOCIATION (IEMSA)

Mr. Nathaniel Metz announced that immediately following the EMS Commission meeting IEMSA will be holding their meetings in 2020. There are several pieces of legislation that the association is following. Mr. Metz discussed the bills that have the biggest impact in EMS. Mr. Metz talked about the emails and the forms that EMS services may have received from the association. He encourages anyone with unpaid claims for Southeast Trans to continue to submit the forms to IEMSA.

EMS EDUCATION WORKING GROUP

Mr. Tony Pagano reported for Mr Jeff Quinn. The work group plans on working on the following projects in 2020: scenario development for EMR and EMT levels, creation of psychomotor exam evaluator course, and look over the primary instructor certification process. The next meeting will be February 20th, the April meeting will be held the Thursday of FDIC.

NEW BUSINESS

- a. 2020 Legislative update - Legal Counsel Kraig Kinney updated the Commission members on current legislation. The Commission members requested the Counsel Kinney send a written report after the Commission meeting with the information he gave them at the meeting as well as email updates on legislation as it becomes available. Below is the report from Counsel Kinney:

January 22, 2020

To: EMS Commission Members
From: Kraig Kinney, IDHS Legal
Re: Pending Legislation Report

Pursuant to the request of EMS Commission members that I provide a written list of bills that I noted that 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.

Here is a quick link to all the bills from the 2020 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/2020/bills/>

HB 1198 Indiana First Responders

Designates an Indiana first responder to include the following employees and volunteers of state and local public safety agencies: (1) Law enforcement officers. (2) Firefighters, including volunteer firefighters. (3) Corrections officers. (4) Public safety telecommunicators. (5) Providers of emergency medical services. (6) Providers of emergency management services. (7) Any other individuals whose duties in serving a public safety agency include rapid emergency response. Provides that the designation of an individual as an Indiana first responder does not affect an individual's terms of employment or volunteer service with the public safety agency.

Status: 1/21/2020 - House Committee recommends passage, as amended Yeas: 11; Nays: 0

HB 1202 FIRE AND EMERGENCY MEDICAL SERVICE LEVIES.

Provides a procedure for Vernon Township of Hancock County to obtain an increase of Vernon Township's maximum permissible ad valorem property tax levy for fire and emergency medical services.

Status: First reading: referred to Committee on Ways and Means

HB 1209 REIMBURSEMENT FOR EMERGENCY MEDICAL SERVICES

Requires Medicaid, policies of accident and sickness insurance, and health maintenance organization contracts to reimburse, on an equal provider basis, certified providers of emergency medical services.

Status: 1/23/2020 - House Bills on Third Reading (Scheduled)

HB 1225 Failure to yield to emergency vehicles.

Provides that, in certain instances, a person who: (1) fails to yield to an emergency vehicle; and (2) causes serious bodily injury or death to any person operating, occupying, or affiliated with the authorized emergency vehicle; commits a Level 6 felony.

Status: 1/22/2020 - House Courts and Criminal Code, (Bill Scheduled for Hearing); Time & Location: 10:30 AM, Rm. 156-D

HB 1300 Administration of auto-injectable epinephrine

Covers the administration of auto-injectable epinephrine to lay persons. Requires training for individuals filling a script. State Department of Health controls the program.

Status: First reading: referred to Committee on Public Health

HB1400 EMERGENCY MEDICAL SERVICES FOR COUNTIES.

Provides that a county shall: (1) establish, operate, and maintain emergency medical services; or (2) enter into an agreement with a city, town, township, or a provider of emergency medical services; to provide adequate emergency medical services to its constituents in areas determined to be underserved or underrepresented in emergency medical services. Urges the legislative council to assign to an interim study committee the task of studying the topic of the ability of the governing bodies of all counties to: (1) provide advanced life support for their constituents; and (2) determine the potential fiscal impact of such advanced life support.

Status: First Reading: Referred to House Local Government

SB 8 911 dispatchers.

Provides that an emergency medical dispatcher who has successfully completed certain training shall be considered an emergency responder.

Status: First reading: referred to Committee on Homeland Security and Transportation.

SB 61 EMS PERSONNEL LICENSURE INTERSTATE COMPACTs.

Implements the emergency medical services personnel licensure interstate compact.

Status: Third reading: passed; Roll Call 24: yeas 50, nays 0

** Has several Senate coauthors and two House Sponsors to accept the bill.

SB 247 Distributions of public safety income tax revenue

Provides that, subject to the approval of a county adopting body, a fire protection district or a qualified fire protection territory may apply for distributions of public safety local income tax revenues. Provides that a township that provides fire protection or emergency medical services (other than a township in Marion County) may apply to a county adopting body for a distribution of public safety local income tax revenue. Requires the adopting body to conduct a public hearing to review and approve the application. Specifies the method for determining the amount of the distribution to the qualified township.

Status: First reading: referred to Committee on Tax and Fiscal Policy

- b. Sanctions for Certification Fraud and Misrepresentation – Counsel Kinney discussed the reason for the request for sanctions for certification fraud and misrepresentation. Counsel Kinney reported that there were three people that were sanctioned because of certification fraud or misrepresentation. Commission members commented on the issue. Comments from the audience were heard by the Commission.

A motion was made by Commissioner Zartman to impose a 30 day suspension followed by a 2 year probation, the automatic audit in two years and a maximum monetary fine of \$500.00. The motion was seconded by Commissioner Mackey. After discuss Commissioner Zartman modified his motion to have staff draft a policy to go with the motion and to give staff discretion in the amount of the monetary fine. Commissioner Mackey seconded the modification. The motion was approved. Chairman Turpen directed staff to also come back with guidance on what the Training Officer, EMS Coordinator, and Medical Director are attesting to when they sign the recertification paperwork.

OLD BUSINESS

- a. Rule Promulgation Process Update - Counselor Kinney notified the Commission that the stroke rule has been published. Counselor Kinney notified the Commission members that he has had a meeting with the Governor's office to go over the rule

rewrite and the reason it is needed. The Attorney General's office is also previewing the rule package at this time as well. The Governor's office had a lot of good feedback and seemed very positive about the rule package.

- b. Mobile Integrated Health update and Committee approval – Dr. Kaufmann requested to have this report deferred to his update later in the meeting. Chairman Turpen agreed to defer this report.
- c. AEMT drug list discussion/approval - Dr. Michael Kaufmann presented information on the new scope of practice update for the AEMT level regarding the medication list. Staff recommends keeping all of the current medications, add the new drugs from the new scope of practice and add Epi 1: 10,000. A lot of discussion followed, and the Commission heard comments from Mr. Brandon Cooper and Mr. Brandon Lorenzo.

A motion was made by Commissioner Hoggatt to add IV Naloxone to the medication list for AEMTs. The motion was seconded by Commissioner Valentine. The motion was approved.

A motion was made by Commissioner Mackey to add IV and IO Epi 1:10,000 to the medication list for AEMTs. The motion was seconded by Commissioner Ryan. The motion was approved. Staff was directed to develop a training on mixing the Epi.

A motion was made by Commissioner S. Brown to add IV Ondansetron to the medication list for AEMTs. The motion was seconded by Commissioner Hoggatt. The motion was approved.

A motion was made by Commissioner Zartman to have staff develop education curriculum for the new drugs that were added to the AEMTs medication list. The motion was seconded by Commissioner Hoggatt. The motion was approved.

ASSIGNMENTS

- a. Past Assignments
 - i. All past assignments have been completed and reported.
- b. Today's Assignments
 - i. No new assignments made at this meeting

ADMINISTRATIVE PROCEEDINGS

Legal Counsel Kinney brought Mr John Purdy's waiver appeal back before the Commission so the appeal could be closed.

A motion was made by Commissioner Hoggatt to dismiss Mr. Purdy's appeal. The motion was seconded by Commissioner Zartman. The dismissal was approved.

- A. Waiver Orders
 - a. Provider
 - i. 836 IAC 2-7.2-1 (f) – 24-hour coverage – granted by staff
 - a. Order number Mooresville Fire Department. – No action required nor taken
 - b. Order number Muncie Fire Department – No action required nor taken
 - ii. IC 16-31 Basic Certification and licensure requirement – denied by staff
 - a. Order number First Care Ohio, LLC
 - b. Waiver Usage report
 - i. Batesville Fire/EMS – information purposes for Commission members.

B. Disciplinary Orders

a. Personnel

i. Letter of Reprimand

- a. Order number Keith, Sandra – No action required nor taken

STAFF REPORTS

- a. Data Registry – This report was deferred to Dr. Kaufmann's update.
- b. Operations Report – Ms. Robin Stump reported that staff is beta testing provider organization renewal process in Acadis. Ms. Stump also talked about the efforts staff is making to get rosters updated in Acadis. There is an upcoming Executive Leadership course 100 and 200 block in Lafayette. The 100 block is set to be help next week (the week after this Commission meeting).
- c. Compliance Report – Mrs. Candice Pope took a moment to wish Lisabeth Handt a happy birthday. Mrs. Pope reminded everyone to have their audit paperwork in order and complete prior to sending it to the office.
- d. Certification report
 - i. Personnel – No report at this meeting
 - ii. Providers – (see attachment #4) report submitted for information only. No action taken. None required.
- e. Training Report – (see attachment #5 for the training report) Mr. Tony Pagano told the Commission that the training manual has been updated with the new practical information and the new portfolio information. The new training manual has been placed on the web site. Mr. Pagano is going to send instructions on where to find it on the web site to primary instructors. Mr. Pagano noted that the Report of Training is in the process of being updated to have a place to show that the portfolio has been done. Mr. Pagano went through the training report.

STATE EMS DIRECTORS REPORT – Director Michael Garvey thanked staff for their work on the waiver reviews. Director Garvey also thanked staff for the work on the online renewal application for provider organizations. He also encouraged everyone to complete the EMSC survey. Director Garvey also stated that staff is really close to getting the advisory board for mobile integrated health.

STATE MEDICAL DIRECTORS REPORT - Dr. Kaufmann reported that we are now at 99% reporting for data into ImageTrend. Dr. Kaufmann noted that the state Data day is coming up. A new CMO has been appointed at the Department of Health Dr. Weaver. Dr. Kaufmann reminded how important completing the EMSC survey is. Dr. Kaufmann briefly talked about a fuel surcharge reimbursement is available for ambulance services. He encourages all services to check into the program. Dr. Kaufmann talked about the survey for FSSA that is mandatory. If you do not complete the survey, they will reduce your reimbursement. Dr. Kaufmann reminded everyone to complete all continuing education before renewing. Dr. Kaufmann announced that we have a new Executive Director Steve Cox. Dr. Kaufmann went through some information on legislation and other topics he and staff are working on (see attachment #6). Dr. Kaufmann talked briefly about the mobile integrated health advisory board. All the invitations that have been extended have been accepted to participate on the advisory board.

CHAIRMAN'S REPORT AND DIRECTION- Chairman Turpen reminded everyone that the EAGLES conference is coming up in June in Hollywood Florida. Chairman Turpen talked about the NASAP conference. It has been over from a week. Somewhat of a refreshing note of data. This conference sets the tone for EMS for the year. EMS Compass data metrics have been changed.

CHANGE OF MEETING DATE

Director Garvey asked that the Commission move the scheduled November 14th meeting to December 3rd to align with the Emergency Medical Services Association's conference. The Commission approved by consensus.

NEXT MEETING

March 26, 2020
10: 00am at
Zionsville Town Hall
1100 W. Oak St.
Zionsville, IN 4607

ADJOURNMENT

A motion was made by Commissioner Mackey to adjourn the meeting at 2:50pm. The motion was seconded by Commissioner Craigin. The motion passed.

Approved _____

G Lee Turpen, Chairman

2. March 26, 2020
meeting was
canceled due to
COVID – 19 public
health emergency

D) IDHS Staffing updates

1. Kraig Kinney

2. Marshal Joel Thacker

E) Honorary Certificate

1. Mel Tucker (Jason Smith)

Don,

I have a medic, Mel Tucker, that will be retiring on March 1, 2020. It appears that he has been an EMT since 1975 and a paramedic since 1980. He held an active PI for almost 30 years. Mel has been a lifelong resident and caregiver in Northeastern Indiana. He is known in this area not only for being a paramedic, but as a lifelong instructor and mentor to countless EMT's and Paramedics. Mel has been a wealth of knowledge and is highly respected everywhere. When you think of the professionalism, knowledge and expertise of an Indiana Paramedic, Mel is what that looks like. I cannot imagine the number of lives this man has touched over the years.

Most recently, there was an educational airway symposium in Fort Wayne. His wife asked him why he was going as he was going to be retiring soon. Mel's response was, even if I learn one thing it will be worth it. When he got home, she asked if he had learned one thing. His response was, no, I learned 20. This is the exceptional paramedic that Mel is. Mel has been a lifelong learner. You will not meet a more knowledgeable paramedic in my opinion.


I would like to kindly ask if there is anything the state EMS commission would do to showcase Mel's career in EMS and the service he has provided for the state of Indiana.

Thank you for your consideration,

Chad

Chad Owen, MBA, BSN, RN, CMTE, EMT
Director Communications, EMS, Flight Services
Parkview EMS and Parkview Samaritan

 260.266.3540 | Fax: 260.266.3553

 260.248.7453

 Chad.Owen@Parkview.com

You will find response codes in the subject of the email if it is time sensitive:

- FYI – For your information only, do not need to reply
- NYR – Need your response please
- NYRT – Need your response today please
- NYRQ – Need your response quickly please
- NYR-NBD – Need your response next business day please

2. Dale Bancroft –
Recommended for
Primary Instructor
Emeritus (Tony
Pagano)

3. John Schoffstall –
Recognition as
Paramedic Emeritus
for LODD (Kraig
Kinney)

4. Dr. Stephen
Champion -
Recognition for
Service to the EMS
Commission (Kraig
Kinney)

F) Indiana

Department of Health

1. Trauma System Update

G) EMS for Children
(IEMSC) – Margo
Knefelkamp

H) Indiana Fire
Chief's Association –
EMS Division –
Douglas Randall

I) Indiana
Emergency Medical
Services Association
(IEMSA) – Nathaniel
Metz

J) Education
Working Group –
Jeffrey Quinn

K) New Business

1. Scope of Practice
– Mechanical CPR
Devices at the EMR
level – Kraig
Kinney and Jose
Coby



APPLICATION FOR WAIVER OF EMS COMMISSION RULES (836 IAC)
 State Form 54693 (R2 / 3-15)



INSTRUCTIONS: Please complete all sections of this form. Please make your answers specific. You may attach any additional supporting documentation needed to support your application. Completed waivers can be e-mailed to emscertifications@DHS.in.gov, faxed to 317-233-0497, or mailed to Indiana Department of Homeland Security
 Office of EMS
 302 W Washington St RM E239
 Indianapolis, IN 46204

APPLICANT INFORMATION		
Name of applicant (Person or institution who would be in violation if the waiver is not granted.) McCutchanville Fire Department	EMS certification level BLS Non-Transport	PSID or Provider number 0820
Telephone number (812) 867-2847	Other telephone number ()	E-mail address
Name of organization (if applicable) McCutchanville Fire Department	Type, (if applicable) <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Provider <input type="checkbox"/> Training institution <input type="checkbox"/> Supervising hospital	
Address (number and street, city, state, and ZIP code) 9219 Petersburg Rd		
Has the Office of EMS issued a violation order? (If yes, attach a copy of the order.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Level of certification <input checked="" type="checkbox"/> EMR <input checked="" type="checkbox"/> EMT <input type="checkbox"/> Advanced EMT <input type="checkbox"/> Intermediate <input type="checkbox"/> Paramedic	
DESCRIPTION OF REQUESTED WAIVER		
List the specific commission rule (836 IAC number) 836 IAC 4-4-1(e)(4) and 836 IAC 4-3-2(f)		
Nature of non-compliance (how you do not comply with the rule) Mechanical CPR is not within the Indiana state scope of practice for Emergency Medical Responders, aka (First Responders as noted in IAC).		
DEMONSTRATION THAT PUBLIC HEALTH, SAFETY, AND WELFARE WILL BE PROTECTED		
Select the most appropriate statement below: <input type="checkbox"/> Non-compliance with the rule will not jeopardize the quality of patient care. <input checked="" type="checkbox"/> Applicant will undertake alternative actions in lieu of compliance with the rule to ensure that granting the waiver will not jeopardize the quality of patient care. Explain why alternative actions would be adequate (be specific).		
Facts demonstrating that the above selected statement is true: Application of Mechanical CPR in a rural setting with limited manpower is a force multiplier and increases the effectiveness of Cardpulmonary Resuscitation. Without Mechanical CPR the opportunity to survive out of hospital cardiac arrest diminishes as there could be a delay in additional personnel arriving to assist in resuscitation efforts and due to initial providers to become fatigued and not be able to deliver adequate high perfusion CPR.		
STATEMENT OF UNDUE HARDSHIP		
836 IAC 1-1-3(b) allows the Commission to waive any rule that imposes an undue hardship (except rules that set forth educational standards). Facts demonstrating that compliance with the rule creates an undue hardship: The AHA (American Heart Association) teaches that delays of chest compressions greater than 10 seconds is linked to poor outcomes, and diminished survivability of out of hospital cardiac arrest. The AHA further recommends switching providers performing chest compressions every 2 minutes, as poor perfusion provided during chest compressions due to provider fatigue is another cause for poor outcomes, and diminished survivability of out of hospital cardiac arrest. In rural settings it is often an EMR (Emergency Medical Responder) that arrives to the scene first, and an EMT, that by Indiana scope of practice, is qualified to apply a Mechanical CPR device is not initially available. Mechanical CPR provides CPR at a consistent, constant rate and depth per AHA guidelines, regardless of the orientation of the patient, sitting up, or laying down, and allows compressions to be done while moving the patient, and for compressions during defibrillation, hence less time off the chest. This has the opportunity to provide for potentially better outcomes for patients experiencing out of hospital cardiac arrest in a rural setting with limited manpower and resources.		
SIGNATURE		
Signature of applicant 	Printed name of applicant Jose D Lohy RN/NREPP	Date (month, day, year) 2-19-2020

2. Non – rule policy
for Continuing
Education – Kraig
Kinney

Purpose

The Indiana Department of Homeland Security (IDHS) and the Indiana EMS Commission develop this non-rule policy to provide guidance for consideration of EMS continuing education. This NRP is designed to offer guidance to EMR, EMT, Advanced EMT, Paramedic and Primary Instructor providers for recertification continuing education hours.

Definitions

1. Certification Level means the level for which an individual is currently certified or licensed or can be used as the focus for an educational offering.
 - EMR means Emergency Medical Responder
 - EMT means Emergency Medical Technician
 - AEMT means Advanced Emergency Medical Technician
 - Paramedic means a Paramedic.
 - PI means a Primary Instructor
 - EVOC means Emergency Vehicle Operator Certification
 - EVOC Instructor means Emergency Vehicle Operator Certification Instructor.
2. Continuing Education Course means an organized EMS educational offering that consists of objectives, outline, agenda/schedule, audio visual media, handouts, and reference materials that cover the National EMS Scope of Practice, the National EMS Core Content, and the National EMS Education Standards or Indiana EMS Commission approved material.
3. Continuing Education Class means a scheduled continuing education course of an approved continuing education course offered at a particular time and location, with the required complement of resources for the class size.
4. EMT Initial Education Course means an educational program intended to prepare the student for an entry-level position in emergency medical services at the basic provider level. The course addresses the Indiana approved curriculum for the level of course. The course material is presented through lectures, skill labs, cognitive and psychomotor evaluation, self-study, and actual clinical observation
5. Learning Management System means an internet-based website operated for the purposes of initial and continuing education, and management of EMS credentials.
6. EMT Refresher Course means a continuing education course that includes all didactic materials and a demonstration of a minimum cognitive and psychomotor skill competencies, as defined in the National EMS Scope of Practice, National EMS Core Content and the National EMS Education Standards. The current Refresher Program is comprised of Courses A, B, and C.

Basic Requirements for Submission of Continuing Education

1. The Indiana recertification paperwork is available on the IDHS website and should be utilized to track continuing education. Alternately, if a provider organization or other on-line service tracks continuing education, those reports may be submitted IF the submission sufficiently correlates to the approved forms, eg. staff must be able to quickly review the continuing education status.
2. Staff may reject continuing education submitted for an audit if there is no complete approved Indiana EMS recertification form. Staff is not required to sort through paperwork to calculate the hours of an individual, the recertification form should be a summary of the hours.
3. All continuing education hours and skills must be obtained during the certification period which is being renewed.
4. Instructors for education courses or offerings may include those hours as continuing education hours for any of the instructor's EMS certifications (EMT, AEMT, paramedic, or primary instructor) so long the following conditions are met:
 - a. The preferred method of recording hours on the provider levels certification is to obtain the signature of a verifying individual such as a co-instructor or the training officer for the provider organization or a training institution official, if the individual is affiliated. Other acceptable signatures include verifiable individuals related to the training, for instance, if the individual instructs for another department, then the training officer or similar individual could sign the verification of hours.
 - b. If no signature can be obtained, then the individual should have verification of completion of hours by submitting evidence of the course or lecture such as an agenda or announcement coupled with a roster of attendance that includes the individual listed as the instructor. Note that these forms should clearly denote the following:
 - i. Title of education offering
 - ii. Date of education offering
 - iii. Location of offering
 - iv. Listing of individual as an instructor
 - v. Recording of the time/hours of the offering
 - c. If the continuing education hours are for primary instructor recertification teaching hours, then the affiliated Training Institution should establish procedures for recording since there are no signatures on the primary instructor continuing education form but the Training Institution Official must sign the recertification paperwork accepting the hours.

EMS Continuing Education—Didactic/Lecture Requirements

1. Original signatures from presenters are the preferred method of attendance verification.
2. If an individual did on-line education or utilized a learning management system, then the individual should list the course continuing education coursedetails on the continuing education form and for signature list “on-line.” To verify participation, the individual must have a written

verification from the on-line source, such as a certificate of attendance.

3. While the content must be EMS related and link back to the curriculum level of the provider as the basic state requirement, an affiliated individual must take didactic content that complies with and is approved by affiliated provider, whether a provider organization, supervising hospital, or training institution.

EMS Continuing Education—Psychomotor Skills Competency Verification

1. Skills competencies for EMR and EMT are the EMS Commission approved psychomotor skills for their certification level. Skills competencies for EMR and EMT may be verified within the following parameters:
 - a. The psychomotor skills sheets are a tool for evaluation of competency but are not required for a verification of competency.
 - b. To conduct a verification of competency for a skill, the recommended equipment (see EMS Training Manual) for that skills must be included and utilized. For instance, to evaluate bleeding control and shock management, a tourniquet must be available and utilized versus verbally discussion how to apply a tourniquet in theory.
 - c. Skills competency verification do not need to be conducted as stand-alone skills check-offs, and several skills may be incorporated into a scenario-based evaluation.
 - d. Skills competency verification may occur through real patient interaction so long as the person attesting to the skill personally observed the performance and gave feedback on the performance.
 - e. A verification of skills competency must be conducted by someone that is trained on and is currently certified or licensed to perform the same skill.
 - f. For affiliated individuals that are EMR or EMT, the affiliated provider organization may dictate how skills are obtained including who may do the skills verification.
2. Skills competency requirements and the acceptable process for obtaining for the Advanced EMT and Paramedic providers are governed by their Medical Director.

EMS Continuing Education Offerings—Initial Education Courses

1. A provider may attend or audit any initial education course continuing education course for their own certification level to obtain continuing education credit.
2. A provider may attend or be enrolled in a higher certification level initial education course and count hours attended as continuing education for their current certification level as long as the topics are rooted in the current certification level. For instance, an EMT attending a paramedic course can count anatomy & physiology attended as continuing education hours for the EMT certification but would not be able to count cardiac dysrhythmias as EMT continuing education.
3. To count didactic or lecture credit from attending an initial education course offering, an

individual should be listed on the class attendance roster for the session and obtain a verification signature from one of the instructors for that session.

4. To obtain psychomotor or practical skills credit from attending and participating in an initial education course offering, the individual should be listed on the class attendance roster for the session and that roster or corresponding syllabus should include a psychomotor skills session. The skills verification should be conducted by and signed by a currently certified or licensed individual approved by the training institution for that course.

EMS Continuing Education Offerings—EMS Developed Offerings

1. Continuing education offerings should be developed to promote the EMS curriculum and address the educational needs of the target audience.
2. The content of each continuing education course should be governed by the course objectives. Course objectives should be derived from:
 - a. National EMS Education Standards, as adopted by the Indiana EMS Commission;
 - b. National EMS Core Competencies, as adopted by the Indiana EMS Commission; and
 - c. National EMS Scope of Practice, as adopted by the Indiana EMS Commission.
3. A continuing education course may cover different certification levels. However, for an individual to count continuing education, the course must contain a sufficient base of the individual's provider level.
4. Continuing education offerings must track attendance of those present either in traditional paper sign-in or electronic means of recording who is present. Said recording should include the following basic information:
 - a. Title of presentation.
 - b. Any skills that were covered and practiced.
 - c. Name of presenter(s).
 - d. Date, time and location of offering.
 - e. The list of attendees, preferably with PSID numbers listed.

EMS Continuing Education Offerings—Specific Content Certification Courses

1. Specific content certification courses are those that are derived from a regional or national organization based on commonly accepted EMS practices and include:
 - a. Cardiopulmonary resuscitation (CPR) certification courses that are based on current national standards.
 - b. American Heart Association (AHA) offerings such as Cardio-pulmonary resuscitation Advanced Cardiac Life Support (ACLS) and Pediatric Advanced Life Support (PALS)
 - c. National Association of Emergency Medical Technicians (NAEMT) Advanced Medical Life Support (AMLS), Prehospital Trauma Life Support (PHTLS) and Tactical Combat

- Casualty Care (TCCC).
 - d. American Academy of Pediatrics Pediatric Education for Prehospital Professionals (PEPP).
 - e. International Trauma Life Support (ITLS).
 - f. Emergency Vehicle Operators Course (EVOC)
2. Continuing Education hours from a content certification course should be determined by the amount of time spent in each area. For instance, for ACLS, hours should be divided among airway and medical hours.
 3. Verification may be done via either of the following:
 - a. An instructor signature must verify any skills performed in the course—a course certificate is not a verification that the skills were performed.
 - b. Instructor signature verifying didactic/lecture hours is the preferred method of verifying continuing education from specific content certification courses.
 - c. Alternately, a course certificate of completion and a course agenda may be used for verification of attendance if the paperwork clearly addresses the following:
 - i. The Course Completion Certificate should include:
 1. Participant that completed the certification
 2. The date of the course continuing education course or issue date of the certificate that is within the certification period being renewed.
 3. A clear indication of the course name and course sponsor (eg. organizations like AHA or NAEMT).
 4. The instructor of the course offering.
 - ii. The Course Agenda should include:
 1. Title of the course
 2. Date of the course
 3. Location of the course
 4. A breakdown of the topics with a time allocation for each topic.
 - d. The hours must be recorded in the appropriate categories on the EMS continuing education forms—it is not acceptable to submit various course completion or certification cards under the presumption that the individual’s continuing education hours have been met.

EMS Continuing Education Offerings—Other Discipline Offerings

1. Other non-EMS course offerings may be utilized for continuing education if the continuing education course is sufficiently related in material to EMS curriculum. Common disciplines that offer courses that may have EMS content include fire service, law enforcement and general medical, such as nursing.
2. The time claimed for any other discipline offerings should be comparable to the amount of time included in the curriculum but because the continuing education course may expand upon curriculum principles, the time claimed may be up to three (3) times the curriculum. For example, a commonly claimed credit is for rope rescue. That is consistent with operational guidelines that are included in the EMR curriculum. However, often an EMR will attempt to meet 16 hours of their required 20 hours with a two-day rope rescue course. It would be appropriate for an EMR to claim 3 hours of EMS continuing education from the 16-hour fire service rope rescue course.

EMS Continuing Education Offerings—Distance Education Courses

1. Distance education offerings include training and education that is conducted not a physical location but through electronic means such on-line trainings, webinar, podcasts, and learning management systems.
2. All distance offerings must be verifiable by IDHS staff so staff may request information on the source including website, etc.
3. Generally, all distance offerings shall be approved by the individual provider's affiliated provider organization, medical director, supervising hospital, and/or training institution. Organizations may limit the source, types, and number of hours of distance education courses that their affiliated individuals may obtain.
4. General requirements for consideration of approval for organizations and considerations for submissions to IDHS as continuing education from individuals without an affiliation include:
 - a. Whether the material is offered from a qualified source for the subject matter.
 - b. Whether the distance offering requires a log-on- or some registration to track that the individual did participate.
 - c. Whether the distance offering produces a certification of completion or tracks the participation and completion for verification.
5. Participation and recording of distance education offerings should be recorded on the approved recertification forms for the individual. Verification should include a signature accepting the distance course from an approved individual from the affiliated provider organization or training institution or from documentation from the source. Documentation from the source can be a certificate of completion or a listing of course completions on the user profile but must include the following:
 - a. Name of the distance education course.
 - b. Date that the distance education course was taken.
 - c. Name of the attendee on the verification.
 - d. Total hours of participation.

Policy for Record Keeping

The approved training officer or training institution official is responsible for ensuring accurate and complete record keeping for all educational courses and classes.

Records for educational courses and classes shall be maintained electronically, or in hard copy by the assignee, for a minimum of seven (7) years. All providers should develop a written policy for record storage management that ensures participant confidentiality and in accordance with organizational policy or applicable state or federal laws.

All educational course and class records are subject to review, evaluation, and audit by IDHS.



- **Affiliated EMT**

- Ambulance Provider Organization Signature
 - Verifies continuing affiliation with the organization.
 - Verifies continuing education hours, audit & review hours and skills proficiencies are complete and accepted by the organization at the time of the signature.

- **Advanced EMT or Paramedic**

- Ambulance Provider Organization Signature
 - Verifies continuing affiliation with the organization.
 - Verifies continuing education hours, audit & review hours and skills proficiencies are complete and accepted by the organization at the time of the signature.
- Medical Director
 - Verifies acceptance of medical oversight of the applicant and to the skills competency of the individual.



- Signatures are not just to show affiliation of the applicant. A representative should NEVER sign a continuing education form that is not fully complete.
- Signatures demonstrate that provider organization also accepts the continuing education of the applicant for certification or licensure renewal.
 - Continuing education offerings should be reviewed as to accuracy and compliance with any internal policies on continuing education as well as compliance with medical director requirements.
 - Skills proficiencies should be reviewed as to whether an appropriate Evaluator conducted the skills and whether the skills meet the requirements of both the state minimums as well as requirements of the affiliated organization and/or their medical director.
- A signature verifying continuing education should be either the presenter or organization-authorized official(s) such as the Training Officer. An applicant should not self-sign their own continuing education offerings unless they physically presented the topic (e.g. the training officer cannot just sign all of their own offerings).
- Provider organizations are encouraged to set time deadlines for signatures with their staff so that last minute signatures are not requested by renewal applicants without time for proper review by the organization. They may also require review by appropriate staff such as the Training Officer.

3. Approval of new
Continuing
Education report
forms – Kraig
Kinney

**INSTRUCTIONS FOR REPORT OF EMERGENCY MEDICAL RESPONDER (EMR)
CONTINUING EDUCATION**

Part of State Form 55869 (R / 3-20)
DEPARTMENT OF HOMELAND SECURITY

- I. To renew a certification, applicants for original certification as a first responder shall meet the following requirements:
 - A. Be a minimum of fourteen (14) years of age
 - B. Have successfully completed the following:
 1. A commission-approved first responder course
 2. State written and practical skills examinations as approved by the commission
- II. Certification as a first responder will be valid for a period of two (2) years.
- III. To renew a certification, a first responder shall submit a report of continuing education every two (2) years that meets or exceeds the minimum requirements to take and report twenty (20) hours of continuing education according to the following:
 - A. Participate in a minimum of sixteen (16) hours of any combination of lectures, critiques, skills proficiency examinations, or audit and review that review subject matter presented in the Indiana first responder curriculum.
 - B. Participate in a minimum of four (4) hours in defibrillation and airway management as presented in the Indiana first responder curriculum.



REPORT OF EMERGENCY MEDICAL RESPONDER (EMR) CONTINUING EDUCATION

State Form 55869 (R / 3-20)
DEPARTMENT OF HOMELAND SECURITY

PERSONAL INFORMATION

Printed name of EMR (<i>last, first, middle initial</i>)		Public safety identification number (PSID)
Home address (<i>number and street, city, state, and ZIP code</i>)		
Home telephone number ()	E-mail address	

VIOLATION STATEMENT

Since your last renewal, have you been charged or convicted of anything other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, have you reported it to the IDHS Compliance Officer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, on what date did you report it? (<i>month, day, year</i>)
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SIGNATURE OF EMR

I, the undersigned EMR, hereby affirm, under the penalty for perjury, that all statements on this continuing education report are true and correct, including copies of cards, certificates, and other required documents for verification. I understand that false statements or documents may be sufficient cause for revocation by the Indiana Department of Homeland Security and the Emergency Medical Services Commission. I also understand that the Indiana Department of Homeland Security and the Emergency Medical Services Commission may conduct an audit of the recertification activities listed at any time.

Signature of EMR	Date (<i>month, day, year</i>)
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CURRENT AFFILIATIONS - AMBULANCE PROVIDER ORGANIZATIONS

Name of provider	Provider certification number	Telephone number ()
Street address (<i>number and street, city, state, and ZIP code</i>)		
Signature of Chief Executive Officer		Date (<i>month, day, year</i>)
Name of provider	Provider certification number	Telephone number ()
Street address (<i>number and street, city, state, and ZIP code</i>)		
Signature of Chief Executive Officer		Date (<i>month, day, year</i>)

INSTRUCTIONS FOR REPORT OF EMERGENCY MEDICAL TECHNICIAN (EMT) CONTINUING EDUCATION

Part of State Form 52319 (R6 / 3-20)
DEPARTMENT OF HOMELAND SECURITY

- I. Certification as an emergency medical technician will be valid for a period of two (2) years.
- II. 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 requirements to take and report forty (40) hours of continuing education according to the following:
 - A. Participate in a minimum of thirty-four (34) hours of any combination of lectures, critiques, skills proficiency examinations, continuing education courses, or teaching sessions that review subject matter presented in the Indiana basic emergency medical technician curriculum.
 - B. Participate in a minimum of six (6) hours of audit and review.
 - C. Participate in any update course as prescribed by the commission.
 - D. Successfully complete a proficiency evaluation that tests the skills presented in the Indiana basic emergency medical technician curriculum.
- III. Notwithstanding any other provisions of 836 IAC 4-4-2, 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 II.
- IV. An individual who fails to comply with the continuing education requirements described in 836 IAC 4-4-2 shall not exercise any of the rights or 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 certification.
- V. An individual requiring a valid emergency medical technician card to work should submit their continuing education document at least thirty (30) days prior to the certificate's expiration date.
- VI. In applying for recertification, individuals agree to comply with all recertification requirements, rules, and standards of the Indiana Emergency Medical Services Commission. The individual bears the burden of demonstrating and maintaining compliance at all times. The Indiana Emergency Medical Services Commission considers the individual to be solely responsible for his/her certification.



REPORT OF EMERGENCY MEDICAL TECHNICIAN (EMT) CONTINUING EDUCATION

State Form 52319 (R6 / 3-20)
DEPARTMENT OF HOMELAND SECURITY

PERSONAL INFORMATION

Printed name of EMT (<i>last, first, middle initial</i>)		Public safety Identification number (PSID)
Home address (<i>number and street, city, state, and ZIP code</i>)		
Home telephone number ()	E-mail address	
Have you been trained in NIMS / ICS? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, level of NIMS / ICS training	Would you be willing to assist in a disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No

VIOLATION STATEMENT

Since your last renewal, have you been charged or convicted of anything other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, have you reported it to the IDHS Compliance Officer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, on what date did you report it? (<i>month, day, year</i>)
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SIGNATURE OF EMT

I, the undersigned EMT, hereby affirm, under the penalty for perjury, that all statements on this continuing education report are true and correct, including copies of cards, certificates, and other required documents for verification. I understand that false statements or documents may be sufficient cause for revocation by the Indiana Department of Homeland Security and the Emergency Medical Services Commission. I also understand that the Indiana Department of Homeland Security and the Emergency Medical Services Commission may conduct an audit of the recertification activities listed at any time.

Signature of EMT	Date (<i>month, day, year</i>)
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CURRENT AFFILIATIONS - AMBULANCE PROVIDER ORGANIZATIONS

Name of provider	Provider certification number	Telephone number ()
Street address (<i>number and street, city, state, and ZIP code</i>)		
Signature of Chief Executive Officer		Date (<i>month, day, year</i>)
Name of provider	Provider certification number	Telephone number ()
Street address (<i>number and street, city, state, and ZIP code</i>)		
Signature of Chief Executive Officer		Date (<i>month, day, year</i>)

SECTION III: VERIFICATION OF SKILL COMPETENCE

1. *No specific amount of time is required on any skill.*
2. *All signatures must be original.*

SKILL	DATE <i>(month, day, year)</i>	SIGNATURE OF MEDICAL DIRECTOR OR ASSIGNED EMS EDUCATION STAFF
A. Patient Assessment / Management – Trauma		
B. Patient Assessment / Management – Medical		
C. Cardiac Arrest Management		
D. Bag / Valve / Mask (BVM) Ventilation of an Apneic Adult Patient		
E. Supraglottic Airway Device		
F. Spinal Immobilization (Supine)		
G. Bleeding Control / Shock Management		

ORIGINAL
 SIGNATURE
 REQUIRED

INSTRUCTIONS FOR REPORT OF ADVANCED EMERGENCY MEDICAL TECHNICIAN (AEMT) CONTINUING EDUCATION

Part of State Form 58924 (3-20)
DEPARTMENT OF HOMELAND SECURITY

- I. To renew a certification, a certified advanced emergency medical technician shall keep a written report of continuing education on a form approved by the agency or other format approved by the agency for every two (2) years that meets or exceeds the minimum requirement in subsection A.
 - A. An applicant shall report a minimum of fifty (50) hours of continuing education consisting of the following:
 1. A minimum of twenty-five (25) hours of advanced emergency medical technician national continued competency education curriculum continuing education hours in the following national component categories:
 - a. Airway, respiration, ventilation: two and a half (2.5) hours
 - b. Cardiovascular: seven (7) hours
 - c. Trauma: three (3) hours
 - d. Medical: seven and a half (7.5) hours
 - e. Operations: five (5) hours
 2. A minimum of twelve and a half (12.5) state component of advanced emergency medical technician national continued competency education curriculum continuing education hours with ten (10) hours being advanced life support audit and review sessions. The commission may direct additional state component training. The affiliated provider organization, or in the absence of provider designation, the supervising hospital shall approve any additional hours to meet the state component.
 3. A minimum of twelve and a half (12.5) hours of individual/local continuing education that covers material from the emergency medical technician or advanced emergency medical technician curricula and is approved by the provider organization, or in the absence of provider designation, the supervising hospital.
 4. Written evidence of certification in cardiopulmonary resuscitation at the healthcare provider level that is valid on the date of the emergency medical services re-certification.
 5. Skill competency (with no specified hour requirement). The individual must comply with the skills competencies process as approved by the affiliated provider organization medical director. A signature of the medical director attesting to the advanced emergency technician skills competencies for the individual is required at recertification.
 - B. An applicant for re-certification shall complete the on-line recertification verification in the individual's on-line portal account, including:
 1. All recertification requirements in this section must be met before the on-line verification including using agency approved forms to record continuing education, obtaining required signatures, and submitting within the current certification expiration period but no more than ninety (90) days before the expiration.
 2. All recertification personnel are subject to random audit and, if selected with notification by the on-line portal for audit, the applicant must supply written verifications, with signatures to the agency within seventy-two (72) hours or the recertification will be deemed untimely filed and the initial certification expired. The applicant will also be subject to sanction(s) for failure to comply within the seventy-two (72) hour period.
 3. If a criminal arrest or conviction was not timely reported pursuant to section 2 of this rule, then the individual status shall be placed under review and the applicant shall submit all requested paperwork associated with the arrest or conviction to the agency for the recertification to be processed as well as face sanction(s) for the late notification.
 - C. A National Registry of EMTs provider may use a current provider card as prima facie evidence of compliance with the national and individual components of the national continued competency program (NCCP) certification requirements for the certification or licensure level at which the provider is certified or licensed. However, the following requirements must be met for recertification:
 1. All required affiliation signatures for the individual must be obtained on the agency approved recertification forms;
 2. The state component hours including audit and review must be listed on the agency approved recertification form;
 3. The required cardiopulmonary certification(s) for the individual level must be kept and attached to the agency approved recertification form.
 4. The proof of skills competency section of the agency approved recertification form must be completed with verifying signatures.
 - D. 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.
 - E. The advanced emergency medical technician certification includes emergency medical technician certification and the emergency medical technician certification will be considered renewed with an on-line portal renewal of the advanced emergency medical technician certification although the portal system may take up to thirty (30) days to update for the lower level certification after renewal submission.

INACTIVE STATUS FOR A CERTIFIED ADVANCED EMERGENCY MEDICAL TECHNICIAN (AEMT)

Part of State Form 56924 (3-20)
DEPARTMENT OF HOMELAND SECURITY

- I. An advanced emergency medical technician requesting inactive advanced emergency medical technician status shall be currently certified in Indiana as an advanced emergency medical technician and be an individual who has previously recertified as an advanced emergency medical technician in Indiana at least one (1) time. The individual's certification must be in good standing with the commission at the time inactive status is requested. Applicants for inactive status do not have to be affiliated with an advanced emergency medical technician provider organization. Applicants wanting inactive status shall submit a request in writing to the commission.
- II. If an advanced emergency medical technician wants to keep an active emergency medical technician certification, the advanced emergency medical technician shall meet the requirements set forth in 836 IAC 4-7.
- III. Advanced emergency medical technicians on inactive status must collect the following continuing education hours during the inactive period, and the continuing education hours must be reported to the commission prior to the expiration date of the certificate:
 - A. Collect and report continuing education requirements listed in section (5) of this rule.
 - B. Collect and report twelve (12) additional continuing education hours.
- IV. Advanced emergency medical technicians with an inactive status wishing to return to active status must meet the following requirements:
 - A. Comply with subsection (b) during inactive status.
 - B. Be affiliated with an Indiana certified advanced emergency medical technician provider organization and an Indiana certified advanced emergency medical technician supervising hospital by submitting a signed application for advanced life support.
 - C. Submit in writing a verified statement attesting to the applicant's competency in skills listed in section 5(b)(5) of this rule signed by the advanced emergency medical technician provider medical director.
- V. An advanced emergency medical technician automatically is in inactive status once they are notified by either their affiliate provider organization or supervising hospital and no other advanced emergency medical technician affiliates for the provider exist that provide for both a provider and supervising hospital affiliation:
 - A. The advanced emergency medical technician must notify the agency within forty-eight (48) hours of being notified of not having an advanced life support affiliation with either an ambulance provider or medical director.
 - B. The advanced emergency medical technician in inactive status may not practice under their certification as an advanced emergency medical technician.
 - C. The status will remain inactive for the advanced medical technician until they provide the agency with appropriate affiliation paperwork demonstrating they have both a provider agency and supervising hospital.
 - D. The advanced emergency medical technician may function as an emergency medical technician under that scope of practice while their advanced certification is inactive as long as the certification requirements are met for the emergency medical technician.



REPORT OF ADVANCE EMERGENCY MEDICAL TECHNICIAN (AEMT) CONTINUING EDUCATION

State Form 56924 (3-20)
DEPARTMENT OF HOMELAND SECURITY

PERSONAL INFORMATION

Printed name of EMT (<i>last, first, middle initial</i>)		Public safety identification number (PSID)
Home address (<i>number and street, city, state, and ZIP code</i>)		
Home telephone number ()	E-mail address	
Have you been trained in NIMS / ICS? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, level of NIMS / ICS training	Would you be willing to assist in a disaster? <input type="checkbox"/> Yes <input type="checkbox"/> No

VIOLATION STATEMENT

Since your last renewal, have you been charged or convicted of anything other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, have you reported it to the IDHS Compliance Officer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, on what date did you report it? (<i>month, day, year</i>)
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SIGNATURE OF AEMT

I, the undersigned AEMT, hereby affirm, under the penalty for perjury, that all statements on this continuing education report are true and correct, including copies of cards, certificates, and other required documents for verification. I understand that false statements or documents may be sufficient cause for revocation by the Indiana Department of Homeland Security and the Emergency Medical Services Commission. I also understand that the Indiana Department of Homeland Security and the Emergency Medical Services Commission may conduct an audit of the recertification activities listed at any time.

Signature of AEMT	Date (<i>month, day, year</i>)
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CURRENT AFFILIATIONS - AMBULANCE PROVIDER ORGANIZATIONS

Name of provider	Provider certification number	Telephone number ()
Street address (<i>number and street, city, state, and ZIP code</i>)		
Signature of Chief Executive Officer		Date (<i>month, day, year</i>)
Name of provider	Provider certification number	Telephone number ()
Street address (<i>number and street, city, state, and ZIP code</i>)		
Signature of Chief Executive Officer		Date (<i>month, day, year</i>)

CURRENT AFFILIATIONS - SUPERVISING HOSPITAL

Name of hospital	Telephone number ()
Street address (<i>number and street, city, state, and ZIP code</i>)	
Signature of EMS Coordinator	Date (<i>month, day, year</i>)
Name of hospital	Telephone number ()
Street address (<i>number and street, city, state, and ZIP code</i>)	
Signature of EMS Coordinator	Date (<i>month, day, year</i>)

SIGNATURE OF EMS MEDICAL DIRECTOR

Signature of physician	Printed name of physician	Date (<i>month, day, year</i>)
License number	State	Telephone number ()
Signature of physician	Printed name of physician	Date (<i>month, day, year</i>)
License number	State	Telephone number ()

SECTION IA: AEMT CATEGORIES

Complete all sections below with signatures, dates, and topics.

DATE <i>(month, day, year)</i>	NUMBER OF HOURS	TOPIC	SIGNATURE
Division I - Airway, Respirations, Ventilations			Required: 2.5 Hours
Division II – Cardiovascular			Required: 7 Hours
Division III – Trauma			Required: 3 Hours
Division IV – Medical			Required: 7.5 Hours
Division V – Operations			Required: 5 Hours

SECTION IB: CPR CERTIFICATION

Attach a copy of the front of your current provider card or certification.

SECTION III: VERIFICATION OF SKILL COMPETENCE

1. No specific amount of time must be spent on each skill or combination thereof.
2. All skills must be directly observed by the EMS Medical Director or EMS educational staff of the Supervising Hospital, either at an in-service or in an actual clinical setting. All signatures must be original.

SKILL	DATE <i>(month, day, year)</i>	SIGNATURE OF MEDICAL DIRECTOR OR ASSIGNED EMS EDUCATION STAFF
A. Medical Assessment / Management		
B. Trauma Assessment / Management		
C. Ventilatory Management		
D. Cardiac Arrest Management		
E. Bandaging and Splinting		
F. Medication Administration, IV Therapy, IV Bolus, and IO Therapy		
G. Spinal Immobilization		
H. Pediatric IO		

INSTRUCTIONS FOR REPORT OF PARAMEDIC CONTINUING EDUCATION

Part of State Form 18220 (R13 / 3-20)
DEPARTMENT OF HOMELAND SECURITY

- I. Certification as a paramedic will be valid for a period of two (2) years.
- II. To renew a certification, a certified paramedic shall submit a report of continuing education every two (2) years that meets or exceeds the minimum requirements below.
 - A. An applicant shall report a minimum of seventy-two (72) hours of continuing education consisting of the following:
 1. Section IA - Forty-eight (48) hours of continuing education through a formal paramedic refresher course as approved by the commission or forty-eight (48) hours of supervising hospital-approved continuing education that includes the following:
 - a. Sixteen (16) hours in airway, breathing, and cardiology
 - b. Eight (8) hours in medical emergencies
 - c. Six (6) hours in trauma
 - d. Sixteen (16) hours in obstetrics and pediatrics
 - e. Two (2) hours in operations
 2. Section IB - Attach a current copy of cardiopulmonary resuscitation certification for the professional rescuer. The certification expiration date shall be concurrent with the paramedic certification expiration date.
 3. Section IC - Attach a current copy of advanced cardiac life support certification. The certification expiration date shall be concurrent with the paramedic certification expiration date.
 4. Section II - Twenty-four (24) additional hours of emergency medical services related continuing education; twelve (12) of these hours shall be obtained from audit and review. The participation in any course as approved by the commission may be included in this section.
 5. Section III - Skill maintenance (with no specified hour requirement) - All skills shall be directly observed by the emergency medical service medical director or emergency medical service educational staff of the supervising hospital, either at an in-service or in an actual clinic setting. The observed skills include, but are not limited to, the following:
 - a. Patient medical assessment and management
 - b. Trauma assessment and management
 - c. Ventilatory management
 - d. Cardiac arrest management
 - e. Bandaging and splinting
 - f. Medication administration, intravenous therapy, intravenous bolus, and intraosseous therapy
 - g. Spinal immobilization
 - h. Obstetrics and gynecological scenarios
 - i. Communication and documentation



REPORT OF PARAMEDIC CONTINUING EDUCATION

State Form 18220 (R13 / 3-20)
DEPARTMENT OF HOMELAND SECURITY

PERSONAL INFORMATION

Printed name of paramedic (<i>last, first, middle initial</i>)		Public safety identification number (PSID)
Home address (<i>number and street, city, state, and ZIP code</i>)		
Home telephone number ()	E-mail address	

VIOLATION STATEMENT

Since your last renewal, have you been charged or convicted of anything other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, have you reported it to the IDHS Compliance Officer? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, on what date did you report it? (<i>month, day, year</i>)
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SIGNATURE OF PARAMEDIC

I, the undersigned paramedic, hereby affirm, under the penalty for perjury, that all statements on this continuing education report are true and correct, including copies of cards, certificates, and other required documents for verification. I understand that false statements or documents may be sufficient cause for revocation by the Indiana Department of Homeland Security and the Emergency Medical Services Commission. I also understand that the Indiana Department of Homeland Security and the Emergency Medical Services Commission may conduct an audit of the recertification activities listed at any time.

Signature of paramedic	Date (<i>month, day, year</i>)
------------------------	----------------------------------

CURRENT AFFILIATIONS - AMBULANCE PROVIDER ORGANIZATIONS

Name of provider	Provider certification number	Telephone number ()
Street address (<i>number and street, city, state, and ZIP code</i>)		
Signature of Chief Executive Officer		Date (<i>month, day, year</i>)
Name of provider	Provider certification number	Telephone number ()
Street address (<i>number and street, city, state, and ZIP code</i>)		
Signature of Chief Executive Officer		Date (<i>month, day, year</i>)

CURRENT AFFILIATIONS - SUPERVISING HOSPITAL

Name of hospital	Telephone number ()
Street address (<i>number and street, city, state, and ZIP code</i>)	
Signature of EMS Coordinator	Date (<i>month, day, year</i>)
Name of hospital	Telephone number ()
Street address (<i>number and street, city, state, and ZIP code</i>)	
Signature of EMS Coordinator	Date (<i>month, day, year</i>)

SIGNATURE OF EMS MEDICAL DIRECTOR

Signature of physician	Printed name of physician	Date (<i>month, day, year</i>)
License number	State	Telephone number ()
Signature of physician	Printed name of physician	Date (<i>month, day, year</i>)
License number	State	Telephone number ()

SECTION IA: PARAMEDIC CATEGORIES

DATE <i>(month, day, year)</i>	NUMBER OF HOURS	TOPIC	SIGNATURE
Division I - Airway, Breathing, and Cardiology			Required: 16 Hours
Division II – Medical Emergencies			Required: 8 Hours
Division III – Trauma			Required: 6 Hours
Division IV – Obstetrics and Pediatrics			Required: 16 Hours
Division V – Operations			Required: 2 Hours

SECTION IB: CPR CERTIFICATION	SECTION IC: ACLS CERTIFICATION
<p><i>Attach a copy of the front of your current provider card or certification.</i></p>	<p><i>Attach a copy of the front of your current provider card or certification.</i></p>

SECTION III: VERIFICATION OF SKILL COMPETENCE

1. *No specific amount of time must be spent on each skill or combination thereof.*
2. *All skills must be directly observed by the EMS Medical Director or EMS educational staff of the Supervising Hospital, either at an in-service or in an actual clinical setting. All signatures must be original.*

SKILL	DATE <i>(month, day, year)</i>	SIGNATURE OF MEDICAL DIRECTOR OR ASSIGNED EMS EDUCATION STAFF
A. Medical Assessment / Management		
B. Trauma Assessment / Management		
C. Ventilatory Management		
D. Cardiac Arrest Management		
E. Bandaging and Splinting		
F. Medication Administration, IV Therapy, IV Bolus, and IO Therapy		
G. Spinal Immobilization		
H. Obstetrics and Gynecological		
I. Communication and Documentation		

4. Demonstration of the new EMS web forms – Candice Pope

L) Old Business

1. Rule

Promulgation

Process update –

Kraig Kinney

2. Mobile Integrated
Health update and
Committee approval
– Dr. Michael
Kaufmann

3. Non – rule policy
Sanctions for
Certification Fraud
and
Misrepresentation –
Kraig Kinney

Indiana EMS Commission

Non-Rule Policy

Background of Policy:

This policy addresses all individual certifications for EMS

836 IAC 4-3-2 Emergency Medical Responder (EMR)

836 IAC 4-4-2 Emergency Medical Technician (EMT)

836 IAC 4-5-2 Primary Instructor (PI)

Advanced Emergency Medical Technician (AEMT)

Current: Emergency Rule, LSA #12-393(E), Section 50-51

Pending New Rule: 836 IAC 4-7-5

836 IAC 4-9-4 / 836 IAC 4-9-5 Paramedic

These rules address recertification and continuing education requirements for individual EMS providers certified or licensed by the EMS Commission. Current EMS procedures (since 2012) allow for on-line renewal of EMS Certifications and Licensures whereby the applicant must agree to the following provisions:

I hereby affirm, under the penalty of perjury, that all statements contained in this application are true and correct. I understand that falsifying statements or documents may be cause for disciplinary action by the Emergency Medical Services Commission, and that the disciplinary action may include revocation of certification. I also understand that Emergency Medical Services Commission may conduct an audit of the recertification documents listed at any time. Furthermore, I understand that it is prohibited to initiate a subsequent on-line renewal attempt for a certification for which I have an audit pending, and that I have not been notified during a previous attempt that my application for renewal has been audited.

When the applicant submits a response to the to the affirmation, this is the response that is given:

All requirements for this certification or license have been met, and the applicant attests that the above statements are true

With the submission of the application renewal, the applicant can click on the guidelines for renewal, use the template paperwork that provides the guidelines, or look to the written rules for the specific guidelines for that particular certification or licensure.

No continuing education paperwork is collected unless the person receives a random audit which is a small sampling of the total number of renewals.

IDHS certifications staff have reported that generally there are a couple of individuals during audits that have issues with complying with the audit. These issues arise because of the common tendency for EMS personnel to “push and pray” meaning that they attempt to hit the submit button and see if they pass without an audit. Most do and they go on doing the same behavior undeterred, but the random sampling catches many that scramble to pull together the required paperwork. Of those, most are honest and can put the hours together albeit not having confirmed before the submission, but many will be missing hours or other items.

In the past, IDHS places those that commit recertification deception or fraud on probation for a two (2) year period and then requires an automatic manual renewal for the next cycle. This standard practice has failed to create a deterrent to prevent dishonesty in the on-line renewal system and stronger sanctions are needed.

Non-Rule Policy

Whereas, continuing education is an integral function for EMS professionals to provide quality care for patients;

Whereas, minimal continuing education guidelines are written clearly into rule form and are also available on State forms to assist EMS professionals with understanding the recertification requirements;

Whereas, the recertification process is vital to the relationship between EMS professionals and their supervisory affiliations (provider organizations, supervising hospitals and medical directors) in that the provider seeking recertification or re-licensure is required to review their continuing education with and obtain signatures approving their continuing education from those affiliations;

Whereas, the on-line certification system promotes efficiency in processing of large volumes of certification renewals but relies upon the integrity of the EMS professionals using the on-line renewal system;

Whereas, the IDHS EMS Section has recommended stricter sanctions and a written policy as a warning to providers;

The Indiana EMS Commission adopts this non-rule policy to clarify the importance of continuing education and delineate the sanctions for EMS certified and licensed personnel (EMRs, EMTs, Advanced EMTs, paramedics, and primary instructors) who use dishonesty, misrepresentation, or fraud to renew their certification or licensure status.

IC 16-31-3-14(a)(1) permits disciplinary sanctions for a certified or licensed EMS professional “engaged in or knowingly cooperated in fraud or material deception in order to obtain a certificate or license, including cheating on a certification or licensure examination.”

IC 16-31-3-14(b) permits IDHS to issue an administrative order on behalf of the EMS Commission that includes “one (1) or more of the following sanctions” if there is a rule violation such as (a)(1). The sanctions include:

- (1) Revocation of a certificate holder's certificate or license holder's license for a period not to exceed seven (7) years.
- (2) Suspension of a certificate holder's certificate or license holder's license for a period not to exceed seven (7) years.
- (3) Censure of a certificate holder or license holder.
- (4) Issuance of a letter of reprimand.
- (5) Assessment of a civil penalty against the certificate holder or license holder in accordance with the following:
 - (A) The civil penalty may not exceed five hundred dollars (\$500) per day per violation.
 - (B) If the certificate holder or license holder fails to pay the civil penalty within the time specified by the department of homeland security, the department of homeland security may suspend the certificate holder's certificate or license holder's license without additional proceedings.
- (6) Placement of a certificate holder or license holder on probation status and requirement of the certificate holder or license holder to:
 - (A) report regularly to the department of homeland security upon the matters that are the basis of probation;
 - (B) limit practice to those areas prescribed by the department of homeland security;
 - (C) continue or renew professional education approved by the department of homeland security until a satisfactory degree of skill has been attained in those areas that are the basis of the probation; or
 - (D) perform or refrain from performing any acts, including community restitution or service without compensation, that the department of homeland security considers appropriate to the public interest or to the rehabilitation or treatment of the certificate holder or license holder.

While the EMS Commission authorizes IDHS to adjust these guidelines for noted cause in an administrative Order, the following sanctions for each type of dishonesty, misrepresentation or fraud related to continuing education and certification renewal should be standard.

1. The IDHS/EMS Commission does not accept “accidental” renewals where the individual claims that they did not realize they were renewing. Due to the system of prompts, the applicant has ample opportunity to realize they are in the renewal process before finalizing. If an applicant submits a renewal application, it is deemed an intentional act and the applicant is either duly certified or may fall into one of the other categories listed below depending upon the status of their application.
2. Renewal application submitted on-line. Applicant has all continuing education requirements but failed to obtain signatures BEFORE submitting the application.
 - a. Sanction will be a private reprimand and \$50.00 fine.
3. Renewal application submitted on-line. Applicant believed they had all continuing education hours, but an audit resulted in portions of their continuing education hours or skills verification being rejected but there are less than 5 continuing education hours rejected.
 - a. If within the original renewal period, the applicant may obtain substitute hours but be issued a Sanction of a private reprimand and \$100.00 fine.
 - b. If after the original renewal period, the applicant may obtain their substitute hours and will still be issued a Sanction of a private reprimand and \$100.00 fine, but their certification will not be renewed until the rejected hours are substituted.
4. Renewal application submitted on-line. Applicant believed they had all continuing education hours but audit rejected portions of their continuing education hours or skills verification as not eligible and staff determines that the oversight was not in good faith due to not being a reasonable listing (not remotely related to EMS) or multiple hours of continuing education that were not eligible.
 - a. Sanction will be a seven day suspension followed by a two year probation period during which the applicant must 1) obtain the hours or skills they were short within 30 days; 2) must have a manual certification renewal with audit for their next certification cycle and 3) must pay a \$200.00 fine.
5. Renewal application submitted on-line. Applicant acknowledges during the audit that they failed to have enough hours or skills when they renewed on-line—hence they were not eligible to recertify (regardless of whether they intentionally attempted or failed to verify before submitting).

- a. Sanction will be a seven (7) day suspension followed by a two (2) year probation period during which the applicant must 1) obtain the hours or skills they were short within 30 days; 2) must have a manual certification renewal with audit for their next certification cycle and 3) must pay a \$200.00 fine.
6. Renewal application submitted on-line. Department audit finds deception in that signatures were forged, continuing education was listed that was false or cannot be verified, continuing education hours listed were not obtained or were falsely exaggerated (e.g. sign in for sessions but only participated in a portion of education while listing the entire session), or other forms of fraudulently listing continuing education.
 - a. Sanction will be a thirty (30) day suspension followed by a two (2) year probation period during which the applicant must 1) obtain the hours or skills they were short within 30 days; 2) must have a manual certification renewal with audit for their next certification cycle and 3) must pay a \$500.00 fine.
7. For any sanction on a late submission, the applicant must pay the \$50.00 reapplication fee per EMS rules in addition to any sanction fines. Furthermore, if a late submission fails to pass an audit and the Department determines that the applicant was substantially non-compliant with the recertification requirements, then the Department may reject the late submission through administrative Order and the applicant would need to do the process to reacquire his or her certification or licensure.

Adopted by the Indiana EMS Commission on TBD

4. 2020 Legislative Update – Kraig Kinney

5. Update to EMS
recognition
guidelines – Kraig
Kinney



Guidelines for EMS Recognition

To be eligible for any honorary recognition from the EMS Commission under this policy, the recipient must not have any pending investigations or sanctions against his or her EMS certification or licensure.

Certificate of Appreciation for years of service (issued at the person's certification level)-

- (a) Awarded by the State EMS Director, upon request, to a certified/licensed person has served EMS under any of the following:
1. Anniversary recognition for 5, 10, 15, or other five-year increments of service.
 2. Expiration/lapse of certification or licensure or retirement of EMS certifications/licensures.
 3. Recognition at the time of death.

Retirement of an EMS Certification or License and Title Privilege

(a) **Retirement of certification or license.**

A currently certified EMR, EMT, AEMT or licensed paramedic may be eligible to retire his/her certificate or license upon submitting the following information to the Indiana Department of Homeland Security EMS Certifications Division:

1. The certificate holder or licensee must have held an Indiana EMS certification or licensure for a minimum of fifteen (15) years.
2. Completed the retirement form to be furnished by IDHS

(b) EMS Title Privilege.

Any EMS licensee who has filed the required information for permanent retirement of his/her license and received confirmation that the license will be retired, as requested, shall be permitted to use the following appropriate title for the licensee's level of licensure:

1. For emergency medical responder: EMR-Retired or EMR-Ret;
2. For emergency medical technicians: EMT-Retired or EMT-Ret;
3. For advanced emergency medical technician: AEMT-Retired, or AEMT-Ret; or,
4. For Paramedic: Paramedic-Retired or Paramedic-Ret.
5. For primary instructor: Primary Instructor-Retired or Primary Instructor-Ret.

Note: The date the retirement is approved will be reflected on the persons ACADIS portal account. Once a certification/license is retired it cannot be reinstated, even if it falls before an expiration period. To regain certification the retiree shall be required to obtain recertification through the normal required process already in place by the Indiana Department of Homeland Security EMS Certifications Division.

Emeritus (issued at the person's appropriate certification level) –

1. Awarded at the retirement or following the retirement or death of a certification/license holder (or former certification/license holder) to recognize individuals who have made significant contributions to emergency medical services during his or her lifetime.
2. May be approved and awarded at the discretion of the EMS Commission or with the joint approval of the State EMS Director and the Chairperson of the EMS Commission

State EMS Director's award (issued at the person's appropriate certification level) –

1. Awarded at the discretion of the State EMS Director for individuals that have made positive significant contributions to EMS. Individuals may be EMS certified or licensed or non-certified persons that have impacted EMS.

Honorary 'Lifetime' certification/license –

1. Awarded to non-EMS certified/licensed individuals that engage in heroic conduct to assist an EMS patient or response.
2. Awarded to non-EMS certified/licensed individuals who have made EMS contributions above and beyond the call of duty, as requested by their organization and/or by the State. Can be issued at their retirement or upon their death.
3. Awarded to an EMS student that, while in good standing in the class, dies during the class before they are able to complete testing for certification.

4. May be approved and awarded at the discretion of the EMS Commission or with the joint approval of the State EMS Director and the Chairperson of the EMS Commission

Indiana EMS Star of Life Designation –

1. Awarded posthumously to an EMS certification/license holder who makes the ultimate sacrifice and dies in the line of duty.
2. This designation is automatic once IDHS and the State EMS Director confirm the EMS line of duty death. Once approved, a certificate designating the individual as an Indiana EMS Star of Life as well as a plaque award for the family.

6. AEMT

medication update

modules update –

Mikel Fort

M) Assignments

1. Past Assignments

2. Today's Assignments

N) Administrative Proceedings

1. Waiver Orders

a) General
Waiver Orders
issued for COVID
– 19



**FINDINGS AND ORDER OF THE
INDIANA DEPARTMENT OF HOMELAND SECURITY**

Guidance on EMS Preparedness for Coronavirus Covid-19

TO:

**BLS Provider Organizations
AEMT Provider Organizations
Paramedic Provider Organizations
BLS Non-Transport Provider Organizations
ALS Non-Transport Provider Organizations**

ORDER NUMBER: W0030-2020

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

The Public Health Emergency of the coronavirus Covid-19 has created potential challenges for the emergency services providers of Indiana. Many providers have questioned if they may be waived from the EMS rules in order to prepare and respond to his emerging health emergency, including actions such as creating a specified EMS transport vehicle with limited equipment for purposes of transporting suspected coronavirus Covid-19 patients. This Guidance and Order clarifies what waivers are being issued generally. More specific waiver requests may be submitted as needed.

**I.
FINDINGS**

Upon review of all of the information available to staff and after consultation with several EMS providers, the staff of the EMS branch of the Indiana Department of Homeland Security finds that:

The circumstances of the Public Health Emergency demonstrate that

(1) compliance with the rule will impose an undue hardship on the Applicant; and

(2) either:

(A) noncompliance with the rule; or

(B) compliance with an alternative requirement approved by the Indiana Department of Homeland Security;

will not jeopardize the quality of patient care.

II. ORDER

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

1. For the State of Indiana, the Governor has indicated that the Indiana State Department of Health (ISDH) is the lead agency for coordination of response to the Public Health Emergency. EMS providers should monitor the ISDH for guidance and direction: <https://www.in.gov/isdh/28470.htm>. The ISDH link does include Guidance to Emergency Responders. Furthermore, extensive guidance from the CDC can be found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html> Provider organizations should be alert for the changing recommendations in PPE and post-exposure guidance.

2. EMS provider organizations may work with their Medical Directors and their dispatch centers to develop 911 screening policies. The dispatch protocols are within the discretion of the dispatch medical director and are not regulated by the EMS rules.

3. EMS provider organizations may alter their medical protocols by order of their Medical Director. This may be modifying existing medical protocol or via a specified protocol specifically addressing suspected coronavirus Covid-19. A Medical Director approved protocol may also delineate appropriate alternate means of transport in consideration of ISDH and CDC guidelines. Any protocol modifications should be reported to the appropriate district EMS Field Manager.

4. Although not a current ISDH nor IDHS recommendation, EMS provider organizations may dedicate a State EMS certified emergency response vehicle (ambulance and/or non-transport vehicle including those under 836 IAC 2-14) for response and/or transport of suspected coronavirus patients.

- a. A blanket waiver is granted for 836 IAC 1-3-5 Emergency Care Equipment for ambulances in that equipment may be minimized (temporarily removed) to reduce the risk of contamination EXCEPT that the following must remain on the ambulance:
 - i. (1) respiratory and resuscitation equipment items (A) through (L)
 - ii. (5) person protection/universal precautions equipment must be available but may be modified pursuant to ISDH or CDC recommendations or if there are vendor shortages of certain PPE equipment.
 - iii. (6) miscellaneous equipment must be available for assessment and diagnostic testing such as blood pressure cuffs and stethoscopes.
- b. If an ambulance is modified pursuant to this Waiver Order, the EMS District Manager must be notified via email of the change.
- c. An ambulance provider organization must maintain at least one other fully equipment compliant ambulance in order to modify the equipment of an ambulance under this Order.
- d. A blanket waiver is granted for 836 IAC 1-11-4 Basic Life Support Non-transport Emergency Care Equipment in that 1) the "non-transport vehicle" may be utilized for the transport of stable suspected patients by other means than ambulance if so approved by provider organization medical

director and 2) equipment may be minimized (temporarily removed) to reduce the risk of contamination EXCEPT that the following must remain on the vehicle:

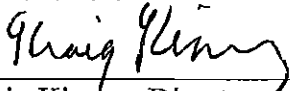
- i. (1) respiratory and resuscitation equipment items (A) through (G)
 - ii. (3) miscellaneous equipment must be available for assessment and diagnostic testing such as blood pressure cuffs and stethoscopes as well as PPE.
- e. **At no time should a patient be deprived of the medical standard of care for their present condition, eg. If the patient is critical and needs other interventions, then the provider organization shall send an ambulance that is fully compliant with the equipment requirements of the rule.**

III.

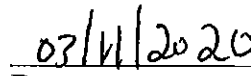
EFFECTIVE DATE OF FINDINGS AND ORDER

This Order is effective immediately and will expire in 90 days, subject to renewal. This Order may also be rescinded by further Order if the Public Health Emergency ends.

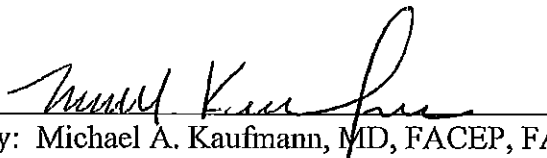
SO ORDERED.



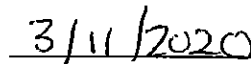
By: Craig Kinney, Director
Emergency Medical Services
Indiana Department of Homeland Security



Date



By: Michael A. Kaufmann, MD, FACEP, FAEMS
State EMS Medical Director
Indiana Department of Homeland Security



Date



**FINDINGS AND ORDER OF THE
INDIANA DEPARTMENT OF HOMELAND SECURITY**

**Guidance on EMS Preparedness for Coronavirus Covid-19
General Waiver #2**

TO:

**All Certified or Licensed EMS Individuals
All EMS Provider Organizations
All Training Institutions & Officials
All EMS Medical Directors**

ORDER NUMBER: W0031-2020

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

The Public Health Emergency of the coronavirus Covid-19 has created potential challenges for the emergency services providers of Indiana. Many providers have questioned if they may be waived from the EMS rules in order to prepare and respond to this emerging health emergency. This Guidance and Order clarifies what waivers are being issued generally. More specific waiver requests may be submitted for consideration as needed.

**I.
FINDINGS**

Upon review of all of the information available to staff and after consultation with several EMS providers, the staff of the EMS branch of the Indiana Department of Homeland Security finds that:

The circumstances of the Public Health Emergency demonstrate that

(1) compliance with the rule will impose an undue hardship on the Applicant; and

(2) either:

(A) noncompliance with the rule; or

(B) compliance with an alternative requirement approved by the Indiana Department of Homeland Security;

will not jeopardize the quality of patient care.

II. ORDER

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

1. For the State of Indiana, the Governor has indicated that the Indiana State Department of Health (ISDH) is the lead agency for coordination of response to the Public Health Emergency. EMS providers should monitor the ISDH website for guidance and direction: <https://www.in.gov/isdh/28470.htm>. The ISDH link does include Guidance to Emergency Responders. Furthermore, extensive guidance from the CDC can be found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html> Provider organizations should be alert for the changing recommendations in PPE and post-exposure guidance. IDHS has a presentation in ACADIS provider accounts that will continue to be updated as information changes, search for "EMS - Emergency Medical Technician - LMS Content: COVID - 19 Information for EMS and Dispatch"

2. In accordance with current ISDH guidance, the March 26, 2020, Indiana EMS Commission meeting is cancelled.

Operations

3. EMS provider organizations are encouraged to work with their Medical Directors and their dispatch centers to develop 911 screening policies. The dispatch protocols are within the discretion of the dispatch Medical Director and are not regulated by the EMS rules. Provider organizations may work with their Medical Director to determine priority of calls within their system. If a EMD type system is used, typically a priority system would prioritize by urgency beginning with Delta (ALS hot response), Charlie (ALS cold response), Beta (BLS hot response), Alpha (BLS cold response and then Omega (referral or alternate care response).

4. EMS provider organizations may alter their medical protocols by order of their Medical Director. This may be modifying existing medical protocol or via a specified protocol specifically addressing suspected coronavirus Covid-19. A Medical Director approved protocol may also delineate appropriate alternate means of transport in consideration of ISDH and CDC guidelines. A Medical Director may also designate alternate transport destinations or downgrading of patients (for instance, if the Medical Director approves, an isolated administration of Zofran could be downgraded to a BLS transport during the Public Health Emergency). Any protocol modifications should be reported to the appropriate district EMS District Manager.

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

6. 836 IAC 1-1-8(k) which provides for proper sanitation procedures to be in effect remains in effect. The specific standards should be targeted for the CDC recommendations on cleaning and disinfecting for the Covid-19 coronavirus.

7. 836 IAC 2-2-1(c) which provides that “an emergency patient shall only be transported in a certified ambulance” is waived IF 1) there are not sufficient ambulances available for transport as a result of the Public Health Emergency without creating a significant delay in response/transport time; and 2) the provider organization Medical Director or local Department of Health has approved alternate transport methods other than ambulance transport *for non-critical patients*. **Note that this applies to BLS transports only.** 836 IAC 2-2-3 prohibits any paramedic provider organization from transporting a patient receiving ALS care in any vehicle other than a certified ambulance and remains in effect.

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

- a. Consumables that become unavailable due to any supply shortages related to the Public Health Emergency are waived from compliance at the minimum stocking level.
 - b. Personal Protection Equipment (PPE) that become unavailable due to any supply shortages related to the Public Health Emergency are waived from compliance at the minimum stocking level. Providers should follow current guidance from ISDH and CDC about when to use PPE, the re-use of PPE, and the utilization of expired PPE items.
 - c. Providers continue to have the opportunity to add additional equipment beyond the minimal standards (including items to address the response to the Public Health Emergency) so long as the equipment is within the scope of practice of the certification level of the ambulance or vehicle and that the medical director & provider organization have both approved and provided training for staff on use.
9. 836 IAC 2-2-1(g) which requires paramedic provider organizations to provide continuous 24-hour ALS coverage is waived IF there is not sufficient staffing due to the Public Health Emergency impacting staffing. If 24-hour coverage cannot be provided then, the provider organization shall notify the local or affected dispatch center(s) and the IDHS EMS District Manager(s) for the impacted district(s).
10. 836 IAC 2-2-1 (h) which requires an EMT or higher accompany a paramedic for a “paramedic response” and then, if ALS techniques have been initiated, there be an EMT or higher on the transporting ambulance with the paramedic is waived IF 1) there is a staffing shortage as a result of the Public Health Emergency and 2) the provider organization Medical Director has approved the alternate staffing arrangement.. Note that alternate staffing by utilization of emergency medical responders (EMR) in place of an EMT is preferred. Similarly, the requirement for an AEMT response (836 IAC 2-7.2-1(g)) of EMT or higher co-staffing for both an “AEMT response” and an AEMT transport are waived IF 1) there is a staffing shortage as a result of the Public Health Emergency and 2) the provider organization Medical Director has approved the alternate staffing arrangement.

Certifications

Note. Out of roughly 3,222 renewals for March 2020, only 1,177 have not renewed as of the date of this Order. IDHS is aware the NREMT is postponing expiration dates for their certifications, but the State of Indiana is not extending our dates. Indiana allows on-line offerings with no restrictions on number of hours, just that they be verifiable.

11. All provider organization certifications remain on cycle with the scheduled expiration/renewal date. Staff will review a request for extension for extraordinary reasons but generally providers should remain on cycle and an extension could have billing consequences.
12. All primary instructor (PI) certifications remain on cycle with the scheduled expiration/renewal date.
13. All emergency medical responder (EMR) certifications remain on cycle with the scheduled expiration/renewal date.
14. All emergency medical technician (EMT) certifications remain on cycle with the scheduled expiration/renewal date. Certified persons may substitute audit and review hours with regular continuing education hours if approved by the provider organization and medical director, if affiliated. As a reminder, skills may be obtained in smaller settings such as one-on-one or even with simulation mannequins.
15. All advanced emergency medical technician (AEMT) certifications and paramedic licensure remain on cycle with the scheduled expiration/renewal date. Certified persons may substitute audit and review hours with regular continuing education hours if approved by the provider organization and medical director, if affiliated. For the March 2020 and June 2020 expiration periods, ALS providers may obtain a skills verification signature from their affiliated provider organization Medical Director on their State continuing education form and do not have to have individual skills signatures. The Medical Director can determine what specific skills or skills verification process they wish to utilize.
16. Certified persons should still provide their provider organization and Medical Director with their continuing education prior to renewing. Signatures should be obtained on continuing education forms but IDHS will accept either an electronically signed PDF or a verifiable email. This is so providers do not have to physically find their Medical Director for a face to face signature.

EMS Education

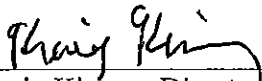
17. EMT didactic course instruction will continue. The local Training Institutions have the authority to dictate the means of instruction and an increased use of distance or on-line education is permitted.
18. EMT clinicals requirements will continue. As a reminder, accreditation bodies do accept the use of simulation (per CoAEMSP). During the Public Health Emergency period, training institutions may elect to require additional ambulance field internship hours as a substitute for hospital clinical experience as well.
19. EMT Cognitive testing remains available through Ivy Tech at this time. They have increased their cleaning procedures and are performing cursory health screening for candidates.
20. EMT psychomotor examinations will continue until further notice—given that having new EMTs in the workforce at this time is crucial. However, Training Institutions and Exam Coordinators should ensure the following:
 - a. At no time, should there be more than fifty (50) individuals at any test site. Large examinations are discouraged and consideration to smaller examinations should be given.
 - b. All participants (candidates, evaluators and patients/assistants) shall be screened for illness under a policy developed by the training institution and program Medical Director. Anyone that appears to be ill or does not pass screening criteria should be asked to leave immediately.
 - c. Where possible, no more than ten (10) individuals should be in the same room at the same time. State Representatives can consider options such as handing out the orientation overview in lieu of bringing everyone to one room to read orientation.

- d. Simulation mannequins or anatomically appropriate mannequins should be utilized in lieu of patients.
 - e. Sanitation procedures should be carefully planned based upon current CDC guidance but shall include proper capability for handwashing or sanitizer usage between testing stations. Examination gloves should be utilized on candidates to minimize the risk of contamination. Mannequins and other equipment shall be cleaned between each candidate.
 - f. State Representatives are granted broad authority to modify the examination parameters where necessary for a safe examination site that limits the potential for possible viral exposure. A State Representative has authority to close an examination if the Representative believes the testing site poses a risk to any person present.
 - g. If a training site cannot meet these requirements or where it is otherwise in the best interests to postpone a practical examination, then the Training Institution should do so.
21. Reciprocity candidates (IAC 836 4-3-3 EMR, 836 IAC 4-4-3 EMT, Emergency Rule, LSA Document #12-393(E), SECTION 52 AEMT, and 836 IAC 4-9-6 Paramedic) are already waived for examination testing if they hold a valid NREMT certification at the same level. During this Public Health Emergency and if the reciprocity applicant does not hold a NREMT certification, the applicant may submit verification of their skills proficiency from another source such as their home state certification documentation or a letter attesting to skills from their prior employer or a current Indiana provider.

**III.
EFFECTIVE DATE OF FINDINGS AND ORDER**

This Order is effective immediately and will expire in 90 days, subject to renewal. This Order may also be rescinded by further Order if the Public Health Emergency ends.

SO ORDERED.



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

March 17, 2020
Date



**FINDINGS AND ORDER OF THE
INDIANA DEPARTMENT OF HOMELAND SECURITY**

**Guidance on EMS Preparedness for Coronavirus Covid-19
General Waiver #3**

TO:

**All Certified or Licensed EMS Individuals
All EMS Provider Organizations
All Supervising Hospitals
All Training Institutions & Officials
All EMS Medical Directors**

ORDER NUMBER: W0032-2020

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

The Public Health Emergency of the coronavirus Covid-19 has created potential challenges for the emergency services providers of Indiana. Many providers have questioned if they may be waived from the EMS rules in order to prepare and respond to this emerging health emergency. This Guidance and Order clarifies what waivers are being issued generally. More specific waiver requests may be submitted for consideration as needed.

**I.
FINDINGS**

Upon review of all of the information available to staff and after consultation with several EMS providers, the staff of the EMS branch of the Indiana Department of Homeland Security finds that:

The circumstances of the Public Health Emergency demonstrate that

- (1) compliance with the rule will impose an undue hardship on the Applicant; and
- (2) either:

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

II. ORDER

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

1. For the State of Indiana, the Governor has indicated that the Indiana State Department of Health (ISDH) is the lead agency for coordination of response to the Public Health Emergency. EMS providers should monitor the ISDH website for guidance and direction: <https://www.in.gov/isdh/28470.htm>. The ISDH link does include Guidance to Emergency Responders. Furthermore, extensive guidance from the CDC can be found at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html> Provider organizations should be alert for the changing recommendations in PPE and post-exposure guidance. IDHS has a presentation in ACADIS provider accounts that will continue to be updated as information changes, search for “EMS - Emergency Medical Technician - LMS Content: COVID - 19 Information for EMS and Dispatch”

2. The IDHS EMS webpage has important information including all prior guidance issued by IDHS in conjunction with the ISDH and also the prior two Blanket Waivers which remain in effect. See <https://www.in.gov/dhs/4142.htm>

Operations

3. EMS providers that are heading to and from working in an EMS capacity is “essential business” consistent with the Governors Order #20-08. If a certified individual does not have a work badge or other identifying means, they should log into their ACADIS portal and print out their current EMS certification/licensure to carry on their person.

4. 836 IAC 2-2-1 which provides the minimum staffing for a “paramedic response” or ALS response is WAVIED in the following:

- a. If a certified EMS person is on the ambulance (including operating the ambulance), then a Registered Nurse, licensed physician or licensed physician’s assistant may substitute a paramedic for providing patient care for an ALS patient when
 - i. The transport is an interfacility transfer;
 - ii. There is a staffing shortage or demand surge related to the public health emergency; and
 - iii. The substituting healthcare professional has received an overview of the ambulance safety procedures, operations and equipment availability & location.
- b. If this WAIVER needs to be utilized, provider organizations should report usage to their EMS District Manager within 24 hours so IDHS can track usage.

5. All EMS provider organizations should have an EMResource log in to track their status on valuable items such as PPE status. This tool is crucial for an overview of what resources are needed for EMS and for IDHS and ISDH planning purposes. If your provider organization is not currently utilizing EMResource, please contact your District EMS Manager for assistance in registering and using the system. However, currently specific PPE requests should go through the provider organization’s county EMA and WEBEOC.

6. Image Trend has Covid-19 Worksheet that can be utilized by providers and will give us some feedback on data. The worksheet is available to those using the State website. Those that purchased their own Image Trend account will need to add the worksheet into their system.

7. FSSA Division of Mental Health is operating 2-1-1 call centers and is in need of assistance staffing. The work is done remotely and only requires a brief training. EMS providers that are quarantined and wishing to still assist the system would be excellent candidates for this. Contact is Kelso Linville at Kelsi.Linville@fssa.IN.gov

Certifications

8. Pursuant to Executive Order 20-09 from the Governor, all pending EMS certifications (EMR, EMT, AEMT, paramedic, Primary Instructor, Training Institution, Supervising Hospital, and all provider organizations) with an expiration date during the public health emergency (currently the March 31, 2020 expirations) are extended to May 22, 2020. The ACADIS portal will be updated to reflect this extension for those certifications that have not already renewed. The Public Health Emergency is of unknown duration, therefore providers with a June 30, 2020, should plan accordingly as that expiration date very likely will remain valid. All other future expiration dates remain as scheduled at this time.

9. The National Registry of EMTs has issued a provisional status certification:

Provisional Certifications will be automatically assigned to any candidate that (1) completes an educational program at the EMR, EMT, AEMT or Paramedic level and (2) successfully passes the National Registry's cognitive examination. The requirement for completing the psychomotor examination is suspended for the duration of the national emergency or until psychomotor examinations can be safely reinstated in the United States.

During the Public Health Emergency, The State of Indiana will accept a NREMT provisional certification submitted with an Application for Reciprocity for the appropriate certification level submitted along with a copy of the NREMT provisional certification. A Temporary Certification will be issued with an expiration date of 120 days. Temporary certification provisions are 836 IAC 4-3-3 (EMR), 836 IAC 4-4-3 (EMT), 836 4-7-4 (AEMT), and 836 IAC 4-9-6 (paramedic).

EMS Education

10. EMT didactic course instruction may continue. The local Training Institutions have the authority to dictate the means of instruction and an increased used of distance or on-line education is permitted.

11. EMT clinical requirements may continue. As a reminder, accreditation bodies do accept the use of simulation (per CoAEMSP). During the Public Health Emergency period, training institutions may elect to require additional ambulance field internship hours as a substitute for hospital clinical experience as well.


12. The portfolio required is NOT waived due to the fact that it is essential that there be verified and validated student performance of psychomotor skills. Training Institutions may consider how to meet the requirements or may need to postpone classes until they can do so.

13. The NREMT has announced that Pearson VUE Centers in many areas are opening on March 25 for essential EMS testing. Candidates should log into their NREMT account to see if any centers are available to them.
14. EMT Cognitive testing is not available through Ivy Tech at this time.
15. EMT psychomotor examinations are cancelled during the Stay at Home Period through April 7th.

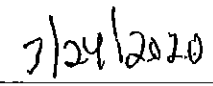
**III.
EFFECTIVE DATE OF FINDINGS AND ORDER**

This Order is effective immediately and will expire in 90 days, subject to renewal. This Order may also be rescinded by further Order if the Public Health Emergency ends.

SO ORDERED.



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



Date

b) Personnel Waivers

I. PI waiver – to be waived from the requirement to take the EMT cognitive and psychomotor examinations for PI certification - granted - (Brittney Klein, Francisco Sierra, Scott Caprio, Benton Aldrich, Michael Hammond Sr, Kyla Thomas, Mark Taylor, Joshua Daring, Emmanuel Rodriguez, Amber Stine, Nathan Stine, Joseph Anglin, David Rooksberry, Courtney Carter, Jennifer Whitcomb, Jeremy Hayes, Bryan Dixson, Brady Wiles, Christopher Perry, Cydney Boze, Logan Ison, Trish Hunt, Gary Fisher, Kendall Lamar, Matthew Mize)

II. Reciprocity –
Non accredited
Training
Institution
process –
granted- (Janell
Krueger,
Brendan
Marshall)

III. US Steel AEMT
waiver - granted
(Gary Elliott)

c) Provider
Organization
Waivers

I. 837 IAC 2-2-4
(g)(1) – renewal
granted -
Batesville Fire

d) Training Institutions -
Clinical waivers –
granted (Harrison
County Hospital, New
Castle Career Center
EMT program,
Parkview Medical
Center, Lutheran EMS
Training Institute,
Heartland Ambulance,
ESEC, Dekalb
Memorial, and
Winchester Fire
Training)



FINDINGS AND ORDER OF THE
INDIANA DEPARTMENT OF HOMELAND SECURITY

TO:

Harrison County Hospital
Attn. Michael Hunter
1141 Hospital Drive NW
Corydon, IN 47112

[Click here to enter text.](#)

Certification Number(s) #: 3101

ORDER NUMBER: W0036-2020

Pursuant to the authority of Indiana Code § 4-21.5-3-6 and Indiana Code § 16-31-3-5, the Indiana Department of Homeland Security (Department) enters this Findings and Order in regard to the APPLICATION FOR WAIVER OF EMS RULES (836 IAC) for the training institution certification held by or being issued to Harrison County Hospital (Applicant), Certification(s) #: B31-01-20

Rule that this waiver is being requested for: 836 IAC 4-4-1(a)(2) EMT Education Requirements

Specifics of the waiver request: *taken from Application for Waiver

Due to the COVID-19 Pandemic, the Governor's orders for social distancing, and PPE shortages, it is unlikely my EMT class will be able to complete the 8 hour hospital and 8 hour ambulance requirement as IDHS and the Indiana EMS Commission requires.

In consultation with the course Medical Director, Dr. Stephen Bodney and myself, the Training Institution Official, I propose to use simulation with manikins {human patient simulators) and/or actual humans as patients (as safely conditions allow) with a total of not less than 10 successful, patient simulations per student.

If my EMT class is not allowed to complete the course due to COVID-19, it would deny our local first responder agencies from utilizing the EMT's once they are certified. Completing the course would also allow the students, once certified, to go to work for a provider organization and lessen the burden of agencies with an EMT shortage and overworked EMT's due to the COVID-19 pandemic.

**I.
FINDINGS**

Upon review of all of the information submitted in the APPLICATION FOR WAIVER OF EMS RULES (836 IAC), supporting documentation and any communications regarding said application, the staff of the EMS section of the Indiana Department of Homeland Security finds that:

- Applicant has failed to demonstrate compliance with the rule will impose an undue hardship on the Applicant.
- Applicant has failed to demonstrate that non-compliance with the rule or compliance with an alternative requirement approved by the department of homeland security, will not jeopardize the quality of patient care.
- Applicant has demonstrated that
 - (1) compliance with the rule will impose an undue hardship on the Applicant; and
 - (2) either:
 - (A) noncompliance with the rule; or
 - (B) compliance with an alternative requirement approved by the department of homeland security; will not jeopardize the quality of patient care.

Notes (if any): On April 7, 2020, Governor Eric Holcomb's Executive Order #20-19 Additional Directives to Manage Indiana's Health Care Response During the COVID-19 Public Health Emergency was issued. Pursuant to the Executive Order, IC 16-31-3-5 was suspended to the extent that IDHS may waive educational requirements of the EMS Commission for courses during the Public Health Emergency.

During the Public Health Emergency, nearly all hospitals and most EMS provider organizations have halted student clinicals due to the limited protective resources. There are limited alternatives other than those of this Waiver. Delaying candidates for only the clinical experience is not reasonable given the need for additional EMS personnel in the workforce.

II. ORDER

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

- Applicant's waiver request is DENIED.
- Applicant's waiver request is GRANTED with the following stipulations and restrictions:
 - a. This Waiver is applicable only to Rule 836 IAC 4-4-1(a)(2) EMT Education Requirements
 - b. The specific terms of the Waiver grant are:
 - The terms are those listed above in the description with no additional terms.
 - The Applicant must submit data at least monthly as to the usage of the Waiver by the Applicant.

Other:

- 1) Both the 8-hour ambulance and 8-hour hospital clinical experiences are waived.
- 2) Applicant must still conduct ten (10) patient contacts for each student. A contact must be a one-on-one interaction between an approved instructor and a student done either in person or virtually and during which a full EMS patient assessment scenario is simulated and student performance monitored. Feedback must then be given to each student. Each patient contact should be documented for verification purposes.
- 3) Waiving the clinical experiences is one component of successful course completion. Students must still successfully complete the didactic portion of the course in order to successfully complete the class and then be eligible for certification testing.
- 4) For the Report of Training, the TIO should list "10 Pt." for the CLINICAL HOURS field and "Waiver" for the AMBULANCE HOURS field. If patient contacts were obtained in a training ambulance, then they may be counted as AMBULANCE HOURS.
- 5) Where students are in class from an EMS provider organization, the Training Institution should notify the EMS provider organization that the students had limited clinical experience in the course so the organization may elect how to adjust orientation.
- 6) Training Institutions may offer the opportunity for students to return for clinical experiences once the Public Health Emergency ends. But if doing so is necessary for course completion, the students are not eligible for certification testing.

c. The term of this Waiver is Six (6) months from the date of this Order.

2. All submittals required by this Findings and Order, unless notified in writing otherwise, shall be sent to:

Indiana Department of Homeland Security
Emergency Medical Services Commission
c/o Secretary
302 W. Washington Street, Rm. E208
Indianapolis, Indiana 46204

3. In the event that any term of this Findings and Order is found to be invalid, the remaining terms shall remain in full force and effect and shall be construed and enforced as if the Findings and Order did not contain the invalid term.

III. EFFECTIVE DATE OF FINDINGS AND ORDER

Pursuant to Indiana Code § 4-21.5-3-6 of the Administrative Orders and Procedures Act, this Findings and Order is effective fifteen (15) calendar days from the date this Findings and Order is served, unless both a written petition for review and a petition for stay of effectiveness are filed within this fifteen (15) calendar day period. If you are served by United States mail, three (3) additional days will be added to this fifteen (15) day period – extending the period to eighteen (18) days. If both a petition for review and a petition for stay of effectiveness are filed

within this time period, the portions of this Findings and Order, that are within the scope of the petition for review and the petition for stay of effectiveness, are stayed for fifteen (15) calendar days from the date of service. This stay may be extended upon consent of the Department or by order of an administrative law judge, who shall conduct a preliminary hearing as soon as practicable to determine whether this Findings and Order should be stayed in whole or in part.

IV. APPEAL RIGHTS

This Findings and Order may be appealed in accordance with Indiana Code 4-21.5-3-7. To qualify for administrative review, you must submit, by U.S. Mail or personal service, a Petition for Review in writing that complies with all of the following requirements:

1. The Petition for Review must state facts demonstrating that you are:

- a. a person to whom the order is specifically directed;
- b. aggrieved or adversely affected by the order; or
- c. entitled to review under any law.

2. The Petition for Review must be filed with:

Indiana Department of Homeland Security
Emergency Medical Services Commission
c/o Secretary
302 W. Washington Street, Rm. E208
Indianapolis, Indiana 46204

3. The Petition for Review must be filed within fifteen (15) days after you are given notice of this Findings and Order. Timeliness is computed by the methods described in Indiana Code § 4-21.5-3-2. Generally, the following rules apply, but review I.C. § 4-21.5-3-2 to ensure timeliness for your specific situation.

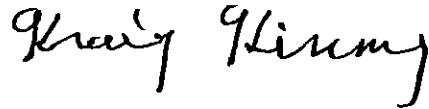
- a. If you are served by United States mail, you will have three (3) additional days to petition for review – extending the period to eighteen (18) days – this time period will be calculated from the date this Findings and Order was deposited in the United States mail.
- b. In calculating timeliness, the first day is **not** included, but the last day is.
- c. If the deadline falls on a: (1) Saturday; (2) Sunday; (3) legal holiday; or (4) other day that our office is closed, the deadline will be extended until the first day that does not fall on a: (1) Saturday; (2) Sunday; (3) legal holiday; or (4) other day that our office is closed.

- d. The Petition for Review is deemed filed on the date of the postmark on the envelope containing the Petition for Review or the date the Petition for Review is personally delivered to the above address, whichever occurs first.

If you comply with these three requirements, your Petition for Review will be granted and will be assigned to an administrative law judge for review.

You may also request an opportunity to informally discuss this matter. However, a request to informally discuss, or actual informal discussion, does not extend the deadline for filing your Petition for Review and, consequently, any request should be made promptly, preferably by telephone, upon receipt of the Order. If you have any questions regarding this Order, please contact Legal Counsel at (317) 234-9763.

SO ORDERED.



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

04/27/2020

Date

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FINDINGS AND ORDER OF THE
INDIANA DEPARTMENT OF HOMELAND SECURITY

TO:

New Castle Career Center EMT Program
Bill Hufford
432 Broad St.
New Castle, IN 47362
Click here to enter text.
Certification Number(s) #: 3303

ORDER NUMBER: W0037-2020

Pursuant to the authority of Indiana Code § 4-21.5-3-6 and Indiana Code § 16-31-3-5, the Indiana Department of Homeland Security (Department) enters this Findings and Order in regard to the APPLICATION FOR WAIVER OF EMS RULES (836 IAC) for the training institution certification held by or being issued to **New Castle Career Center EMT Program**(Applicant), Certification(s) #: B33-02-19 and B33-03-19

Rule that this waiver is being requested for: 836 IAC 4-4-1(a)(2) EMT Education Requirements

Specifics of the waiver request: *taken from Waiver Application

NCCEMT would like to use JB learning virtual Ride alongs as sufficient clinical time for our Basic EMT students that have completed their EMT program but did not get a chance to complete due to Covid 19. This would be class B33-02-19 and B33-03-19. Students would schedule a zoom session with Instructor and TIO Bill Hufford and he would present to the student a virtual ride along scenario provided by JB Learning. That presentation would be discussed with instructor and student. Clinical time would then be awarded.

- 1. Virtual ride alongs are proven educational delivery applications.*
- 2. One on one student Instructor time to ensure quality understanding.*
- 3. The above students have completed a state approved EMT course and have only clinicals and practical exam to complete.*

I.
FINDINGS

Upon review of all of the information submitted in the APPLICATION FOR WAIVER OF EMS RULES (836 IAC), supporting documentation and any communications regarding said application, the staff of the EMS section of the Indiana Department of Homeland Security finds that:

- Applicant has failed to demonstrate compliance with the rule will impose an undue hardship on the Applicant.
- Applicant has failed to demonstrate that non-compliance with the rule or compliance with an alternative requirement approved by the department of homeland security, will not jeopardize the quality of patient care.
- Applicant has demonstrated that
 - (1) compliance with the rule will impose an undue hardship on the Applicant; and
 - (2) either:
 - (A) noncompliance with the rule; or
 - (B) compliance with an alternative requirement approved by the department of homeland security; will not jeopardize the quality of patient care.

Notes (if any): On April 7, 2020, Governor Eric Holcomb's Executive Order #20-19 Additional Directives to Manage Indiana's Health Care Response During the COVID-19 Public Health Emergency was issued. Pursuant to the Executive Order, IC 16-31-3-5 was suspended to the extent that IDHS may waive educational requirements of the EMS Commission for courses during the Public Health Emergency.

During the Public Health Emergency, nearly all hospitals and most EMS provider organizations have halted student clinicals due to the limited protective resources. There are limited alternatives other than those of this Waiver. Delaying candidates for only the clinical experience is not reasonable given the need for additional EMS personnel in the workforce.

II. ORDER

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

- Applicant's waiver request is DENIED.
- Applicant's waiver request is GRANTED with the following stipulations and restrictions:
 - a. This Waiver is applicable only to Rule 836 IAC 4-4-1(a)(2) EMT Education Requirements
 - b. The specific terms of the Waiver grant are:
 - The terms are those listed above in the description with no additional terms.
 - The Applicant must submit data at least monthly as to the usage of the Waiver by the Applicant.

Other:

- 1) Both the 8-hour ambulance and 8-hour hospital clinical experiences are waived.
- 2) Applicant must still conduct ten (10) patient contacts for each student. A contact must be a one-on-one interaction between an approved instructor and a student done either in person or virtually and during which a full EMS patient assessment scenario is simulated and student performance monitored. Feedback must then be given to each student. Each patient contact should be documented for verification purposes.
- 3) Waiving the clinical experiences is one component of successful course completion. Students must still successfully complete the didactic portion of the course in order to successfully complete the class and then be eligible for certification testing.
- 4) For the Report of Training, the TIO should list "10 Pt." for the CLINICAL HOURS field and "Waiver" for the AMBULANCE HOURS field. If patient contacts were obtained in a training ambulance, then they may be counted as AMBULANCE HOURS.
- 5) Where students are in class from an EMS provider organization, the Training Institution should notify the EMS provider organization that the students had limited clinical experience in the course so the organization may elect how to adjust orientation.
- 6) Training Institutions may offer the opportunity for students to return for clinical experiences once the Public Health Emergency ends. But if doing so is necessary for course completion, the students are not eligible for certification testing.

c. The term of this Waiver is Six (6) months from the date of this Order.

2. All submittals required by this Findings and Order, unless notified in writing otherwise, shall be sent to:

Indiana Department of Homeland Security
Emergency Medical Services Commission
c/o Secretary
302 W. Washington Street, Rm. E208
Indianapolis, Indiana 46204

3. In the event that any term of this Findings and Order is found to be invalid, the remaining terms shall remain in full force and effect and shall be construed and enforced as if the Findings and Order did not contain the invalid term.

III. EFFECTIVE DATE OF FINDINGS AND ORDER

Pursuant to Indiana Code § 4-21.5-3-6 of the Administrative Orders and Procedures Act, this Findings and Order is effective fifteen (15) calendar days from the date this Findings and Order is served, unless both a written petition for review and a petition for stay of effectiveness are filed within this fifteen (15) calendar day period. If you are served by United States mail, three (3) additional days will be added to this fifteen (15) day period – extending the period to eighteen (18) days. If both a petition for review and a petition for stay of effectiveness are filed

within this time period, the portions of this Findings and Order, that are within the scope of the petition for review and the petition for stay of effectiveness, are stayed for fifteen (15) calendar days from the date of service. This stay may be extended upon consent of the Department or by order of an administrative law judge, who shall conduct a preliminary hearing as soon as practicable to determine whether this Findings and Order should be stayed in whole or in part.

IV. APPEAL RIGHTS

This Findings and Order may be appealed in accordance with Indiana Code 4-21.5-3-7. To qualify for administrative review, you must submit, by U.S. Mail or personal service, a Petition for Review in writing that complies with all of the following requirements:

1. The Petition for Review must state facts demonstrating that you are:
 - a. a person to whom the order is specifically directed;
 - b. aggrieved or adversely affected by the order; or
 - c. entitled to review under any law.

2. The Petition for Review must be filed with:

Indiana Department of Homeland Security
Emergency Medical Services Commission
c/o Secretary
302 W. Washington Street, Rm. E208
Indianapolis, Indiana 46204

3. The Petition for Review must be filed within fifteen (15) days after you are given notice of this Findings and Order. Timeliness is computed by the methods described in Indiana Code § 4-21.5-3-2. Generally, the following rules apply, but review I.C. § 4-21.5-3-2 to ensure timeliness for your specific situation.

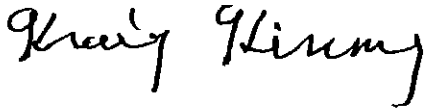
- a. If you are served by United States mail, you will have three (3) additional days to petition for review – extending the period to eighteen (18) days – this time period will be calculated from the date this Findings and Order was deposited in the United States mail.
- b. In calculating timeliness, the first day is **not** included, but the last day is.
- c. If the deadline falls on a: (1) Saturday; (2) Sunday; (3) legal holiday; or (4) other day that our office is closed, the deadline will be extended until the first day that does not fall on a: (1) Saturday; (2) Sunday; (3) legal holiday; or (4) other day that our office is closed.

- d. The Petition for Review is deemed filed on the date of the postmark on the envelope containing the Petition for Review or the date the Petition for Review is personally delivered to the above address, whichever occurs first.

If you comply with these three requirements, your Petition for Review will be granted and will be assigned to an administrative law judge for review.

You may also request an opportunity to informally discuss this matter. However, a request to informally discuss, or actual informal discussion, does not extend the deadline for filing your Petition for Review and, consequently, any request should be made promptly, preferably by telephone, upon receipt of the Order. If you have any questions regarding this Order, please contact Legal Counsel at (317) 234-9763.

SO ORDERED.



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

04/27/2020
Date

KK/kk



FINDINGS AND ORDER OF THE
INDIANA DEPARTMENT OF HOMELAND SECURITY

TO:

Parkview Regional Medical Center
Jean Moore-Palm
7602 Patriot Crossing
Fort Wayne, IN 46816

Certification Number(s) #: 0202

ORDER NUMBER: W0038-2020

Pursuant to the authority of Indiana Code § 4-21.5-3-6 and Indiana Code § 16-31-3-5, the Indiana Department of Homeland Security (Department) enters this Findings and Order in regard to the APPLICATION FOR WAIVER OF EMS RULES (836 IAC) for the training institution certification held by or being issued to **Parkview Regional Medical Center**(Applicant), Certification(s) #: B02-08-19 and B02-09-19

Rule that this waiver is being requested for: 836 IAC 4-4-1(a)(2) EMT Education Requirements

Specifics of the waiver request: *taken from Waiver Application

During normal circumstances, students would attend a total of 40 hours clinical time. Because this is not an operational possibility, the following alternatives are proposed:

1) Simulated patient contacts will be completed to attain the 10 patient contacts. These simulations will have to be deemed SUCCESSFUL which means:

A) The student will orally present the skill steps for patient assessment in proper order, with correct nomenclature, and shall have 0 critical fails. Further the student must acknowledge the significance (chief complaint), possible concomitant illness or injury, treatment modality, as well as assessing the patient's condition and reaction to treatment.

B) The medical patient assessment shall include, at a minimum, the following types of patients: Respiratory, Seizure, Stroke, Pregnancy/OB, Environmental, Poisoning/Overdose, Cardiac, and Trauma. Students must complete all types of patients. As an example, candidates will have demonstrated competency in all areas rather than 10 respiratory patients for example.

2) Candidates who are enrolled in a course with a granted waiver for clinical time will agree to complete an orientation with the Woodburn Fire Department as a bridge opportunity should they 1) Successfully complete the course, and 2) Successfully complete the provisional certification through National Registry, and 3) Receive a provisional certification through IDHS.

3) *The orientation should include an introduction to EMS, facilities and equipment, and opportunities to serve with a preceptor in a volunteer capacity. This provision will provide the newly certified EMT an opportunity to learn from seasoned professionals and help to establish them as functioning in the field of EMS.*

I. FINDINGS

Upon review of all of the information submitted in the APPLICATION FOR WAIVER OF EMS RULES (836 IAC), supporting documentation and any communications regarding said application, the staff of the EMS section of the Indiana Department of Homeland Security finds that:

- Applicant has failed to demonstrate compliance with the rule will impose an undue hardship on the Applicant.
- Applicant has failed to demonstrate that non-compliance with the rule or compliance with an alternative requirement approved by the department of homeland security, will not jeopardize the quality of patient care.
- Applicant has demonstrated that
 - (1) compliance with the rule will impose an undue hardship on the Applicant; and
 - (2) either:
 - (A) noncompliance with the rule; or
 - (B) compliance with an alternative requirement approved by the department of homeland security; will not jeopardize the quality of patient care.

Notes (if any): On April 7, 2020, Governor Eric Holcomb's Executive Order #20-19 Additional Directives to Manage Indiana's Health Care Response During the COVID-19 Public Health Emergency was issued. Pursuant to the Executive Order, IC 16-31-3-5 was suspended to the extent that IDHS may waive educational requirements of the EMS Commission for courses during the Public Health Emergency.

During the Public Health Emergency, nearly all hospitals and most EMS provider organizations have halted student clinicals due to the limited protective resources. There are limited alternatives other than those of this Waiver. Delaying candidates for only the clinical experience is not reasonable given the need for additional EMS personnel in the workforce.

II. ORDER

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

- Applicant's waiver request is DENIED.
 - Applicant's waiver request is GRANTED with the following stipulations and restrictions:
 - a. This Waiver is applicable only to Rule 836 IAC 4-4-1(a)(2) EMT Education Requirements
 - b. The specific terms of the Waiver grant are:
 - The terms are those listed above in the description with no additional terms.
 - The Applicant must submit data at least monthly as to the usage of the Waiver by the Applicant.
 - Other:
 - 1) Both the 8-hour ambulance and 8-hour hospital clinical experiences are waived.
 - 2) Applicant must still conduct ten (10) patient contacts for each student. A contact must be a one-on-one interaction between an approved instructor and a student done either in person or virtually and during which a full EMS patient assessment scenario is simulated and student performance monitored. Feedback must then be given to each student. Each patient contact should be documented for verification purposes.
 - 3) Waiving the clinical experiences is one component of successful course completion. Students must still successfully complete the didactic portion of the course in order to successfully complete the class and then be eligible for certification testing.
 - 4) For the Report of Training, the TIO should list "10 Pt." for the CLINICAL HOURS field and "Waiver" for the AMBULANCE HOURS field. If patient contacts were obtained in a training ambulance, then they may be counted as AMBULANCE HOURS.
 - 5) Where students are in class from an EMS provider organization, the Training Institution should notify the EMS provider organization that the students had limited clinical experience in the course so the organization may elect how to adjust orientation.
 - 6) Training Institutions may offer the opportunity for students to return for clinical experiences once the Public Health Emergency ends. But if doing so is necessary for course completion, the students are not eligible for certification testing.
 - 7) Applicant's alternatives #1, 2, and 3 are adopted into this Order.
 - c. The term of this Waiver is Six (6) months from the date of this Order.
2. All submittals required by this Findings and Order, unless notified in writing otherwise, shall be sent to:

Indiana Department of Homeland Security
Emergency Medical Services Commission
c/o Secretary
302 W. Washington Street, Rm. E208
Indianapolis, Indiana 46204

3. In the event that any term of this Findings and Order is found to be invalid, the remaining terms shall remain in full force and effect and shall be construed and enforced as if the Findings and Order did not contain the invalid term.

III. EFFECTIVE DATE OF FINDINGS AND ORDER

Pursuant to Indiana Code § 4-21.5-3-6 of the Administrative Orders and Procedures Act, this Findings and Order is effective fifteen (15) calendar days from the date this Findings and Order is served, unless both a written petition for review and a petition for stay of effectiveness are filed within this fifteen (15) calendar day period. If you are served by United States mail, three (3) additional days will be added to this fifteen (15) day period – extending the period to eighteen (18) days. If both a petition for review and a petition for stay of effectiveness are filed within this time period, the portions of this Findings and Order, that are within the scope of the petition for review and the petition for stay of effectiveness, are stayed for fifteen (15) calendar days from the date of service. This stay may be extended upon consent of the Department or by order of an administrative law judge, who shall conduct a preliminary hearing as soon as practicable to determine whether this Findings and Order should be stayed in whole or in part.

IV. APPEAL RIGHTS

This Findings and Order may be appealed in accordance with Indiana Code 4-21.5-3-7. To qualify for administrative review, you must submit, by U.S. Mail or personal service, a Petition for Review in writing that complies with all of the following requirements:

1. The Petition for Review must state facts demonstrating that you are:
 - a. a person to whom the order is specifically directed;
 - b. aggrieved or adversely affected by the order; or
 - c. entitled to review under any law.

2. The Petition for Review must be filed with:

Indiana Department of Homeland Security
Emergency Medical Services Commission
c/o Secretary
302 W. Washington Street, Rm. E208
Indianapolis, Indiana 46204

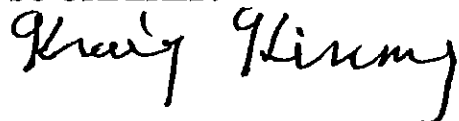
3. The Petition for Review must be filed within fifteen (15) days after you are given notice of this Findings and Order. Timeliness is computed by the methods described in Indiana Code § 4-21.5-3-2. Generally, the following rules apply, but review I.C. § 4-21.5-3-2 to ensure timeliness for your specific situation.

- a. If you are served by United States mail, you will have three (3) additional days to petition for review – extending the period to eighteen (18) days – this time period will be calculated from the date this Findings and Order was deposited in the United States mail.
- b. In calculating timeliness, the first day is **not** included, but the last day is.
- c. If the deadline falls on a: (1) Saturday; (2) Sunday; (3) legal holiday; or (4) other day that our office is closed, the deadline will be extended until the first day that does not fall on a: (1) Saturday; (2) Sunday; (3) legal holiday; or (4) other day that our office is closed.
- d. The Petition for Review is deemed filed on the date of the postmark on the envelope containing the Petition for Review or the date the Petition for Review is personally delivered to the above address, whichever occurs first.

If you comply with these three requirements, your Petition for Review will be granted and will be assigned to an administrative law judge for review.

You may also request an opportunity to informally discuss this matter. However, a request to informally discuss, or actual informal discussion, does not extend the deadline for filing your Petition for Review and, consequently, any request should be made promptly, preferably by telephone, upon receipt of the Order. If you have any questions regarding this Order, please contact Legal Counsel at (317) 234-9763.

SO ORDERED.



By: Craig Kinney, Director & Counsel
Emergency Medical Services
Indiana Department of Homeland Security

04/27/2020

Date

KK/kk



FINDINGS AND ORDER OF THE
INDIANA DEPARTMENT OF HOMELAND SECURITY

TO:

Lutheran EMS Training Institute
Alicia Elder
445 Anchorage Rd.
Warsaw, IN 46580

Certification Number(s) #: 4305

ORDER NUMBER: W0039-2020

Pursuant to the authority of Indiana Code § 4-21.5-3-6 and Indiana Code § 16-31-3-5, the Indiana Department of Homeland Security (Department) enters this Findings and Order in regard to the APPLICATION FOR WAIVER OF EMS RULES (836 IAC) for the training institution certification held by or being issued to **Lutheran EMS Training Institute**(Applicant), Certification(s) #: B43-01-20

Rule that this waiver is being requested for: 836 IAC 4-4-1(a)(2) EMT Education Requirements

Specifics of the waiver request: *taken from Waiver Application

Due to current healthcare status with COVID-19, students from EMT Class B43-01-20 will be taking their practical psychomotor exam before being able to complete clinicals. Students will be doing 8 hours of ER time and 24 hours of ambulance time. If they are unable to make 10 patient contacts (with a maximum of 6 being in ER) then simulated patients in an ambulance setting will take place to ensure 10 patient contacts are made before completion of the class.

Students will not be considered "pass" on report of training form being eligible for certification until their 10 patient contacts and clinical hours are noted.

I.
FINDINGS

Upon review of all of the information submitted in the APPLICATION FOR WAIVER OF EMS RULES (836 IAC), supporting documentation and any communications regarding said application, the staff of the EMS section of the Indiana Department of Homeland Security finds that:

- Applicant has failed to demonstrate compliance with the rule will impose an undue hardship on the Applicant.

- Applicant has failed to demonstrate that non-compliance with the rule or compliance with an alternative requirement approved by the department of homeland security, will not jeopardize the quality of patient care.
- Applicant has demonstrated that
- (1) compliance with the rule will impose an undue hardship on the Applicant; and
 - (2) either:
 - (A) noncompliance with the rule; or
 - (B) compliance with an alternative requirement approved by the department of homeland security; will not jeopardize the quality of patient care.

Notes (if any): On April 7, 2020, Governor Eric Holcomb's Executive Order #20-19 Additional Directives to Manage Indiana's Health Care Response During the COVID-19 Public Health Emergency was issued. Pursuant to the Executive Order, IC 16-31-3-5 was suspended to the extent that IDHS may waive educational requirements of the EMS Commission for courses during the Public Health Emergency.

During the Public Health Emergency, nearly all hospitals and most EMS provider organizations have halted student clinicals due to the limited protective resources. There are limited alternatives other than those of this Waiver. Delaying candidates for only the clinical experience is not reasonable given the need for additional EMS personnel in the workforce.

II. ORDER

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

- Applicant's waiver request is DENIED.
- Applicant's waiver request is GRANTED with the following stipulations and restrictions:
- a. This Waiver is applicable only to Rule 836 IAC 4-4-1(a)(2) EMT Education Requirements
 - b. The specific terms of the Waiver grant are:
 - The terms are those listed above in the description with no additional terms.
 - The Applicant must submit data at least monthly as to the usage of the Waiver by the Applicant.
 - Other:
 - 1) Both the 8-hour ambulance and 8-hour hospital clinical experiences are waived.
 - 2) Applicant must still conduct ten (10) patient contacts for each student. A contact must be a one-on-one interaction between an approved instructor and a student done either in person or

virtually and during which a full EMS patient assessment scenario is simulated and student performance monitored. Feedback must then be given to each student. Each patient contact should be documented for verification purposes.

- 3) Waiving the clinical experiences is one component of successful course completion. Students must still successfully complete the didactic portion of the course in order to successfully complete the class and then be eligible for certification testing.
- 4) For the Report of Training, the TIO should list "10 Pt." for the CLINICAL HOURS field and "Waiver" for the AMBULANCE HOURS field. If patient contacts were obtained in a training ambulance, then they may be counted as AMBULANCE HOURS.
- 5) Where students are in class from an EMS provider organization, the Training Institution should notify the EMS provider organization that the students had limited clinical experience in the course so the organization may elect how to adjust orientation.
- 6) Training Institutions may offer the opportunity for students to return for clinical experiences once the Public Health Emergency ends. But if doing so is necessary for course completion, the students are not eligible for certification testing.

c. The term of this Waiver is Six (6) months from the date of this Order.

2. All submittals required by this Findings and Order, unless notified in writing otherwise, shall be sent to:

Indiana Department of Homeland Security
Emergency Medical Services Commission
c/o Secretary
302 W. Washington Street, Rm. E208
Indianapolis, Indiana 46204

3. In the event that any term of this Findings and Order is found to be invalid, the remaining terms shall remain in full force and effect and shall be construed and enforced as if the Findings and Order did not contain the invalid term.

III. EFFECTIVE DATE OF FINDINGS AND ORDER

Pursuant to Indiana Code § 4-21.5-3-6 of the Administrative Orders and Procedures Act, this Findings and Order is effective fifteen (15) calendar days from the date this Findings and Order is served, unless both a written petition for review and a petition for stay of effectiveness are filed within this fifteen (15) calendar day period. If you are served by United States mail, three (3) additional days will be added to this fifteen (15) day period – extending the period to eighteen (18) days. If both a petition for review and a petition for stay of effectiveness are filed within this time period, the portions of this Findings and Order, that are within the scope of the petition for review and the petition for stay of effectiveness, are stayed for fifteen (15) calendar days from the date of service. This stay may be extended upon consent of the Department or by order of an administrative law judge, who shall conduct a preliminary hearing as soon as practicable to determine whether this Findings and Order should be stayed in whole or in part.

IV. APPEAL RIGHTS

This Findings and Order may be appealed in accordance with Indiana Code 4-21.5-3-7. To qualify for administrative review, you must submit, by U.S. Mail or personal service, a Petition for Review in writing that complies with all of the following requirements:

1. The Petition for Review must state facts demonstrating that you are:

- a. a person to whom the order is specifically directed;
- b. aggrieved or adversely affected by the order; or
- c. entitled to review under any law.

2. The Petition for Review must be filed with:

Indiana Department of Homeland Security
Emergency Medical Services Commission
c/o Secretary
302 W. Washington Street, Rm. E208
Indianapolis, Indiana 46204

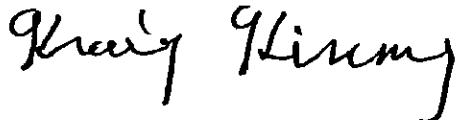
3. The Petition for Review must be filed within fifteen (15) days after you are given notice of this Findings and Order. Timeliness is computed by the methods described in Indiana Code § 4-21.5-3-2. Generally, the following rules apply, but review I.C. § 4-21.5-3-2 to ensure timeliness for your specific situation.

- a. If you are served by United States mail, you will have three (3) additional days to petition for review – extending the period to eighteen (18) days – this time period will be calculated from the date this Findings and Order was deposited in the United States mail.
- b. In calculating timeliness, the first day is **not** included, but the last day is.
- c. If the deadline falls on a: (1) Saturday; (2) Sunday; (3) legal holiday; or (4) other day that our office is closed, the deadline will be extended until the first day that does not fall on a: (1) Saturday; (2) Sunday; (3) legal holiday; or (4) other day that our office is closed.
- d. The Petition for Review is deemed filed on the date of the postmark on the envelope containing the Petition for Review or the date the Petition for Review is personally delivered to the above address, whichever occurs first.

If you comply with these three requirements, your Petition for Review will be granted and will be assigned to an administrative law judge for review.

You may also request an opportunity to informally discuss this matter. However, a request to informally discuss, or actual informal discussion, does not extend the deadline for filing your Petition for Review and, consequently, any request should be made promptly, preferably by telephone, upon receipt of the Order. If you have any questions regarding this Order, please contact Legal Counsel at (317) 234-9763.

SO ORDERED.



By: Craig Kinney, Director & Counsel
Emergency Medical Services
Indiana Department of Homeland Security

04/27/2020

Date

KK/kk



FINDINGS AND ORDER OF THE
INDIANA DEPARTMENT OF HOMELAND SECURITY

TO:

**Heartland Ambulance Service
Ryan Davis
4180 Elmhurst Drive
Indianapolis, IN 46226**

Certification Number(s) #: 1803

ORDER NUMBER: W0040-2020

Pursuant to the authority of Indiana Code § 4-21.5-3-6 and Indiana Code § 16-31-3-5, the Indiana Department of Homeland Security (Department) enters this Findings and Order in regard to the APPLICATION FOR WAIVER OF EMS RULES (836 IAC) for the training institution certification held by or being issued to **Heartland Ambulance Service**(Applicant), Certification(s) #: B29-03-20

Rule that this waiver is being requested for: 836 IAC 4-4-1(a)(2) EMT Education Requirements

Specifics of the waiver request: *taken from Waiver Application

We are seeking to have the required ambulance and hospital hours waived as students are not able to get hands on clinical experiences at this time due to COVID-19.

Students will be present during online virtual zoom sessions. The students will be given 10 scenarios mixed with trauma and medical calls. The student will have to verbalize to the instructor how they would treat the patient and verbalize all assessments that should be performed on the patient. The students will be required to complete a run report for each patient and each patient assessment would count as 1 of the required 10 patient contacts.

Students enrolled at Noblesville High School through the Heartland Ambulance Training Center are primarily seniors and will not be available over the summer or at a later date to complete the required in person clinical hours. Students should be given an exemption and be allowed to perform these skills and assessment through the virtual media under the direct supervision of the training institution official and other approved primary instructors. Students will still meet the required 10 patient contacts, this information will be tracked with patient data sheets, and the students will still be performing the full assessments as they would during a traditional clinical experience. Like wise students will also be asked to watch several "EMS LIVE" shows such as night watch and will have to write about the assessments performed by the providers, the condition of the patients, and how they would care for the patient at the BLS level. These hours combined will be over the required 20 hours.

**I.
FINDINGS**

Upon review of all of the information submitted in the APPLICATION FOR WAIVER OF EMS RULES (836 IAC), supporting documentation and any communications regarding said application, the staff of the EMS section of the Indiana Department of Homeland Security finds that:

- Applicant has failed to demonstrate compliance with the rule will impose an undue hardship on the Applicant.
- Applicant has failed to demonstrate that non-compliance with the rule or compliance with an alternative requirement approved by the department of homeland security, will not jeopardize the quality of patient care.
- Applicant has demonstrated that
 - (1) compliance with the rule will impose an undue hardship on the Applicant; and
 - (2) either:
 - (A) noncompliance with the rule; or
 - (B) compliance with an alternative requirement approved by the department of homeland security; will not jeopardize the quality of patient care.

Notes (if any): On April 7, 2020, Governor Eric Holcomb's Executive Order #20-19 Additional Directives to Manage Indiana's Health Care Response During the COVID-19 Public Health Emergency was issued. Pursuant to the Executive Order, IC 16-31-3-5 was suspended to the extent that IDHS may waive educational requirements of the EMS Commission for courses during the Public Health Emergency.

During the Public Health Emergency, nearly all hospitals and most EMS provider organizations have halted student clinicals due to the limited protective resources. There are limited alternatives other than those of this Waiver. Delaying candidates for only the clinical experience is not reasonable given the need for additional EMS personnel in the workforce.

**II.
ORDER**

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

- Applicant's waiver request is DENIED.
- Applicant's waiver request is GRANTED with the following stipulations and restrictions:
 - a. This Waiver is applicable only to Rule 836 IAC 4-4-1(a)(2) EMT Education Requirements

b. The specific terms of the Waiver grant are:

- The terms are those listed above in the description with additional terms.
- The Applicant must submit data at least monthly as to the usage of the Waiver by the Applicant.
- Other:
 - 1) Both the 8-hour ambulance and 8-hour hospital clinical experiences are waived.
 - 2) Applicant must still conduct ten (10) patient contacts for each student. A contact must be a one-on-one interaction between an approved instructor and a student done either in person or virtually and during which a full EMS patient assessment scenario is simulated and student performance monitored. Feedback must then be given to each student. Each patient contact should be documented for verification purposes.
 - 3) Waiving the clinical experiences is one component of successful course completion. Students must still successfully complete the didactic portion of the course in order to successfully complete the class and then be eligible for certification testing.
 - 4) For the Report of Training, the TIO should list "10 Pt." for the CLINICAL HOURS field and "Waiver" for the AMBULANCE HOURS field. If patient contacts were obtained in a training ambulance, then they may be counted as AMBULANCE HOURS.
 - 5) Where students are in class from an EMS provider organization, the Training Institution should notify the EMS provider organization that the students had limited clinical experience in the course so the organization may elect how to adjust orientation.
 - 6) Training Institutions may offer the opportunity for students to return for clinical experiences once the Public Health Emergency ends. But if doing so is necessary for course completion, the students are not eligible for certification testing.

c. The term of this Waiver is Six (6) months from the date of this Order.

2. All submittals required by this Findings and Order, unless notified in writing otherwise, shall be sent to:

Indiana Department of Homeland Security
Emergency Medical Services Commission
c/o Secretary
302 W. Washington Street, Rm. E208
Indianapolis, Indiana 46204

3. In the event that any term of this Findings and Order is found to be invalid, the remaining terms shall remain in full force and effect and shall be construed and enforced as if the Findings and Order did not contain the invalid term.

III. EFFECTIVE DATE OF FINDINGS AND ORDER

Pursuant to Indiana Code § 4-21.5-3-6 of the Administrative Orders and Procedures Act, this Findings and Order is effective fifteen (15) calendar days from the date this Findings and Order is served, unless both a written petition for review and a petition for stay of effectiveness are filed within this fifteen (15) calendar day period. If you are served by United States mail, three (3) additional days will be added to this fifteen (15) day period – extending the period to eighteen (18) days. If both a petition for review and a petition for stay of effectiveness are filed within this time period, the portions of this Findings and Order, that are within the scope of the petition for review and the petition for stay of effectiveness, are stayed for fifteen (15) calendar days from the date of service. This stay may be extended upon consent of the Department or by order of an administrative law judge, who shall conduct a preliminary hearing as soon as practicable to determine whether this Findings and Order should be stayed in whole or in part.

IV. APPEAL RIGHTS

This Findings and Order may be appealed in accordance with Indiana Code 4-21.5-3-7. To qualify for administrative review, you must submit, by U.S. Mail or personal service, a Petition for Review in writing that complies with all of the following requirements:

1. The Petition for Review must state facts demonstrating that you are:
 - a. a person to whom the order is specifically directed;
 - b. aggrieved or adversely affected by the order; or
 - c. entitled to review under any law.

2. The Petition for Review must be filed with:

Indiana Department of Homeland Security
Emergency Medical Services Commission
c/o Secretary
302 W. Washington Street, Rm. E208
Indianapolis, Indiana 46204

3. The Petition for Review must be filed within fifteen (15) days after you are given notice of this Findings and Order. Timeliness is computed by the methods described in Indiana Code § 4-21.5-3-2. Generally, the following rules apply, but review I.C. § 4-21.5-3-2 to ensure timeliness for your specific situation.

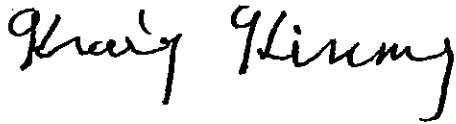
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- b. In calculating timeliness, the first day is **not** included, but the last day is.

- c. If the deadline falls on a: (1) Saturday; (2) Sunday; (3) legal holiday; or (4) other day that our office is closed, the deadline will be extended until the first day that does not fall on a: (1) Saturday; (2) Sunday; (3) legal holiday; or (4) other day that our office is closed.
- d. The Petition for Review is deemed filed on the date of the postmark on the envelope containing the Petition for Review or the date the Petition for Review is personally delivered to the above address, whichever occurs first.

If you comply with these three requirements, your Petition for Review will be granted and will be assigned to an administrative law judge for review.

You may also request an opportunity to informally discuss this matter. However, a request to informally discuss, or actual informal discussion, does not extend the deadline for filing your Petition for Review and, consequently, any request should be made promptly, preferably by telephone, upon receipt of the Order. If you have any questions regarding this Order, please contact Legal Counsel at (317) 234-9763.

SO ORDERED.



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

04/27/2020
Date

KK/kk



FINDINGS AND ORDER OF THE
INDIANA DEPARTMENT OF HOMELAND SECURITY

TO:

Emergency Services Education Center
Barry Nicosan / Billie Auberry
700 N. High School Road
Indianapolis, IN 46214

Certification Number(s) #: 4909

ORDER NUMBER: W0041-2020

Pursuant to the authority of Indiana Code § 4-21.5-3-6 and Indiana Code § 16-31-3-5, the Indiana Department of Homeland Security (Department) enters this Findings and Order in regard to the APPLICATION FOR WAIVER OF EMS RULES (836 IAC) for the training institution certification held by or being issued to **Emergency Services Education Center**(Applicant), Certification(s) #: B49-04-20

Rule that this waiver is being requested for: 836 IAC 4-4-1(a)(2) EMT Education Requirements

Specifics of the waiver request: *taken from Waiver Application
With the COVID-19 Pandemic several students from EMT Course 849-04-20 was not able to fulfill the 8 hour Emergency room Clinical.

In lieu of not allowing the students to go to the ER, the students spent extra hours on an ambulance. Student will participate in clinical mock scenarios/simulation runs to respond to within the class, to help gain extra patient contacts to fulfill the 10 patient contacts that is needed.

Due to the Governor putting the state on a lock down due to the COVID-19 Pandemic and the IDHS Notices of General Waivers #2, and #3 the hospitals were not letting students enter the building during the pandemic.

I.
FINDINGS

Upon review of all of the information submitted in the APPLICATION FOR WAIVER OF EMS RULES (836 IAC), supporting documentation and any communications regarding said application, the staff of the EMS section of the Indiana Department of Homeland Security finds that:

- Applicant has failed to demonstrate compliance with the rule will impose an undue hardship on the Applicant.

- Applicant has failed to demonstrate that non-compliance with the rule or compliance with an alternative requirement approved by the department of homeland security, will not jeopardize the quality of patient care.
- Applicant has demonstrated that
- (1) compliance with the rule will impose an undue hardship on the Applicant; and
 - (2) either:
 - (A) noncompliance with the rule; or
 - (B) compliance with an alternative requirement approved by the department of homeland security; will not jeopardize the quality of patient care.

Notes (if any): On April 7, 2020, Governor Eric Holcomb's Executive Order #20-19 Additional Directives to Manage Indiana's Health Care Response During the COVID-19 Public Health Emergency was issued. Pursuant to the Executive Order, IC 16-31-3-5 was suspended to the extent that IDHS may waive educational requirements of the EMS Commission for courses during the Public Health Emergency.

During the Public Health Emergency, nearly all hospitals and most EMS provider organizations have halted student clinicals due to the limited protective resources. There are limited alternatives other than those of this Waiver. Delaying candidates for only the clinical experience is not reasonable given the need for additional EMS personnel in the workforce.

II. ORDER

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

- Applicant's waiver request is DENIED.
- Applicant's waiver request is GRANTED with the following stipulations and restrictions:
- a. This Waiver is applicable only to Rule 836 IAC 4-4-1(a)(2) EMT Education Requirements
 - b. The specific terms of the Waiver grant are:
 - The terms are those listed above in the description with additional terms.
 - The Applicant must submit data at least monthly as to the usage of the Waiver by the Applicant.
 - Other:
 - 1) Training Institution may substitute 8-hour hospital clinical experiences with additional ambulance clinicals as previously approved in General Waiver Order #3 in Paragraph 11.

2) Applicant must still conduct ten (10) patient contacts for each student. A contact must be a one-on-one interaction between an approved instructor and a student done either in person or virtually and during which a full EMS patient assessment scenario is simulated and student performance monitored. Feedback must then be given to each student. Each patient contact should be documented for verification purposes.

c. The term of this Waiver is Six (6) months from the date of this Order.

2. All submittals required by this Findings and Order, unless notified in writing otherwise, shall be sent to:

Indiana Department of Homeland Security
Emergency Medical Services Commission
c/o Secretary
302 W. Washington Street, Rm. E208
Indianapolis, Indiana 46204

3. In the event that any term of this Findings and Order is found to be invalid, the remaining terms shall remain in full force and effect and shall be construed and enforced as if the Findings and Order did not contain the invalid term.

III. EFFECTIVE DATE OF FINDINGS AND ORDER

Pursuant to Indiana Code § 4-21.5-3-6 of the Administrative Orders and Procedures Act, this Findings and Order is effective fifteen (15) calendar days from the date this Findings and Order is served, unless both a written petition for review and a petition for stay of effectiveness are filed within this fifteen (15) calendar day period. If you are served by United States mail, three (3) additional days will be added to this fifteen (15) day period – extending the period to eighteen (18) days. If both a petition for review and a petition for stay of effectiveness are filed within this time period, the portions of this Findings and Order, that are within the scope of the petition for review and the petition for stay of effectiveness, are stayed for fifteen (15) calendar days from the date of service. This stay may be extended upon consent of the Department or by order of an administrative law judge, who shall conduct a preliminary hearing as soon as practicable to determine whether this Findings and Order should be stayed in whole or in part.

IV. APPEAL RIGHTS

This Findings and Order may be appealed in accordance with Indiana Code 4-21.5-3-7. To qualify for administrative review, you must submit, by U.S. Mail or personal service, a Petition for Review in writing that complies with all of the following requirements:

1. The Petition for Review must state facts demonstrating that you are:

- a. a person to whom the order is specifically directed;
- b. aggrieved or adversely affected by the order; or
- c. entitled to review under any law.

2. The Petition for Review must be filed with:

Indiana Department of Homeland Security
Emergency Medical Services Commission
c/o Secretary
302 W. Washington Street, Rm. E208
Indianapolis, Indiana 46204

3. The Petition for Review must be filed within fifteen (15) days after you are given notice of this Findings and Order. Timeliness is computed by the methods described in Indiana Code § 4-21.5-3-2. Generally, the following rules apply, but review I.C. § 4-21.5-3-2 to ensure timeliness for your specific situation.

- a. If you are served by United States mail, you will have three (3) additional days to petition for review – extending the period to eighteen (18) days – this time period will be calculated from the date this Findings and Order was deposited in the United States mail.
- b. In calculating timeliness, the first day is not included, but the last day is.
- c. If the deadline falls on a: (1) Saturday; (2) Sunday; (3) legal holiday; or (4) other day that our office is closed, the deadline will be extended until the first day that does not fall on a: (1) Saturday; (2) Sunday; (3) legal holiday; or (4) other day that our office is closed.
- d. The Petition for Review is deemed filed on the date of the postmark on the envelope containing the Petition for Review or the date the Petition for Review is personally delivered to the above address, whichever occurs first.

If you comply with these three requirements, your Petition for Review will be granted and will be assigned to an administrative law judge for review.

You may also request an opportunity to informally discuss this matter. However, a request to informally discuss, or actual informal discussion, does not extend the deadline for filing your Petition for Review and, consequently, any request should be made promptly, preferably by telephone, upon receipt of the Order. If you have any questions regarding this Order, please contact Legal Counsel at (317) 234-9763.

SO ORDERED.

Kraig Kinney

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

04/27/2020

Date

KK/kk



FINDINGS AND ORDER OF THE
INDIANA DEPARTMENT OF HOMELAND SECURITY

TO:

DeKalb Memorial Training Institute
Katie Kennedy
1316 E. 7th St.
Auburn, IN 46706

Certification Number(s) #: 1701

ORDER NUMBER: W0042-2020

Pursuant to the authority of Indiana Code § 4-21.5-3-6 and Indiana Code § 16-31-3-5, the Indiana Department of Homeland Security (Department) enters this Findings and Order in regard to the APPLICATION FOR WAIVER OF EMS RULES (836 IAC) for the training institution certification held by or being issued to **DeKalb Memorial Training Institute**(Applicant), Certification(s) #: B17-01-20

Rule that this waiver is being requested for: 836 IAC 4-4-1(a)(2) EMT Education Requirements

Specifics of the waiver request: *taken from Waiver Application

Due to COVID-19 restrictions, our EMT basic students are unable to complete ER or ambulance clinicals. We are unsure when these restrictions will be lifted. These students should not be held accountable for these restrictions that are outside of their control.

These students will each ride in an ambulance throughout Dekalb County, while treating a minimum of (10) different simulated patients with various chief complaints, mechanisms of injuries, and nature of illnesses all while being observed by their instructor and training institution coordinator. These students will be held accountable for performing acceptable patient care during this simulated EMS ride time. These students will also write patient care reports for each of the simulated patients that were in their care during the simulated ambulance ride time.

I.
FINDINGS

Upon review of all of the information submitted in the APPLICATION FOR WAIVER OF EMS RULES (836 IAC), supporting documentation and any communications regarding said application, the staff of the EMS section of the Indiana Department of Homeland Security finds that:

- Applicant has failed to demonstrate compliance with the rule will impose an undue hardship on the Applicant.

- Applicant has failed to demonstrate that non-compliance with the rule or compliance with an alternative requirement approved by the department of homeland security, will not jeopardize the quality of patient care.
- Applicant has demonstrated that
- (1) compliance with the rule will impose an undue hardship on the Applicant; and
 - (2) either:
 - (A) noncompliance with the rule; or
 - (B) compliance with an alternative requirement approved by the department of homeland security; will not jeopardize the quality of patient care.

Notes (if any): On April 7, 2020, Governor Eric Holcomb's Executive Order #20-19 Additional Directives to Manage Indiana's Health Care Response During the COVID-19 Public Health Emergency was issued. Pursuant to the Executive Order, IC 16-31-3-5 was suspended to the extent that IDHS may waive educational requirements of the EMS Commission for courses during the Public Health Emergency.

During the Public Health Emergency, nearly all hospitals and most EMS provider organizations have halted student clinicals due to the limited protective resources. There are limited alternatives other than those of this Waiver. Delaying candidates for only the clinical experience is not reasonable given the need for additional EMS personnel in the workforce.

II. ORDER

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

- Applicant's waiver request is DENIED.
- Applicant's waiver request is GRANTED with the following stipulations and restrictions:
- a. This Waiver is applicable only to Rule 836 IAC 4-4-1(a)(2) EMT Education Requirements
 - b. The specific terms of the Waiver grant are:
 - The terms are those listed above in the description with additional terms.
 - The Applicant must submit data at least monthly as to the usage of the Waiver by the Applicant.
 - Other:
 - 1) Both the 8-hour ambulance and 8-hour hospital clinical experiences are waived.

- 2) Applicant must still conduct ten (10) patient contacts for each student. A contact must be a one-on-one interaction between an approved instructor and a student done either in person or virtually and during which a full EMS patient assessment scenario is simulated and student performance monitored. Feedback must then be given to each student. Each patient contact should be documented for verification purposes.
- 3) Waiving the clinical experiences is one component of successful course completion. Students must still successfully complete the didactic portion of the course in order to successfully complete the class and then be eligible for certification testing.
- 4) For the Report of Training, the TIO should list "10 Pt." for the CLINICAL HOURS field and "Waiver" for the AMBULANCE HOURS field. If patient contacts were obtained in a training ambulance, then they may be counted as AMBULANCE HOURS.
- 5) Where students are in class from an EMS provider organization, the Training Institution should notify the EMS provider organization that the students had limited clinical experience in the course so the organization may elect how to adjust orientation.
- 6) Training Institutions may offer the opportunity for students to return for clinical experiences once the Public Health Emergency ends. But if doing so is necessary for course completion, the students are not eligible for certification testing.

c. The term of this Waiver is Six (6) months from the date of this Order.

2. All submittals required by this Findings and Order, unless notified in writing otherwise, shall be sent to:

Indiana Department of Homeland Security
Emergency Medical Services Commission
c/o Secretary
302 W. Washington Street, Rm. E208
Indianapolis, Indiana 46204

3. In the event that any term of this Findings and Order is found to be invalid, the remaining terms shall remain in full force and effect and shall be construed and enforced as if the Findings and Order did not contain the invalid term.

III. EFFECTIVE DATE OF FINDINGS AND ORDER

Pursuant to Indiana Code § 4-21.5-3-6 of the Administrative Orders and Procedures Act, this Findings and Order is effective fifteen (15) calendar days from the date this Findings and Order is served, unless both a written petition for review and a petition for stay of effectiveness are filed within this fifteen (15) calendar day period. If you are served by United States mail, three (3) additional days will be added to this fifteen (15) day period – extending the period to eighteen (18) days. If both a petition for review and a petition for stay of effectiveness are filed within this time period, the portions of this Findings and Order, that are within the scope of the petition for review and the petition for stay of effectiveness, are stayed for fifteen (15) calendar days from the date of service. This

stay may be extended upon consent of the Department or by order of an administrative law judge, who shall conduct a preliminary hearing as soon as practicable to determine whether this Findings and Order should be stayed in whole or in part.

IV. APPEAL RIGHTS

This Findings and Order may be appealed in accordance with Indiana Code 4-21.5-3-7. To qualify for administrative review, you must submit, by U.S. Mail or personal service, a Petition for Review in writing that complies with all of the following requirements:

1. The Petition for Review must state facts demonstrating that you are:

- a. a person to whom the order is specifically directed;
- b. aggrieved or adversely affected by the order; or
- c. entitled to review under any law.

2. The Petition for Review must be filed with:

Indiana Department of Homeland Security
Emergency Medical Services Commission
c/o Secretary
302 W. Washington Street, Rm. E208
Indianapolis, Indiana 46204

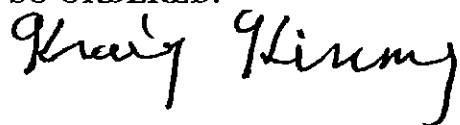
3. The Petition for Review must be filed within fifteen (15) days after you are given notice of this Findings and Order. Timeliness is computed by the methods described in Indiana Code § 4-21.5-3-2. Generally, the following rules apply, but review I.C. § 4-21.5-3-2 to ensure timeliness for your specific situation.

- a. If you are served by United States mail, you will have three (3) additional days to petition for review – extending the period to eighteen (18) days – this time period will be calculated from the date this Findings and Order was deposited in the United States mail.
- b. In calculating timeliness, the first day is not included, but the last day is.
- c. If the deadline falls on a: (1) Saturday; (2) Sunday; (3) legal holiday; or (4) other day that our office is closed, the deadline will be extended until the first day that does not fall on a: (1) Saturday; (2) Sunday; (3) legal holiday; or (4) other day that our office is closed.
- d. The Petition for Review is deemed filed on the date of the postmark on the envelope containing the Petition for Review or the date the Petition for Review is personally delivered to the above address, whichever occurs first.

If you comply with these three requirements, your Petition for Review will be granted and will be assigned to an administrative law judge for review.

You may also request an opportunity to informally discuss this matter. However, a request to informally discuss, or actual informal discussion, does not extend the deadline for filing your Petition for Review and, consequently, any request should be made promptly, preferably by telephone, upon receipt of the Order. If you have any questions regarding this Order, please contact Legal Counsel at (317) 234-9763.

SO ORDERED.



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

04/29/2020

Date

KK/kk



FINDINGS AND ORDER OF THE
INDIANA DEPARTMENT OF HOMELAND SECURITY

TO:

Winchester Fire Department Training Institution
Levi Cross
113 E. Washington St.,
Winchester, IN 47394

Certification Number(s) #: 6802

ORDER NUMBER: W0044-2020

Pursuant to the authority of Indiana Code § 4-21.5-3-6 and Indiana Code § 16-31-3-5, the Indiana Department of Homeland Security (Department) enters this Findings and Order in regard to the APPLICATION FOR WAIVER OF EMS RULES (836 IAC) for the training institution certification held by or being issued to **Winchester Fire Department Training Institution**(Applicant), Certification(s) #: B68-01-20

Rule that this waiver is being requested for: 836 IAC 4-4-1(a)(2) EMT Education Requirements

Specifics of the waiver request:

In the current class, students have not been able to complete their hospital or ambulance clinical experiences. Students do not have ten (10) patient contacts for live patients.

The Training Institution is requesting to be able to use one-on-one assessment scenarios in person or via Zoom to count as a patient contact to reach the ten (10) patient contacts and to waive the hospital and ambulance clinical requirements.

I.
FINDINGS

Upon review of all of the information submitted in the APPLICATION FOR WAIVER OF EMS RULES (836 IAC), supporting documentation and any communications regarding said application, the staff of the EMS section of the Indiana Department of Homeland Security finds that:

- Applicant has failed to demonstrate compliance with the rule will impose an undue hardship on the Applicant.

- Applicant has failed to demonstrate that non-compliance with the rule or compliance with an alternative requirement approved by the department of homeland security, will not jeopardize the quality of patient care.
- Applicant has demonstrated that
- (1) compliance with the rule will impose an undue hardship on the Applicant; and
 - (2) either:
 - (A) noncompliance with the rule; or
 - (B) compliance with an alternative requirement approved by the department of homeland security; will not jeopardize the quality of patient care.

Notes (if any): On April 7, 2020, Governor Eric Holcomb's Executive Order #20-19 Additional Directives to Manage Indiana's Health Care Response During the COVID-19 Public Health Emergency was issued. Pursuant to the Executive Order, IC 16-31-3-5 was suspended to the extent that IDHS may waive educational requirements of the EMS Commission for courses during the Public Health Emergency.

During the Public Health Emergency, nearly all hospitals and most EMS provider organizations have halted student clinicals due to the limited protective resources. There are limited alternatives other than those of this Waiver. Delaying candidates for only the clinical experience is not reasonable given the need for additional EMS personnel in the workforce.

II. ORDER

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

- Applicant's waiver request is DENIED.
- Applicant's waiver request is GRANTED with the following stipulations and restrictions:
- a. This Waiver is applicable only to Rule 836 IAC 4-4-1(a)(2) EMT Education Requirements
 - b. The specific terms of the Waiver grant are:
 - The terms are those listed above in the description with additional terms.
 - The Applicant must submit data at least monthly as to the usage of the Waiver by the Applicant.
 - Other:
 - 1) Both the 8-hour ambulance and 8-hour hospital clinical experiences are waived.
 - 2) Applicant must still conduct ten (10) patient contacts for each student. A contact must be a one-on-one interaction between an approved instructor and a student done either in person or

virtually and during which a full EMS patient assessment scenario is simulated and student performance monitored. Feedback must then be given to each student. Each patient contact should be documented for verification purposes.

- 3) Waiving the clinical experiences is one component of successful course completion. Students must still successfully complete the didactic portion of the course in order to successfully complete the class and then be eligible for certification testing.
- 4) For the Report of Training, the TIO should list "10 Pt." for the CLINICAL HOURS field and "Waiver" for the AMBULANCE HOURS field. If patient contacts were obtained in a training ambulance, then they may be counted as AMBULANCE HOURS.
- 5) Where students are in class from an EMS provider organization, the Training Institution should notify the EMS provider organization that the students had limited clinical experience in the course so the organization may elect how to adjust orientation.
- 6) Training Institutions may offer the opportunity for students to return for clinical experiences once the Public Health Emergency ends. But if doing so is necessary for course completion, the students are not eligible for certification testing.

c. The term of this Waiver is Six (6) months from the date of this Order.

2. All submittals required by this Findings and Order, unless notified in writing otherwise, shall be sent to:

Indiana Department of Homeland Security
Emergency Medical Services Commission
c/o Secretary
302 W. Washington Street, Rm. E208
Indianapolis, Indiana 46204

3. In the event that any term of this Findings and Order is found to be invalid, the remaining terms shall remain in full force and effect and shall be construed and enforced as if the Findings and Order did not contain the invalid term.

III. EFFECTIVE DATE OF FINDINGS AND ORDER

Pursuant to Indiana Code § 4-21.5-3-6 of the Administrative Orders and Procedures Act, this Findings and Order is effective fifteen (15) calendar days from the date this Findings and Order is served, unless both a written petition for review and a petition for stay of effectiveness are filed within this fifteen (15) calendar day period. If you are served by United States mail, three (3) additional days will be added to this fifteen (15) day period – extending the period to eighteen (18) days. If both a petition for review and a petition for stay of effectiveness are filed within this time period, the portions of this Findings and Order, that are within the scope of the petition for review and the petition for stay of effectiveness, are stayed for fifteen (15) calendar days from the date of service. This stay may be extended upon consent of the Department or by order of an administrative law judge, who shall conduct a preliminary hearing as soon as practicable to determine whether this Findings and Order should be stayed in whole or in part.

IV. APPEAL RIGHTS

This Findings and Order may be appealed in accordance with Indiana Code 4-21.5-3-7. To qualify for administrative review, you must submit, by U.S. Mail or personal service, a Petition for Review in writing that complies with all of the following requirements:

1. The Petition for Review must state facts demonstrating that you are:
 - a. a person to whom the order is specifically directed;
 - b. aggrieved or adversely affected by the order; or
 - c. entitled to review under any law.

2. The Petition for Review must be filed with:

Indiana Department of Homeland Security
Emergency Medical Services Commission
c/o Secretary
302 W. Washington Street, Rm. E208
Indianapolis, Indiana 46204

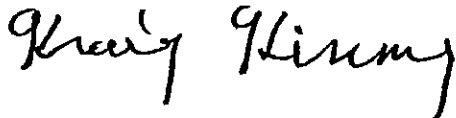
3. The Petition for Review must be filed within fifteen (15) days after you are given notice of this Findings and Order. Timeliness is computed by the methods described in Indiana Code § 4-21.5-3-2. Generally, the following rules apply, but review I.C. § 4-21.5-3-2 to ensure timeliness for your specific situation.

- a. If you are served by United States mail, you will have three (3) additional days to petition for review – extending the period to eighteen (18) days – this time period will be calculated from the date this Findings and Order was deposited in the United States mail.
- b. In calculating timeliness, the first day is **not** included, but the last day is.
- c. If the deadline falls on a: (1) Saturday; (2) Sunday; (3) legal holiday; or (4) other day that our office is closed, the deadline will be extended until the first day that does not fall on a: (1) Saturday; (2) Sunday; (3) legal holiday; or (4) other day that our office is closed.
- d. The Petition for Review is deemed filed on the date of the postmark on the envelope containing the Petition for Review or the date the Petition for Review is personally delivered to the above address, whichever occurs first.

If you comply with these three requirements, your Petition for Review will be granted and will be assigned to an administrative law judge for review.

You may also request an opportunity to informally discuss this matter. However, a request to informally discuss, or actual informal discussion, does not extend the deadline for filing your Petition for Review and, consequently, any request should be made promptly, preferably by telephone, upon receipt of the Order. If you have any questions regarding this Order, please contact Legal Counsel at (317) 234-9763.

SO ORDERED.



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

04/30/2020

Date

KK/kk

2. Waiver Appeals

a) Frank Pepin –
request to accept
hours outside of
certification cycle
– staff denied



**FINDINGS AND ORDER OF THE
INDIANA DEPARTMENT OF HOMELAND SECURITY**

TO: Frank R. Pepin
693 D. Dearborn Rd
Valparaiso, IN 46385
PSID #: 1438-6320

ORDER NUMBER: W0034-2020

Pursuant to the authority of Indiana Code § 4-21.5-3-6 and Indiana Code § 16-31-3-5, the Indiana Department of Homeland Security (Department) enters this Findings and Order in regard to the APPLICATION FOR WAIVER OF EMS RULES (836 IAC) for the paramedic certification held by or being issued to Frank R. Pepin (Applicant), PSID #: 1438-6320.

Rule that this waiver is being requested for: 836 IAC 4-9-5

Specifics of the waiver request: This request is to waive the requirements for completing continuing education requirements being completed within the two-year license period for renewal. Applicant's paramedic license lapsed on 12/31/2019. Applicant turned in paperwork for renewal on 02/05/2020 with a brief note from a nurse practitioner. The EMS Certification and Compliance Section Chief made some inquiries regarding the paperwork that was received and discovered that the Applicant was attempting to use the note from the nurse practitioner as a reason for having completed the 12 hours of continuing education outside of his certification cycle. Due to the timing of receiving the information the waiver was not reviewed with the Committee until March.

**I.
FINDINGS**

Upon review of all of the information submitted in the APPLICATION FOR WAIVER OF EMS RULES (836 IAC), supporting documentation and any communications regarding said application, the staff of the EMS section of the Indiana Department of Homeland Security finds that:

- Applicant has failed to demonstrate compliance with the rule will impose an undue hardship on the Applicant.
- Applicant has failed to demonstrate that non-compliance with the rule or compliance with an alternative requirement approved by the department of homeland security, will not jeopardize the quality of patient care.

- Applicant has demonstrated that
- (1) compliance with the rule will impose an undue hardship on the Applicant; and
 - (2) either:
 - (A) Noncompliance with the rule; or
 - (B) Compliance with an alternative requirement approved by the department of homeland security; Will not jeopardize the quality of patient care.

Notes (if any): Applicant did not complete all of his required continuing education in the two-year recertification cycle therefore the hours completed after his expiration date do not count toward his recertification. Applicant is short twelve (12) hours and does not qualify for recertification due to the twelve (12) hours of audit and review showing as completed on 01/27/2020 which is outside of his certification cycle that ended on 12/31/2019. A timely waiver application BEFORE the expiration date would have been more agreeable than waiting until after Applicant was expired and had done the inservice past that point. Staff questions whether they can extend a deadline retroactively by waiver. As an alternative, Applicant is eligible to retake the paramedic written and practical in order to regain his certification.

II. ORDER

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

- Applicant's waiver request is DENIED.
- Applicant's waiver request is GRANTED with the following stipulations and restrictions:
- a. This Waiver is applicable only to Rule 836 IAC 4-9-5
 - b. The specific terms of the Waiver grant are:
 - c. The term of this Waiver is Choose an item. from the date of this Order.
2. All submittals required by this Findings and Order, unless notified in writing otherwise, shall be sent to:

Indiana Department of Homeland Security
Emergency Medical Services Commission
c/o Secretary
302 W. Washington Street, Rm. E208
Indianapolis, Indiana 46204

3. In the event that any term of this Findings and Order is found to be invalid, the remaining terms shall remain in full force and effect and shall be construed and enforced as if the Findings and Order did not contain the invalid term.

III. EFFECTIVE DATE OF FINDINGS AND ORDER

Pursuant to Indiana Code § 4-21.5-3-6 of the Administrative Orders and Procedures Act, this Findings and Order is effective fifteen (15) calendar days from the date this Findings and Order is served, unless both a written petition for review and a petition for stay of effectiveness are filed within this fifteen (15) calendar day period. If you are served by United States mail, three (3) additional days will be added to this fifteen (15) day period – extending the period to eighteen (18) days. If both a petition for review and a petition for stay of effectiveness are filed within this time period, the portions of this Findings and Order, that are within the scope of the petition for review and the petition for stay of effectiveness, are stayed for fifteen (15) calendar days from the date of service. This stay may be extended upon consent of the Department or by order of an administrative law judge, who shall conduct a preliminary hearing as soon as practicable to determine whether this Findings and Order should be stayed in whole or in part.

IV. APPEAL RIGHTS

This Findings and Order may be appealed in accordance with Indiana Code 4-21.5-3-7. To qualify for administrative review, you must submit, by U.S. Mail or personal service, a Petition for Review in writing that complies with all of the following requirements:

1. The Petition for Review must state facts demonstrating that you are:
 - a. a person to whom the order is specifically directed;
 - b. aggrieved or adversely affected by the order; or
 - c. entitled to review under any law.

2. The Petition for Review must be filed with:

Indiana Department of Homeland Security
Emergency Medical Services Commission
c/o Secretary
302 W. Washington Street, Rm. E208
Indianapolis, Indiana 46204

3. The Petition for Review must be filed within fifteen (15) days after you are given notice of this Findings and Order. Timeliness is computed by the methods described in Indiana Code § 4-21.5-3-2. Generally, the following rules apply, but review I.C. § 4-21.5-3-2 to ensure timeliness for your specific situation.

- a. If you are served by United States mail, you will have three (3) additional days to petition for review – extending the period to eighteen (18) days – this time period will be calculated from the date this Findings and Order was deposited in the United States mail.
- b. In calculating timeliness, the first day is **not** included, but the last day is.
- c. If the deadline falls on a: (1) Saturday; (2) Sunday; (3) legal holiday; or (4) other day that our office is closed, the deadline will be extended until the first day that does not fall on a: (1) Saturday; (2) Sunday; (3) legal holiday; or (4) other day that our office is closed.
- d. The Petition for Review is deemed filed on the date of the postmark on the envelope containing the Petition for Review or the date the Petition for Review is personally delivered to the above address, whichever occurs first.

If you comply with these three requirements, your Petition for Review will be granted and will be assigned to an administrative law judge for review.

You may also request an opportunity to informally discuss this matter. However, a request to informally discuss, or actual informal discussion, does not extend the deadline for filing your Petition for Review and, consequently, any request should be made promptly, preferably by telephone, upon receipt of the Order. If you have any questions regarding this Order, please contact Legal Counsel at (317) 234-9763.

SO ORDERED.



Kraig Kinney State Director and Legal Counsel for EMS
Emergency Medical Services
Indiana Department of Homeland Security

04/06/2020

Date

KK/CAP

3. Disciplinary Orders

a) Personnel

I. 2-year probation

a. Perdue,
Jennifer A.



**FINDINGS AND ORDER OF THE
INDIANA DEPARTMENT OF HOMELAND SECURITY**

TO: Jennifer A. Perdue
204 N. Manifold
Ingalls, IN 46048
PSID #: 9527-1912

ORDER NUMBER: 0003-2020

Pursuant to the authority of Indiana Code § 4-21.5-3-6 and Indiana Code § 16-31-3-14, the Indiana Department of Homeland Security (Department) enters this Findings and Order in regard to the renewal of Emergency Medical Technician (EMT) Certification and paramedic licensure being issued to Jennifer A. Perdue (Respondent), PSID #: 9527-1912.

**I.
FINDINGS**

1. Respondent is currently certified as an EMT and licensed as a paramedic, both of which were renewed on December 31, 2019, and expire on December 31, 2021. Respondent was initially in Inactive status due to her supervising hospital Community Hospital East reviewing her affiliation but complied with her supervising hospital affiliation requirements and returned to Active status on January 3, 2020.

2. Respondent submitted a renewal application to the Indiana Department of Homeland Security via the on-line ACADIS on December 18, 2019. Part of this on-line renewal process is a Verification that the certificate/license holder is eligible for recertification and has completed all requirements. Respondent selected yes that she had completed the recertification requirements and was eligible to recertify. Respondent was randomly selected for an audit.

3. In complying with the audit request from the Department, Respondent submitted her Report of EMT-Paramedic Continuing Education to Community Hospital East in order to obtain signatures—technically signatures should be obtained prior to submitting a renewal. Respondent obtained signatures and then staff began more closely reviewing the entries on the form. In the initial paperwork, Respondent noted the vast majority of her recertification lecture hours were obtained via on-line offerings.

4. Respondent utilizes the EMS continuing education website www.EMSEducation.Net for many of her continuing education hours. She was able to produce documentation of participation via Certificate of Completion forms. The staff at Community Hospital, her supervising hospital,

noted some discrepancies and had inquired of the operator of www.EMSEducation.Net, Dr. Michael Kaufmann about the website.

- a. Dr. Kaufmann indicates that his website unfortunately does not lock anyone out to force the viewer to fully watch an offering. However, every log-in is tracked in terms of time spent per offering. On several of the courses Respondent listed, Dr. Kaufmann noted that Respondent has only spent a very minimal time (from 0:29 to a few minutes) for the hour-long offering. Respondent noted the participation on her continuing education form and claimed the full credit time despite spending just minutes or less on each.
- b. Respondent also had very long days listed (with one date being physically impossible for the total hours listed) with the purported hours obtained, for instance 11/20/2019 had 8 hours of continuing education listed; 11/21/2019 had 25.5 hours of continuing education listed; and 12/11/2019 had 13 hours listed.
- c. Dr. Kaufmann indicates that after he discovered that Respondent's participation in continuing education offerings on the website were anywhere from 0:29 to a few minutes, he initiated an email to Respondent clarifying how participation is tracked through the website. This email went out about December 18, 2019.
- d. Respondent is tracked as re-watching the www.EMSEducation.Net continuing education offerings on December 18, 2019, and December 19, 2019, after receiving her audit notification. For instance, Respondent listed five (5) hours of ALS audit & review taken on 11/20/2019 that were not fully viewed until 12/19/2019, after Respondent

5. Respondent submitted her initial Continuing Education Form to Community Hospital East listing nearly all hours from www.EMSEducation.Net and those hours were the ones that had minimal time spent in each one. On December 19, 2019, in compliance with her audit from the Department, Respondent submitted the cover sheet she had obtained from Community Hospital East with the initial continuing education form but substituted different secondary hours listed in the additional pages. These hours were verified and were all obtained albeit after the initial verification of completion of hours with the electronic renewal submission.

6. On January 3, 2020, Respondent hand delivered her Affiliation verification paperwork to the Department and this was confirmed through Community Hospital East. While present, Respondent agreed to be interviewed and noted the following:

- a. Respondent admits that she did hit the NEXT button on the continuing education to advance without listening to or reading the slides. She was able to do a complete program offering in around a minute by rapidly hitting the NEXT button.
- b. Respondent admits that she submitted her paperwork to Community Hospital East staff for signatures and believed that she would be compliant with the audit.
- c. Respondent admits that she was shocked and become very concerned when she received the email from www.EMSEducation.Net and realized that her hours and

lack of complete participation were tracked. Respondent then began actually obtaining the full hours and locating attendance not previously listed to submit her continuing education form to the Department along with the signature page obtained earlier from Community Hospital East.

- d. Respondent acknowledges that her actions misrepresented her status and admits that she was not truly eligible for recertification when she submitted the electronic renewal including verifying that she was eligible. She indicated "I did not have my hours at that time."

7. Pursuant to IC 16-31-3-14(a)(1) and IC 16-31-3-14(b)(1), the Department may issue disciplinary sanctions to a certificate or license holder if the holder engages in fraud or material deception in order to obtain a certificate or license.

8. The Department finds that Respondent's electronic portal renewal and subsequent response to the system audit constituted fraud or material deception in order to obtain a certification renewal in that Respondent was not eligible for recertification due to a lack of continuing education hours and she obtained several of the required minimum hours only after receiving the audit notification.

II. ORDER

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

1. **Mitigating Factors:** Respondent has been certified since July 6, 1998, and has had no other disciplinary matters before IDHS or the EMS Commission. Respondent appears to have recognized her predicament after getting audited and attempted to rectify the issue by going back and completing the offerings that were reported as complete. Respondent has cooperated fully in this investigation and accepted responsibility for his actions via admission of guilt.

2. **Aggravating Factors:** Respondent's actions create an inference of taking advantage of the on-line renewal system and misrepresenting her compliance with her recertification status. This deception creates an inference that Respondent cannot be trusted in future reporting.

3. Respondent is afforded the opportunity to function as an EMS professional, under the oversight of probationary terms. Respondent's EMT Certification and paramedic licensure placed on probationary status for two (2) years commencing from the Effective Date of this Order (See Section III below). The following conditions shall apply during the two (2) year probationary period:

- a. Respondent shall keep the Department informed of Respondent's current home address, home telephone number, cellular telephone numbers, pager numbers, and work telephone numbers. Respondent shall inform the Department of any changes in this information within seven (7) calendar days of the change. The initial list of such information shall be delivered to the Department not later than fifteen (15) calendar days from the Effective Date of this Findings and Order.
- b. Before Respondent may work for any EMS provider certified by the Emergency Medical Services Commission, Respondent shall provide to the Department a

completed copy of the attached Affirmation (Exhibit A) with an original signature from that provider's EMS Director. **(Please keep a blank copy of the Affirmation to provide to future employers)**

- c. During the period of probation, if Respondent is arrested or charged with violating the criminal law of any jurisdiction, other than a minor traffic violation, Respondent shall notify the Department in writing within seventy-two (72) hours of being arrested or charged. Such notification may be made orally, but must be followed by written confirmation within twenty-four (24) hours of the oral notification.
- d. Respondent shall automatically be audited for her December 31, 2021, cycle renewal meaning that she may submit through the portal for electronic renewal but will need to submit the paperwork verification on State forms to validate her renewal.
- e. Respondent's certification may be suspended or revoked for any of the following:
 - i. Violation of the criminal statutes in any jurisdiction;
 - ii. Conviction under the criminal statutes in any jurisdiction; or
 - iii. Failure to comply with a condition of this Findings and Order.

The term of revocation begins on the date that Respondent receives notification of the Department's findings that one of the preceding violations occurred.

- f. If the Department determines that Respondent has violated any term or condition of this Findings and Order, the Indiana Administrative code or the Indiana Code, then the Department may seek any other remedies or sanctions available by virtue of Respondent's violation.

4. All submittals required by this Findings and Order, unless notified in writing otherwise, shall be sent to:

Indiana Department of Homeland Security
Emergency Medical Services Commission
c/o Secretary
302 W. Washington Street, Rm. E208
Indianapolis, Indiana 46204

5. In the event that any term of this Findings and Order is found to be invalid, the remaining terms shall remain in full force and effect and shall be construed and enforced as if the Findings and Order did not contain the invalid term.

**III.
EFFECTIVE DATE OF FINDINGS AND ORDER**

Pursuant to Indiana Code § 4-21.5-3-6 of the Administrative Orders and Procedures Act, this Findings and Order is effective fifteen (15) calendar days from the date this Findings and Order is served, unless both a written petition for review and a petition for stay of effectiveness are filed within this fifteen (15) calendar day period. If you are served by United States mail, three (3) additional days will be added to this fifteen (15) day period -- extending the period to eighteen (18) days. If both a petition for review and a petition for stay of effectiveness are filed within this time period, the portions of this Findings and Order, that are within the scope of the petition for review and the petition for stay of effectiveness, are stayed for fifteen (15) calendar days from the date of service. This stay may be extended upon consent of the Department or by order of an administrative law judge, who shall conduct a preliminary hearing as soon as practicable to determine whether this Findings and Order should be stayed in whole or in part.

**IV.
APPEAL RIGHTS**

This Findings and Order may be appealed in accordance with Indiana Code 4-21.5-3-7. To qualify for administrative review, you must submit, by U.S. Mail or personal service, a Petition for Review in writing that complies with all of the following requirements:

1. The Petition for Review must state facts demonstrating that you are:
 - a. a person to whom the order is specifically directed;
 - b. aggrieved or adversely affected by the order; or
 - c. entitled to review under any law.

2. The Petition for Review must be filed with:

Indiana Department of Homeland Security
Emergency Medical Services Commission
c/o Secretary
302 W. Washington Street, Rm. E208
Indianapolis, Indiana 46204

3. The Petition for Review must be filed within fifteen (15) days after you are given notice of this Findings and Order. Timeliness is computed by the methods described in Indiana Code § 4-21.5-3-2. Generally, the following rules apply, but review I.C. § 4-21.5-3-2 to ensure timeliness for your specific situation.


- a. If you are served by United States mail, you will have three (3) additional days to petition for review -- extending the period to eighteen (18) days -- this time period will be calculated from the date this Findings and Order was deposited in the United States mail.

- b. In calculating timeliness, the first day is **not** included, but the last day is.
- c. If the deadline falls on a: (1) Saturday; (2) Sunday; (3) legal holiday; or (4) othis day that our office is closed, the deadline will be extended until the first day that does not fall on a: (1) Saturday; (2) Sunday; (3) legal holiday; or (4) othis day that our office is closed.
- d. The Petition for Review is deemed filed on the date of the postmark on the envelope containing the Petition for Review or the date the Petition for Review is personally delivered to the above address, whichever occurs first.

If you comply with these three requirements, your Petition for Review will be granted and will be assigned to an administrative law judge for review.

You may also request an opportunity to informally discuss this matter. However, a request to informally discuss, or actual informal discussion, does not extend the deadline for filing your Petition for Review and, consequently, any request should be made promptly, preferably by telephone, upon receipt of the Order. If you have any questions regarding this Order, please contact Legal Counsel at (317) 234-9763.

SO ORDERED.



Kraig Kinney Deputy General Counsel for
Michael S. Garvey, Director
Emergency Medical Services
Indiana Department of Homeland Security

1/27/2020
Date

MSG/kk

EXHIBIT A

AFFIRMATION OF EMS DIRECTOR

I swear or affirm that I have received a copy of the Findings and Order issued by the Indiana Department of Homeland Security placing **Jennifer A. Perdue's (PSID#: 9527-1912)** EMT Certification on probation.

EMS DIRECTOR:	
_____ Signature	_____ Date Signed
_____ Printed Name	_____ Telephone Number
_____ Address	
_____ Address (cont.)	

Please return completed form to:

Office of Emergency Medical Service
Indiana Department of Homeland Security
Attn: EMS Certifications
302 W. Washington Street Rm. E239
Indianapolis, IN 46

**b. Wolverton,
Ashley W.**



**FINDINGS AND ORDER OF THE
INDIANA DEPARTMENT OF HOMELAND SECURITY**

TO: Ashley M. Wolverton
663 Arthur Dr.
Indianapolis, IN 46280
PSID #: 1925-0866

ORDER NUMBER: 0001-2020

Pursuant to the authority of Indiana Code § 4-21.5-3-6 and Indiana Code § 16-31-3-14, the Indiana Department of Homeland Security (Department) enters this Findings and Order in regard to the Emergency Medical Technician (EMT) Certification held by Ashley M. Wolverton (Respondent), PSID #: 1925-0866.

**I.
FINDINGS**

1. Respondent holds an EMT certification that was due for recertification on December 31, 2019.
2. Respondent submitted ACADIS portal re-certification on December 30, 2019, and was flagged by the system for a random audit. Part of this on-line renewal process is a Verification that the certificate/license holder is eligible for recertification and has completed all requirements. Respondent checked yes that she had completed the recertification requirements.
3. Respondent complied with the audit on or about January 2, 2020, and submitted her Emergency Medical Technician – Basic Continuing Education Report. Said form was reviewed by IDHS staff.
4. On the Report, Respondent listed participation in several continuing education offerings on dates AFTER she had submitted her initial renewal indicating that she failed to have sufficient hours when she hit the affirmation that she was eligible for recertification:
 - a. An “Abdominal Pain” course was completed on December 31, 2019.
 - b. An “Active Shooter” course was completed on December 31, 2019.
 - c. An “AEIOU-TIPS” course was completed on December 31, 2019.

- d. An "Anatomy and Physiology For EMT" course was completed on December 31, 2019.
- e. An "A-Fib and A-Flutter" course was completed on December 31, 2019.

5. When questioned by IDHS EMS Certification and Compliance Section Chief Candice Pope, Respondent admitted that she had not checked her total hours until she submitted the electronic renewal verification and received the audit notification. Respondent admits that she then obtained the missing hours after receiving the audit notification.

6. Pursuant to IC 16-31-3-14(a)(1) and IC 16-31-3-14(b), the Department may issue disciplinary sanctions to a certificate or license holder if the holder engages in fraud or material deception in order to obtain a certificate or license.

7. The Department finds that Respondent's electronic portal renewal and subsequent response to the system audit constituted fraud or material deception in order to obtain a certification renewal in that Respondent was not eligible for recertification due to a lack of continuing education hours and she obtained several of the required minimum hours only after receiving the audit notification. Specifically, at the time of the electronic renewal submission on December 30, 2019, Respondent had 27.4 hours of continuing education which is 6.6 hours short of the minimum 34 hours needed.

II.

ORDER

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

1. Respondent's EMT Certification were renewed but is now placed on probationary status for two (2) years commencing from the Effective Date of this Order (See Section III below). The following conditions shall apply during the two (2) year probationary period:

- a. Respondent shall keep the Department informed of Respondent's current home address, home telephone number, cellular telephone numbers, pager numbers, and work telephone numbers. Respondent shall inform the Department of any changes in this information within seven (7) calendar days of the change. The initial list of such information shall be delivered to the Department not later than fifteen (15) calendar days from the Effective Date of this Findings and Order.
- b. Before Respondent may work or volunteer for any EMS provider certified by the Emergency Medical Services Commission, Respondent shall provide to the Department a completed copy of the attached Affirmation (Exhibit A) with an original signature from that provider's EMS Director. **(Please keep a blank copy of the Affirmation to provide to future employers)**
- c. During the period of probation, if Respondent is arrested or charged with violating the criminal law of any jurisdiction, other than a minor traffic violation, Respondent shall notify the Department in writing within seventy-two (72) hours of being

arrested or charged. Such notification may be made orally, but must be followed by written confirmation within twenty-four (24) hours of the oral notification.

- d. Respondent must comply with all certification requirements. For his December 31, 2020, renewal of both the EMT certification and Paramedic licensure, Respondent may utilize the on-line ACADIS portal for renewal but must still submit his fully completed and accurate written EMT-Paramedic rectification form (Report of EMT-Paramedic Continuing Education) verifying his completed hours that were obtained BEFORE on-line recertification.
- e. Respondent's certification may be suspended or revoked for any of the following:
 - i. Violation of the criminal statutes in any jurisdiction;
 - ii. Conviction under the criminal statutes in any jurisdiction; or
 - iii. Failure to comply with a condition of this Findings and Order.

The term of revocation begins on the date that Respondent receives notification of the Department's findings that one of the preceding violations occurred.

- f. If the Department determines that Respondent has violated any term or condition of this Findings and Order, the Indiana Administrative code or the Indiana Code, then the Department may seek any other remedies or sanctions available by virtue of Respondent's violation.

2. All submittals required by this Findings and Order, unless notified in writing otherwise, shall be sent to:

Indiana Department of Homeland Security
Emergency Medical Services Commission
c/o Secretary
302 W. Washington Street, Rm. E208
Indianapolis, Indiana 46204

3. In the event that any term of this Findings and Order is found to be invalid, the remaining terms shall remain in full force and effect and shall be construed and enforced as if the Findings and Order did not contain the invalid term.

III.

EFFECTIVE DATE OF FINDINGS AND ORDER

Pursuant to Indiana Code § 4-21.5-3-6 of the Administrative Orders and Procedures Act, this Findings and Order is effective fifteen (15) calendar days from the date this Findings and Order is served, unless both a written petition for review and a petition for stay of effectiveness are filed within this fifteen (15) calendar day period. If you are served by United States mail, three (3) additional days will be added to this fifteen (15) day period – extending the period to eighteen

(18) days. If both a petition for review and a petition for stay of effectiveness are filed within this time period, the portions of this Findings and Order, that are within the scope of the petition for review and the petition for stay of effectiveness, are stayed for fifteen (15) calendar days from the date of service. This stay may be extended upon consent of the Department or by order of an administrative law judge, who shall conduct a preliminary hearing as soon as practicable to determine whether this Findings and Order should be stayed in whole or in part.

IV. APPEAL RIGHTS

This Findings and Order may be appealed in accordance with Indiana Code 4-21.5-3-7. To qualify for administrative review, you must submit, by U.S. Mail or personal service, a Petition for Review in writing that complies with all of the following requirements:

1. The Petition for Review must state facts demonstrating that you are:
 - a. a person to whom the order is specifically directed;
 - b. aggrieved or adversely affected by the order; or
 - c. entitled to review under any law.

2. The Petition for Review must be filed with:

Indiana Department of Homeland Security
Emergency Medical Services Commission
c/o Secretary
302 W. Washington Street, Rm. E208
Indianapolis, Indiana 46204

3. The Petition for Review must be filed within fifteen (15) days after you are given notice of this Findings and Order. Timeliness is computed by the methods described in Indiana Code § 4-21.5-3-2. Generally, the following rules apply, but review I.C. § 4-21.5-3-2 to ensure timeliness for your specific situation.

- a. If you are served by United States mail, you will have three (3) additional days to petition for review – extending the period to eighteen (18) days – this time period will be calculated from the date this Findings and Order was deposited in the United States mail.

- b. In calculating timeliness, the first day is **not** included, but the last day is.

- c. If the deadline falls on a: (1) Saturday; (2) Sunday; (3) legal holiday; or (4) other day that our office is closed, the deadline will be extended until the first day that

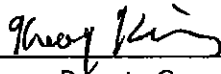
does not fall on a: (1) Saturday; (2) Sunday; (3) legal holiday; or (4) other day that our office is closed.

- d. The Petition for Review is deemed filed on the date of the postmark on the envelope containing the Petition for Review or the date the Petition for Review is personally delivered to the above address, whichever occurs first.

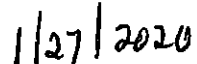
If you comply with these three requirements, your Petition for Review will be granted and will be assigned to an administrative law judge for review.

You may also request an opportunity to informally discuss this matter. However, a request to informally discuss, or actual informal discussion, does not extend the deadline for filing your Petition for Review and, consequently, any request should be made promptly, preferably by telephone, upon receipt of the Order. If you have any questions regarding this Order, please contact Legal Counsel at (317) 864-3639.

SO ORDERED.



Kraig Kinney Deputy General Counsel for
Michael S. Garvey, Director
Emergency Medical Services
Indiana Department of Homeland Security



Date

MSG/kk

EXHIBIT A

AFFIRMATION OF EMS DIRECTOR

I swear or affirm that I have received a copy of the Findings and Order issued by the Indiana Department of Homeland Security placing **Ashley M. Wolverton's (PSID#: 1925-0866)** EMT Certification and Paramedic Licensure on probation.

EMS DIRECTOR:	
_____	_____
Signature	Date Signed
_____	_____
Printed Name	Telephone Number

Address	

Address (cont.)	

Please return completed form to:

Office of Emergency Medical Service
Indiana Department of Homeland Security
Attn: EMS Certifications
302 W. Washington Street Rm. E239
Indianapolis, IN 46204

II. Rescinding Order

a. Johnson,
Danielle
Alexandria



**FINDINGS AND ORDER OF THE
INDIANA DEPARTMENT OF HOMELAND SECURITY**

**TO: Danielle Alexandria Johnson
1813 Revere Pl.
Carmel, IN 46032
PSID #: 4669-7509**

ORDER NUMBER: 0002-2020

Pursuant to the authority of Indiana Code § 4-21.5-3-6 and Indiana Code § 16-31-3-14, the Indiana Department of Homeland Security (Department) enters this Findings and Order in regard to the emergency medical technician (EMT) certification held by Danielle Alexandria Johnson (Respondent), PSID #: 4669-7509.

**I.
FINDINGS**

1. Respondent holds an EMT certification with an expiration date of December 31, 2021.
2. On December 30, 2019, the Department processed and issued the EMT certification based upon Respondent's Application for Emergency Medical Services Reciprocity certification.
3. Respondent received the new certification and contacted staff to clarify given that Respondent has not done the required certification testing from the National Registry of EMTs. Staff did not verify at the time of the application. Respondent is not eligible for certification having not completed her required National Registry
4. The Department finds that the December 30, 2019, EMT certification issued to Respondent was done in error and that Respondent is not currently eligible for certification. The Department notes that the Order was an error in Department processing and not any wrongdoing by the Respondent.

II. ORDER

Based upon the Findings set forth above, the Department rescinds the EMT certification issued December 30, 2019, to Respondent under PSID 4669-7509.

III. EFFECTIVE DATE OF FINDINGS AND ORDER

Pursuant to Indiana Code § 4-21.5-3-6 of the Administrative Orders and Procedures Act, this Findings and Order is effective fifteen (15) calendar days from the date this Findings and Order is served, unless both a written petition for review and a petition for stay of effectiveness are filed within this fifteen (15) calendar day period. If you are served by United States mail, three (3) additional days will be added to this fifteen (15) day period – extending the period to eighteen (18) days. If both a petition for review and a petition for stay of effectiveness are filed within this time period, the portions of this Findings and Order, that are within the scope of the petition for review and the petition for stay of effectiveness, are stayed for fifteen (15) calendar days from the date of service. This stay may be extended upon consent of the Department or by order of an administrative law judge, who shall conduct a preliminary hearing as soon as practicable to determine whether this Findings and Order should be stayed in whole or in part.

IV. APPEAL RIGHTS

This Findings and Order may be appealed in accordance with Indiana Code 4-21.5-3-7. To qualify for administrative review, you must submit, by U.S. Mail or personal service, a Petition for Review in writing that complies with all of the following requirements:

1. The Petition for Review must state facts demonstrating that you are:
 - a. a person to whom the order is specifically directed;
 - b. aggrieved or adversely affected by the order; or
 - c. entitled to review under any law.

2. The Petition for Review must be filed with:

Indiana Department of Homeland Security
Emergency Medical Services Commission
c/o Secretary
302 W. Washington Street, Rm. E208
Indianapolis, Indiana 46204

3. The Petition for Review must be filed within fifteen (15) days after you are given notice of this Findings and Order. Timeliness is computed by the methods described in Indiana Code

§ 4-21.5-3-2. Generally, the following rules apply, but review I.C. § 4-21.5-3-2 to ensure timeliness for your specific situation.

- a. If you are served by United States mail, you will have three (3) additional days to petition for review – extending the period to eighteen (18) days – this time period will be calculated from the date this Findings and Order was deposited in the United States mail.
- b. In calculating timeliness, the first day is **not** included, but the last day is.
- c. If the deadline falls on a: (1) Saturday; (2) Sunday; (3) legal holiday; or (4) other day that our office is closed, the deadline will be extended until the first day that does not fall on a: (1) Saturday; (2) Sunday; (3) legal holiday; or (4) other day that our office is closed.
- d. The Petition for Review is deemed filed on the date of the postmark on the envelope containing the Petition for Review or the date the Petition for Review is personally delivered to the above address, whichever occurs first.

If you comply with these three requirements, your Petition for Review will be granted and will be assigned to an administrative law judge for review.

You may also request an opportunity to informally discuss this matter. However, a request to informally discuss, or actual informal discussion, does not extend the deadline for filing your Petition for Review and, consequently, any request should be made promptly, preferably by telephone, upon receipt of the Order. If you have any questions regarding this Order, please contact Legal Counsel, at (317) 864-3639.

SO ORDERED.



Kraig Kinney Deputy General Counsel for
Michael S. Garvey, Director
Emergency Medical Services
Indiana Department of Homeland Security

7/27/2020
Date

MSG/kk

O) Staff Reports

1. Data Registry – Robin Stump

2. Operations Report – Robin Stump

3. Compliance

Report – Candice Pope

4. Certifications Report

a) Personnel –
Candice Pope

b) Providers –
Robin Stump

Emergency Medical Services Provider Certification Report

Date : May 1, 2020

May 14, 2020

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 **May 14, 2020** 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	473
Ambulance Service Provider	100
EMT Basic-Advanced Organization	5
EMT Basic-Advanced Organization non-transport	1
EMT Intermediate Organization	10
EMT Intermediate Organization non-transport	0
Paramedic Organization	196
Paramedic Organization non-transport	14
Rotorcraft Air Ambulance	13
Fixed Wing Air Ambulance	4

Total Count: 817

New Providers Since 01-JAN-20

Air Evac EMS d/b/a Lutheran Air	Basic Certification: 03/20/2020
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**Emergency Medical Services
Provider Certification Report**

Date : May 1, 2020

May 14, 2020

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 **May 14, 2020** Commission meeting, the following report of agencies who have meet the requirements for certification as Emergency Medical Service Providers and their vehicles.

ELWOOD FIRE DEPARTMENT	Advanced Certification: 03/06/2020
ELWOOD FIRE DEPARTMENT	Intermediate Certification: 03/06/2020
EVANSVILLE POLICE DEPARTMENT	Basic Certification: 01/14/2020
FOUNTAIN TOWN COMMUNITY VOL FIRE DEPARTMENT	Paramedic Certification: 02/01/2020
MUNCIE FIRE DEPT	Paramedic Certification: 02/07/2020
Swayzee Volunteer Fire Department Inc.	Basic Certification: 03/20/2020

5. Training Report – Tony Pagano

May 2020 EMS Training Report

NREMT pass rates are enclosed in this report. These statistics are for courses ending between April 30, 2019 and April 30, 2020. 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. The programs in the next category (60% -70%) are near meeting the standard set by the Commission:14 programs. Those in the bottom category are below standard; 38 programs.

Many programs have elected not to continue training at this time, but others are still moving forward and training new EMS personnel. The NREMT has continued to offer the cognitive examination at all levels. Since practical examinations are difficult to hold at this time the NREMT is giving individuals who pass a course and the cognitive examination a provisional certification. With that provisional certification Indiana will give an individual a temporary certification for up to 120 days if the individual is affiliated with a certified EMS provider.

National Registry Pass Rates, April 30, 2019 to April 30, 2020

National or State	Level of Certification	Initial	3d Attempt	6 th Attempt	Total Attempts
National	EMT	69%	78%	79%	70,547
State	EMT	60%	70%	70%	1333
National	Adv EMT	62%	72%	73%	4546
State	Adv EMT	72%	81%	81%	69
National	Paramedic	73%	86%	88%	22,901
State	Paramedic	65%	82%	85%	440

National Registry Pass Rates, April 30, 2017 to April 30, 2020

National or State	Level of Certification	Initial	3d Attempt	6 th Attempt	Total Attempts
National	EMT	69%	80%	81%	230,667
State	EMT	56%	69%	70%	4144
National	Adv EMT	70%	74%	76%	15,765
State	Adv EMT	57%	70%	71%	265
National	Paramedic	73%	86%	88%	33,306
State	Paramedic	64%	81%	86%	647

Emergency Medical Technician

Program Name	Program Code	Attempts	First Att	total pass	ELIG	First Pass %	Total Pass %
Carmel Fire Department	IN-5989	13	13	13	0	100%	100%
Noblesville Fire Dept	IN-6086	8	8	8	0	100%	100%
St Mary's Medical Center Evansville	IN-4096	10	10	10	0	100%	100%
Clay Fire Territory	IN-4756	2	2	2	0	100%	100%
Illiana EMS	IN-6529	2	2	2	0	100%	100%
Wabash Fire Department	IN-6474	13	12	12	1	92%	92%
Fort Wayne Fire Department	IN-5955	17	15	16	1	88%	94%
Indianapolis Fire Dept	IN-5751	57	51	53	4	89%	93%
Community Health Network EMS	IN-4063	31	27	28	3	87%	90%
IU Arnett Hospital EMS Program	IN-5936	14	11	13	1	79%	93%
Parkview Whitley Hospital	IN-5023	9	7	8	1	78%	89%
Hands on Instruction LLC	IN-6017	11	9	9	2	82%	82%
American Medical Response	IN-6528	11	9	9	2	82%	82%
Memorial Hospital South Bend	IN-4157	10	8	10	0	80%	100%
Jennings County EMS	IN-5887	5	4	4	1	80%	80%
Richmond Fire Department	IN-5707	5	4	4	1	80%	80%
Indianapolis Emergency Medical Services	IN-4083	71	55	60	11	77%	85%
New Castle Career Center	IN-5718	11	8	8	3	73%	73%
Franciscan Indianapolis Hospital	IN-4080	50	35	39	11	70%	78%
Pelham Training	IN-4668	67	49	55	12	73%	82%
St Mary Medical Center/Hobart	IN-4943	10	7	8	2	70%	80%

Emergency Medical Technician

Franciscan Saint Anthony Health Crown Point	IN-4079	42	29	35	7	69%	83%
Community Howard Regional Health	IN-5804	14	8	9	5	67%	78%
Highpoint Health	IN-4065	16	10	11	5	63%	69%
Indiana University	IN-4495	32	20	22	10	63%	69%
Elkhart General Hospital	IN-4067	13	8	11	2	62%	83%
Ivy Tech Community College-Evansville	IN-4141	30	20	22	8	67%	73%
St Vincent Hospital	IN-4081	84	54	70	14	64%	77%
Greenfield Fire Territory	IN-5732	6	4	4	2	67%	67%
Witham Memorial Hosp	IN-4140	6	4	4	2	67%	67%
Franciscan St. Margaret Health EMS Acade	IN-5267	51	33	36	17	65%	71%
Franciscan St Elizabeth Health	IN-4068	28	18	24	4	64%	86%
Lutheran EMS Training Center	IN-6351	23	15	16	7	65%	70%
Vincennes University Jasper Center	IN-4478	8	5	5	3	63%	63%
Ivy Tech Community College Bloomington	IN-4071	35	21	25	10	60%	71%

Emergency Medical Technician

Otter Creek Fire Emergency Education	IN-5929	12	7	9	3	58%	75%
White County EMS Education	IN-5834	10	4	5	5	40%	50%
Hendricks Regional Health	IN-4380	19	10	13	6	53%	68%
Deaconess Hospital	IN-4516	13	6	9	4	46%	69%
St. Vincent Anderson	IN-4588	16	8	10	6	50%	63%
Goshen Hospital	IN-4162	20	10	12	8	50%	60%
IU Ball Memorial Hospital	IN-4369	42	20	24	18	48%	57%
Central Nine Career Center	IN-5026	19	10	15	4	53%	79%
Gas City Rescue Squad	IN-6386	12	6	7	5	50%	58%
Ivy Tech South Bend	IN-4070	22	10	10	12	45%	45%
Ivy Tech Community College Northeast	IN-4169	58	30	37	21	52%	64%
Columbus Regional Hospital	IN-4355	17	8	11	8	47%	65%
Parkview Health LaGrange EMS	IN-6048	7	3	4	3	43%	57%
Parkview Huntington Hosp EMS	IN-5269	7	4	4	3	57%	57%
Ivy Tech Community College-Kokomo	IN-4362	14	5	9	5	36%	64%
Vincennes University	IN-4153	12	4	5	7	33%	42%
Area 30 Career Center	IN-5147	11	4	4	7	36%	36%
Scott County EMS	IN-4078	20	7	10	10	35%	50%
Riverview Hospital	IN-4077	3	1	3	0	33%	100%
Elkhart Area Career Center	IN-5816	2	1	1	1	50%	50%
Emergency Services Education Center	IN-4960	41	14	18	23	34%	44%
Heartland Ambulance	IN-6320	38	12	14	34	32%	37%
Ivy Tech Community College Terre Haute	IN-4612	18	8	8	10	44%	44%
Ivy Tech Community College - Valparaiso	IN-5747	27	8	10	17	30%	37%
Ivy Tech Community College Sellersburg	IN-4864	7	2	2	5	29%	29%
Harrison Twp Vol Fire Dept	IN-5919	3	1	3	0	33%	100%
Ripley County EMS - Training Institution	IN-6146	12	3	6	6	25%	50%
Methodist Hospitals	IN-4072	7	2	2	5	29%	29%
Hoosier Hills Career Center	IN-6346	19	4	9	10	21%	47%
Hancock Regional Hospital	IN-4577	5	1	2	3	20%	40%
Crawfordsville Fire Department	IN-5990	5	1	1	4	20%	20%
Ivy Tech Community College - Marion	IN-6109	7	1	1	6	14%	14%
DeKalb Memorial Hospital	IN-4446	8	1	2	6	13%	25%
LaPorte Co Career and Tech Ed	IN-5994	8	1	1	7	13%	13%

Emergency Medical Technician

Dukes Memorial Hospital	IN-4912	1	0	0	1	0%	0%
Franciscan Alliance Crawfordsville	IN-6002	2	0	0	2	0%	0%
Edgar County Special Ser Area Amb	IN-5637	2	0	0	2	0%	0%
Union Hosp Health Group	IN-4431	2	0	0	2	0%	0%
Memorial Hospital Jasper	IN-5271	1	0	0	1	0%	0%
					287		
Total					449		

Advanced EMT

Program Name	Program Co	Attempt	First Att	Cumuli	Cumula	Eligible	For	First Pass %	Third Pass %	Total Pass %
United States Steel	IN-5312	4	4	4	4	0	0	100%	100%	100%
Memorial Hospital South Bend	IN-4157	13	11	13	13	0	0	85%	100%	100%
Fort Wayne Fire Dept	IN-5955	26	21	23	23	3	3	81%	88%	88%
Community Howard Regional Health	IN-5804	3	2	2	2	1	1	67%	67%	67%
Riverview Hospital	IN-4077	3	2	2	2	1	1	67%	67%	67%
St vincent Indianapolis	IN-4081	9	5	7	7	2	2	56%	78%	78%
Winchester Fire Department	IN-6460	4	2	2	2	2	2	50%	50%	50%
Harrison County Hospital	IN-4336	7	3	3	3	4	4	43%	43%	43%

Paramedic

Program Name	Program Co	Attempt	First Atb	Cumul:	Cumula Eligible	First Pass %	Third Pass %	Total Pass %
Harrison County Hospital	IN-4336	7	7	7	0	100%	100%	100%
Community Health Network EMS	IN-4063	16	15	15	1	94%	94%	94%
St Vincent Hospital	IN-4081	20	17	20	0	85%	100%	100%
Indianapolis EMS	IN-4083	64	52	57	5	81%	89%	92%
Franciscan Health Indianapolis	IN-4080	33	26	32	1	79%	97%	97%
Hendricks Regional Health	IN-4380	9	7	9	0	78%	100%	100%
Franciscan Health Crown Point	IN-4079	21	16	18	3	76%	86%	90%
Ivy Tech Community College Terre Haute	IN-4612	26	19	22	4	73%	85%	85%
Methodist Hospitals	IN 4072	12	9	9	3	69%	75%	75%
Ivy Tech Community College South Bend	IN-4070	22	15	18	4	68%	81%	81%
Ivy Tech Bloomington	IN-4071	20	12	15	5	60%	75%	75%
Scott Co EMS	IN-4078	15	9	12	2	60%	80%	87%
Ivy Tech Community Northeast	IN-4169	68	40	53	11	59%	78%	84%
St Mary Medical Center Hobart	IN-4943	12	7	9	3	58%	75%	75%
Goshen Health	IN-4162	31	15	22	7	48%	71%	77%
Ivy Tech Community College Madison	IN-4542	11	5	9	2	45%	82%	82%
Ivy Tech Community College Valparaiso	IN-5747	18	7	10	6	39%	56%	67%
Ivy Tech Community college Evansville	IN-4141	15	4	11	4	27%	73%	73%
Ivy Tech Community College Kokomo	IN-4362	15	3	8	6	20%	53%	60%

P) State EMS
Director's Report –
Kraig Kinney

Q) State Medical
Directors Report – Dr.
Michael Kaufmann

R) Chairman's Report
and Direction - Lee
Turpen

S) Next Meeting
July 9, 2020
10am
Zionsville Town
Hall

T) Adjournment