

Indiana State EMS Commission

Technical Advisory Committee

RECOMMENDATIONS

January 21, 2011

Proposed RECOMMENDATION's FOR IMPLEMENTATION to the EMS Commission

Recommendation # 1

That the EMS Commission adopt the National Education Agenda. *This includes the following items.*

- **Core Content** – Primarily Medical Content, based on Practice Analysis.
- **Scope of Practice** – Divides levels, identifies minimum knowledge and skills, both Psychomotor and Cognitive content.
- **Educational Standards** – Minimum learning standards, Cognitive and Affective.

Recommendation # 2

Adopt the new National Education Standards as presented as the bare minimum. The current recommendation is to accept the new NES as presented below. It is also recommended that the current EMT-Basic Advanced and the I-99 work towards bridging to the next level. Dates are listed in the chart provided with this report. If an individual fails to maintain their current levels of certification and they had enough hours to recertify at a lower level, then they could do so.

Proposed Titles Changes:

NEW Titles OLD Indiana Title

EMR	First Responder	(Old First Responder)
EMT	Emergency Medical Technician – Basic	(Old Term)
A-EMT	Emergency Medical Technician – Advanced	(New Classification)
Paramedic	EMT-Paramedic	

Review of New Base Title with Module Summary and Certification Recommendation:

Emergency Medical Responder **(EMR)** (*Old First Responder*)

- New DOT Curriculum as a whole
- Additional module on proper use of Cervical Collars.
- Additional module on proper use of Long Spine Board.
- Additional module on proper use of Pulse Oximetry/Carbon Monoxide monitoring.
- Additional modules assigned by the Indiana EMS Commission if required beyond standard curriculum.
- *Certification testing performed by IDHS EMS as currently done.*
- *Recertification process by IDHS EMS **ONLY**.*
- *Fiscal impact – None*

Emergency Medical Technician (EMT)

- New DOT Curriculum as a whole.
- Additional module on Non-visualized Airways.
- Additional module on proper use of Pulse Oximetry/Carbon Monoxide monitoring.
- Additional modules assigned by the Indiana EMS Commission if required beyond standard curriculum.
- **Initial** Certification testing performed by NREMT with the additional module testing completed by the Indiana Certified Training Institution where the EMT course was completed. Validation sent to IDHS with completed course report.
- *Recertification process by IDHS EMS and/or NREMT.*
- *Fiscal Impact # 1, - \$70.00 per National Registry Examination.*
- *Fiscal Impact # 2, - \$20.00 recertification processed by NREMT very two (2) years if maintained.*

Advanced - Emergency Medical Technician (A-EMT)

- New DOT Curriculum as a whole.
- Additional module on proper use of Pulse Oximetry/Carbon Monoxide monitoring.
- Additional modules assigned by the Indiana EMS Commission if required beyond standard curriculum.
- **Initial** Certification testing performed by NREMT.
- *Recertification process by IDHS EMS and/ or NREMT.*
- *Fiscal Impact # 1, - \$90.00 per National Registry Examination.*
- *Fiscal Impact # 2, - \$20.00 recertification processed by NREMT very two (2) years if maintained.*

Paramedic

- New DOT Curriculum as a whole.
- Additional modules assigned by the Indiana EMS Commission if required beyond standard curriculum.
- Additional modules at the discretion of medical direction per local jurisdiction.
- **Initial** Certification testing performed by NREMT.
- *Recertification process by IDHS EMS and/ or NREMT.*

There is No change in the fiscal impact at the Paramedic Level as we currently require NREMT-P certification for the State of Indiana Paramedic Examination.

- *Fiscal Impact # 1, - NONE – Currently \$110.00 per National Registry Examination.*
- *Fiscal Impact # 2, - NONE – Currently \$20.00 recertification processed by NREMT very two (2) years if maintained.*

Recommendation # 3

All addendum modules assigned to the curriculums by the Indiana State EMS Commission are to be validated by the certified training institution upon completion of the training, tested during the final practical skills examination and submitted to the IDHS EMS certification staff with a course report.

Recommendation # 4

Initial Testing and Certification:

It is recommended that all initial certification testing should be done by the (NREMT) – National Registry of Emergency Medical Technicians for all levels with the exception of the EMR which will remain within the IDHS. Indiana will remain issuing certifications at the state level upon verification from NREMT. Re-certification will remain with Indiana and highly recommend to remain certified by NREMT.

See (Color Grid – page 4), “Transition Time Frames” on recommended Indiana time lines for National Testing - Attached

Special Note:

Transition Bridge courses at all levels with the exception of EMR will be developed by the TAC over the next three (3) months and submitted to the EMS Commission for final approval before implementation.

Continued on next page

Recommendation # 5

Bridge Programs:

a) Bridge program for EMT-I99 to Paramedic:

It is recommended that the Commission adopt the current approved bridge course model with the change of using psychomotor competencies during the course in place of a National Registry Practical for the psychomotor testing.

b) Bridge program for EMT Basic Advanced to Advanced EMT:

Recommend: the TAC develop a bridge program. Following Commission approval a subcommittee will start this project at the next TAC meeting.

Concern must be expressed about allowing waivers to be granted to any level of certification as this will generate the following issues.

- ✓ This will generate Major fragmentation among services.
- ✓ Generate testing difficulty and uniformity to be consistent among the different waivers that may be granted.

References for your review:

National EMS Scope of Practice Model

http://www.nasemsd.org/documents/FINALEMSSept2006_PMS314.pdf

<http://www.naemse.org>

<http://www.coaemsp.org>

<http://www.nremt.org>

<http://www.ems.gov>

Indiana EMS Commission requested list of “Advantages / Disadvantages” on recommended changes from the TAC:

- **Advantages of adopting the EMS Agenda**

- The increased in cost for EMT examination spread over the life of the average EMT would be \$12
- Indiana would be aligned with other states, which would make reciprocity easier
- Reciprocity easier for individual who practice in bordering states as well as Indiana
- Reduces liability for Indiana to have to defend Indiana created tests
- Eases certification by streamlining the certification process
- Allows maximum reimbursement
- Assures standard of care across the state
- Instructor and student materials available
- Patients will benefit from an increase in knowledge and skills
- Will raise the EMS profession by aligning us with other allied health professions
- Provides infrastructure support for curriculum development

- **Disadvantages of adopting the EMS Agenda**

- \$55 increased cost for EMT examination
- Indiana would have to create its own testing to include writing of questions, validating, and the process to defend in court.
- Maintaining our own testing increases liability.
- Individuals are limited when moving in and out of Indiana
- EMT-Basic Advanced would lose the ability to interpret 5 cardiac rhythms (still able to treat those 5 rhythms with an AED)

TAC Recommendations: (Continued)

Emergency Vehicle Operations Course (EVOC)

Recommendation: Within the first six (6) months of affiliation with an EMS provider organization, any person who may drive an EMS emergency vehicle must complete, or provide evidence of completion of, an emergency vehicle operations course. This EVOC curriculum must include the learning objectives provided in the most recent version of the National Highway Traffic Safety Administration's Emergency Vehicle Operator's Course (Ambulance) National Standard Curriculum.

<http://www.nhtsa.gov/people/injury/ems/95%20EVOC%20Instructor%20Guide.pdf>

Drug and Alcohol Testing in EMS Educational Programs

Recommendation: In the ninety (90) days prior to the first planned patient contact (via out-of-hospital EMS observation, field internship, or clinical rotation), the EMS educational program student must undergo drug and alcohol screening arranged by the EMS educational program. At a minimum, this screening must include assessment for the presence of common opiates, benzodiazepines, tetrahydrocannabinol (THC), cocaine, amphetamines, phencyclidine and ethanol or their common metabolites. Each EMS educational program will have in place a policy regarding drug and alcohol use and how the results of the drug and alcohol screening tests will be handled. A model for this can be found in the August 17, 2001 Federal Register Publication "Final Rule Controlled Substances and Alcohol Use and Testing."

<http://www.federalregister.gov/articles/2001/08/17/01-20426/controlled-substances-and-alcohol-use-and-testing>

Background Criminal History Verification in EMS Educational Programs

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

- Criminal History Investigation (seven years)
- Sexual Offender Registry / Predator Registry
- Social Security Number Verification
- Positive Identification National Locator with Previous Address
- Maiden/AKA Name Search
- Medicare / Medicaid Sanctioned, Excluded Individuals Report
- Office of Research Integrity (ORI) Search
- Office of Regulatory Affairs (ORA) Search
- FDA Debarment Check
- National Wants & Warrants Submission
- Investigative Application Review (by Licensed Investigator)
- Misconduct Registry Search
- Executive Order 13224 Terrorism Sanctions Regulations
- Search of Healthcare Employment Verification Network. (HEVN)

- National Healthcare Data Bank (NHDB) Sanction Report - which includes a *Sanction Check* search to verify applicant's name(s) against the following database:

- **Federal Agencies:**

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

- **State Agencies:**

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

Sources: <http://oig.hhs.gov/fraud/exclusions.asp>
<http://www.npdb-hipdb.hrsa.gov/>

- Each EMS educational program will have in place a policy regarding counseling students regarding their eligibility for certification on the basis of the results of the background criminal history. A model for the certification eligibility information can be found on the National Registry of EMT's website entitled "Felony Conviction Policy."

https://www.nremt.org/nremt/about/policy_felony.asp

TAC RECOMMENDATIONS FOR THE “24/7” RULE

The TAC recommends that the rule that requires paramedic provider organizations to “maintain an adequate number of trained personnel and emergency response vehicles to provide continuous, twenty-four (24) hour advanced life support services” (836 IAC 2-2-1, Sec. 1, (g)(1), be left in place. Any provider organization that wishes to vary from this rule should make this official request of the Indiana EMS Commission.

The subcommittee agreed that significant differences exist between providers in the state, specifically between rural and urban providers. These differences may require an entity to request variance from the rule in order to provide **any** ALS service to a given geographic area. In these cases, it is the recommendation of the TAC that the provider organizations that request any variance from the rule provide specific information to the EMS Commission:

1. Population of the geographic area in question.
2. Are there other ALS services providing care within this area?
3. Do BLS services within this area rely on ALS intercepts for paramedic response?
4. What are the typical response times for ALS response or intercept within this area?
5. Number of expected annual emergency responses within the geographic area to be served.

When the EMS Commission considers a waiver for a variance of the “24/7” rule, the provider organization should provide the volume of runs within the specific geographic area. The purpose of this is to dissuade services from “cherry picking” coverage when there is adequate overall volume, but off-peak volume falls. No specific guideline number was recommended, however the general consensus was a volume of 1,000 runs annually would be a good cut-off point for waiver approval.

The subcommittee felt strongly those areas of the state which have no ALS service be considered for a waiver of the rule in question, if requested. This decision was predicated on the fact that it is difficult for providers in some areas of the state to employ adequate staff to provide uninterrupted 24-hour service simply because there may not be enough trained personnel in those areas. In fact, this may be the reason for a lack in the current service.

During the discussion about the rule, a secondary issue emerged. This question centered on whether a provider organization was providing 24-hour uninterrupted service based on that provider’s staffing. It was determined that guidelines from the Department of Labor be utilized and that the “engaged to wait” standard be utilized to determine the provision of 24-hour coverage. Services who fail to meet this test should be required to apply for a waiver of the rule.

Sources:

<http://ecfr.gpoaccess.gov/cgi/t/text/textidx?sid=5d4d3755fdb0a374dd7d7abad9f796e&c=ecfr&tpl=%2Findex.tpl> Step 1: Go to title 29 – Labor

Step 2: Choose

3	V	500-899	Wage and Hour Division, Department of Labor
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Step 3: Choose part 785 Hours Worked

U.S. Department of Labor Fact Sheet #22 attached.

Fact Sheet #22: Hours Worked Under the Fair Labor Standards Act (FLSA)

This fact sheet provides general information concerning what constitutes compensable time under the [FLSA](#). The Act requires that employees must receive at least the [minimum wage](#) and may not be employed for more than 40 hours in a week without receiving at least one and one-half times their regular rates of pay for the [overtime](#) hours. The amount employees should receive cannot be determined without knowing the number of hours worked.

Definition of "Employ"

By statutory definition the term "employ" includes "to suffer or permit to work." The workweek ordinarily includes all time during which an employee is necessarily required to be on the employer's premises, on duty or at a prescribed work place. "Workday", in general, means the period between the time on any particular day when such employee commences his/her "principal activity" and the time on that day at which he/she ceases such principal activity or activities. The workday may therefore be longer than the employee's scheduled shift, hours, tour of duty, or production line time.

Application of Principles

Employees "Suffered or Permitted" to work: Work not requested but suffered or permitted to be performed is work time that must be paid for by the employer. For example, an employee may voluntarily continue to work at the end of the shift to finish an assigned task or to correct errors. The reason is immaterial. The hours are work time and are compensable.

Waiting Time: Whether waiting time is hours worked under the Act depends upon the particular circumstances. Generally, the facts may show that the employee was engaged to wait (which is work time) or the facts may show that the employee was waiting to be engaged (which is not work time). For example, a secretary who reads a book while waiting for dictation or a fireman who plays checkers while waiting for an alarm is working during such periods of inactivity. These employees have been "engaged to wait."

On-Call Time: An employee who is required to remain on call on the employer's premises is working while "on call." An employee who is required to remain on call at home, or who is allowed to leave a message where he/she can be reached, is not working (in most cases) while on call. Additional constraints on the employee's freedom could require this time to be compensated.

Rest and Meal Periods: Rest periods of short duration, usually 20 minutes or less, are common in industry (and promote the efficiency of the employee) and are customarily paid for as working time. These short periods must be counted as hours worked. Unauthorized extensions of authorized work breaks need not be counted as hours worked when the employer has expressly and unambiguously communicated to the employee that the authorized break may only last for a specific length of time, that any extension of the break is contrary to the employer's rules, and any extension of the break will be punished. Bona fide meal periods (typically 30 minutes or more) generally need not be compensated as work time. The employee must be completely relieved from duty for the purpose of eating regular meals. The employee is not relieved if he/she is required to perform any duties, whether active or inactive, while eating.

Sleeping Time and Certain Other Activities: An employee who is required to be on duty for less than 24 hours is working even though he/she is permitted to sleep or engage in other personal activities when not busy. An employee required to be on duty for 24 hours or more may agree with the employer to exclude from hours worked bona fide regularly scheduled sleeping periods of not more than 8 hours, provided adequate sleeping facilities are furnished by the employer and the employee can usually enjoy an uninterrupted night's sleep. No reduction is permitted unless at least 5 hours of sleep is taken.

Lectures, Meetings and Training Programs: Attendance at lectures, meetings, training programs and similar activities need not be counted as working time only if four criteria are met, namely: it is outside normal hours, it is voluntary, not job related, and no other work is concurrently performed.

Travel Time: The principles which apply in determining whether time spent in travel is compensable time depends upon the kind of travel involved.

Home to Work Travel: An employee who travels from home before the regular workday and returns to his/her home at the end of the workday is engaged in ordinary home to work travel, which is not work time.

Home to Work on a Special One Day Assignment in Another City: An employee who regularly works at a fixed location in one city is given a special one day assignment in another city and returns home the same day. The time spent in traveling to and returning from the other city is work time, except that the employer may deduct/not count that time the employee would normally spend commuting to the regular work site.

Travel That is All in a Day's Work: Time spent by an employee in travel as part of their principal activity, such as travel from job site to job site during the workday, is work time and must be counted as hours worked.

Travel Away from Home Community: Travel that keeps an employee away from home overnight is travel away from home. Travel away from home is clearly work time when it cuts across the employee's workday. The time is not only hours worked on regular working days during normal working hours but also during corresponding hours on nonworking days. As an enforcement policy the Division will not consider as work time that time spent in travel away from home outside of regular working hours as a passenger on an airplane, train, boat, bus, or automobile.

Typical Problems

Problems arise when employers fail to recognize and count certain hours worked as compensable hours. For example, an employee who remains at his/her desk while eating lunch and regularly answers the telephone and refers callers is working. This time must be counted and paid as compensable hours worked because the employee has not been completely relieved from duty.

Where to Obtain Additional Information

For additional information, visit our Wage and Hour Division Website: <http://www.wagehour.dol.gov> and/or call our toll-free information and helpline, available 8 a.m. to 5 p.m. in your time zone, 1-866-4USWAGE (1-866-487-9243). This publication is for general information and is not to be considered in the same light as official statements of position contained in the regulations.

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