# FINDING AND ORDER OF THE

# INDIANA DEPARTMENT OF HOMELAND SECURITY

TO: Brandon M. Kreisher

7925 Turkel Drive Fishers, IN 46038

Email: bmk2989@yahoo.com

PSID #: 6286-5222

ORDER NUMBER: W0036-2024

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 emergency medical technician certification held by or being issued to **Brandon M. Kreisher** (Applicant), PSID #: **6286-5222** 

Rule that this waiver is being requested for: 836 IAC 4-4-2

Specifics of the waiver request: Respondent is requesting to allow in-service to be collected and submitted beyond his expiration date of September 30, 2024

## I. FINDINGS

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	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.
X	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): Respondent has cited personal and employment related hardship that restricted his ability to timely submit his continuing education. He also has a plan of action to remedy the situation. The requested waiver is to allow in-service to be collected and reported after his September 30, 2024, expiration date. The completed in-service would be outside of the acquiring time frame of his expired EMT 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 4-4-2
b. The specific terms of the Waiver grant are:
☐ The terms are those listed above in the description with no additional terms.
This waiver will allow the applicant to collect and submit his full EMT continuing education hours
by December 31, 2024. His expiration date is moved temporarily to December 31, 2024. Once
renewed, his EMT certification would remain on cycle with an expiration date of September 30,
2026, and he cannot count the missing hours he is making up for his next cycle (e.g. hours collected
only count toward the 2024 expiration or the 2026 expiration but not both).

- c. The term of this Waiver is 90 days 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.

4.

# 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

If you desire a formal **administrative review** of this order by the **EMS Commission**, you must comply with the requirements of Indiana Code § 4-21.5-3-7 and file a written petition for review within fifteen (15) days of the date this order was served, however, this period is extended to eighteen (18) days if service is made by mail. Your petition for review must state facts demonstrating that you are: (1) a person to whom the order is specifically directed; (2) aggrieved or adversely affected by the order; or (3) entitled to review under any law. You may submit your petition by the following methods:

#### U.S. MAIL OR PERSONAL SERVICE

Indiana EMS Commission c/o Legal Counsel 302 W. Washington Street, Rm. E208 Indianapolis, IN 46204

#### ONLINE

By completing the form at https://www.in.gov/dhs/4148.htm

If you comply with the above requirements, your petition will be granted and will be assigned to an administrative law judge for review. If a petition for review is not timely filed, then this order will become final.

For additional information about the administrative review process, visit the following link <a href="https://www.in.gov/dhs/appeals.htm">https://www.in.gov/dhs/appeals.htm</a>.

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 the state EMS director at (317) 232-3983.

SO ORDERED.

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

oct 21.2024

# FINDING AND ORDER OF THE

#### INDIANA DEPARTMENT OF HOMELAND SECURITY

TO: Brent D. Thompson

1283 N Hartstrait Rd Bloomington, IN 47401

Email: bthompson@co.monroe.in.us

PSID #: 3097-3835

ORDER NUMBER: W0037-2024

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 emergency medical technician certification held by or being issued to **Brent D. Thompson** (Applicant), PSID #: 3097-3835

Rule that this waiver is being requested for: 836 IAC 4-4-2

Specifics of the waiver request: Respondent is requesting to allow in-service to be collected and submitted beyond his expiration date of September 30, 2024

### I. FINDINGS

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	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): The requested waiver application is to allow in-service to be collected and reported after his September 30, 2024, expiration date. The applicant noted reasonable hardship and a corrective plan to complete his education. The completed in-service would be outside of the acquiring time frame of his expired EMT certification.

## II. ORDER

Based u	pon 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 4-4-2
	b. The specific terms of the Waiver grant are:
	☐ The terms are those listed above in the description with no additional terms.
This	waiver will allow the applicant to submit his continuing education hours originally due on
Septe	ember 30, 2024, by December 31, 2024. Once submitted, the applicant would be renewed but
rema	in on his original certification cycle with his new expiration date of September 30, 2026. Note
that a	any hours obtained for the September 30, 2024, renewal may not also be used for the September
30, 2	2026 renewal.

- c. The term of this Waiver is 90 days 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 emscertifications@dhs.in.gov

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.

#### 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

If you desire a formal **administrative review** of this order by the **EMS Commission**, you must comply with the requirements of Indiana Code § 4-21.5-3-7 and file a written petition for review within fifteen (15) days of the date this order was served, however, this period is extended to eighteen (18) days if service is made by mail. Your petition for review must state facts demonstrating that you are: (1) a person to whom the order is specifically directed; (2) aggrieved or adversely affected by the order; or (3) entitled to review under any law. You may submit your petition by the following methods:

#### U.S. MAIL OR PERSONAL SERVICE

#### ONLINE

Indiana EMS Commission c/o Legal Counsel 302 W. Washington Street, Rm. E208 Indianapolis, IN 46204 By completing the form at https://www.in.gov/dhs/4148.htm

If you comply with the above requirements, your petition will be granted and will be assigned to an administrative law judge for review. If a petition for review is not timely filed, then this order will become final.

For additional information about the administrative review process, visit the following link <a href="https://www.in.gov/dhs/appeals.htm">https://www.in.gov/dhs/appeals.htm</a>.

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 the state EMS director at (317) 232-3983.

SO ORDERED.

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

10/21/2024

# FINDING AND ORDER OF THE

# INDIANA DEPARTMENT OF HOMELAND SECURITY

TO: Bryon K. Lucas

3310 Townsend Road Martinsville, IN 46151

Email: byronlucas1322@gmail.com

PSID #: 4798-0239

ORDER NUMBER: W0038-2024

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 emergency medical technician certification held by or being issued to **Byron K. Lucas** (Applicant), PSID #: 4798-0239

Rule that this waiver is being requested for: 836 IAC 4-4-2

Specifics of the waiver request: Respondent is requesting to allow in-service to be collected and submitted beyond his expiration date of September 30, 2024

### I. FINDINGS

	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.
X	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): The requested waiver is to allow in-service to be collected and reported after his September 30, 2024, expiration date. The application documents a medical reason among other factors for the inability to complete in a timely manner. The completed in-service would be outside of the acquiring time frame of his expired EMT certification.

### II. ORDER

ased 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 4-4-2
b. The specific terms of the Waiver grant are:
☐ The terms are those listed above in the description with no additional terms.
This waiver will allow the applicant additional time to complete the cycle that ended September 30
2024. The next expiration date would be March 31, 2024. However, the two-year cycle period once
renewed would remain until September 30, 2026, and Applicant may not sue hours counted for the
September 30, 2024, expiration in the renewal for September 30, 2026.

- c. The term of this Waiver is 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 emscertifications@dhs.in.gov

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

If you desire a formal **administrative review** of this order by the **EMS Commission**, you must comply with the requirements of Indiana Code § 4-21.5-3-7 and file a written petition for review within fifteen (15) days of the date this order was served, however, this period is extended to eighteen (18) days if service is made by mail. Your petition for review must state facts demonstrating that you are: (1) a person to whom the order is specifically directed; (2) aggrieved or adversely affected by the order; or (3) entitled to review under any law. You may submit your petition by the following methods:

#### U.S. MAIL OR PERSONAL SERVICE

Indiana EMS Commission c/o Legal Counsel 302 W. Washington Street, Rm. E208 Indianapolis, IN 46204

#### **ONLINE**

By completing the form at <a href="https://www.in.gov/dhs/4148.htm">https://www.in.gov/dhs/4148.htm</a>

If you comply with the above requirements, your petition will be granted and will be assigned to an administrative law judge for review. If a petition for review is not timely filed, then this order will become final.

For additional information about the administrative review process, visit the following link <a href="https://www.in.gov/dhs/appeals.htm">https://www.in.gov/dhs/appeals.htm</a>.

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 the state EMS director at (317) 232-3983.

SO ORDERED.

By: Kraig Kinney, State EMS Director Emergency Medical Services

Indiana Department of Homeland Security

10/22/2024 Date

# FINDINGS AND ORDER OF THE INDIANA DEPARTMENT OF HOMELAND SECURITY

TO: Christopher Bell

5736 Altar Bell Cir Greenwood, IN 46143

Email: christopher.bell99@gmail.com

PSID #: 8513-8426

ORDER NUMBER: W0033-2024

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 primary instructor certification held by or being issued to **Christopher Lane Bell (Applicant)**, **PSID #: 8513-8426** 

Rule that this waiver is being requested for: 836 IAC 4-5-2

Specifics of the waiver request: Applicant is requesting to have reciprocity be granted so he will not have to complete the State PI Course, (or NAMSE Level 1), or complete an internship. He has a Masters in Nursing Education and Educational Leadership and has taught nursing courses at the university level. He taught the EMT program for the Navy from 1995-1999. He currently teaches pre-nursing at Central Nine High School and holds an Indiana EMT certification.

# I. FINDINGS

$\boxtimes$	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 appears to have not taught any EMT classes since 1999. The scope of practice has changed greatly since then. Applicant currently holds an EMT certification in IN which was granted via reciprocity from Florida. His teaching background is in nursing and not in EMS which has a different scope of practice and equipment that is taught. It is recommended that the applicant completes a NAMSE Level 1 course, or a State Primary Instructor course. It is also recommended that he completes an internship to ensure that he is up to date on teaching the most current EMT guidelines.

# II. ORDER

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

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•	$\boxtimes$	Applicant's waiver request is DENIED.
•	□ restricti	Applicant's waiver request is GRANTED with the following stipulations and ions:
•	á	a. The specific terms of the Waiver grant are:
	I	b. The term of this Waiver is listed above.
sha	2. All s	submittals required by this Findings and Order, unless notified in writing otherwise, ent 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

If you desire a formal **administrative review** of this order by the **EMS Commission**, you must comply with the requirements of Indiana Code § 4-21.5-3-7 and file a written petition for review within fifteen (15) days of the date this order was served, however, this period is extended to eighteen (18) days if service is made by mail. Your petition for review must state facts demonstrating that you are: (1) a person to whom the order is specifically directed; (2) aggrieved or adversely affected by the order; or (3) entitled to review under any law. You may submit your petition by the following methods:

#### **U.S. MAIL OR PERSONAL SERVICE**

Indiana EMS Commission c/o Legal Counsel 302 W. Washington Street, Rm. E208 Indianapolis, IN 46204

#### ONLINE

By completing the form at <a href="https://www.in.gov/dhs/4148.htm">https://www.in.gov/dhs/4148.htm</a>

If you comply with the above requirements, your petition will be granted and will be assigned to an administrative law judge for review. If a petition for review is not timely filed, then this order will become final.

For additional information about the administrative review process, visit the following link https://www.in.gov/dhs/appeals.htm.

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 the state EMS director at (317) 232-3983.

oct 16,2024

SO ORDERED.

By: Kraig Kinney, State EMS Director

**Emergency Medical Services** 

Indiana Department of Homeland Security

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# FINDINGS AND ORDER OF THE INDIANA DEPARTMENT OF HOMELAND SECURITY

TO: Clifford Minier 3355 S. 950 E

3333 8. 730 E

LaGrange, IN 46761

Email: climinier110@gmail.com

PSID #: 3164-6166

ORDER NUMBER: W0041-2024

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 regarding the APPLICATION FOR WAIVER OF EMS RULES (836 IAC) for the EMT certification held by or being issued to Clifford Minier (Applicant), PSID #: 3164-6166.

Rule that this waiver is being requested for: 836 IAC 4-4-1

Specifics of the waiver request: Applicant is requesting additional time to complete the requirements to be eligible to obtain his initial EMT certification.

# I. FINDINGS

	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): The requested waiver is to allow more time to take and pass the EMT certification exam. His EMT class B57-01-21 ended on 3-14-22. He has already passed his psychomotor exam. The two-year window to obtain all requirements was 3-14-24. He was involved in a motorcycle accident back on 5-23-23 which resulted in serious injuries resulting in him being in a Halo Device and limited capacity until around January of 2024.

## 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:

This Waiver is applicable only to Rule 836 IAC 4-4-1. The specific terms of the Waiver granted are: This waiver allows the applicant an additional 6 months to take and pass the EMT exam and complete the requirements to gain his EMT certification. The 6-month time allowance will start upon the date that this waiver is emailed to the applicant. He is not eligible for NREMT certification, but he will be allowed to take the NREMT Proficiency Exam to try to gain Indiana certification only.

The specific terms of the Waiver grant are:

X	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.		
П	Other:	

The term of this Waiver is listed above.

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 certscourseapps@dhs.in.gov

1. 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

If you desire a formal administrative review of this order by the EMS Commission, you must comply with the requirements of Indiana Code § 4-21.5-3-7 and file a written petition for review within fifteen (15) days of the date this order was served, however, this period is extended to eighteen (18) days if service is made by mail. Your petition for review must state facts demonstrating that you are: (1) a person to whom the order is specifically directed; (2) aggrieved or adversely affected by the order; or (3) entitled to review under any law. You may submit your petition by the following methods:

U.S. MAIL OR PERSONAL SERVICE

**ONLINE** 

Indiana EMS Commission c/o Legal Counsel 302 W. Washington Street, Rm. E208 Indianapolis, IN 46204 By completing the form at https://www.in.gov/dhs/4148.htm

Oct 31.2024

Date

If you comply with the above requirements, your petition will be granted and will be assigned to an administrative law judge for review. If a petition for review is not timely filed, then this order will become final.

For additional information about the administrative review process, visit the following link <a href="https://www.in.gov/dhs/appeals.htm">https://www.in.gov/dhs/appeals.htm</a>.

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 the state EMS director at (317) 232-3983.

SO ORDERED.

By: Kraig Kinney, State EMS Director

**Emergency Medical Services** 

Indiana Department of Homeland Security

KK/rds



# FINDINGS AND ORDER OF THE INDIANA DEPARTMENT OF HOMELAND SECURITY

TO:

Michael Griffith Fountaintown Comm Vol FD 141 E Brookville Road Fountaintown, IN

Certification Number(s) #: 0188

ORDER NUMBER: W0040-2024

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 regarding the APPLICATION FOR WAIVER OF EMS RULES (836 IAC) for the paramedic provider organization certification held by or being issued to Fountaintown Comm Vol FD, Certification(s) #: 0188.

Rule that this waiver is being requested for: 836 IAC 2-2-1(g)

Specifics of the waiver request: 836 IAC 2-2-1(g) requires a paramedic provider organization to have 24/7 ALS staffing.

#### I. FINDINGS

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	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.	
$\boxtimes$	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):

Provider rules currently require an ALS provider organization to have 24/7 ALS coverage with a paramedic.

# 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 2-2-1 (g) 24 hour coverage at the paramedic level. Fountaintown Comm Vol Fire Department is a paramedic organization and will provide paramedic coverage from 7:00 to 19:00 and after hours when staffing is available. There are three other paramedic organizations that can respond when Fountaintown does not have a paramedic available. The fire department will be required to track when paramedic coverage is unavailable via the waiver tool required by the Commission.
  - 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:
  - a. The term of this Waiver is Two (2) years 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

If you desire a formal **administrative review** of this order by the **EMS Commission**, you must comply with the requirements of Indiana Code § 4-21.5-3-7 and file a written petition for review within fifteen (15) days of the date this order was served, however, this period is extended to eighteen (18) days if service is made by mail. Your petition for review must state facts demonstrating that you are: (1) a person to whom the order is specifically directed; (2) aggrieved or adversely affected by the order; or (3) entitled to review under any law. You may submit your petition by the following methods:

#### U.S. MAIL OR PERSONAL SERVICE

Indiana EMS Commission c/o Legal Counsel 302 W. Washington Street, Rm. E208 Indianapolis, IN 46204

#### **ONLINE**

By completing the form at <a href="https://www.in.gov/dhs/4148.htm">https://www.in.gov/dhs/4148.htm</a>

If you comply with the above requirements, your petition will be granted and will be assigned to an administrative law judge for review. If a petition for review is not timely filed, then this order will become final.

For additional information about the administrative review process, visit the following link https://www.in.gov/dhs/appeals.htm.

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 the state EMS director at (317) 232-3983.

SO ORDERED.

By: Kraig Kinney, State EMS Director

**Emergency Medical Services** 

Indiana Department of Homeland Security

KK/rds



# FINDINGS AND ORDER OF THE INDIANA DEPARTMENT OF HOMELAND SECURITY

TO:

Kristy Hirt IU Health LifeLine 109 Gasoline Alley Indianapolis, IN 46222

Certification Number(s) #: 0032

ORDER NUMBER: W0039-2024

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 regarding the APPLICATION FOR WAIVER OF EMS RULES (836 IAC) for the paramedic provider organization certification held by or being issued to IU Health LifeLine, Certification(s) #: 0032.

Rule that this waiver is being requested for: 836 IAC 2-2-1(h)

Specifics of the waiver request: 836 IAC 2-2-1(h) requires a paramedic in the patient compartment during a transport where ALS skills have been initiated.

# FINDINGS

	Section 1 to 10 Management (1 to 10
	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):

Provider rules currently require a paramedic in the patient compartment during transport. IU Health LifeLine is requesting a waiver of this rule for alternate staffing.

# 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 2-2-1 (h) paramedic in patient compartment. IU Health LifeLine provides adult and pediatric critical care transports. This waiver allows during a critical care transport, the patient compartment can be staffed with an any two combination of an RN, RT Advanced Practical Providers. The vehicle operator is an EMS certified provider at the EMT or Paramedic level.
  - b. The specific terms of the Waiver grant are:

$\boxtimes$	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:

- a. The term of this Waiver is Two (2) years 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

If you desire a formal **administrative review** of this order by the **EMS Commission**, you must comply with the requirements of Indiana Code § 4-21.5-3-7 and file a written petition for review within fifteen (15) days of the date this order was served, however, this period is extended to eighteen (18) days if service is made by mail. Your petition for review must state facts demonstrating that you are: (1) a person to whom the order is specifically directed; (2) aggrieved or adversely affected by the order; or (3) entitled to review under any law. You may submit your petition by the following methods:

#### U.S. MAIL OR PERSONAL SERVICE

Indiana EMS Commission c/o Legal Counsel 302 W. Washington Street, Rm. E208 Indianapolis, IN 46204

#### ONLINE

By completing the form at <a href="https://www.in.gov/dhs/4148.htm">https://www.in.gov/dhs/4148.htm</a>

If you comply with the above requirements, your petition will be granted and will be assigned to an administrative law judge for review. If a petition for review is not timely filed, then this order will become final.

For additional information about the administrative review process, visit the following link <a href="https://www.in.gov/dhs/appeals.htm">https://www.in.gov/dhs/appeals.htm</a>.

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 the state EMS director at (317) 232-3983.

Oct 28, WY

SO ORDERED.

By: Kraig Kinney, State EMS Director

**Emergency Medical Services** 

Indiana Department of Homeland Security

KK/rds



# FINDINGS AND ORDER OF THE INDIANA DEPARTMENT OF HOMELAND SECURITY

TO: Jennifer Popp

5192 Flowermound Dr West Lafayette, IN 47906 Email: popp12@purdue.edu

PSID #: 0750-5258

ORDER NUMBER: W0032-2024

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 primary instructor certification held by or being issued to **Jennifer Popp (Applicant)**, **PSID #: 0750-5258** 

Rule that this waiver is being requested for: 836 IAC 4-5-2

Specifics of the waiver request: Applicant is requesting to waive the requirements of needing to take the State Primary Instructor Course (or NAEMSE Level 1) and to also waive the need for an internship. This is based upon her 25 + years as an athletic trainer and being an EMT. She states many of the skills are the same and that she has 14 years of clinic work as an athletic trainer. She also states that it would be challenging to acquire a second job with an EMS agency to fulfill the PI requirements.

### I. FINDINGS

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.

<ul> <li>Applicant has demonstrated that         <ul> <li>(1) compliance with the rule will impose an undue hardship on the Applicant; and</li> </ul> </li> <li>(2) either:         <ul> <li>(A) noncompliance with the rule; or</li> <li>(B) compliance with an alternative requirement approved by the Department of Homeland Security;</li> <li>will not jeopardize the quality of patient care.</li> </ul> </li> </ul>		
Notes (if any): Although the applicant has a lot of clinical experience as an athletic trainer, the scope of practice for an EMT is still quite different (airway/OB, etc). The State Primary Instructor Course (or the NAEMSE Level 1) is a class about teaching methodologies and is imperative for a primary instructor to learn in order to teach the course material. This is different than being a subject matter expert. She would still need to be affiliated with an Indiana EMS Training Institution to be certified as a PI. An internship would be important to verify knowledge of the EMT course material and teaching techniques required by the State of IN.		
II. ORDER		
Based upon the Findings set forth above, the Department Orders the following:		
<ul> <li>Applicant's waiver request is DENIED. She will need to attend a PI course, or a NAEMSE Level 1 course, complete the PI exam, complete the internship and become affiliated with an Indiana EMS Training Institute.</li> </ul>		
<ul> <li>Applicant's waiver request is GRANTED with the following stipulations and restrictions:</li> </ul>		
a. The specific terms of the Waiver grant are:  □ □ □ □ □ Other:		
b. The term of this Waiver is listed above.		
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

If you desire a formal **administrative review** of this order by the **EMS Commission**, you must comply with the requirements of Indiana Code § 4-21.5-3-7 and file a written petition for review within fifteen (15) days of the date this order was served, however, this period is extended to eighteen (18) days if service is made by mail. Your petition for review must state facts demonstrating that you are: (1) a person to whom the order is specifically directed; (2) aggrieved or adversely affected by the order; or (3) entitled to review under any law. You may submit your petition by the following methods:

#### U.S. MAIL OR PERSONAL SERVICE

Indiana EMS Commission c/o Legal Counsel 302 W. Washington Street, Rm. E208 Indianapolis, IN 46204

#### **ONLINE**

By completing the form at https://www.in.gov/dhs/4148.htm

If you comply with the above requirements, your petition will be granted and will be assigned to an administrative law judge for review. If a petition for review is not timely filed, then this order will become final.

For additional information about the administrative review process, visit the following link <a href="https://www.in.gov/dhs/appeals.htm">https://www.in.gov/dhs/appeals.htm</a>.

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 the state EMS director at (317) 232-3983.

Oct 16,2024

SO ORDERED,

By: Kraig Kinney, State EMS Director

**Emergency Medical Services** 

Indiana Department of Homeland Security

KK/kl



# FINDINGS AND ORDER OF THE INDIANA DEPARTMENT OF HOMELAND SECURITY

TO:

Shane Hardwick Keeping PACE 6731 Chapel Crossing Zionsville, IN 46077

Certification Number(s) #: 1325

ORDER NUMBER: W0042-2024

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 regarding the APPLICATION FOR WAIVER OF EMS RULES (836 IAC) for the paramedic provider organization certification held by or being issued to Keeping PACE, Certification(s) #: 1325.

Rule that this waiver is being requested for: 836 IAC 1-1-5, 2-2-1 (d), 2-2-1 (g)

Specifics of the waiver request: 836 IAC 1-1-5 required an organization to submit data, 2-2-1 (d) requires a paramedic provider organizations to have a contract or agreement with a certified supervising hospital and 2-2-1 (g) required a paramedic organization to provide service 24/7.

#### I. FINDINGS

· · · · · · · · · · · · · · · · · · ·
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):

EMS provider organization rules currently are written around ambulance providers so there are no specific rules for EMS organizations that want to conduct mobile integrated healthcare activity without operating an ambulance so a waiver from the rules is appropriate for these organizations.

# 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 1-1-5 waives Keeping PACE to submit required data elements to the state. The EMS Commission does not have a clear data set for mobile integrated health organizations therefore wavier the submission requirement until this data set is created. 836 IAC 2-2-1(d) waives the requirement for Keeping PACE to have a contract with a certified supervising hospital. Keeping PACE has demonstrated that they can perform the functions of a supervising hospital internally and retaining a supervising hospital would be an expense that outweighs any benefit of such an agreement. Keeping PACE has demonstrated that it can internally perform the following services traditionally performed by a supervising hospital:(1) Continuing education. (2) Audit and review.(3) Medical control and direction.(4) Adequate facilities and equipment for paramedics to obtain continuing practice, remediation, and continuing education in their clinical skills. 836 IAC 2-2-1 (g) waives Keeping PACE from providing 24/7 ALS coverage. Keeping PACE is a mobile integration health services that will be providing care when needed.
  - b. The specific terms of the Waiver grant are:

$\times$	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:

- a. The term of this Waiver is Two (2) years 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

If you desire a formal **administrative review** of this order by the **EMS Commission**, you must comply with the requirements of Indiana Code § 4-21.5-3-7 and file a written petition for review within fifteen (15) days of the date this order was served, however, this period is extended to eighteen (18) days if service is made by mail. Your petition for review must state facts demonstrating that you are: (1) a person to whom the order is specifically directed; (2) aggrieved or adversely affected by the order; or (3) entitled to review under any law. You may submit your petition by the following methods:

#### U.S. MAIL OR PERSONAL SERVICE

Indiana EMS Commission c/o Legal Counsel 302 W. Washington Street, Rm. E208 Indianapolis, IN 46204

#### ONLINE

By completing the form at https://www.in.gov/dhs/4148.htm If you comply with the above requirements, your petition will be granted and will be assigned to an administrative law judge for review. If a petition for review is not timely filed, then this order will become final.

For additional information about the administrative review process, visit the following link https://www.in.gov/dhs/appeals.htm.

Nw.4. 7024 Date

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 the state EMS director at (317) 232-3983.

SO ORDERED.

By: Kraig Kinney, State EMS Director

**Emergency Medical Services** 

Indiana Department of Homeland Security

KK/rds



# FINDINGS AND ORDER OF THE INDIANA DEPARTMENT OF HOMELAND SECURITY

TO:

Brandon DeLorenzo Pulaski County EMS 606 W Summit Street Winamac, IN 46996

Certification Number(s) #: 1113

ORDER NUMBER: W0035-2024

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 regarding the APPLICATION FOR WAIVER OF EMS RULES (836 IAC) for the paramedic provider organization certification held by or being issued to Pulaski County EMS, Certification(s) #: 1113.

Rule that this waiver is being requested for: 836 IAC 2-2-1(h)

Specifics of the waiver request: 836 IAC 2-2-1(h) requires a paramedic provider organizations to have an EMT with a paramedic when the paramedic is in the patient compartment during transport.

# I. FINDINGS

	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.
$\boxtimes$	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):

Provider rules currently require staffing to be a paramedic and an EMT when transporting an ALS patient with the paramedic in the patient compartment.

### 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 requires ALS staffing during an ALS transport to be an EMT and paramedic. This waiver will also Pulaski County EMS to utilize and EMR during an ALS transport. They are struggling to keep enough staff that hold EMT certification and will be utilizing an EMR from local fire departments that they respond with.
  - 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:
  - a. The term of this Waiver is Two (2) years 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

If you desire a formal **administrative review** of this order by the **EMS Commission**, you must comply with the requirements of Indiana Code § 4-21.5-3-7 and file a written petition for review within fifteen (15) days of the date this order was served, however, this period is extended to eighteen (18) days if service is made by mail. Your petition for review must state facts demonstrating that you are: (1) a person to whom the order is specifically directed; (2) aggrieved or adversely affected by the order; or (3) entitled to review under any law. You may submit your petition by the following methods:

## U.S. MAIL OR PERSONAL SERVICE

Indiana EMS Commission c/o Legal Counsel 302 W. Washington Street, Rm. E208 Indianapolis, IN 46204

#### **ONLINE**

By completing the form at <a href="https://www.in.gov/dhs/4148.htm">https://www.in.gov/dhs/4148.htm</a>

If you comply with the above requirements, your petition will be granted and will be assigned to an administrative law judge for review. If a petition for review is not timely filed, then this order will become final.

For additional information about the administrative review process, visit the following link https://www.in.gov/dhs/appeals.htm.

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 the state EMS director at (317) 232-3983.

Date Oct 16,1224

SO ORDERED.

By: Kraig Kinney, State EMS Director

**Emergency Medical Services** 

Indiana Department of Homeland Security

KK/rds



# FINDINGS AND ORDER OF THE INDIANA DEPARTMENT OF HOMELAND SECURITY

TO:

Dwayne Wiggans
Winchester Fire Department
113 East Washington Street
Winchester IN 47394

Certification Number(s) #: 0669

ORDER NUMBER: W0034-2024

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 regarding the APPLICATION FOR WAIVER OF EMS RULES (836 IAC) for the paramedic provider organization certification held by or being issued to Winchester Fire Department, Certification(s) #: 0669.

Rule that this waiver is being requested for: 836 IAC 2-2-1(g)

Specifics of the waiver request: 836 IAC 2-2-1(g) requires a paramedic provider organizations to provide 24 hour ALS coverage. This waiver allows Winchester Fire Department to respond at the paramedic level when available as they work toward increasing their personnel for twenty-four (24) hour coverage.

# I. FINDINGS

	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.
$\boxtimes$	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 anv):

Provider rules currently require 24/7 ALS response. Winchester FD is working to hire more paramedics to cover this requirement. Winchester FD does currently have two employees enrolled in a paramedic class that started September 2024.

# ORDER

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

- $\times$ Applicant's waiver request is DENIED.
- $\boxtimes$ Applicant's waiver request is GRANTED with the following stipulations and restrictions:
  - a. This Waiver is applicable only to Rule ) 24 hour coverage at the paramedic level. Winchester Fire Department is required to maintain the wavier tool required by the Commission. The provider is to track periods of time where paramedic coverage is not available. The city is working on increasing paramedics and currently have two personnel enrolled in a paramedic class.
  - 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:
  - a. The term of this Waiver is Two (2) years 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

If you desire a formal **administrative review** of this order by the **EMS Commission**, you must comply with the requirements of Indiana Code § 4-21.5-3-7 and file a written petition for review within fifteen (15) days of the date this order was served, however, this period is extended to eighteen (18) days if service is made by mail. Your petition for review must state facts demonstrating that you are: (1) a person to whom the order is specifically directed; (2) aggrieved or adversely affected by the order; or (3) entitled to review under any law. You may submit your petition by the following methods:

### U.S. MAIL OR PERSONAL SERVICE

Indiana EMS Commission c/o Legal Counsel 302 W. Washington Street, Rm. E208 Indianapolis, IN 46204

#### **ONLINE**

By completing the form at <a href="https://www.in.gov/dhs/4148.htm">https://www.in.gov/dhs/4148.htm</a>

If you comply with the above requirements, your petition will be granted and will be assigned to an administrative law judge for review. If a petition for review is not timely filed, then this order will become final.

For additional information about the administrative review process, visit the following link <a href="https://www.in.gov/dhs/appeals.htm">https://www.in.gov/dhs/appeals.htm</a>.

Date Oct 11, 1024

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 the state EMS director at (317) 232-3983.

SO ORDERED.

By: Kraig Kinney, State EMS Director

**Emergency Medical Services** 

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Indiana Department of Homeland Security

KK/rds