



February 24, 2022

To: EMS Personnel, EMS Primary Instructors, and Training institutions

From: Kraig Kinney, State EMS Director

Re: Changes to EMS Education

The Indiana EMS Commission approved three non-rule policies (NRP) upon the recommendation of the Education Oversight Committee at the Jan. 21, 2022 meeting. IDHS is providing you with a short explanation of these policies and a discussion of the questions that have arisen since the NRPs were approved and how they will be enforced. All of the NRPs listed below were published and effective as of Feb. 16, 2022, and will be applicable and required for all EMS courses beginning after April 1, 2022.

A. 2022-1-EMSC: EMS Education – Clinical Education Requirements for EMT Courses

<http://iac.iga.in.gov/iac/20220216-IR-836220031NRA.xml.html>

1. This NRP modifies the current eight (8) ambulance clinical hours and eight (8) hospital clinical hours into 24 hours of total clinical education experience with at least 12 hours being ambulance clinical experience.
2. There is no requirement for hospital clinical education experience. While this may be beneficial in some areas and is encouraged in those areas of the state, it is no longer mandatory.
3. The training institution should select the clinical education experience that best fits its community and resources. This could be accomplished with a full 24 hours of ambulance clinical experience or with 12 hours ambulance clinical experience coupled with other clinical education experience, such as hospital or clinic, so long as the total clinical education is 24 hours.
4. Ten (10) patient contacts are required to be documented.

B. 2022-2-EMSC: EMS Education – Cognitive Summative Examinations

<http://iac.iga.in.gov/iac/20220216-IR-836220032NRA.xml.html>

1. A comprehensive exam of all EMT course curriculum must be administered, and the minimum pass rate must be 75% for successful course completion (training institutions may set a higher pass rate if they choose).
2. The training institution selects the examination and verifies administration. The number and format of questions is up to the training institution but must be a

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reasonable number of questions to be a summative assessment (i.e. it is not likely that 50 questions or less would be acceptable).

3. The training institutions should attempt to use a format that is not only comprehensive for course material but also is appropriate preparation for the National Registry of Emergency Medical Technicians certification examination. If an online testing platform such as FISDAP or Platinum are offered to meet this requirement, the training institution does not have to produce the actual examination but evidence should be produced of creditable examination and the test results for the person.
 4. Note that the requirement is to pass with a 75% grade of the summative end of course examination. The training institution may determine if it allows multiple summative examination attempts and under what conditions, if any. An acceptable policy would include multiple attempts, such as two attempts before remediation then a final attempt. The training institution does not have to limit the number of attempts but that is not likely in the student's best interests long-term. An example of an unacceptable policy would be taking someone who has a 70% on the summative examination and discussing why they missed the questions they did and then re-mark their examination as a 75% or other grade. The 75% pass rate must be the student's score on an attempt of the summative examination.
 5. Some programs calculate the course final as a portion of the overall pass requirement. This policy does not prohibit that practice. However, the summative examination has a requirement of a 75% pass rate for the class. If a student has 70% of the summative examination and course final is 25% of the course grade and that puts the student at a 75% for the course, the student would pass the in-course grade average requirement for that training institution but would not pass the independent summative examination score of 75%.
 6. Students who have not achieved the minimal summative examination pass rate set by the training institution (at least 75%) are not eligible for certification testing.
- C. 2022-3-EMSC: EMS Education – Advanced Cardiac Life Support (ACLS) Requirement for Paramedics

<http://iac.iga.in.gov/iac//20220216-IR-836220033NRA.xml.html>

1. The America Heart Association (AHA) Resuscitation Quality Improvement (RQI) program is acceptable evidence of ACLS for paramedic providers. The AHA RQI program permits cards to be printed with Basic Life Support (BLS) and ALS. These cards may be recognized for the requirements of a CPR card and an ACLS card for the EMS professional.
2. The AHA RQI program may count as BLS skills hours in appropriate areas such as CPR.
3. The AHA RQI program may not count as Advance Life Support (ALS) skills hours, since those skills must be monitored by medical director-approved staff and are not appropriately measured by the RQI process.

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4. Any educational didactic continuing education hours need the approval of the provider organization and medical director and should be for time spent in the RQI program. For instance, if an individual spends three (3) hours and 30 minutes in RQI programs and is allowed to count the time as didactic hours through their system, the individual may count 3.5 hours as cardiac arrest management or split hours with a category such as airway management. But participation in the RQI program and the RQI card does not equate to a full course of CPR (the equivalent of four hours spent in a live class) nor ACLS (the equivalent of eight or 16 hours in a live class).

The EMS section is also updating and introducing new webforms that will change a few EMS education submissions. Below are the webforms with descriptions.

D. New EMS Education & Training webforms

1. *How to find the webforms:* webforms are linked to Acadis and automatically transfer information needed to track courses.
 - i. To find a webform:
 1. Log in to Acadis
 2. Hover over the “Academy Resources” tab
 3. Click “Find and Complete a Webform”
2. **EMS Course Application**
 - i. This form is used for state EMS Certification course requests.
 - ii. *Available now. Required for all courses submitted after April 1, 2022.*
3. **EMT Practical Exam Request**
 - i. This form is used to request an EMT practical examination, so a state representative can be assigned.
 - ii. *Available now. Required for all courses submitted after April 1, 2022.*
4. **EMS Practical Skills Exam Report**
 - i. This form is used to report a Practical Skills Exam for EMR and EMT courses.
 - ii. Instructors use this form to upload EMR practical results and state representatives use this form to upload EMT practical results.
 - iii. This system removes the challenges of submitting multiple emails due to data constraints. Files may be uploaded into the report.
 - iv. *Available now. Required for all courses submitted after April 1, 2022.*
5. **Request for Psychomotor/Practical Exam results for National Registry**
 - i. This form is for students to request their psychomotor/practical exam results be sent to National Registry.
 - ii. Note that normally results are sent to NREMT when practical results are submitted to IDHS, but the student must have a NREMT account set up for this occur automatically.
6. **EMS Report of Training**
 - i. This form will be used to report course completion for an EMS certification course.

ii. *IN DEVELOPMENT – HOLDING FOR SIGNATURE FEATURE FOR TRAINING INSTITUTION AND MEDICAL DIRECTOR VERFICATION.*

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