Loyola EMS System ♦ EMT-Paramedic ♦ System Entry Requirements

Thank you for your interest in the Loyola Emergency Medical Services System. Prior to functioning as a licensed EMT-P in the Loyola System, the following documentation is required for your provider file:

_____ Letter of Good Standing from your current primary system

_____ Photocopy of Current Illinois EMT-Paramedic License

_____ Photocopy of Current Illinois Drivers License

_____ Photocopy of Current ***Healthcare Provider*** CPR Card

_____ Completed *Personnel Data* Form *

_____ Completed *Background Check Verification* Form * signed by EMS Chief or Coordinator

_____ System Entry Application Fee of $30.00
(cash, credit card, cashier's check or money order payable to Loyola EMS – personal checks are not accepted)

System Entry testing is offered in our EMS office several times a month. You must schedule an appointment to take the exam. **Failure to notify our office that you are unable to keep your appointment will be recorded as a system entry failure.**

The following *System Entry Study Guide* should be utilized to help you prepare for the written exam. It is recommended that you print the guide and refer to it as you read through the "*Loyola System Specific Policies*" and the "*Standard Operating Procedures*" on line+. It is important that you become familiar with these topics as the majority of the exam concerns issues that are specific to the Loyola EMS System. The balance of the exam covers *US DOT Standard Curriculum* topics you should have learned in your EMT-Paramedic course.

Should your first attempt at system entry be unsuccessful, you may schedule one retest. **A second fee of $30.00 will be required**. A second unsuccessful system entry testing session will result in a mandatory waiting period of six months before a third test may be scheduled.

Please call the EMS office at **708-327-2547** to schedule an appointment or if you have any questions or concerns.

** forms may be downloaded from "System Documents" on the* **www.loyolaems.com** *website*

Loyola EMS System ♦ EMT-Paramedic ♦ System Entry Study Guide

The EMT-Paramedic system entry written exam consists of 100 questions based on the:

US DOT Standard Curriculum for the EMT-Paramedic
2010 Region VIII SOPs
Loyola System Specific Policies

After successfully completing the written exam with a score of 80% or better, applicants will undergo an oral, scenario-based exam that will test their knowledge on the types of medications, correct usage and dosage used in the Loyola System

Standard Curriculum

12 Cranial Nerve
12 Lead EKG
Asthma
Beta and Alpha drug effects
Burns / Rule of Nines
Cardiac electrical system
Cardiac Output
CQI / QI
Detailed/Focused Assessment
Documentation
*Refusals
*DNR
*DOA
Glascow Coma Scale
Heart Failure / Pulmonary Edema
Hemo / Pneumothorax
Legal guardian acceptance
Lifting and Moving
Mandated reporting (abuse/neglect)
Mental Status determination
Methods to secure an airway
Oxygen delivery methods
Pediatric age groups (milestones)
Rapid Trauma Assessment
Responsibility of the
*SOP/SMO
*US DOT curriculum
S/S of spinal cord injuries
Shock types and classification
*cardiogenic
*anaphylaxis
*compensation
*decompensation
Stroke Volume
Suction (oral / trach)
Supraventricular Tachycarda
Tidal Volume
Transcutaneous Pacing
Triage / Jump Start
Ventilation vs. Respirations
Vital Signs-Correct Ranges and Ages

Standard Operating Procedures (SOPs)

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Topic	Page
Outline for Radio Report	1
Adult Initial Medical Care	4-5
Initiation of ALS Care	6
Withholding/Withdrawing Resuscitative Efforts	8-10
Living Wills / Surrogates	
DNR Orders / Withholding Treatment	
Adult Suspected Cardiac Patient w/ Chest Pain	11
Adult Bradydysrhythmias	12
Adult Supraventricular Tachycardia	13
Induction of Hypothermia for ROSC	17
Adult Cardiogenic Shock	19
Adult Drug Assisted Intubation – Etomidate	21
Adult Drug Assisted Intubation – Versed	22
Adult Acute Asthma / COPD	24
Adult Allergic Reaction / Anaphylaxis	26
Adult Diabetic / Glucose Emergencies	27
Adult Syncope / Near Syncope	28
Adult Seizures / Status Epilepticus	29
Adult Stroke	30
Adult Acute Abdominal Pain	31
Adult Toxicologic Emergencies	32-33
Adult Cold Emergencies	40
Field Trauma Guidelines	42-44
Specialty Transport	49
Adult Ophthalmic Emergencies	58
Adult Burn Injuries	59
EMD (Taser) Weapons Injuries	60
Delivery Complications - Prolapsed Cord	72
Pediatric Bradydysrhythmias	74
Pediatric Tachycardia	75
Pediatric Allergic Reaction / Anaphylaxis	85
Pediatric Altered Mental Status	86
Pediatric Seizures / Status Epilepticus	87
Pediatric Shock	88

Loyola System Specific Policies

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Policy	Number
Implementation of Standard Operating Procedures	100.9
Treatment of Minors	200.9
Consent / Refusal of Treatment	200.10
Release of Uninjured Students from School Bus Scenes	200.10a
Physician/Nurse on the Scene	2000.11
Do Not Resuscitate (DNR) Order	200.14
Victims of Abuse	200.18
Run Reports	200.19
Medication Exchange	300.3
Prehospital Provider Relicensure Requirements	400.7
Provider Continuing Education Requirement / Modular Exams	400.10
Personal Record Request	500.5
Exposure Notification Plan	700.2
System Participation Suspension	900.1

Loyola Emergency Medical Services System

EMS Personnel Data Form

Submit form with a copy of: ☐ *EMT License* ☐ *Illinois Drivers License* ☐ *CPR Card*

Update: ☐ *Name* ☐ *Address* ☐ *Employer*

Date of Request _____

Mailing Address: *2160 South First Avenue, Building 110 LL*
Maywood, IL 60153

Phone Number: *708.327.2547*
Fax Number: *708.327.2548*

Personal Information

Loyola System Number	*IDPH License Number*		*Expiration Date*
Social Security Number	*Driver's License Number*		*Expiration Date*
Name			*Date of Birth*
Address			
City	*State*	*Zip*	*County*
Home Phone	*Pager/Cell Phone*		*E-Mail*
Loyola System Employer			

Personal Background

Have you ever had any disciplinary action taken against you, or have you ever been suspended in ANY EMS system that you have worked in?	*Yes*	*No*
Have you ever had your license or certification suspended, removed or revoked?	*Yes*	*No*
Have you ever been convicted of a Disqualifying Office as listed in IDPH Administrative Code 955.160 http://www.idph.state.il.us?	*Yes*	*No*
Have you ever functioned as and EMT-P or EMT-B in another state? If yes, what state(s)?	*Yes*	*No*
If you answered YES to any of the above questions, please explain below, giving dates, details and dispositions.		

System Status

My primary system will be:

My secondary system will be:

LEMSS Office use only:

☐ *SE Letter mailed* ☐ *File updated* *Date* _____ *Initials* _____ *SF* _____ *BF* _____

EMS Personnel Data Form

Loyola Emergency Medical Services System

EMS Personnel Data Form

EMS Education Information

EMS School					
City/State			*Graduation Date (month/year)*		
Level of Training	☐ *EMT-B* ☐ *First Responder*		☐ *EMT-P* ☐ *Emergency Medical Dispatcher*		
Paramedic Bridge Date:	☐ *Yes* ☐ *No*	*Lead Instructor*	☐ *Yes* ☐ *No*	*National Registry*	☐ *Yes* ☐ *No*

EMS Personnel Responsibilities

- *I agree to abide by the Loyola EMS System Policies and Procedures and the current Loyola EMS System Standard Operating Procedures (SOPs) while functioning as a member of the Loyola EMS System.*
- *I understand that I must notify the Loyola EMS System of any changes in name, address, employer or licensing/certification within ten (10) days, as stated in the Loyola EMS System Policies and Procedures Manual.*
- *When Loyola EMS is designated as my Primary Resource Hospital, I understand that I will be responsible for meeting all continuing education requirements as required by the IDPH Emergency Medical Services Act. I will submit documentation of continuing education done outside the Loyola System to be added to my CE record.*
- *When Loyola EMS is designated as my secondary system, I understand that I will be responsible for passing the monthly tests and attending any mandatory training required by the Loyola EMS System.*
- *I understand that falsification, misrepresentation, or omission of information on this application is grounds for denial into or removal from the Loyola EMS System.*

Signature _____ *Date* _____

Release of Information

I authorize Loyola EMS to release information regarding my test scores, CE records, licensure, and system status to my LEMSS employer.

Signature _____ *Date* _____

LOYOLA UNIVERSITY MEDICAL CENTER » EMS SYSTEM

CRIMINAL BACKGROUND CHECK VERIFICATION

Final acceptance into the Loyola University Medical Center (LUMC) EMS System is contingent upon a completed criminal background check.

Last Name (please print): _____

First Name: _____ Middle Intital _____

Maiden Name: _____

Date of Birth: _____

Social Security Number: _____

TO BE COMPLETED BY AUTHORIZING AGENT FOR MUNICIPALITY OR PRIVATE AMBULANCE AGENCY

Signature of authorizing agent verifies that the above individual has undergone a criminal background check and has no conviction of a Disqualifying Offense as listed in IDPH Administrative Code 955.160 http://www.idph.state.il.us

Print name: _____ Title: _____

Department: _____ Signature: _____

Date: _____