



Loyola EMS System ♦ EMT-Basic ♦ System Entry Requirements

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

- _____ Photocopy of Current Illinois EMT-Basic 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-Basic 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-Basic ♦ System Entry Study Guide

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

**US DOT Standard Curriculum for the EMT-Basic
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/practical skills exam that will test their knowledge of:

**Oxygen delivery methods
Airway adjuncts and suctioning
C-spine / Immobilization**

Standard Curriculum

Questions on the US DOT Standard Curriculum portion of the exam relate to topics that should have been covered in EMT school. A recommended study reference is Brady's Emergency Care 10th ed. or Prehospital Emergency Care 8th ed.

AED
Airway assessment
Asthma
Childbirth complications
Continuing medical education requirements
CQI
Detailed/focused assessment
Developmental milestones of children
Documentation
 DNR
 DOA
 Refusals
Glasgow Coma Scale
Head injuries
Heart failure
Infection control
Lifting and moving
Methods to secure an airway
MVC – child restraints
Oxygen delivery methods
Scene safety
Scope of practice
Shock
Suction
Trauma
Ventilation vs. respirations
Vital signs – correct ranges and ages
Wellbeing of the EMT

Loyola EMS System ♦ EMT-Basic ♦ System Entry Study Guide (continued)

Standard Operating Procedures (SOPs) located on www.loyolaems.com

<u>Topic</u>	<u>Page</u>
Outline for Radio Report	1
Adult General Patient Assessment	2
Withholding/Withdrawing Resuscitative Efforts	8-10
Living Wills / Surrogates	
DNR Orders / Withholding Treatment	
Adult Suspected Cardiac Patient w/ Chest Pain	11
Adult Acute Asthma / COPD	24
Adult Diabetic / Glucose Emergencies	27
Adult Stroke	30
Adult Toxicologic Emergencies	32-33
Adult Nerve Gas Auto Injector Guidelines	35-36
Adult Heat Emergencies	39
Adult Cold Emergencies	40
Field Trauma Guidelines	42-44
Multiple Victim Incident (MVI)	45
Specialty Transport	49-50
Adult Coma / Trauma Scores	53
Adult Ophthalmic Emergencies	58
Adult Burn Injuries	59
EMD (Taser) Weapons Injuries	60
Adult Musculoskeletal Injuries	61-62
Delivery Complications	
Prolapsed Cord	72
Pediatric AED	77
Pediatric Respiratory Arrest	80
Pediatric Seizures	87

Loyola System Specific Policies

located on www.loyolaems.com

<u>Policy</u>	<u>Number</u>
Implementation of Standard Operating Procedures	100.9
Use of Restraints	200.8
Consent / Refusal of Treatment	200.10
Release of Uninjured Students from School Bus Scenes	200.10a
Do Not Resuscitate (DNR) Order	200.14
Victims of Abuse	200.18
Run Reports	200.19
Illinois Abandoned Newborn Infant Protection Act	200.21
Medication Exchange	300.3
EMT-B Program Education Standards	400.5
Prehospital Provider Relicensure Requirements	400.7
Provider Continuing Education Requirement / Modular Exams	400.10
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 Offense 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:
<input type="checkbox"/> SE Letter mailed <input type="checkbox"/> File updated Date _____ Initials _____ SF _____ BF _____

EMS Personnel Data Form





EMS Education Information				
<i>EMS School</i>				
<i>City/State</i>			<i>Graduation Date (month/year)</i>	
<i>Level of Training</i>				
<input type="checkbox"/> <i>EMT-B</i>				<input type="checkbox"/> <i>EMT-P</i>
<input type="checkbox"/> <i>First Responder</i>				<input type="checkbox"/> <i>Emergency Medical Dispatcher</i>
<i>Paramedic Bridge</i>	<input type="checkbox"/> <i>Yes</i>	<i>Lead Instructor</i>	<input type="checkbox"/> <i>Yes</i>	<i>National Registry</i> <input type="checkbox"/> <i>Yes</i>
<i>Date:</i>	<input type="checkbox"/> <i>No</i>		<input type="checkbox"/> <i>No</i>	<input type="checkbox"/> <i>No</i>

EMS Personnel Responsibilities	
<ul style="list-style-type: none"> ▪ <i>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> ▪ <i>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.</i> ▪ <i>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.</i> ▪ <i>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> ▪ <i>I understand that falsification, misrepresentation, or omission of information on this application is grounds for denial into or removal from the Loyola EMS System.</i> 	
<i>Signature</i> _____	<i>Date</i> _____

Release of Information	
<i>I authorize Loyola EMS to release information regarding my test scores, CE records, licensure, and system status to my LEMSS employer.</i>	
<i>Signature</i> _____	<i>Date</i> _____



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 Initial: _____

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: _____