Loyola Emergency Medical Services System

Policies and Procedures
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This is an updated version of the Loyola Emergency Medical Services System Policy and Procedure Manual. This document supersedes the original and subsequent revisions. This document is current as of December 5, 2013. Future revisions shall be documented below.

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Professor and Chair  Manager, Emergency Medical Services  
Department of Emergency Medicine  EMS System Coordinator  
EMS Medical Director  Loyola University Medical Center
PURPOSE: To define emergency medical services rendered to a patient on the scene and during transport prior to initiation of in-hospital patient care.

To define and differentiate between basic life support (BLS) and advanced life support (ALS) care.

DEFINITIONS: Prehospital Care

Prehospital care means those emergency medical services rendered to emergency patients for analytic, resuscitative, stabilizing or preventive purposes, precedent to and during transportation of such patients to and between hospitals.

Basic Life Support

Basic life support services means the rendering of basic level of prehospital and interhospital emergency care, including but not limited to airway management, cardiopulmonary resuscitation, control of shock and bleeding and splinting of fractures, as outlined in a basic emergency care course approved by the Department and meeting the current national curriculum or its equivalent of the United States Department of Transportation.

Advanced Life Support

Advanced life support means an advanced level of prehospital and interhospital emergency care that includes basic life support functions (including cardiopulmonary resuscitation), plus cardiac monitoring, cardiac defibrillation, electrocardiography, intravenous therapy, administration of medications, drugs and solutions, use of adjunctive medical devices, trauma care and other authorized techniques and procedures, initiated for the treatment of real or potential acute life threatening conditions under the direction of the EMS Medical Director in a Department-approved advanced life support EMS system, under the written or verbal direction of a physician licensed to practice medicine in all of its branches or under the verbal direction of an Emergency Communications Registered Nurse.
PURPOSE: To delineate requirements of participating providers in the Loyola Emergency Medical Services System.

POLICY: Providers desiring to establish a life support service, whether advanced or basic, must follow guidelines prescribed by the Illinois Department of Public Health ("Department") Division of Emergency Medical Services and the Loyola Emergency Medical Services (EMS) System. These guidelines are incorporated in the letter of commitment or provider System application included in the Loyola EMS System Plan.

GUIDELINES: A letter of commitment from each ambulance provider will include the following:

1. For each EMS vehicle participating within the System:
   a. The year, model, make and vehicle identification number
   b. The license plate number
   c. The Department license number
   d. The base location address
   e. The level of service (advanced or basic)

2. A description of its role as documented in the System commitment papers in providing advanced life support, basic life support, and patient transport services within the System.

3. Definitions of the primary, secondary and outlying areas of response for each EMS vehicle used within the System.

4. A map or maps indicating the base locations of each EMS vehicle, and of the primary, secondary and outlying areas of response for each EMS vehicle used within the System.

5. A commitment to optimum response times of up to six minutes in primary coverage areas, six to 15 minutes in secondary coverage areas, and 15 to 20 minutes in outlying coverage areas.

6. A commitment to 24-hour coverage.

7. A commitment that within one year after Department approval of the EMS System, each ambulance at the scene of an emergency and during transport of emergency patients to and between hospitals will be staffed in accordance with the requirements of 77 Ill. Adm. Code § 515.830(g).

8. Copies of written mutual aid agreements with other providers, and/or a description of the provider's own backup system which details how adequate coverage will be ensured when an EMS vehicle is responding to a call and a simultaneous call is received for service within that vehicle's coverage area.

9. A statement that emergency services which an EMS vehicle is authorized to provide shall not be denied on the basis of the patient's inability to pay for such services.

10. An agreement to file an appropriate System-approved Ambulance Run Report for each emergency call as required by the System.

11. An agreement to notify the EMS Medical Director of any changes in personnel.

12. A copy of its current FCC license(s). Each provider is responsible for maintaining their MERCI license.

13. A description of the mechanism and specific procedures used to access and dispatch the EMS vehicles within their respective services areas.

14. A list of all personnel providing prehospital care, their license numbers, expiration dates and levels of licensure (EMT (all levels), Pre-Hospital RN or physician status).

15. An agreement to allow Illinois Department of Public Health access to all records, equipment and vehicles relating to the System during any Department inspection, investigation, or site survey.
16. An agreement to allow the EMS Medical Director or designee access to all records, equipment, and vehicles relating to the System during any inspection or investigation by the EMS Medical Director or designee to determine compliance with the System Plan.

17. Documentation that its communication capabilities meet the requirements of 77 Ill. Adm. Code § 515.410.

18. Documentation that each EMS vehicle meets design, equipment, and extrication criteria as provided in 77 Ill. Adm. Code § 515.830(a)-(b).

19. An agreement that the community agency providing life support services petition and sign a waiver for all equipment and/or drugs to be used in addition to or deleted from the System requirements.

20. An agreement to participate in the Loyola University Medical Center EMS educational programs or courses in any or all of the following:
   a. EMT, paramedic and ECRN student ambulance ride time
   b. EMT and paramedic student clinical site/paramedic student field internship
   c. Other field related clinical experiences as requested by the EMS Medical Director/EMS Manager
TITLE: Backup Ambulance Coverage

NUMBER: 100.3

SECTION: General Policies

EFFECTIVE: 9/1/99

REVISED/REVIEWED: 12/5/13

PURPOSE: To provide backup coverage for the second emergency call when the primary EMS vehicle is in service.

POLICY: Each community must provide backup service for a second emergency call when its primary vehicle is responding to a first emergency. This may be accomplished through a second vehicle within the community or through mutual aid. It is highly desirable but not mandatory that the second vehicle be equipped to provide an equal level of support as the first responding vehicle. The second vehicle must have the capability of providing coverage for the service area within four to six minutes. All emergency vehicles must be staffed with a minimum of two licensed EMT-Basics at all times.

There are a number of approaches to EMS response available to the communities that have committed themselves to 24-hour coverage. The chosen response must be indicated in the community commitment papers submitted to the Loyola EMS System office as part of the EMS System Plan.

1. Providers whose only vehicle is an advanced life support unit:

   Since these communities have only one vehicle, they must be capable of responding to any area of their community with two licensed EMT-Paramedics within six minutes unless approved by the Loyola EMS System. They must also provide transport when the call is defined by Loyola EMS System as an ALS call requiring ALS care. Whenever this unit is in use, a backup unit, which whenever possible must also be an ALS unit, must be capable of responding within six minutes to any area of that community as long as the first responding unit is in service.

2. ALS Response—Non-transporting service:

   A community may use a non-transporting vehicle to respond to the scene and render ALS service. This must be in conjunction with a written agreement with another approved ALS unit within the EMS System which is capable of transporting and providing the same level of patient care, i.e. this approach must provide for transfer of care by the two licensed providers on the non-transporting vehicle to two licensed providers manning the transporting vehicle. The backup requirements would be the same as depicted in item 1.

3. Providers who have ALS response and who also have BLS vehicles:

   Initially, the ALS unit must be dispatched and at the same time the BLS vehicles may respond to the call. Both units must be capable of reaching any part of the service area within six minutes. The BLS unit must have a minimum of two licensed EMT-Basics. If the EMT-Paramedics determine a call requires only BLS service, the BLS unit may transport the patient after communicating with a Loyola Emergency Medical Services System hospital. Splitting the crews may be possible in order to maintain ALS response in the community. Additionally, splitting the crews would require that there be a minimum of one EMT-Paramedic and one EMT-Basic.

4. Providers are encouraged to periodically evaluate their backup coverage protocols to determine the efficacy of patient care. Modifications to protocols must have prior approval from the EMS Medical Director or may require a change to the System Program.
PURPOSE: As a means of quality assurance and to provide for the best patient care by prehospital providers, the Resource Hospital has the authority to monitor telemetry calls of its Associate Hospitals.

PROCEDURE:

1. In the event the Resource Hospital believes the care being directed over the telemetry by the Associate Hospital is not in the best interest of patient care, the Resource Hospital will directly take over telemetry communications.

2. Following a Resource Hospital override, the EMS Medical Director and the EMS System Coordinator of the Resource Hospital are to be notified.

3. The EMS Medical Director and the EMS System Coordinator will review the circumstances for the override with all involved individuals within five working days of the occurrence.
PURPOSE: As a means of quality assurance, the Loyola EMS System staff will periodically conduct inspection visits for each department.

POLICY: An inspection may be conducted by any member of the Loyola EMS System staff and will include the following criteria:

1. Medications: Minimum number, standard packaging, required doses, and expiration dates.
2. Equipment: Minimum recommended equipment in working order.
3. Knowledge of on duty licensed prehospital provider regarding location of equipment and drugs, use of equipment and drugs, and System policies and procedures.
4. Vehicle compliance as per Illinois Department of Public Health standards set forth in 77 Ill. Adm. Code § 515.830(k): An ambulance inspection form approved by the Illinois Department of Public Health will be completed for every inspection. A copy will be placed in the EMS System office files.
PURPOSE: To provide standardized and adequate staffing for ALS vehicles.

POLICY: As the standard of advanced life support care, all ALS vehicles will be staffed with a minimum of two licensed EMT-Paramedics who will function at the scene of the emergency and en route to the hospital.
PURPOSE: To identify the conditions and procedure for consideration of one-to-one staffing for ALS services.

POLICY: Permission to operate an ALS service with one EMT-Paramedic and one EMT-Basic (one-to-one) may be considered and granted by the EMS Medical Director under extenuating circumstances.

Loyola EMS System recognizes that as a result of dynamic growth and development, our providers may desire to advance the care provided in their communities from basic level service to more advanced paramedic level services.

Loyola EMS System recognizes there may be for a period of time that our providers require the bridging service that one EMT-Paramedic and one EMT-Basic (one-to-one) may provide on the ambulance.

Loyola EMS System will consider, on an individual basis, the request to provide ALS ambulance service with one EMT-Paramedic and one EMT-Basic for an initial period of no more than one year. In order to provide the best possible care to the community, the following requirements must be in place:

The EMT-Paramedic on the ambulance must:
- Be a Nationally Registered Paramedic (preferred)
- Have current BLS Healthcare Provider (CPR)
- Have current ACLS
- Have current PEPP/PALS
- Have current PHTLS/ITLS
- Be in good standing in the Loyola EMS System
- Have a minimum of 18 months of field experience within Region VIII

The EMT-Basic on the ambulance must:
- Be a Nationally Registered EMT-Basic (preferred)
- Have current BLS Healthcare Provider (CPR)
- Be able to demonstrate essential skills to assist with intravenous and advanced airway skills (e.g. endotracheal intubation, King Airway, Combitube)
- Be in good standing in the Loyola EMS System
- Have a minimum of 12 months of field experience within Region VIII

The provider department must:
- Participate in ongoing QI as requested by the Loyola EMS System
- Provide a mechanism for EMT-Paramedic backup in situations that evidence based practice demonstrates improved patient outcomes in the field, such as:
  1. Cardiac arrest
  2. Severe respiratory distress
  3. Trauma with prolonged extrication
  4. Trauma with obvious multi-system injury

PROCEDURE:
1. The EMS Medical Director/EMS System Coordinator should be contacted as soon as possible to schedule a meeting.
2. The request must be followed up in writing to the Loyola EMS Medical Director/EMS System Coordinator and should include the following:
   a. the reason for the request of one to one staffing
   b. anticipated duration of one to one staffing
   c. staffing patterns
3. Once approved by the Loyola EMS System, the provider department will be notified in writing.

4. Approval of one-to-one staffing is valid for a period no greater than one year in length.

5. The provider department must repeat items 1-3 after if they wish to remain on one-to-one staffing after the initial period.
PURPOSE: To standardize staffing of basic life support (BLS) vehicles to provide optimum patient care.

POLICY: All BLS vehicles will be staffed with a minimum of two licensed EMT-Basics who will function at the scene of the emergency and en route to the hospital.

All BLS services will utilize two licensed EMT-Basics trained in, but not limited to airway management, basic cardiopulmonary resuscitation, control of shock, and bleeding and splinting of fractures, as outlined by the Illinois Department Public Health and meeting the current national curriculum of the United States Department of Transportation National Highway Traffic Safety Administration.
PURPOSE: To serve as a tool to improve the quality of patient care and the functioning of the EMS System. To facilitate expedient resolutions to issues raised within the System and provide feedback to all involved participants. To facilitate communication between EMS System participants.

POLICY: Loyola EMS System prehospital providers or hospitals can initiate an EMS Quality Control Communication Report (EQCCR) when any of the following occur:

1. When unusual circumstances are verbalized or documented on the Ambulance Run Report or hospital log sheet or telemetry recording.
2. When there is an apparent discrepancy in prehospital treatment delivery and Medical Control orders, which may or may not constitute a violation of Standard Operating Procedures.
3. When Medical Control orders are not carried out by prehospital providers.
4. There is interference at the scene, which hampers the prehospital providers in the performance of their duties.
5. There is any patient or provider injury sustained at the scene, during the course of treatment, or during transport.
6. There is a question or problem relating to errors in medication administration, missing medications or difficulties encountered in obtaining exchange medications or equipment at an Associate Hospital or Resource Hospital.
7. Any other action or event that seems out of the ordinary, and that the personnel involved believe should be reported.
8. Any equipment malfunction.

PROCEDURE:

1. The Associate Hospital (AH) or Resource Hospital (RH) EMS Coordinator receives an EMS Quality Control Communication Report or receives information regarding a quality control issue.
2. Additional reference to Policy 800.1 Quality Improvement Processes as part of the quality improvement process when initiating an EMS Quality Control Communication Report.
3. The following EMS Quality Control Communication Reports will be forwarded to the RH for investigation/resolution:
   a. All EQCCRs that directly involve the AH EMS Coordinator or EMS Medical Director.
   b. When care rendered by a prehospital provider may have resulted in or contributed to a poor patient outcome.
   c. Any EQCCR alleging the prehospital provider to be impaired by drugs or alcohol.
   d. Any EQCCR in which, after investigation, any involved party is unsatisfied with the resolution/decision by the AH EMS staff.
   e. Any EQCCR that involves concerns between two or more AHs related to EMS issues.
   f. Any EQCCR involving out of System providers and/or hospitals.
   g. Any EQCCR in which more input is needed.

All other EQCCRs will be handled by the Associate Hospital.

4. The EMS Coordinator will conduct an investigation of the incident.
5. The EMS Coordinator will discuss the findings of the investigation with the EMS Medical Director.

6. The EMS Coordinator and/or EMS Medical Director will determine the resolution.

7. The EMS Coordinator will document findings/resolution and communicate that information to all involved participants.

8. The EMS Coordinator will report findings to the RH at the bi-monthly EMS Coordinators Meeting.

The EMS Quality Control Communication Report is a confidential quality improvement document. Do not copy it or make reference to its completion in the medical record or Ambulance Run Report.
PURPOSE: To outline the circumstances under which Standard Operating Procedures (SOPs) may be utilized.

POLICY: Standard Operating Procedures may be implemented as treatment modality guidelines for prehospital providers under the following circumstances:

1. When prehospital providers cannot establish online communications with a Loyola EMS System or Region VIII hospital.

2. When the patient's condition is life threatening, potentially life threatening, or may deteriorate before online communication can be established. In this instance, online communications should be established as soon as possible with a Loyola EMS System or Region VIII hospital.

3. Whenever prehospital providers cannot initiate online communications at the onset of a mass casualty incident/disaster (MCI) or a multiple victim incident (MVI).

Whenever Standard Operating Procedures are implemented, it should be documented on the Ambulance Run Report for quality assurance review by Loyola EMS System office.
PURPOSE: To standardize guidelines in order to identify the situations when ALS care should be initiated by EMT-Paramedics or Pre-Hospital RNs transporting in ALS vehicles.

POLICY: Advanced life support care should be initiated according to the following guidelines:

1. Adult patients with abnormal vital signs, regardless of complaints:
   a. Pulse <60 or >130 BPM or irregular
   b. Respiratory rate <10 or >28 breaths per minute or irregular
   c. Systolic blood pressure >200 or <90 mmHg

2. Pediatric patients with abnormal vital signs, regardless of complaints

<table>
<thead>
<tr>
<th>AGE</th>
<th>PULSE</th>
<th>SYSTOLIC BLOOD PRESSURE</th>
<th>RESPIRATORY RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neonate (0 – 30 days)</td>
<td>100 – 180</td>
<td>50 – 90</td>
<td>30 – 60</td>
</tr>
<tr>
<td>Infant (31 days – &lt; 1 yr)</td>
<td>100 – 160</td>
<td>60 – 100</td>
<td>30 – 60</td>
</tr>
<tr>
<td>Toddler (1 yr – &lt; 3 yrs)</td>
<td>90 – 150</td>
<td>70 – 105</td>
<td>24 – 40</td>
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<tr>
<td>Pre-School (3 yrs – &lt; 5 yrs)</td>
<td>80 – 140</td>
<td>75 – 105</td>
<td>22 – 34</td>
</tr>
<tr>
<td>School Age (5 yrs – 12 yrs)</td>
<td>70 – 120</td>
<td>80 – 120</td>
<td>18 – 30</td>
</tr>
<tr>
<td>Adolescent (&lt; 12 yrs)</td>
<td>60 – 100</td>
<td>90 – 120</td>
<td>12 – 20</td>
</tr>
</tbody>
</table>

The above chart reflects age appropriate parameters, American Academy of Pediatrics.

3. Any patient with a potentially life-threatening or limb-threatening condition, which exists or might develop during transport. Examples of situations in which ALS care is usually indicated include but are not limited to:
   a. Altered mental status and/or unconsciousness
   b. Chest pain, palpitations
   c. Seizures
   d. Neurologic deficit/stroke, syncope or near syncope, abdominal pain
   e. Shortness of breath/difficulty breathing
   f. Vaginal bleeding
   g. Complications of pregnancy or emergency childbirth
   h. GI bleeding
   i. Trauma
   j. Overdose/poisoning
   k. Burns
   l. Cyanosis
   m. Failure of child to recognize parents
   n. Child with fever and petechiae

4. If scene safety is not a certainty, or if dealing with an uncooperative patient, the requirements to initiate assessment and full ALS service may be waived in favor of assuring that the patient is transported to the closest, most appropriate hospital. Document clearly the reasons ALS care was aborted.

5. Never discontinue ALS care once initiated unless there is prior approval by the Resource or Associate Hospital base station.

6. WHEN IN DOUBT, CONSULT WITH THE MEDICAL CONTROL.
<table>
<thead>
<tr>
<th>TITLE:</th>
<th>Falsification of Ambulance Run Reports</th>
<th>NUMBER:</th>
<th>200.1</th>
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<tbody>
<tr>
<td>SECTION:</td>
<td>Medical-Legal</td>
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<td>EFFECTIVE:</td>
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<tr>
<td>REVISED/REVIEWED:</td>
<td>12/5/13</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PURPOSE:** To clearly identify what would constitute falsification of patient information on an Ambulance Run Report.

**POLICY:** All documentation must be completed as accurately and as completely as possible. Thorough documentation of patient related information is vitally important to the further care of the patient as well as for medical-legal reasons. Altering or falsifying these documents can compromise patient care as well as System credibility. Deliberate failure to document accurately is considered an offense whereby appropriate disciplinary action can be taken against all personnel named on the Ambulance Run Report.
PURPOSE: In order to protect the patient's right to privacy, medical records must be kept confidential. Access to these records shall be in accordance with the laws and regulations that govern the right to either examine or copy and release confidential medical information.

POLICY: The Loyola EMS System Ambulance Run Report is a medical-legal document, and is considered protected health information.
PURPOSE: To insure that the continuity of appropriate medical care is provided for each patient.

POLICY: Abandonment may occur when the EMT-patient relationship, once it has been established, is intentionally ended by the EMT. This relationship can only end when:

1. The patient ends the relationship. (see Policy 200.10 Consent/Refusal of Treatment)
2. The patient's care is transferred to another qualified medical professional.

Prehospital providers may not leave a patient if there exists a need for continuing medical care. The only exception will be the presence and availability of individuals with comparable or higher licensure who may assume the responsibility for the care of the patient.

If a patient requests transportation to a hospital outside of the ambulance's primary response area, and the prehospital providers determine that a need for continuing medical care does exist, the providers should make every effort to persuade the patient to consent to be transported to the closest, most appropriate hospital for initial evaluation and stabilization. If the patient continues to refuse transportation to the closest, most appropriate hospital, the prehospital providers should establish communications with the hospital to document the situation.

If a competent patient refuses care and/or transportation to the hospital, the prehospital provider should establish online communication with a Loyola EMS System hospital prior to leaving the scene and document the patient's condition and refusal of care and/or transportation. The prehospital provider must inform the patient of the risks of not receiving emergency care and if the individual continues to refuse ALS/BLS intervention, have the individual sign a release of services on the Ambulance Run Report.

If a competent patient requests transportation to a hospital outside of the ambulance's primary response area, the prehospital providers may make arrangements for transfer of the patient's care to a private ambulance service. The communicating hospital should be contacted to document the patient's request for transport out of the response area. Have the patient sign a release on the Ambulance Run Report stating his/her refusal to be transported to the closest, most appropriate hospital. With a signed refusal and documentation of the approval and support of Medical Control, the patient has ended the relationship (see Policy 200.10 Consent/Refusal of Treatment).

If medical care has been initiated (e.g. IV, oxygen), the prehospital providers must remain with the patient until the arrival of the private ambulance. The providers can transfer patient care to a private ambulance service with hospital communications capabilities staffed with individuals of equal or higher training.

When an ALS unit has arrived on the scene and it has been determined by ALS personnel that the patient requires BLS care and transport, the patient may be transferred to the BLS unit. This information will be relayed to a communicating hospital by the transporting unit.

Consult your individual department's policy regarding transportation of patients out the response area.
PURPOSE: To define immunity from liability for Loyola EMS System prehospital providers while providing infield patient medical assessment and life support services.

POLICY: As taken from the Emergency Medical Services (EMS) Systems Act, 210 Ill. Comp. Stat. § 50/3.150:

Immunity from civil liability.

(a) Any person, agency or governmental body certified, licensed or authorized pursuant to this Act or rules thereunder, who in good faith provides emergency or non-emergency medical services during a Department approved training course, in the normal course of conducting their duties, or in an emergency, shall not be civilly liable as a result of their acts or omissions in providing such services unless such acts or omissions, including the bypassing of nearby hospitals or medical facilities in accordance with the protocols developed pursuant to this Act, constitute willful and wanton misconduct.

(b) No person, including any private or governmental organization or institution that administers, sponsors, authorizes, supports, finances, educates or supervises the functions of emergency medical services personnel certified, licensed or authorized pursuant to this Act, including persons participating in a Department approved training program, shall be liable for any civil damages for any act or omission in connection with administration, sponsorship, authorization, support, finance, education or supervision of such emergency medical services personnel, where the act or omission occurs in connection with activities within the scope of this Act, unless the act or omission was the result of willful and wanton misconduct.

(c) Exemption from civil liability for emergency care is as provided in the Good Samaritan Act.

(d) No local agency, entity of State or local government, or other public or private organization, nor any officer, director, trustee, employee, consultant or agent of any such entity, which sponsors, authorizes, supports, finances, or supervises the training of persons in the use of cardiopulmonary resuscitation, automated external defibrillators, or first aid in a course which complies with generally recognized standards shall be liable for damages in any civil action based on the training of such persons unless an act or omission during the course of instruction constitutes willful and wanton misconduct.

(e) No person who is certified to teach the use of cardiopulmonary resuscitation, automated external defibrillators, or first aid and who teaches a course of instruction which complies with generally recognized standards for the use of cardiopulmonary resuscitation, automated external defibrillators, or first aid shall be liable for damages in any civil action based on the acts or omissions of a person who received such instruction, unless an act or omission during the course of such instruction constitutes willful and wanton misconduct.

(f) No member or alternate of the State Emergency Medical Services Disciplinary Review Board or a local System review board who in good faith exercises his responsibilities under this Act shall be liable for damages in any civil action based on such activities unless an act or omission during the course of such activities constitutes willful and wanton misconduct.

(g) No EMS Medical Director who in good faith exercises his responsibilities under this Act shall be liable for damages in any civil action based on such activities unless an act or omission during the course of such activities constitutes willful and wanton misconduct.

(h) Nothing in this Act shall be construed to create a cause of action or any civil liabilities.
PURPOSE: To identify the responsibility of the EMS prehospital providers to report any incidents harmful to the public good discovered while in the process of delivering patient care.

POLICY: There is an obligation on the part of all prehospital care providers and health care workers to report suspicious crimes. The nature of the injury should be considered in light of the history of the incident.

Examples of crimes or suspicious incidents:
1. Child abuse and/or neglect*
2. Elder abuse and/or neglect*
3. Abused and neglected long-term care facility residents*
4. Sexual assault*
5. Domestic violence*
6. Assault with weapon or battery
7. Motor vehicle crash
8. Suspicious deaths
9. Dog/animal bites
10. Gun shot wounds

Notify appropriate agencies as per Region VIII Standard Operating Procedures. The circumstances of the reportable incident should be communicated to the emergency department personnel as well. This can enhance the emergency department physician's assessment of the patient and the patient situation in order to provide appropriate care.

*Contact the appropriate hotline for mandatory reporting:

Illinois Department of Children & Family Services Child Abuse Hotline
- 1-800-25-ABUSE (1-800-252-2873)

Illinois Department on Aging, Elder Abuse Hotline
- During business hours: 1-800-252-8966
- Nights/weekends/holidays: 1-800-279-0400
PURPOSE: To identify prehospital providers’ role at a crime scene response.

POLICY: It is recognized that the primary duty of any prehospital provider at the crime scene is to render medical assistance to the victim(s). The police are in charge of any crime scene and have an interest in preserving any physical evidence, which may assist in the prosecution of the criminal case. Prehospital providers should adhere to the advice and direction of police on the scene in all matters relevant to evidence collection unless doing so directly compromises patient care.

PROCEDURE:

1. Assess the scene to determine if conditions permit safe performance of professional medical duties.
   a. In all cases where a crime, suicide or attempted suicide, accidental death or suspicious fatality has occurred and police are not on the scene, request their services.
   b. Treatment and transport should not be delayed pending police arrival unless the safety of the prehospital provider would be placed in jeopardy or the victim is obviously DNR (see item 3).

2. Initiate patient assessment and treatment per SOP. If access to the patient is prohibited, immediately notify Medical Control. Document the police officer’s name and badge number on the Ambulance Run Report.
   a. Contamination of the crime scene is to be avoided. If necessity requires the alteration of the scene for the purpose of aiding the victim/patient, the police must be informed. Avoid unnecessary contact with physical objects at the scene.
   b. Anything carried onto the scene (e.g. dressing, wrapping or packages), should be removed by the medical team when they evacuate the scene. Do not remove anything from the scene other than those items.
   c. If it is necessary to cut through the clothing of the victim/patient, avoid cutting through tears, bullet holes, or other damaged or stained areas of clothing.
   d. Do not wash or clean the victim/patient’s hands or areas which have sustained gun shot wounds.
   e. In gunshot cases, be aware that expended bullets can be found in the clothing of the victim/patient (especially when heavy winter clothing is worn). These items of evidence may be lost during examination and/or transportation. Check your vehicle and stretcher after transport. Any items of evidence found should be turned over to the police and documented on the Ambulance Run Report.
   f. In hanging or asphyxiation cases, avoid cutting through or untying knots in the hanging device or other material unless necessary to free the airway.
   g. In stabbing cases, any impaled object must be left in place for both medical reasons and evidence collection.

3. If the patient does not meet the criteria for initiation of CPR, do not remove or continue to examine the victim.

4. Document observations at the crime scene as soon as possible on the Ambulance Run Report. This should include the name and badge number(s) of police department personnel in charge at the scene.

5. Document all agencies assisting with the scene that may have been exposed to blood and/or body fluids on the Ambulance Run Report.
PURPOSE: To set guidelines for the care of a patient with impaired judgment or a behavioral emergency in which the patient exhibits erratic, bizarre or inappropriate behavior.

UNCOOPERATIVE IMPAIRED PATIENT/ BEHAVIORAL EMERGENCY

1. Scene Safety: Assess competency and potential danger to yourself or others by observation, direct exam, and reports from bystanders including:

   Potential Danger
   
   To Patient    To Others
   
   Suicide      Inability to care for self    Homicide
   (e.g. child/spouse abuse)    Physical Abuse

2. Identify yourself and attempt to gain the patient's confidence in a non-threatening manner.

3. Contact Medical Control, police, and/or fire department backup as appropriate.

4. Consider and attempt to evaluate for possible causes of behavioral problems. Initiate treatment as situation allows. Examples include:
   - Hypoxia
   - Hypotension
   - Hypoglycemia
   - Trauma (i.e. head injury)
   - Alcohol/drug intoxication or reaction
   - Stroke/CVA
   - Post-ictal states/seizures
   - Electrolyte imbalance
   - Infection
   - Dementia (i.e. acute or chronic organic brain syndrome)
   - Psychiatric illnesses
     - depression (suicidal)
     - severe anxiety
     - psychotic episodes/hallucinations
     - homicidal (i.e. harm to self or others)

5. If the patient is judged to be either:
   a. suicidal, or
   b. clearly incompetent and dangerous to self or others, prehospital providers should carry out treatment and transport in the interest of the patient's welfare, employing the following guidelines:
      i. At all times prehospital providers should avoid placing themselves in danger; at times this may mean a delay in the initiation of treatment until the personal safety of the provider is assured.
      ii. Try to obtain cooperation through conventional means.
      iii. If the patient resists, reasonable force may be used to restrain the patient from doing further harm to self or others. (see Policy 200.8 Use of Restraints)
      iv. Police shall be notified prior to all involuntary removals, excluding institutionalized patients.
1. In an uncooperative patient, the requirement to initiate assessment and full ALS service may be waived if doing so may endanger the patient or prehospital provider. Document clearly the reasons ALS care was aborted.

2. All patients with a psychiatric history who do not have a petition completed by a licensed clinical social worker or other appropriate mental healthcare provider must be medically evaluated by an emergency department licensed independent provider (physician, physician assistant, advanced practice nurse).

3. Patients requiring restraints for transfer should have appropriate documentation regarding the use of restraints noted in the transfer form.
POLICY: Use of restraints for behavioral health reasons is limited to emergencies in which there is imminent risk of an individual physically harming himself or herself, prehospital providers, or others, and non-physical interventions are not effective.

DEFINITIONS:

**Physical Restraint**

Any manual method, physical, or mechanical device, material or equipment that immobilizes or reduces the ability of a patient to freely move his or her arms, legs, body or head.

(CMS, Hospital Conditions of Participation, 42 C.F.R. § 482.13(e).)

**Chemical Restraint**

A drug or medication when it is used as a restriction to manage the patient’s behavior or restrict the patient’s freedom of movement and is not a standard treatment or dosage for the patient’s condition.

(CMS, Hospital Conditions of Participation, 42 C.F.R. § 482.13(e).)

**Emergency Situation**

An incident where a patient’s behavior becomes aggressive or violent and presents an immediate danger to his/her safety or to that of others.

ASSESSMENT:

1. Assess and document any 1) behavior that places the patient or others at risk to ensure patient meets criteria for restraint use, 2) risk for injury to self/other, and 3) violent, aggressive behavior.

2. Attempt and document alternatives used to manage patient behavior prior to application of restraints.

PROCEDURE: Restraints Application

There are potential hazards associated with the use of restraints, and care must be taken to ensure that the restraints are applied correctly. Manufacturers of restraints provide guidelines for correct application. All prehospital providers who might restrain a patient must be trained and their competency must be maintained by the provider’s employer.

Select the most appropriate restraint based on the need to protect and support the patient’s well being. Choose the least restrictive, safest, and most effective method.

GUIDELINES AND CARE OF PATIENTS IN RESTRAINTS:

1. Always offer the patient a chance to stop the behavior leading to the use of restraints.

2. Communicate clearly what behaviors will lead to the use of restraints.

3. Ensure that there are sufficient numbers of prehospital providers available to restrain patient.

4. Avoid restraining only one limb; restrain both hands, alternate (one hand and one leg) or four point restraints.

5. **Do not restrain a patient face down.** Keep patient in semi-Fowler’s position.

6. Make sure circulation to the restrained extremities is not impaired. Check and document circulation, motor and sensation every 15 minutes.

7. Re-assess patient frequently and re-evaluate the need for use of restraints.

8. Always document the reason for restraints, what less restrictive interventions were unsuccessfully attempted, the patient’s response to restraints, and assessment of continued need for restraints.

9. The goal is to decrease agitation and violent behavior.
10. Use of additional manpower should be utilized as needed. Handcuffs are only to be applied by and at the discretion of law enforcement officers. When transportation is required of a victim/patient who is handcuffed, the prehospital provider should request that the law enforcement officer in possession of the handcuff key accompany the patient.
PURPOSE: To insure the well being of any minor in need of medical care when the consent for treatment of the minor's legal guardian is not available.

POLICY: Under Illinois law, any person under 18 years of age is considered to be a minor and not eligible to consent for treatment. In these circumstances, the consent of a parent or legal guardian is required. If, in the opinion of the physician and the prehospital provider, a delay in obtaining consent would adversely affect the condition of the minor's health, emergency treatment may be rendered without first obtaining the consent. This requires a conversation between the prehospital provider and Medical Control.

This principle does not apply in the following situations:

1. A parent refuses to consent stating religious or other non-medical objections.
2. In cases of suspected child abuse or neglect.
3. When the minor is married, pregnant, or emancipated.

**Special Circumstances:**

1. A pregnant minor and minors who are married are qualified to consent on their own behalf.
2. A minor parent may consent to treatment of their minor child.
3. Emancipated minors are mature minors (between 16 years of age and under 18 years of age) who have demonstrated the ability and capacity to manage their own affairs and live, wholly or partially, independent of parents or guardians.
4. Minors 12 years of age or older who:
   - have come into contact with a venereal disease
   - are suffering from the use of depressant or stimulant drugs
   - suspected to be under the influence of alcohol or drugs

They may give consent to medical care related to diagnosis or treatment of such disease.

5. Guardianship is a legally determined role. Official court documents are issued to identify the legal guardian(s).

6. babysitters and day care providers are not legally empowered to provide consent unless written parental consent is provided; however, in all cases, the minor child's condition should be the deciding factor in providing care. If in doubt, contact Medical Control.

Document all of the circumstances and assessment on the Ambulance Run Report and communicate with Medical Control.
PURPOSE: To define consultation and documentation with Medical Control for all prehospital refusals of service for any minor, emancipated minor, or adult when EMS has been called, and established patient contact.

DEFINITIONS:

Minor
A minor is any person under the age of 18.

Emancipated Minor
An emancipated minor is a mature minor (between 16 years of age and under 18 years of age) who has demonstrated the ability and capacity to manage their own affairs and live, wholly or partially, independent of parents or guardians.

Competent Adult
A competent adult is any person 18 years or older who is alert and oriented to person, place and time.

Incompetent Adult
An incompetent adult is any person 18 years of age or older who is disoriented (to person, place or time), is in shock, is under the influence of alcohol or drugs, or who is believed to be a danger to themselves or to others.

A minor cannot refuse treatment or transport to a hospital for medical attention. If a parent or guardian is not available for consent, the patient is treated under IMPLIED CONSENT.

A parent may refuse treatment of a child in consultation with Medical Control EXCEPT under the following conditions:

b. When suspicion of abuse and/or neglect exists.
c. Life or limb threatening illness or injury.
d. Incompetent adult guardian.

In the event of a minor who is believed to be under the influence of alcohol or drugs, a parent may sign a refusal of treatment and transport only after consulting with Medical Control.

Any person determined incompetent, cannot refuse treatment or transport to a hospital for medical attention. This patient is treated under IMPLIED CONSENT.

PROCEDURE: Documentation of Refusal of Treatment for a Competent Patient

2. Document chief complaint and patient assessment including mental status exam, i.e. orientation to person, place and time.
3. Document that the patient/parent(s) was/were INFORMED and UNDERSTAND(S) the consequences of his/her own refusal for medical attention and/or transport.
4. Notify Medical Control for refusal of care prior to leaving the scene.
6. Obtain patient's signature and signature of a witness of refusal (preferably family member) prior to communication with Medical Control and prior to leaving the scene.
7. If patient is not willing to sign a refusal of care and/or transport, it should be documented as outlined in items 1-5.
**PROCEDURE:** Documentation of Refusal of Treatment for the Non-Impaired Individual with Admitted Consumption of Alcohol

The following protocol is applicable ONLY to patients 21 years of age or older.

### Non-Impaired Individual with Admitted Consumption / Odor of Alcohol on Breath Wishing to Refuse Medical Care and Transport

<table>
<thead>
<tr>
<th>History:</th>
<th>Signs and Symptoms:</th>
<th>Assessment Considerations:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Medical History</td>
<td>1. Level of consciousness</td>
<td>1. Diabetic</td>
</tr>
<tr>
<td>2. Quantity / Duration of ETOH use</td>
<td>2. Vomiting</td>
<td>2. Psychiatric</td>
</tr>
<tr>
<td>3. Medications (Rx or recreational)</td>
<td>3. Staggered gait</td>
<td>3. Overdose</td>
</tr>
<tr>
<td></td>
<td>4. Slurred speech</td>
<td>4. Stroke/Neuro</td>
</tr>
<tr>
<td></td>
<td>5. Blurred vision</td>
<td>5. Any Altered Mental Status</td>
</tr>
</tbody>
</table>

| GCS less than 15 ? | Yes |
| Heart rate less than 60 or greater than 120 ? | Yes |
| Systolic blood pressure less than 90 or greater than 180 ? | Yes |
| Respiratory rate less than 8 or greater than 24 ? | Yes |
| Positive Orthostatic VS ? | Yes |
| Blood Glucose less than 60 or greater than 300 ? | Yes |
| Vomiting more than four times ? | Yes |
| Vomiting bright red blood or coffee grounds ? | Yes |
| Report or Evidence of Seizure within past 24 hours ? | Yes |
| Report or Evidence of Head Trauma within past 24 hours ? | Yes |
| Tremulous ? Hallucinations ? | Yes |
| UNABLE to walk without assistance ? | Yes |
| Unsafe environment ? No responsible adult to release patient to ? | Yes |

**PEERS:**
1. Exam: Mental Status, Neuro, Vital Signs
2. Serious medical conditions can present as inebriation. It is the prehospital provider’s responsibility to rule out other causes.
3. Unsafe environment means a place where physical injury (trauma or hypo/hyperthermia) is probable.

**Disposition:**
EMS Transport: Abnormal VS, GCS, glucose, possible hemorrhage, possible seizure
Other patients not released to responsible party

**RELEASE PATIENT TO RESPONSIBLE PARTY**

**TRANSPORT TO ED**
PURPOSE: This policy is designed to assist prehospital providers in releasing uninjured minor patients involved in low energy school bus crashes.

POLICY:

1. This policy does not apply to crashes in which any child suffers any type of significant injury. Neither shall this policy apply if there is a mechanism of injury that can be reasonably expected to cause significant injury.

2. It is possible that uninjured children may be released in the field while children from the same bus having minor injuries are transported.

3. Any child with any injuries should be transported. Only uninjured children may be released in the field.

4. It remains the responsibility of the prehospital providers on the scene to evaluate each patient to assure absence of injury.

5. Children may be released only to their permanent legal guardian or to appropriate school or school district officials. Children may not be released to bus drivers.

6. Children with special healthcare needs should not be released in the field.

7. It is recommended that EMS agencies contact the school districts in their coverage areas discuss with them the implementation of this policy.

8. Decisions regarding releasing any child should be done in consultation with online Medical Control. If the assessment done by prehospital providers on the scene indicates that that any child should be further assessed or treated at the hospital the child should be transported according to System policy.
PROCEDURE:

- Make a complete assessment of each student including vital signs.

- Contact Medical Control

- Mechanism of injury present that can be reasonably expected to cause significant injury?
  - YES
  - NO

- Visible injury or verbalized complaint?
  - YES
  - NO

- Is there any reason to believe the child maybe injured?
  - YES
  - NO

- Abnormal Motor/Sensory Exam?
  - YES
  - NO

- Calm, cooperative, alert patient?
  - YES
  - NO

- Child with Special Healthcare Needs?
  - YES

- Confirm Release with Medical Control

- Begin release process to authorized individual.

Treat and transport following standard Region VIII SOPs.
PURPOSE: To define the role and responsibilities of the physician/nurse on the scene.

To identify the procedure for use of medications by the physician/nurse on the scene.

PROCEDURE: **Physician/Nurse on the Scene**

1. In order for physician/nurse on the scene to assume patient care, he/she must provide their State of Illinois medical license/registered professional nurse license and State-issued picture identification.

2. The prehospital provider will immediately contact the hospital via online Medical Control and the hospital shall be notified of the patient’s present status and the presence of a physician/nurse on the scene.

3. If the physician/nurse on the scene decides to become involved directly in the patient’s care, he/she should be informed that he/she must accompany the patient to the hospital and sign the Ambulance Run Report.
   a. It is imperative that physician-to-physician communication be established from the scene to the communicating hospital. If the physician on the scene insists on deviating from the Region VIII SOPs, he/she should be requested to personally carry out all orders.
   b. The nurse assisting at the scene must follow Region VIII protocols or provide treatment as directed by Medical Control.

PROCEDURE: **Use of Medications**

1. Medications the physician has in his/her possession can be administered to the patient by the physician only. Use of these medications must be communicated to the communicating hospital.

2. Medications from the ambulance ALS drug box can be administered to the patient by the physician/nurse within the guidelines established by Region VIII SOPs. Again, use must be communicated to the communicating hospital.

3. In both of the above situations, usual information such as time given, route, dosage and the person who administers the drug must be documented on the Ambulance Run Report.
PURPOSE: To comply with the Rules of the Department requiring System protocol for the transport of persons to a hospital other than the closest, most appropriate hospital.

POLICY: All persons should be transported to the closest, most appropriate hospital unless the medical benefits to the patient reasonably expected from the provision of appropriate medical treatment at a more distant facility outweigh the increased risks to the patient from transport to the more distant facility, or the transport is in accordance with the System’s protocols for patient choice or refusal.

In the following time-sensitive emergency situations, the patient should be transported to the closest most appropriate hospital capable of providing the most appropriate care:

- Adult/ Pediatric Burns
- Adult/ Pediatric Trauma
- Cancer
- Children with Special Healthcare Needs
- Neurosurgical Intervention
- STEMI
- Stroke
- Transplant
- Vascular Intervention

PROCEDURE:

1. The prehospital provider will establish contact with a communicating hospital and identify the closest, most appropriate hospital and estimated time of arrival (ETA) and the patient’s requested/desired hospital and ETA.

2. Based on the information available at the time, the approved base station emergency department physician or certified ECRN will approve or disapprove the transport to the more distant facility.

3. If the requested, more distant facility is not approved by the approved base station emergency department physician or certified ECRN and the patient is competent, a refusal must be signed and then transport to the more distant hospital can take place. The prehospital provider must document the refusal.
**Policy:** Due to resource limitations, it may be necessary for a hospital emergency department to declare bypass. The following procedures should be followed.

**Procedure:**

1. Effective September 1, 2004, hospitals must utilize the web-based Illinois Department of Public Health Hospital Bypass System. When a hospital has determined any of the following circumstances, a representative of the hospital must notify the Resource Hospital and all other Loyola EMS System Associate Hospitals:
   - Hospital status has changed from open to peak census
   - Hospital status has changed from peak census to bypass
   - Hospital status has changed from peak census or bypass to open

   Prehospital providers should also be notified when a hospital goes on emergency department bypass and when they go off.

   Information that must be included in the notification is as follows:
   - Circumstances that initiated the decision for emergency department bypass
   - Estimate the time the hospital expects to resume normal activity
   - Names of contact personnel at the hospital if additional communication becomes necessary

2. The hospital shall notify the Illinois Department of Public Health Division of Emergency Medical Systems during the next business day following any bypass or resource limitation decision. This notification can be faxed. Faxed paper reports are not required if bypass is reported electronically.

3. Radio and telemetry calls will continue to be handled in the normal manner with the decision to divert ambulances to the next closest, most appropriate hospital being approved/disapproved on a case-by-case basis.

4. The hospital should update the Resource Hospital and the web-based Hospital Bypass System of its estimated time for discontinuation of bypass status every four hours.

5. When the hospital has determined that resources are available to resume care, they will again contact the Resource Hospital, the web-based Hospital Bypass System and all prehospital providers in the System of the discontinuation of their emergency department bypass status.
PURPOSE: To identify a valid Do Not Resuscitate (DNR) order and those patients in which CPR/medical care should not be initiated as directed by a physician's written order.

To identify certain situations in which withholding or withdrawing of resuscitative efforts may be considered as directed by Medical Control.

POLICY: Prehospital providers are permitted to withhold or withdraw medical care pursuant to a valid DNR order in pulmonary or cardiac arrest situations.

PROCEDURE: Withholding or Withdrawing of Resuscitative Efforts

1. If at any time prehospital providers are not certain which of these policies/procedures apply, begin treatment and contact Medical Control for orders.

2. Emotional support should be provided to significant others.

3. Disposition of the patient will be handled according to local and county requirements.

4. Use of the Withholding or Withdrawing of Resuscitative Efforts SOP must be guided by a physician. Contact should be established via telemetry radio or cellular phone. Note: MERCI radio or private phone may be used in extenuating circumstances.

5. Patients may be pronounced dead by an ED physician. The time of pronouncement should be documented on the Patient Care Report (PCR) (electronic or paper as appropriate).

6. Document thoroughly all circumstances surrounding the use of this procedure.

7. Attach a copy of the EKG rhythm strip to the provider copy of the PCR (ALS).

Power of Attorney for Healthcare

If someone represents themselves as having Power of Attorney to direct medical care of a patient and/or a document referred to as a Living Will is present, follow these guidelines:

8. DNR requests can only be honored by prehospital providers if a written DNR order, signed by the patient's physician, is presented.

9. Healthcare decisions other than DNR may be made by the Power of Attorney for Healthcare, if the document provides for this. If in doubt, begin treatment and contact Medical Control.

10. Bring any documents presented to the hospital.

Living Will/Surrogates

8. DNR requests can only be honored by prehospital providers if a written DNR order, signed by the patient's physician, is present.

9. Living Wills may not be honored by prehospital providers. Begin or continue treatment. Contact Medical Control, explain the situation, and follow any orders received.

10. There are no situations in which a surrogate can directly give instructions to prehospital providers. Begin or continue treatment. Contact Medical Control, explain the situation and follow any orders received.

DNR Orders/Withholding Treatment

8. Confirm the validity of the DNR order according to System Policy. Contact Medical Control if any item is missing. Components of a valid DNR order:

- Must be a written document that has not been revoked. It must contain all of the following:
  - Name of patient
9. If the DNR order is valid, resuscitative efforts will be withheld. Follow any specific orders found in the DNR order.

10. In the event the patient has a valid DNR order but IS NOT in cardiac or respirator arrest with a decompensating condition, begin Initial Medical Care per Region VIII SOP; if considering intubation, contact Medical Control. If unable to contact Medical Control, follow appropriate Region VIII SOP.

11. If resuscitative efforts were begun prior to the DNR form being present, efforts may be withdrawn once the validity of the order is confirmed. Contact Medical Control and explain the situation. Follow any orders received.

**Obviously Dead Patients: “Triple Zero”**

8. Obviously dead patients are those found to be non-breathing, pulseless, asystolic, and have one or more of the following long-term indications of death. No resuscitative efforts are to be initiated for the patients listed below:

- Decapitation
- Rigor Mortis without hypothermia
- Profound dependent lividity
- Decomposition
- Mummification / putrification
- Incineration
- Frozen state

9. For patients appearing to be obviously dead but not listed above, contact Medical Control and explain the situation. Indicate that you have a “Triple Zero”. Follow any orders received.

10. Document pronouncement time and physician name.

**Hospice Patients Not in Arrest**

8. If patients are registered in a hospice program, initiate BLS care and immediately contact Medical Control for orders on treatment and disposition. Inform Medical Control of the presence of written treatment orders and/or valid DNR orders

**Patients in persistent Asystole/PEA who do not respond to treatment (ALS)**

*Note: an order from a physician is required before stopping treatment.*
8. Provide patient care, per Region VIII SOP based on the patient’s condition

9. Contact Medical Control and explain the events of the call. Report treatments administered and any patient responses.
   a. Confirm all of the following:
      • The patient is an adult, is normothermic, and experienced an arrest unwitnessed by EMS
      • The patient remains in asystole / PEA
      • ET and vascular access are confirmed as patent
      • Drug therapy, defibrillation, and CPR attempts have been carried out according to SOP
   b. If the physician determines it is appropriate, s/he may give the order to discontinue medical treatment. It is not necessary that all four above criteria be met.
   c. **Only an ED physician may make the determination to withdraw resuscitative efforts.**
   d. Consult with Medical Control for disposition of patient. Record time of pronouncement and physician name.

10. If the physician gives the order to continue resuscitative efforts until EMS reaches the hospital, treatment per appropriate Region VIII SOP is to be carried out.

11. If unable to establish communications with Medical Control, resuscitative efforts should continue until the patient reaches the hospital.

**Blunt Traumatic Arrest**

A blunt trauma patient without vital signs, upon arrival by prehospital providers, may consider withholding resuscitative efforts with approval of Medical Control.

**Notification of Coroner/Medical Examiner**

Notification of the Coroner’s/Medical Examiner’s office, in which a DNR order was honored on a patient with a terminal medical illness and under care of a physician, shall be by either the local police department or the EMS personnel.

The EMS Medical Director or designee will review every DNR order to insure adherence to this policy. In any case in which there is deviation from the DNR policy, the EMS Medical Director will initiate an EMS Quality Control Communication Report.
TITLE: Pronouncement of Death in the Prehospital Setting  
NUMBER: 200.15  
SECTION: Medical-Legal  
EFFECTIVE: 9/1/99  
REVISED/REVIEWED: 12/5/13

PURPOSE: To define pronouncement of death in the prehospital setting.

POLICY: A patient under the care of Loyola EMS System EMT-Paramedics or Pre-Hospital RNs may be pronounced dead at the scene, in the ambulance, or en route, by the approved base station emergency department physician directing the care of the patient. This may be done in the following situations:

1. When, in the medical judgment of the approved base station emergency department physician, the patient has died and the initiation of medical treatment by EMT-Paramedics or Pre-Hospital RNs is not appropriate;

or

2. When, in the medical judgment of the approved base station emergency department physician, the patient has died and continued treatment of the patient would be ineffective and, therefore, inappropriate.

WITHHOLDING OR WITHDRAWING MEDICAL CARE – PHYSICIAN RESPONSIBILITIES

The following guidelines are for use by the approved base station emergency department physician in making determinations for the withdrawal or withholding of medical treatment. They are guidelines only, and each physician is responsible for using his or her own medical judgment when making a decision to withhold or withdraw medical care. Communications with prehospital providers should be via telemetry radio or cellular telephone. (Note: MERCI radio or private phone can be used in extenuating circumstances.) Disposition of the body will be in accordance with county ordinance and the wishes of the communicating physician.

1. Obviously Dead Patients ("Triple Zero" – Biological Death)
   a. CPR and advanced life support procedures will not be initiated by prehospital providers when presented with a patient who has suffered decapitation, rigor mortis without hypothermia, profound dependent lividity, decomposition, mummification, incineration, or those who are in a frozen state.
   b. Prehospital providers will expeditiously notify Medical Control of the presence of one of the above listed conditions by referring to the patient as a triple zero patient and will describe the patient's condition and the situation.
   c. Confirmation of no cardiac electrical activity by ECG rhythm strip in two leads.
   d. If the physician agrees that the patient meets the requirements set forth above, the physician should pronounce the patient dead. The time of pronouncement should be documented in the Prehospital Communications Report.

2. Cardiac Arrest Patients with DNR Orders
   a. The validity of the DNR order must be determined in accordance with IDPH regulations and System policy.
   b. If the DNR form is valid, resuscitative efforts may be withheld or withdrawn by prehospital providers.
   c. The patient should then be pronounced by the physician and the time of pronouncement should be recorded in the Prehospital Communications Report.

NOTE: Resuscitation will be begun by prehospital providers on patients with Living Wills, incomplete/invalid DNR orders and/or with an agent at the scene. The communicating physician will be asked to determine how the EMT-Paramedics or Pre-Hospital RNs should proceed.

3. No Response Patients (cardiac arrest patient who fails to respond to treatment)
a. Consideration should be given to withdrawing medical care from patients who have not responded to appropriate resuscitative efforts. These patients will be described as patients who remain unresponsive, asystolic and apneic despite aggressive use of Region VIII SOPs.

b. The physician should request that the EMT-Paramedics or Pre-Hospital RNs confirm that the patient remains in cardiac arrest and has not responded to resuscitation attempts guided by Region VIII SOPs.

c. The physician should request that the EMT-Paramedics or Pre-Hospital RNs reaffirm that ET tube and IV placement is correct and that treatment has been given in accordance with Region VIII SOPs.

d. The physician may then give the order to prehospital providers to withdraw resuscitative efforts. In most cases, this order should be given after the patient has been removed to the ambulance (away from significant others). If, in an extraordinary situation, it is impossible or not desirable to move the body (e.g. hospice or nursing home), the physician will be informed of this situation and should give orders to the EMT-Paramedics or Pre-Hospital RNs on how to proceed.

e. The physician should pronounce the patient dead and record the time of pronouncement in the Prehospital Communications Report.
### PURPOSE:
To define guidelines for notification of the coroner/medical examiner.

### POLICY:
Personnel of the Loyola EMS System, whether operating at a basic or advanced life support level, are required to immediately initiate cardiopulmonary resuscitation (CPR) whenever clinical signs of a premorbid state exist.

The medical examiner and/or law enforcement agency having jurisdiction must be notified or informed of any dead body of any person found within their respective areas.

### PROCEDURE:

1. In situations where gross indications are conclusive that death has occurred (e.g. decomposition, decapitation, etc.), the prehospital providers shall contact Medical Control for the decision whether or not on scene care is to be initiated.
   a. If Medical Control advises it is not necessary to initiate resuscitative measures the prehospital provider will notify the appropriate medical examiner and/or law enforcement agency.
   b. If Medical Control advises to initiate resuscitative measures, the prehospital provider will do so in accordance with SOPs and transport to the receiving facility.

2. Whenever presented with a Do Not Resuscitate order, always begin BLS assessment while simultaneously contacting Medical Control to have the DNR order reviewed and approved by the approved base station emergency department physician.

3. In an attempt to assure preservation of possible evidence at a crime scene, the prehospital providers should avoid unnecessarily disturbing the scene, or abandoning the body or scene until proper authorities arrive (see Policy 200.6 Crime Scene Response).

4. When law enforcement officers are on scene, ambulances may return to service if, and when, a valid DNR order for that patient is documented or resuscitation is not initiated as explicit signs biological death (triple zero) exist and confirmation has been obtained by Medical Control.

5. The hospital will be responsible for notifying the medical examiner for any patients received in the emergency department.

6. An Ambulance Run Report form or refusal must be completed on all patient contacts. This form is an official document, which must indicate all treatment and/or assessments regardless of whether or not transportation occurs.

7. Body removal should be completed by the local police department or funeral home if medical examiner approval is given.
<table>
<thead>
<tr>
<th>PURPOSE:</th>
<th>To assure a safe environment and prohibit the use of controlled substances and alcohol by System providers while on duty.</th>
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<tbody>
<tr>
<td>POLICY:</td>
<td>Abuse of controlled substances, including alcohol, by System providers while on duty will be grounds for suspension. The suspension action will be consistent with the Rules of the Illinois Department of Public Health.</td>
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<tr>
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<td>Those observing behaviors or signs of substance abuse by providers must report their observations to the Loyola EMS System immediately. Both the Loyola EMS Medical Director and Loyola EMS System Coordinator may be reached by pager.</td>
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<tr>
<td></td>
<td>The EMS Medical Director or EMS System Coordinator will contact the involved participant's employer and request his or her immediate removal from patient care activities and System participation suspension protocols will be initiated.</td>
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</table>
PURPOSE: Assure victims of abuse receive information regarding available resources.

POLICY: Prehospital providers will offer information regarding services available to victims of abuse or for any person suspected to be a victim of domestic abuse.

PROCEDURE: Suspected Abuse or Neglect

1. Initial Medical/Trauma Care.
2. Treat obvious injuries per appropriate SOP.
3. History, physical exam, scene survey; document findings on Ambulance Run Report.

Suspected Child Abuse/Neglect

   a. Transport is mandatory.
   b. Contact Medical Control if parent/legal guardian refusing.

5. Notify the following (reporting is mandatory by the prehospital provider):
   a. Illinois Department of Children and Family Services Child Abuse Hotline
      • 1-800-25-ABUSE (1-800-252-2873)
      • 1-217-785-4020

Suspected Domestic/Sexual Abuse

4. Provide victims of suspected abuse information on services available. See Domestic Crime Victim information forms.

5. Encourage them to seek medical attention.

6. If patient is a victim of suspected sexual abuse and less than 18 years of age, DCFS must be contacted by prehospital providers. Notify the following (reporting is mandatory by the prehospital provider):
   a. Illinois Department of Children and Family Services Child Abuse Hotline
      • 1-800-25-ABUSE (1-800-252-2873)
      • 1-217-785-4020

Suspected Elder Abuse/Neglect

4. Reporting is mandatory in a case of suspected elder abuse/neglect. Notify the following (reporting is mandatory by the prehospital provider):
   a. Illinois Department on Aging Elder Abuse Hotline
      • 1-866-800-1409

Suspected Abuse/Neglect of the Mentally Ill/Developmentally Disabled

4. Notify the following (reporting is mandatory by the prehospital provider):
   b. Illinois Department of Human Services
      • 1-800-368-1463
Suspected Abuse/Neglect of Residents of Long-Term Care Facilities, Assisted Living Facilities or Hospitals

4. Notify the following (reporting is mandatory by the prehospital provider):
   a. Illinois Department of Public Health Abuse Hotline
   • 1-800-252-4343
PURPOSE: To collect data to facilitate the tracking of case outcomes for purposes of quality control and for activities related to the improvement of prehospital care.

POLICY: An Ambulance Run Report (electronic or paper as appropriate) shall be completed by each vehicle service provider for every prehospital or inter-hospital transport.

As taken from 77 Ill. Adm. Code § 515.350:

Data Collection and Submission

a) An Ambulance Run Report shall be completed by each vehicle service provider for every emergency pre-hospital or inter-hospital transport and for refusal of care.

   One copy shall be left with the receiving hospital emergency department, trauma center or health care facility before leaving this facility.

b) All non-transport vehicle providers shall document all medical care provided and shall submit the documentation to the EMS System within 24 hours. The Resource Hospital shall review all medical care provided by non-transport vehicles and shall provide a report to the Department upon request.”
PURPOSE: To prescribe the definitions, the indicators of, and procedures to respond to an impending or active System-wide crisis.

POLICY: System-wide crisis is defined as developing trends, medical or trauma, leading to the influx of patients with similar signs and symptoms that increase the demand or stress and/or overwhelm System resources. In accordance with Loyola EMS System's Mission statement of "effective and efficient delivery of quality prehospital health care" all hospitals and providers shall abide by the following procedures to recognize and notify of System-wide crisis.

PROCEDURES:

1. Recognition
   a. The following can indicate the development of a System-wide crisis:
      i. Increase in patients with similar signs and symptoms (syndromic surveillance) at your facility or transported by your agency
      ii. Increase in number of hospitals at peak census or on emergency department bypass
      iii. Mass casualty incident

2. Initial Notification
   a. Prehospital providers shall notify the Resource Hospital of trends or incidents as described above.
   b. Associate Hospital personnel shall notify the Resource Hospital of trends or incidents as described above.
   c. Associate Hospital personnel shall relay any informal communications to the Resource Hospital received from providers.

3. Resource Hospital Actions
   a. Telemetry and emergency department personnel shall document the notification to include, minimally, the following:
      i. Time of call
      ii. Location of call
      iii. Agency notifying
      iv. Nature of the incident (signs and symptoms/mechanism of injury)
      v. Number of patients (projected, anticipated, or approximate)
   b. Contact the Loyola EMS Medical Director and/or EMS System Coordinator if the following occurs:
      i. Two or more sources make contact
      ii. The incident is significant (e.g. will overwhelm System resources, potential act of terrorism, potential public health crisis, etc.)
   c. Document incident response

4. Medical Director/ EMS Coordinator Actions
   a. Document the notification in accordance with item 3a
   b. Assess the situation
   c. Communicate or direct Resource Hospital personnel to communicate with reporting agency(ies) and other response agencies including but not limited to the following:
      i. Illinois Poison Control Center
ii. Local departments of public health

iii. Local emergency management agency

iv. Other resource hospitals

v. The Regional Hospital Coordination Center (RHCC)

vi. Other EMS systems

vii. Other EMS regions

viii. Illinois Department of Public Health

d. Develop or direct the development of an Incident Action Plan (IAP) in accordance with the philosophy and mission of Loyola University Health System, Loyola EMS System, and the Incident Command System.

5. Incident Management

a. Prehospital providers shall manage prehospital incidents in accordance with agency adopted Incident Command System.

b. Prehospital providers shall manage medical care in accordance with Region VIII Standard Operating Procedures.

c. Hospital personnel shall manage hospital functions in accordance with agency adopted Incident Command System.

d. Hospital personnel shall manage medical care in accordance with established hospital procedures.

e. EMS Medical Director, EMS System Coordinator, or Resource Hospital, in addition to managing internal hospital functions, shall coordinate with the multiple agencies involved.

f. Incident Action Plan may be oral, for small scale incidents/short duration incidents, and shall be written for large scale incidents/extended duration incidents, and shall address the following priorities:

i. Life saving and life safety objectives

ii. Incident stabilization and resolution objectives

iii. Property preservation objectives

6. Incident Documentation

a. All System-wide crises shall be documented using the System-wide crisis form developed by IDPH and appropriate Incident Command System forms.
# EMS Provider/Associate & Participating Hospital Work Sheet

## System-Wide Crisis

<table>
<thead>
<tr>
<th>Name of Hospital/Provider</th>
<th>Date</th>
<th>Time</th>
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Name of Person Reporting

### Hospitals Only

<table>
<thead>
<tr>
<th>Number of Patients with Same/Like Symptoms Seen in Last Six (6) Hours</th>
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### Providers Only

<table>
<thead>
<tr>
<th>Number of Patients Transported to Emergency Departments by All Ambulances in Our Service with Same/Like Symptoms</th>
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Any Increase in Response Time: Yes | No

### Hospitals and Providers

Common Like Complaints by Patients:

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Any Other Pertinent Information:

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</table>
Resource Hospital Contacted:  □ Yes  □ No

Person Contacted at Resource Hospital:  ______________________  ______________________
   Name  Title

How was Information Reported:  □ Phone  □ Fax  □ Page  □ Dedicated Phone Line
□ Person to Person  □ Other ______________________

Names/Organizations and/or Titles of Other Persons Contacted:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
Date: ___________________________       Time: __________________

___________________________               _______________________
Name of Resource Hospital               Name of Person Filling
In Report/Title

___________________________               _______________________
Telephone Number

Names of Associate Hospitals/Participating Hospitals Requesting Bypass or Who Have Seen an
Increase in E.D. Visits:

-------------------------------------------------------------------------------------------------

-------------------------------------------------------------------------------------------------

Common Signs/Symptoms of Patients Who are coming to the Emergency Department:

-------------------------------------------------------------------------------------------------

-------------------------------------------------------------------------------------------------

Name(s) of Provider(s) in the Area Who Have Seen an Increase in Runs:

-------------------------------------------------------------------------------------------------

-------------------------------------------------------------------------------------------------

Name and Time of EMS Coordinator or EMS Medical Director Notification:

-------------------------------------------------------------------------------------------------

Date/Time/Name of Person Notified at the State (e.g. Chief of EMS)

<table>
<thead>
<tr>
<th>Name</th>
<th>How Contacted (Pager, Phone, Fax)</th>
<th>Time Notified</th>
<th>Date Notified</th>
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</table>
PURPOSE: The intent of the procedure is to establish a consistent method of action associated with the receipt of newborn infants who, under the Abandoned Newborn Infant Protection Act, 325 Ill. Comp. Stat. § 2/1 et seq., may be legally relinquished to the care and custody of a hospital, manned fire station or other emergency medical facility.

DEFINITIONS: Newborn
A newborn is an infant who a licensed physician reasonably believes is 30 days old or younger.

Relinquish
Relinquish means leaving an infant with the personnel of a hospital, manned fire station, or other emergency medical facility.

Emergency medical facility
An emergency medical facility is a freestanding emergency center or trauma center as defined in the Emergency Medical Services (EMS) Systems Act. Urgent care and convenient care centers are not included in this designation.

POLICY: As directed by the Illinois Abandoned newborn Infant Protection Act, 325 Ill. Comp. Stat. § 2/1 et seq., the personnel of a Loyola EMS System hospital, manned fire station, or other emergency medical facility must accept and provide all necessary care to a newborn infant, who a licensed physician reasonably believes is 30 days old or younger, presented to their facility.

PROCEDURE:
1. The facilities must provide appropriate and adequate medical care necessary to ensure the safety of the child.

2. If there is suspected child abuse or neglect, not based solely on the infant’s relinquishment, Loyola EMS System prehospital providers and hospital personnel must report that to the DCFS Central Registry 1-800-25-ABUSE, using the current Standard Operating Procedures for making such a report.

3. The personnel of the Loyola EMS System provider agency must provide an information packet to the relinquishing person, which contains information on the Adoption Registry and Medical Exchange, written notice of the process to terminate parental rights, and a resource list of counselors, including grief counseling, pregnancy counseling and counseling regarding adoption, and other available options. (Each agency should develop its own list of local providers of these services.) The information packet must include written notice of the following:
   a. “No sooner than 60 days following the date of the initial relinquishing of the infant to a hospital, manned fire station or emergency medical facility, the child placing agency or the Department of Children and Family Services (DCFS) will commence proceedings for the termination of parental rights and placement of the infant for adoption.”
   b. “Failure of a parent of the infant to contact the Department of Children and Family Services (DCFS) and petition for the return of custody of the infant before termination of parental rights bars any further action asserting legal rights and respect to that infant.”

4. Loyola EMS System personnel who accept a child must inform the relinquishing person that they may relinquish the child anonymously and acceptance of the information packet is completely voluntary.

5. Loyola EMS System personnel may inquire about the maternal/child medical history, but the relinquishing person is under no obligation to provide any information.
6. If the relinquishing person declines the information packet, the relinquishing person must be verbally informed that by relinquishing the infant anonymously, he or she will have to petition the court to prevent the termination of parental rights and retain custody.

7. Loyola EMS System personnel at a manned fire station or emergency medical facility is responsible for transporting the child to the closest, most appropriate hospital for further medical evaluation in compliance with established EMS System procedures. After being evaluated at a hospital, the infant will be placed with the Department of Children and Family Services who will then transfer the baby to an adoption agency. The birth mother has 60 days to reconsider relinquishing her baby.

8. The Loyola EMS System hospital must further examine the infant and call the State Central Registry (1-800-25-ABUSE) to report the relinquished infant within 12 hours of acceptance of the child.

9. If the parent or relinquishing person of a newborn infant returns to reclaim the child within 72 hours after relinquishing the child to a manned fire station or emergency medical facility, personnel must inform the parent or relinquishing person of the name and location of the hospital to which the infant was transported.

ASSUMPTIONS:

- The hospital, manned fire station or emergency medical services facility is deemed to have temporary protective custody until DCFS or a licensed child-placing agency takes physical custody of the infant.
- DCFS will contact law enforcement agencies so that an investigation may proceed to ensure that the relinquished newborn infant is not a missing child.
PURPOSE: The following procedure for accurate accounting of controlled substances is to be followed by the Resource and all Associate Hospitals in the Loyola EMS System. These procedures are the requirements set forth by the U.S. Department of Justice Drug Enforcement Administration (DEA) for accountability for all controlled substances used in the advanced life support ambulances.

POLICY: Responsibilities of the Resource Hospital

1. The Resource Hospital will initially stock the IDPH/System-approved ALS ambulances with those controlled substances approved by the Loyola EMS System Medical Director and included in the Loyola EMS System drug inventory.

2. The Resource Hospital will track ALS Ambulance Run Reports on which controlled substances were used for later DEA accountability purposes.

3. The Resource Hospital will accept any excess controlled substances from the prehospital providers and dispose of such substances according to appropriate hospital and DEA policy. The Resource Hospital, upon proof of use, will then replace the controlled substance used by the ALS provider.

Responsibility of Associate Hospitals

1. The Associate Hospital will accept any excess controlled substances from the prehospital providers and dispose of such substances according to appropriate hospital and DEA policy. Upon proof of use, each Associate Hospital will then replace the controlled substance used by the ALS provider.
<table>
<thead>
<tr>
<th>PURPOSE:</th>
<th>To establish standard documentation for inventory and use of controlled substances on Loyola EMS System ALS vehicles.</th>
</tr>
</thead>
<tbody>
<tr>
<td>POLICY:</td>
<td>Controlled substances include those DEA Scheduled drugs approved for use by the Loyola EMS System Medical Director. Controlled substances will be inventoried daily and documented on a system approved Controlled Substance Inventory Sheet. Administration of controlled substances will be documented on the administration record located on the inventory sheet.</td>
</tr>
</tbody>
</table>
| PROCEDURE: | 1. Daily inventory of controlled substances requires the **signatures of both the EMT-Paramedics or Pre-Hospital RNs going off duty and the EMT-Paramedics or Pre-Hospital RNs coming on duty.**  
2. Administration of controlled substances will be documented on the Controlled Substance Inventory Sheet and a copy of the Ambulance Run Report will be attached.  
3. Replacement of the used controlled substances at the receiving hospital will be documented in the hospital controlled substance logbook.  
4. The completed Loyola EMS System Controlled Substance Inventory Sheet will be submitted to the EMS System office monthly. Any discrepancy is to be reported to the EMS office and should be documented on a Quality Control Communication Report form as soon as possible.  
5. **Missing Doses or Suspected Tampering**  
   a. If a controlled substance is unaccounted for or shows signs of tampering, the EMS System Coordinator must be notified by the ALS providers’ EMS Coordinator within 24 hours of the incident. The EMS System Coordinator shall investigate the incident; replacement of the controlled substance will be issued to that vehicle by the Resource Hospital only.  
   b. The ALS providers’ EMS Coordinator will forward within 72 hours to the Loyola EMS System office the following:  
      i. Original incident documented by EMT-Paramedics or Pre-Hospital RNs involved.  
      ii. Summary of events documented on System Quality Control Communication Report form completed by the ALS providers’ EMS Coordinator.  
      iii. A copy of the police report, if applicable documenting the missing controlled substances.  
      iv. Prehospital providers may be subjected to a urine drug screen as applicable to determine “fit for duty status”.

Loyola EMS System

55
PURPOSE: To provide a mechanism for a means for Loyola Emergency Medical Services System prehospital providers to exchange used, expired, or damaged medications.

POLICY: 1:1 Exchange

1. All medications utilized in prehospital patient care will be exchanged on a 1:1 basis. An Ambulance Run Report is required to replace or exchange any drugs or equipment.

2. To replace all medications utilized in prehospital patient care, the provider should request assistance from an emergency department nurse to access the Omnicell/Pyxis system. The following information is required:
   a. Prehospital provider
   b. Completed Ambulance Run Report
   c. Type and amount of supplies used

Soon-to-be Expired/Damaged Medications

All drugs, according to FDA, are dated with an expiration date on the outside of the box. If dated with month and year only, the drug will expire on the last day of indicated month. (For example, 10/05 will expire 10/31/05.)

A Drug Exchange Record form must be completed to exchange soon-to-be-expired or damaged medications thru the Loyola University Medical Center Pharmacy. Drugs must be exchanged at least 60 days prior to the expiration date.

Expired Medications

In order to honor the 1:1 exchange, drugs must be received 60 days prior to expiration date without incurring a charge to the provider.

Refusal of Service

When there are medications used for prehospital care of a patient and the patient is a documented refusal of service, the following procedure must be followed:

1. Submit a copy of the Ambulance Run Report to the receiving hospital indicating the medications used.

2. Medications may be exchanged on a 1:1 basis at the expense of the prehospital provider department.
PURPOSE: To provide a mechanism for an expedient and financially equitable means for prehospital providers to exchange supplies through the Loyola EMS System.

POLICY: Supplies Utilized in Patient Care

1. All supplies utilized in prehospital patient care will be exchanged on a 1:1 basis. An Ambulance Run Report is required to replace or exchange any drugs or equipment.

2. Exchanges for supplies are completed in the emergency department with ED staff. The following information is required:
   a. Prehospital provider
   b. Completed Ambulance Run Report
   c. Type and amount of supplies used

Refusal of Service

When there are supplies used for prehospital care of a patient and the patient is a documented refusal of service, the following procedures must be followed:

1. Submit a copy of the Ambulance Run Report to the receiving hospital indicating the supplies used.

2. Supplies may be exchanged on a 1:1 basis at the expense of the prehospital provider department.
PURPOSE: It is recognized that prehospital equipment is often left at a receiving hospital by prehospital providers. The Loyola EMS System has developed this policy for identification and storage of non-disposable equipment left in emergency departments by prehospital providers.

POLICY:

1. Hospital responsibilities:
   a. Equipment will be cleaned and stored in a designated area for 72 hours.

2. Prehospital providers’ responsibilities:
   a. All equipment should be properly marked to facilitate identification.
   b. Appropriate identification will be required upon collection of equipment.
   c. Every attempt should be made to pick equipment up within 72 hours.

3. If the equipment cannot be located, arrangements may be made with the emergency department manager to replace the item.
| PURPOSE: | To standardize the method for obtaining supplies for new ambulances. |
| POLICY: | Requests for supplies should be submitted to the EMS System Coordinator two weeks in advance of need. Requests for controlled substances must be signed by EMS Medical Director or designee. |
TITLE: Paramedic Program Admission Requirements

SECTION: Education

EFFECTIVE: 9/1/99

REVISED/REVIEWED: 12/5/13

PURPOSE: To identify the admission requirements to the Loyola University Medical Center EMS Paramedic Program.

POLICY: The requirements for acceptance to the Loyola University Medical Center EMS Paramedic Program include:

1. Completed application form
2. Completed essay form
3. High School diploma or equivalency
4. Current IDPH EMT-Basic licensure
5. Current BLS Healthcare Provider (CPR) completion card
6. Letter from employer/supervisor verifying experience as an EMT-Basic (recommended six months minimum)
7. One to two letters of recommendation outlining the applicant’s strengths
8. Valid Illinois Driver’s License
9. $50.00 application fee
10. Background check (upon qualification for acceptance into the Program)
11. Immunization verification (upon acceptance into the Program)
12. Copy of personal health insurance card (upon acceptance into the program)

In addition to the above requirements, applicants will undergo preadmission testing. Testing consists of a standardized reading comprehension exam, a mathematics exam, and an EMT-Basic exam.

Applicants who meet or exceed the minimum scores on preadmission exams and have submitted all required application documentation will be invited to schedule an interview with the Paramedic Program Coordinator and Lead EMS Instructor.

Qualification for acceptance into the Program is determined by the combined score of the written exams and a formal interview. Final acceptance into the Program is contingent on the results of the criminal background check and submission of a completed immunization verification form.

LUMC abides by all applicable provisions of federal, state and local law. LUMC EMS Paramedic Program does not discriminate in its admission policies and practices on the basis of race, religion, color, sex, age, sexual orientation, national origin or ancestry, marital status, veteran’s status or any other classification protected by law. Otherwise qualified individuals are not discriminated against on the basis of physical or mental handicap/disability.
PURPOSE: To identify the goals and objectives of the Loyola University Medical Center EMS Paramedic Program.

POLICY: The LUMC EMS Paramedic Program is a comprehensive course of study based on the U.S. Department of Transportation’s National EMS Education Standards (2009) for paramedic instruction. This program is designed to provide the student with the cognitive, affective and psychomotor skills that are essential in performing the duties of a paramedic. The LUMC EMS Paramedic Program offers a broad-based and comprehensive educational experience, rooted in formal didactic and practical instruction, a variety of clinical rotations, and a comprehensive field internship. In each of these phases of the Program, students are encouraged and supported by their instructors to take responsibility for their learning and to develop a knowledge base that will make them life-long learners and leaders in the Emergency Medical Services field as an allied health professional.

Paramedic Program Goals

The goals of the program are to graduate students that are prepared to be allied health professionals who interact effectively with other emergency services personnel, to be dynamic leaders, to value life-long learning and personal development, to be of service within their communities, and above all, to respect and sustain human life.

Paramedic Program Objectives

Upon successful completion of the LUMC EMS Paramedic Program, students must demonstrate a thorough understanding and integration of the following objectives:

A. Cognitive Objectives:

1. Students must understand the ethical and legal responsibilities that pertain to the practice of prehospital care.

2. Students must understand all medical principles that will guide their practice as paramedics, including but not limited to: terminology, body systems, anatomy and physiology, homeostasis, pathophysiology, mechanisms of injury, kinematics of trauma, pharmacology, and treatment interventions.

3. Students must understand all aspects of patient care as they pertain to the roles and responsibilities of the paramedic.

4. Students must understand the processes of clinical decision making that lead to appropriate, timely and professional care of the sick and injured.

5. Students must understand all of the operational and administrative aspects that pertain to the practice of prehospital emergency care.

B. Psychomotor Objectives:

1. Students must demonstrate all skills to the minimum passing proficiency level as determined by the LUMC EMS faculty, Illinois Department of Public Health, and/or the National Registry of Emergency Medical Technicians.

2. Students must demonstrate the ability to formulate and apply appropriate treatment plans based upon the knowledge, skills and abilities obtained through didactic instruction, clinical instruction, medical direction and standard operating procedures.

3. Students must demonstrate critical thinking skills as measured through written and practical examinations, research, clinical and field internship evaluations, and completion of other assignments.

4. Students must contribute to, and participate actively in class through discussions, presentations and appropriate inquiry.
C. Affective Objectives:

1. Students must show compassion in rendering care, seeking always to be patient advocates.
2. Students must exercise their duties with respect for all persons without regard to an individual’s race, creed, religion, gender, disability, sexual orientation, or nationality.
3. Students must show respect for themselves, one another, the LUMC EMS faculty and staff, clinical and field instructors and all affiliates and constituents of the LUMC EMS System.
RESPONSIBILITIES:

1. Responsible and accountable for decisions made in the prehospital setting regarding patient care provided by the paramedic student.

2. Responsible for orienting, teaching, and supervising paramedic student during their field experiences.

3. Complete the necessary documentation and evaluations regarding field performance. Communicate with the Lead EMS Instructor to provide a comprehensive evaluation and recommendation either positive or negative for eligibility for graduation.

4. Attend the annual preceptor workshop/seminar.

5. Commit to participate in a minimum of eight hours educational time per year in one or more of the following ways:
   a. Provide lectures/skills for EMT Program
   b. Provide lectures/skills for Paramedic Program
   c. Proctor Paramedic Program skills testing
   d. Facilitate continuing education lectures (EMT, Paramedic, PHRN, ECRN)
   e. Proctor continuing education skills testing (EMT, Paramedic, PHRN, ECRN)
   f. Attend the NAEMSE Instructor Course I

QUALIFICATIONS:

In order to be considered for the position of Paramedic Preceptor, the individual must remain active in the Loyola EMS System and must meet the following criteria:

1. Maintain current license as an EMT-Paramedic in the State of Illinois and remain in good standing in the Loyola EMS System.

2. Have a minimum of two years experience as a licensed EMT-Paramedic.

3. Receive written recommendation by Department ALS EMS Coordinator.

4. Demonstrate competency in knowledge and skills by achieving a passing score on all System CE quizzes and practicals.

5. Maintain current ACLS, ITLS/ PHTLS and PEPP/ PALS verification. (Must obtain within one year.)

6. Attend Loyola EMS System preceptor seminar.

7. All preceptors are subject to review on an annual basis; this will take place each December.

8. Receive approval by the EMS Medical Director and EMS System Coordinator.

System Education:

Preceptors are eligible to attend Loyola University Medical Center EMS specialty education courses, e.g. ACLS, AMLS, GEMS, PALS, PEPP, PEARs, PHTLS or ITLS (excluding CCEMTP), tuition free if they meet the following criteria:

1. Fulfill the eight-hour educational time commitment in the 12-month period preceding the requested class.

2. Register for the requested class with a deposit of 50 percent of the tuition to hold a place in the class. The deposit is refundable upon successful completion of the course.
PURPOSE: To identify the prerequisites to the Loyola University Medical Center EMS EMT Program.

POLICY: The requirements for acceptance to the Loyola University Medical Center EMS EMT Program include:

1. Minimum of 18 years of age
2. Completed application form
3. Completed essay form
4. High School diploma or equivalency
5. Current BLS Healthcare Provider (CPR) completion card
6. Valid Illinois Driver’s License
7. $35.00 application fee
8. Background check (upon qualification for acceptance into the Program)
9. Immunization verification (upon acceptance into the Program)
10. Copy of personal health insurance card (upon acceptance into the program)

Final acceptance into the Program is contingent on the results of the criminal background check and submission of a completed immunization verification form.

LUMC abides by all applicable provisions of federal, state and local law. LUMC EMS Paramedic Program does not discriminate in its admission policies and practices on the basis of race, religion, color, sex, age, sexual orientation, national origin or ancestry, marital status, veteran’s status or any other classification protected by law. Otherwise qualified individuals are not discriminated against on the basis of physical or mental handicap/disability.
PURPOSE: To identify the goals and objectives of the Loyola University Medical Center EMS EMT Program.

POLICY: The Loyola University Medical Center Emergency Medical Services Emergency Medical Technician (EMT) Program is a four-month course of study based on the U.S. Department of Transportation’s National EMS Education Standards (2009) and NHTSA National EMS Scope of Practice Model (2007) for EMT instruction. Loyola will meet the minimum standards requirement for the 1998 DOT curriculum as stated above. Incorporated into each 192-hour course are 16 hours of ambulance ride time and 16 hours of clinical rotation in hospital emergency departments.

EMT Program Goals
The goal of the EMT Program is to graduate students that are prepared to be emergency medical technicians who interact effectively with other emergency services personnel, to be dynamic leaders, to value life-long learning and personal development, to be of service within their communities, and above all, to respect and sustain human life.

EMT Program Objectives
Upon successful completion of the LUMC EMS EMT Program, students must demonstrate a thorough understanding and integration of the following objectives:

A. Cognitive Objectives:
   1. Students must understand the ethical and legal responsibilities that pertain to the practice of prehospital care.
   2. Students must understand all medical principles that will guide their practice as EMTs, including but not limited to: terminology, body systems, anatomy and physiology, homeostasis, pathophysiology, mechanisms of injury, kinematics of trauma, pharmacology, and treatment interventions.
   3. Students must understand all aspects of patient care as they pertain to the roles and responsibilities of the EMT.
   4. Students must understand the processes of clinical decision making that lead to appropriate, timely and professional care of the sick and injured.
   5. Students must understand all of the operational and administrative aspects that pertain to the practice of prehospital emergency care.

B. Psychomotor Objectives:
   1. Students must demonstrate all skills to the minimum passing proficiency level as determined by the LUMC EMS faculty, Illinois Department of Public Health, and/or the National Registry of Emergency Medical Technicians.
   2. Students must demonstrate the ability to formulate and apply appropriate treatment plans based upon the knowledge, skills and abilities obtained through didactic instruction, clinical instruction, medical direction and standard operating procedures.
   3. Students must demonstrate critical thinking skills as measured through written and practical examinations, research, clinical and field ride time evaluations, and completion of other assignments.
   4. Students must contribute to, and participate actively in class through discussions, presentations and appropriate inquiry.

C. Affective Objectives:
   1. Students must show compassion in rendering care, seeking always to be patient advocates.
2. Students must exercise their duties with respect for all persons without regard to an individual’s race, creed, religion, gender, disability, sexual orientation, or nationality.

3. Students must show respect for themselves, one another, the LUMC EMS faculty and staff, clinical and field instructors and all affiliates and constituents of the LUMC EMS System.
PURPOSE: To outline the mandated requirements for continuing education and the documentation needed for prehospital provider relicensure or recertification in the Loyola EMS System.

POLICY: Loyola EMS System and Department requirements for prehospital provider (EMT-Basic, EMT-Paramedic, and PHRN) relicensure/recertification over a four-year period.

1. 120 hours of System-approved, Department site code-approved continuing education addressing both adult and pediatric care. No more than 25 percent of these hours may be in the same subject.
2. Passing grade of no less than 80 percent on all System CE quizzes or other Region VIII CE.
4. Submit system required paperwork:
   a. Updated EMS Personnel Data Form to include Social Security number.
   b. Copy of current BLS Healthcare Provider (CPR) completion card.
   c. Copy of valid Illinois Driver’s License.
5. In addition to the above requirements, independent providers are required to pay $50.00 per year for Loyola EMS System to maintain their CE records and renew their license. Payment must be in the form of cashier’s check, money order, credit card or cash only (no personal checks).
6. Prehospital providers who process their relicensure and for whom Loyola EMS System is their secondary system are required to have a copy of their newly renewed license, BLS Healthcare Provider (CPR) completion card and Letter of Good Standing or equivalent from their primary system on file with the Loyola EMS System office within 60 days of lapse date. Non-compliance can result in termination of the provider’s file.
7. A prehospital provider whose license has expired may, within 60 days after licensure expiration, submit all relicensure material required in 77 Ill. Adm. Code § 515.590 (EMT License Renewals) and a fee of $50.00 in the form of a certified check, or money order (cash or personal check will not be accepted). If all material is in order and there is no disciplinary action pending against the provider, the Illinois Department of Public Health will relicense/recertify the provider.

Prehospital providers are encouraged to contact the Loyola EMS System office if any reason for non-compliance is anticipated. Acceptable reasons for non-compliance include injury or other inactivity with their provider agency, catastrophic family or personal events, or other emergent situations.

NOTE: Loyola EMS System will not process relicensure/recertification for any prehospital provider that has not completed the IDPH EMS Systems Renewal Notice/Child Support/Personal History Statement and made payment of the appropriate IDPH fee.

<table>
<thead>
<tr>
<th>FEE TYPE</th>
<th>EMT-B</th>
<th>EMT-I</th>
<th>EMT-P</th>
<th>TNS</th>
<th>ECRN</th>
<th>EMD</th>
<th>PHRN</th>
<th>LI</th>
<th>FRD</th>
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<tbody>
<tr>
<td>Examination Fee</td>
<td>$20</td>
<td>$30</td>
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<td>$25</td>
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<td></td>
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<td>Initial Licensure Fee*</td>
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<td>$30*</td>
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<td>Duplicate License Fee</td>
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</table>

Fees subject to change per Illinois Department of Public Health.
TITLE: Out of System Continuing Medical Education

NUMBER: 400.8

SECTION: Education

EFFECTIVE: 9/1/99

REVISED/REVIEWED: 12/5/13

PURPOSE: To identify continuing medical education and System/Region VIII activities that will be accepted and the number of hours credited.

NOTE: It is recommended by the System that providers maintain individual records of CE with supporting documentation. It is further recommended that individuals forward copies of their records to the Loyola EMS System office at least every six months to update the System files.

POLICY: All providers that are primary in the Loyola EMS System must obtain at least 50 percent of the Department mandated hours from within the Loyola EMS System. Monthly CE presented within Region VIII is consistent with monthly Loyola EMS System CE.

CE CREDIT GUIDELINES:

<table>
<thead>
<tr>
<th>Course</th>
<th>Clock Hours</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACLS/PALS/PEARS/NRP</td>
<td>1 clock hour = 1 hour</td>
<td>once per licensure period</td>
</tr>
<tr>
<td>AMLS/GEMS/PEPP</td>
<td>1 clock hour = 1 hour</td>
<td>once per licensure period</td>
</tr>
<tr>
<td>PHTLS/ITLS</td>
<td>1 clock hour = 1 hour</td>
<td>once per licensure period</td>
</tr>
<tr>
<td>Instructor Courses</td>
<td>1 clock hour = 1 hour</td>
<td>once per licensure period</td>
</tr>
<tr>
<td>CCEMTP</td>
<td>1 clock hour = 1 hour</td>
<td>once per licensure period</td>
</tr>
<tr>
<td>ECN Course</td>
<td>1 clock hour = 1 hour</td>
<td>once per licensure period</td>
</tr>
<tr>
<td>TNS Course</td>
<td>1 clock hour = 1 hour</td>
<td>no more than 8 hours per year</td>
</tr>
<tr>
<td>Clinical Time</td>
<td>1 clock hour = 1 hour</td>
<td>no more than 8 hours per year</td>
</tr>
<tr>
<td>IMERT/ERMERT/INVENT Activities</td>
<td>1 clock hour = 1 hour</td>
<td>no more than 8 hours per year</td>
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<tr>
<td>Seminars/Workshops</td>
<td>1 clock hour = 1 hour</td>
<td>no more than 24 hours per year</td>
</tr>
<tr>
<td>Medical school</td>
<td>1 credit of course work = 2 hours</td>
<td>no more than 8 hours per year</td>
</tr>
<tr>
<td>Nursing school</td>
<td>1 credit of course work = 2 hours</td>
<td>no more than 8 hours per year</td>
</tr>
<tr>
<td>Physician assistant school</td>
<td>1 credit of course work = 2 hours</td>
<td>no more than 8 hours per year</td>
</tr>
<tr>
<td>Health-related college courses</td>
<td>1 credit of course work = 2 hours</td>
<td>no more than 8 hours per year</td>
</tr>
<tr>
<td>Personal Safety/Firefighter/Law Enforcement</td>
<td>1 hour of course work = 1 hour</td>
<td>no more than 10 hours per year</td>
</tr>
<tr>
<td>HAZMAT Certification</td>
<td>1 clock hour = 1 hour</td>
<td>no more than 16 per year</td>
</tr>
<tr>
<td>Preceptorship</td>
<td>1 clock hour = 1 hour</td>
<td>no more than 16 hours per year</td>
</tr>
<tr>
<td>Region VIII EMS meetings (e.g. EMS Coordinator, Quality Assurance)</td>
<td>1 clock hour = 1 hour</td>
<td>no more than 5 hours per year</td>
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<tr>
<td>Region VIII EMS activities (e.g. disaster drills, community benefit activities)</td>
<td>1 clock hour = 1 hour</td>
<td>no more than 5 hours per year</td>
</tr>
<tr>
<td>Instruction/Teaching</td>
<td>1 clock hour = 1 hour</td>
<td>no more than 10 hours per year</td>
</tr>
</tbody>
</table>

EMT-Basics who do not complete the LUMC EMS Paramedic Program can apply completed course work toward their relicensure requirements for that year.

Documentation may be required for preapproval of CE credit at the discretion of the EMS Medical Director or designee.
PURPOSE: To outline the continuing education (CE) requirements for providers who are primary in the Loyola EMS System.

POLICY: A total of 120 hours is mandated by the Department during each four-year licensure period for EMT-Basics and EMT-Paramedics and during each four-year certification period for Pre-Hospital RNs. It is required that 30 hours be completed within each year.

A minimum of 30 hours per year; 50 percent of total hours (15 hours per year) must be from within the Loyola EMS System.

1. Loyola System CE – 28 hours are offered per year (3.5 hours per live CE session); Loyola System CE may also be completed online (1.5 hours per online CE session).

2. Loyola EMS System providers must successfully complete the CE quiz with a minimum passing score of 80 percent.

3. Additional training deemed mandatory by the System (e.g. policy, medication, SOP changes/updates); CE time will be awarded on an hour-for-hour basis.

Monthly Continuing Education Quizzes

All licensed providers shall successfully complete ALL Loyola System quizzes in order to maintain their privileges within the Loyola EMS System. Individuals will also be responsible for meeting the continuing education requirements of their secondary System.

1. Passing Criteria: The written quizzes must be successfully completed. Quiz results will be recorded as Pass/Fail.

2. Quiz Content:
   a. Quizzes will be conducted monthly as part of the continuing education process
   b. All questions will be referenced to knowledge objectives found in the continuing education handouts.

3. If a provider fails to attend their department’s monthly CE session, they are still responsible for successfully completing the monthly CE quiz. The process for making up an quiz is as follows:
   a. Attend CE session at another department.
   b. Make arrangements with their department CE facilitator or associate hospital coordinator to make up the quiz.
   c. Take the quiz online at www.loyolaems.com.
   d. Schedule an appointment to take the quiz at the Loyola EMS System office.

4. Providers will be required to pay $10.00 per quiz to make up monthly CE prior to the one year available online. Payment must be in the form of cashier’s check, money order credit card or cash only (no personal checks).

   One and a half (1.5) hours of CE credit will be awarded for any make-up quizzes.

NOTE: When Loyola EMS System is designated as a secondary system, providers will be responsible for successfully completing Loyola EMS System monthly CE quizzes. Individuals will also be responsible for any additional training deemed mandatory by the System in order to remain in good standing.
PURPOSE: To provide program and course tuition and payment clarification and guidelines.

POLICY: Students accepted into the LUMC EMS Paramedic Program will be required to provide a deposit to confirm their position. One-half of the remaining tuition will be due the first week in December when books are available for pickup. The balance will be due on the first day of class.

EMT and similar programs must be paid in full by the first day of class unless prior arrangements have been made with the course coordinator.

ECRN Course fee must be paid at the time of submission of registration form and accompanying documentation.

Medical specialty courses (e.g. PEPP, GEMS, etc.) are expected to be paid in full by the date stated in the course brochure.

Payments may be made by cashier's check, money order, or credit card payable to Loyola EMS. Loyola EMS does not accept personal checks.
PURPOSE: To define the Illinois Department of Public Health and the Loyola EMS System mandated requirements for initial application for certification as an EMS Lead Instructor.

POLICY: The following is a list of requirements necessary to be approved by the Loyola EMS System and certified by the Department as an EMS Lead Instructor.

The applicant must complete and submit the following to the Loyola EMS office:

1. Documented successful completion of the National Association of EMS Educator (NAEMSE) Instructor Course I or a course equivalent to the National Standard Curriculum for EMS Instructors with a minimum final exam score of 80 percent. A transcript of final test grade must be included.

2. Documentation of experience and education that meet at least the following minimum requirements:
   a. Copy of current Illinois license as an EMT-Basic, EMT-Paramedic, RN or physician.
   b. A minimum four years of documented experience in prehospital emergency care.
   c. At least two years of documented teaching experience.
   d. Documented classroom teaching experience (e.g. ITLS, PHTLS, CPR, PALS).
   e. Letter of Good Standing from current primary EMS System.
   f. Copy of current Illinois Driver’s License.
   g. Copy of current BLS Healthcare Provider (CPR) completion card.
   h. Completed EMS Personnel Data Form to include Social Security number.

3. A cover letter explaining why you want to be an EMS Lead Instructor and where you plan to use your credential.

4. A resume that reflects, at least, all professional experience and credentials as a prehospital care provider.

5. Be observed in a classroom or practical teaching situation by a representative from the Loyola EMS office.

6. Payment of initial licensure fee to IDPH.

7. The Loyola EMS System office will submit a transaction card, along with a request for reciprocity to IDPH on your behalf requesting certification as an EMS Lead Instructor.

8. Upon receipt of the applicant’s transaction card, IDPH will certify the individual as an EMS Lead Instructor providing all documentation is in compliance with the Emergency Medical Services (EMS) Systems Act.

9. The certification is valid for four years.

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Fees subject to change per Illinois Department of Public Health.
PURPOSE: To outline the requirements for reapproval by the Loyola EMS System and recertification as an EMS Lead Instructor by IDPH.

POLICY: Loyola EMS System and IDPH require the following for renewal of EMS Lead Instructor approval/certification:

1. Written request for renewal of EMS Lead Instructor license must be submitted to the Loyola EMS office 60 days prior to the expiration date, along with a detailed list of classes taught.

2. Documentation of at least 10 hours of continuing education annually.

3. Attendance at instructor workshops held by the Loyola EMS System.

4. Updated EMS Personnel Data Form to include Social Security number.


6. Payment of renewal fee to IDPH.

7. The EMS System office will submit written recommendation from the EMS Medical Director indicating that the EMS Lead Instructor has satisfactorily coordinated programs for the EMS System at any time during the four-year period.

NOTE: The Loyola EMS System will not process relicensure for any prehospital provider without a signed IDPH EMS Systems Renewal Notice/Child Support/Personal History Statement.

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Fees subject to change per Illinois Department of Public Health.
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<tr>
<th>PURPOSE:</th>
<th>To provide information about funds available to EMS participants through the EMS Assistance Fund administration.</th>
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<tr>
<td>POLICY:</td>
<td>The fund grantee shall submit a report to the Illinois Department of Public Health Division of Emergency Medical Services and Highway Safety every six months detailing the status of the grant funds. Within 60 days after the final disbursement of the grant funds, a final report shall be submitted to the Division. The final report shall consist of a financial report for the project and a brief narrative describing the completed project.</td>
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<td>PROCEDURE:</td>
<td><strong>Award of Funds</strong></td>
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<td>1.</td>
<td>Any Illinois licensed/designated EMS participant that provides EMS service within the State of Illinois may apply for funds through the Regional EMS Advisory Committee.</td>
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<tr>
<td>a.</td>
<td>Application shall be made on forms prescribed and provided by the Department.</td>
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<td>b.</td>
<td>Applicants shall provide evidence of financial planning to include but not be limited to: equipment replacement plans, budgeting plans, fundraising plans.</td>
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<td>2.</td>
<td>Programs, services and equipment funded by the EMS Assistance Fund shall comply with the Act, this Part and the EMS Regional Plan in which the applicant participates.</td>
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<td>3.</td>
<td>The award of funds shall be based upon demonstrated need and one or more of the following:</td>
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<tr>
<td>a.</td>
<td>Establishment of a new EMS agency, program or service where needed to improve emergency medical services available in an area.</td>
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<td>b.</td>
<td>Expansion or improvement of an existing EMS agency, program or service.</td>
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<td>c.</td>
<td>Replacement or equipment that is serviceable or procurement of new equipment.</td>
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<td>d.</td>
<td>Establishment, expansion or improvement of EMS education and training programs including the adult and pediatric population.</td>
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<td>4.</td>
<td>Deadline for submission of applications is determined each year by the Illinois Department of Public Health.</td>
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<td>5.</td>
<td>All recipients shall be asked to enter into a grant agreement as prescribed by the Department.</td>
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PURPOSE: To outline the IDPH mandated requirements for First Responder and First Responder – AED registration and re-registration.

To outline the IDPH requirements for change in status of the First Responder – AED to First Responder.

POLICY: Loyola EMS System requires compliance with IDPH requirements for voluntary changes in status and for First Responder or First Responder – AED registration and re-registration.

PROCEDURE: First Responders

1. To register as a First Responder, the individual must submit the following to IDPH:
   a. A completed First Responder registration form prescribed by the Department to include the First Responder’s name, address, EMS System in which he or she participates as a First Responder, and the employer and supervisor when the individual is acting as a First Responder.
   b. Documentation of successful completion of training in accordance with the National Standard Curriculum for First Responders or equivalent and training in cardiopulmonary resuscitation.
   c. Payment of the initial licensure fee to IDPH.
   d. Verification that the equipment listed in 77 Ill. Adm. Code § 515.720(d) will be immediately available to the individual when he or she is acting as a First Responder.

First Responder – AEDs

1. A person currently approved as a First Responder may utilize an automated external defibrillator (AED) if the First Responder:
   a. Has successfully completed a Department approved course in automated external defibrillator operation; and
   b. Is functioning with a Department approved EMS System providing first response services as verified by the EMS Medical Director.

2. A First Responder – AED shall be responsible for submitting written proof of continuing education attendance to the EMS System.

3. A First Responder – AED shall be responsible for maintaining copies of all documentation concerning continuing education programs that he or she has completed.

4. IDPH and Loyola EMS System requirements for re-registration:
   a. Application for renewal on a state form at least thirty (30) days prior to license expiration date.
   b. Twenty-four (24) hours of continuing education every four years
   c. A current BLS Healthcare Provider (CPR) completion card.
   d. Updated EMS Personnel Data Form to include Social Security number.
   f. Payment of renewal fee to IDPH.

5. A First Responder – AED whose registration has expired may, within 60 days after registration expiration, submit all re-registration material as required by 77 Ill. Adm. Code § 515.725(k) and a fee of $50.00 in the form of a cashier’s check or money order (cash or personal check will not be accepted). If all material is in order and there is no disciplinary action pending against the First Responder – AED, the Department will re-register the First Responder – AED.
6. Any First Responder – AED whose registration has expired for a period of more than 60 days shall be required to reapply for registration, complete the training program and pass the test.

7. Request for Change in Status to First Responder
   a. At any time prior to the expiration of the current registration, a First Responder – AED may revert to First Responder status for the remainder of the registration period. The First Responder – AED must make this request to IDPH. To re-register as a First Responder – AED level, the individual must meet the First Responder – AED requirements for re-registration.
   b. A First Responder – AED who has reverted to First Responder status may be subsequently re-registered as a First Responder – AED, upon recommendation of the EMS Medical Director who has verified that the individual’s knowledge and clinical skills are at an active First Responder – AED level, and that the individual has completed any retraining, education or testing deemed necessary by the EMS Medical Director for resuming First Responder – AED activities.

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Fees subject to change per Illinois Department of Public Health.
PURPOSE: To define the State of Illinois and the Loyola EMS System mandated requirements for System entry as a licensed EMT-Paramedic or certified Pre-Hospital RN from another Illinois EMS System.

POLICY: Prior to functioning as a licensed EMT-Paramedic or certified Pre-Hospital RN in the Loyola EMS System, the applicant seeking entry into the System must complete the following requirements.

1. Request for System Entry
   Applicant must contact the Loyola EMS System office to schedule a testing appointment. Region VIII SOPs and Loyola EMS System specific policies and procedures are located online at www.loyolaems.com.

2. Required Documentation and Application Fee
   The following items are required prior to taking the System entry exam:
   a. Letter of Good Standing or equivalent from current primary EMS System
   b. Letter from employer confirming that the applicant has no record of conviction of any criminal act according to 77 Ill. Adm. Code § 955.160 (Disqualifying Offenses)
   c. Copy of valid Illinois EMT-Paramedic license or Pre-Hospital Registered Nurse certification
   d. Copy of valid Illinois Driver’s License or valid State Identification Card
   e. Copy of current Basic Life Support Healthcare Provider (CPR) completion card
   f. Completed EMS Personnel Data Form to include Social Security number
   g. System entry application fee

   In lieu of the employer letter confirming the absence of any criminal record, independent providers will be required to complete an Authorization and Release form for Criminal Background Check. Loyola EMS engages the services of the Illinois State Police to prepare this report. Conviction of any disqualifying offense as defined in 77 Ill. Adm. Code § 955.160 (Disqualifying Offenses) will make the applicant ineligible for entrance into the Loyola EMS System.

   Prior to being assigned a System number independent providers are required to pay the $50.00 fee for Loyola EMS System to maintain their CE records for the year.

3. System Entry Application
   a. All steps of system entry process must be completed within 30 working days from the date the file is initially opened at the Loyola EMS System office. If this is not achieved, the applicant will be required to reapply for System entry and resubmit all new documentation.
   b. Failure to appear for a scheduled system entry date without prior notification to the EMS office results in an automatic failure of that system entry step.

4. System Entry Written Exam
   a. Following completion of the above, the applicant must successfully pass the System Entry written exam with the minimum grade established by the system.
   b. If a passing score is not achieved, a retest can be scheduled.
   c. Failure to achieve a passing score on the second retest results in denial of System entry for a six-month period.

5. System Entry Oral SOP Exam (all applicants)
   a. Following successful completion of the written exam, the applicant will be given an oral SOP exam.
i. If successful completion of the oral SOP exam is not achieved, a retest can be scheduled.

ii. Failure to successfully complete the oral SOP exam on the second retest will result in denial of System entry for a six-month period.

6. **Clinical Experience**

   A four-hour clinical experience in a Loyola EMS System hospital with the EMS Medical Director (or designee) may be required. This needs to be achieved within the 30 working days of initiation of the file. If not, System entry is denied for a six-month period.

   A clinical record, as well as a clinical evaluation and skill checklist must be signed by the EMS Medical Director (or designee) and be submitted to the EMS office. Additional emergency department clinical time may be requested to be completed at the EMS Medical Director or designee's discretion.

7. **System Clearance**

   Upon successful completion of the System entry process, the applicant will be issued a Loyola EMS System provider number. A letter will be sent to the applicant's System provider employer. An applicant cannot function in the Loyola EMS System until he/she is issued a System provider number.
PURPOSE: To allow a State of Illinois licensed EMT-Basic or EMT-Paramedic whose license has been expired for less than 36 consecutive months to apply for reinstatement to the Loyola EMS System and the Illinois Department of Public Health.

POLICY: The requirements for reinstatement will be as follows:

1. The provider will submit a letter to the system requesting reinstatement of license along with reinstatement fee to system in addition to fee payable to IDPH.

2. The provider will complete Loyola EMS System-specific continuing education requirements, which can include but are not limited to:
   a. Criminal background check
   b. Valid Illinois Driver’s License
   c. Current BLS Healthcare Provider (CPR) completion card
   d. Clinical hours (with Medical Director or designee)
   e. System entry exam (at level of licensure)
   f. Practical skill competency
   g. Updated EMS Personnel Data Form to include Social Security number

3. All above requirements will be determined by the EMS Medical Director or his/her designee.

4. Proof of completion of continuing medical education and clinical requirements in accordance with the following:
   b. EMT training in accordance with 77 Ill. Adm. Code §§ 515.500, 515.510 or 515.520.

5. The applicant shall submit a positive recommendation in writing from an EMS Medical Director attesting to the applicant’s clinical qualifications for retesting. The EMS Medical Director shall verify that the applicant has demonstrated competency of all skills at the level of EMT license sought to be reinstated.

6. The applicant shall pass a Department-approved test for the level of EMT license sought to be reinstated, in accordance with 77 Ill. Adm. Code § 515.530.

7. A reinstatement fee, amount prescribed by the Department, in the form of money order, cashier's check or organizational check (no personal checks or cash accepted), and made payable to the Illinois Department of Public Health, will be assessed for licenses expired for more than 60 days but less than 36 consecutive months.

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Fees subject to change per Illinois Department of Public Health.
PURPOSE: To list the State of Illinois and define the Loyola EMS System mandated requirements for System entry as a licensed EMT-Basic from another Illinois EMS System.

POLICY: Prior to functioning as a licensed EMT-Basic in the Loyola EMS System, the applicant seeking entry into the System must complete the following requirements.

1. **Request for System Entry**
   Applicant must contact the Loyola EMS System office to schedule a testing appointment. Region VIII SOPs and Loyola EMS System specific policies and procedures are located at [www.loyolaems.com](http://www.loyolaems.com).

2. **Required Documentation and Application Fee**
   The following items are required prior to taking the System entry exam:
   a. Letter from employer confirming that the applicant has no record of conviction of any criminal act according to 77 Ill. Adm. Code § 955.160 (Disqualifying Offenses)
   b. Copy of current Illinois EMT-Basic license
   c. Copy of valid Illinois Driver’s License or valid State Identification Card
   d. Copy of current BLS Healthcare Provider (CPR) completion card
   e. Completed EMS Personnel Data Form to include Social Security number
   f. System entry application fee
   
   In lieu of the employer letter confirming the absence of any criminal record, independent providers will be required to complete an Authorization and Release form for Criminal Background Check. Loyola EMS System engages the services of the Illinois State Police to prepare this report. Conviction of any disqualifying offense specified in 77 Ill. Adm. Code § 955.160 (Disqualifying Offenses) will make the applicant ineligible for entrance into the Loyola EMS System.

   Prior to being assigned a System number independent providers are required to pay the $50.00 fee for Loyola EMS System to maintain their CE records for the year.

3. **System Entry Application**
   a. All steps of System entry process must be completed within 30 working days from the date the file is initially opened at the Loyola EMS System office. If this is not achieved, the applicant will be required to reapply for System entry and resubmit all new documentation.
   b. Failure to appear for a scheduled system entry date without prior notification to the EMS System office results in an automatic failure of that System entry step.

4. **System Entry Written Exam**
   Following completion of the above, the applicant must successfully pass the System entry written exam with the minimum grade established by the System.

5. **System Clearance**
   Upon successful completion of the System entry process, the applicant will be issued a Loyola EMS System provider number. A letter will be sent to the applicant’s System provider employer. An applicant cannot function in the Loyola EMS System until he/she is issued a System provider number.
PURPOSE: To insure each personnel file is complete and up to date with current necessary information. This will assure that the Loyola EMS System can complete State paperwork appropriately and accurately and stay in compliance with Illinois Administrative Code Title 77.

POLICY: When a System-approved prehospital provider has had any changes in vital information, including but not limited to name, IDPH ID number, mailing address or employment, he/she must notify the Loyola EMS System office within 10 working days of the change. The mailing address in file will be used for sending routine and certified mail.

The changes must be documented in writing via the EMS Personnel Data Form and placed on file in the Loyola EMS System office.

**NOTE:** It is the responsibility of the provider to contact IDPH within 30 days with any with name and address changes per 77 Ill. Adm. Code § 515.540 (EMT Licensure).
Purpose: To provide a mechanism by which personal record information (e.g. educational records/transcripts) can be individually requested and confidentially processed from the Loyola EMS office to another EMS System or agency.

Policy:

1. The request for this information will only be honored when requested by the System provider.

2. Complete and sign the System Request for Letter of Good Standing form authorizing release of information on file. Records/transcripts will not be released without this form or a written request authorizing release of information on file. Verbal requests will not be honored. Request for Letter of Good Standing forms can be obtained through the Loyola EMS System office and online at www.loyolaems.com.

3. Once the appropriate form is completed and signed, the requested records will be forwarded from the Loyola EMS System office within five business days of the request. Urgent requests for release of information will be considered on an individual basis and a $10.00 administrative fee will be assessed for the processing of the request.

4. Identify agency, contact person, address and phone number where requested information is to be sent. Generic letters will not be issued under any circumstances.

5. Records and/or transcripts will be sent via fax and/or first class mail only. Any special mailing needs must be paid by the requester, in cash only (e.g. overnight express, etc.). At no time will records be allowed to be hand carried by the individual provider.

6. Copies of all correspondence will be placed in the requester’s file and kept in the Loyola EMS System office for the current licensure/certification period.
PURPOSE: To identify the responsibilities of the EMS Department Coordinator.

POLICY: Each providing agency shall designate a Loyola EMS Department Coordinator (EMSC) who will function as a liaison between the provider, the Loyola EMS System office, and other members of the System. Ideally, the individual will function at the level comparable to, or above the level of service, which they provide to the community.

RESPONSIBILITIES OF THE EMS DEPARTMENT COORDINATOR

1. Communicate to all chiefs/CEOs and prehospital providers the changes and updates in System activities and/or policies.
2. Maintain current records on all prehospital providers. These records will include proof of valid licensure as required by Ill. Adm. Code § 515.170 (Employer Responsibility).
3. Forward required EMS information to the Loyola EMS System office.
   a. Monthly quality assurance statistics (electronic or paper data as appropriate)
   b. Annual report
   c. Personnel changes
   d. Equipment changes (All equipment must be approved by the Loyola EMS System prior to being placed on any licensed BLS/ALS transport and non-transport vehicles)
   e. Pending litigation
   f. Changes in service
   g. Exposures
   h. In house CE rosters
   i. Narcotic discrepancies (ALS only)
   j. Monthly controlled substance inventory sheets (ALS only)
   k. EMS Quality Control Communication Report
4. Coordinator or his/her designate shall attend all EMS System Department Coordinator meetings.
5. Assist in quality assurance activities as outlined in Policy 800.1 Quality Improvement Responsibilities.
6. Review all provider department Ambulance Run Reports.
7. Communicate concerns and problems to the Loyola EMS System office.
8. Communicate recommendations for commendation to the Loyola EMS System office as they occur.
9. Maintain adequate supplies of Loyola EMS System approved forms.
10. Communicate changes in the personnel roster in writing to the Loyola EMS System office within 10 business days.
11. Attend the Loyola EMS System Coordinator Workshops.
12. Attend bi-monthly ePCR meetings.
13. On a monthly basis, review the Nemsis extract report when it is sent out and make any necessary corrections to the corresponding run reports. Make sure to notify the ePCR administrator when the corrections are completed.
TITLE: Inactive Status and/or Change in Status
NUMBER: 500.7
SECTION: LEMSS Personnel
EFFECTIVE: 1/3/01
REVISED/REVIEWS: 12/5/13

PURPOSE: To assure that changes can be properly made and approved in a timely fashion.

POLICY: Consistent with IDPH regulations, requests for inactive status and or change in status must be made to the Loyola EMS System to be approved by the EMS Medical Director before being sent to IDPH for Department approval.

PROCEDURE: The following is required when applying for inactive status or change of status.

1. Written requests must be completed by the individual and submitted to the Loyola EMS System office. Official forms must be utilized and are available from the Loyola EMS System office and online at www.loyolaems.com. No verbal requests will be honored except in the event of military activation, although a copy of the written activation orders is preferred.

2. Request for Change in Status or Inactive Status
   a. Obtain the appropriate IDPH form from the Loyola EMS System office
   b. Type in requested information
   c. Surrender current original license/certification (copy not acceptable)
   d. Submit written letter requesting the specific change in status desired. This letter must include the following:
      i. Name of individual
      ii. Circumstances requiring change in status
      iii. IDPH identification number
      iv. Current mailing street address, city, zip and county
      v. Current level of licensure/certification held and desired change of status
      vi. Current date of licensure/certification expiration
   e. Evidence that relicensure requirements have been met by the date of the application for change of status

3. Loyola EMS System office will review paperwork submitted and complete the necessary documentation for submission to the Department for final approval within 21 days upon receipt of requests for inactive status or change of status.

   The EMS Medical Director will receive written notification of approval or denial of requests for inactive status by IDPH.

4. Voluntary Status Reduction

   At any time prior to the expiration of the current license, a licensed EMT-Paramedic may revert to EMT-Basic status for the remainder of the license period. The EMS Medical Director will receive written notification of approval or denial of voluntary status reduction. To relicense at the EMT-Basic level, the individual must meet the EMT-Basic requirements for relicensure.
PURPOSE: To allow the System provider to reactivate from inactive status.

POLICY: When requesting reactivation from inactive status, the System provider must complete the following System requirements:

1. Contact the Loyola EMS System office and schedule an appointment to complete the following System requirements.
   a. Submit a written authorization from an appropriate physician licensed in the State of Illinois verifying the individual is physically capable of performing emergency care and life support functions and can exercise the appropriate judgment, skill and safety for performing the emergency care and life support functions for which he or she is licensed to perform as regulated by the System and approved by the Department.
   b. All individuals must demonstrate that their knowledge and clinical skills are at an active provider level for their level of licensure/certification.
   c. Providers must complete all System entry requirements as outlined in Policy 500.1 Entry of an Out of System Licensed EMT-P or Certified PHRN.
   d. Submit a copy of a current BLS Healthcare Provider (CPR) completion card.
   e. Complete any additional didactic or clinical education as deemed necessary by the Loyola EMS System office.

2. Upon completion of the above, the EMS Medical Director or designee will review the request for permission to function in the EMS System as a licensed/certified provider.
PURPOSE: To define the scope of practice, limitations, and qualifications of the Emergency Communications Registered Nurse (ECRN) to function in the Loyola EMS System and as prescribed by Illinois Department of Public Health.

POLICY: Qualifications
1. Valid license in the State of Illinois as a registered professional nurse
2. Current Basic Life Support Healthcare Provider (CPR)
3. Current ACLS provider
4. Successful completion of System-approved ECRN course, as prescribed by the Illinois Department of Public Health and as approved by the EMS Medical Director of the Loyola EMS System
5. Current certification by IDPH as an ECRN
6. Completion of all System entry requirements

Scope of Practice
Monitor telecommunications from and give voice orders to EMS personnel, under the authority of the EMS Medical Director and in accordance with Region VIII SOPs.

Limitations
There are several instances for which a certified ECRN should request an approved base station emergency department physician’s assistance. They include, but are not limited to:

1. Disaster situations occurring within the EMS System that involve Loyola, as the Command Post and the System Associate Hospitals will be receiving patients.
2. Multiple Victim Incidents where the base station will be receiving more than one patient.
3. Scene response calls where aeromedical transport has been requested by prehospital providers.
4. Patients meeting Level I or Level II criteria where a Loyola EMS System hospital has already officially been put on Emergency Department Bypass.
5. Patients requiring Level I trauma care but initially requiring airway stabilization at the closest, most appropriate hospital.
6. Traumatic arrest situations that would require bypass of the closest, most appropriate hospital to a more distant trauma center.
7. Any ambulance run not covered by the Loyola EMS System SOPs where base station physician discretion is deemed appropriate (see Region VIII SOPs for specifics).
8. Any ambulance run a certified ECRN feels will require base stations assistance that goes beyond his/her scope of practice.
9. Patient care situation involving complex medical-legal issues and/or interpretations of the system’s policies. Examples may include: refusal of service, crime scene, request for a do not resuscitate (DNR) order, family request to go to other than the closest, most appropriate hospital, etc.
10. Any ambulance run where CPR has been initiated by persons other than system prehospital providers but after assessment by system provider, it is felt that CPR is not warranted and a request is made to stop CPR.
11. Any situation in which there is a physician at the scene involved in providing care.
12. If there is a disagreement in the care of a patient.
PURPOSE: To define the Loyola EMS System mandated requirements for System entry of a certified ECRN.

POLICY: Prior to functioning as a certified ECRN in the Loyola EMS System, the applicant seeking entry into the System must complete:

From within Region VIII
1. Letter of Good Standing from EMS System Coordinator with up-to-date CE file
2. Copy of current ECRN certification
3. Completed EMS Personnel Data Form to include Social Security number
4. Schedule appointment and meet with Loyola EMS System Coordinator or designee to review Region VIII SOPs, System-specific SOPs, and telecommunication operations

From outside Region VIII
1. Letter of Good Standing from EMS System Coordinator with up-to-date CE file
2. Copy of current ECRN certification
3. Completed EMS Personnel Data Form to include Social Security number
4. Schedule appointment and meet with Loyola EMS System Coordinator or designee to review Region VIII SOPs, System-specific SOPs, and telecommunication operations
5. Complete all components of ECRN System entry testing process:
   a. ECRN System entry exam
   b. Cardiac rhythm interpretation exam (at the discretion of the EMS System Coordinator or designee)

The applicant must successfully pass the System entry exam with a minimum score of 80 percent.
PURPOSE: To define the Loyola EMS System mandated requirements for renewal of ECRN certification.

POLICY: Recertification Requirements

1. Letter of Good Standing from EMS Coordinator with up-to-date CE file
2. A minimum of eight hours of continuing education per 12-month period
3. Successful completion of monthly CE quizzes with passing score
4. Copy of current BLS Healthcare Provider (CPR) completion card
5. Copy of current ACLS completion card
6. Updated EMS Personnel Data Form to include Social Security number
7. Completed IDPH EMS Systems Renewal Notice/Child Support/Personal History Statement
8. Payment of renewal fee to IDPH

Continuing Education

1. Didactic education may include but is not limited to:
   a. ECRN monthly CE
   b. Telemetry review
   c. Trauma Grand Rounds
   d. Outside workshops/seminars
   e. Specialty education courses (e.g. ENPC, TNCC, ACLS, PALS, etc.)
   f. Approved hospital in-services (e.g. Nursing Grand Rounds)

2. A certificate of completion for outside seminars/workshops must be submitted to the EMS Coordinator or designee to receive continuing education credit.
   a. The ECRN's education records will be maintained by the EMS Coordinator. However, it is the ECRN's ultimate responsibility to keep track of accumulated CE hours.

Written requests for extensions will be evaluated on an individual basis by the EMS Medical Director or designee.

The EMS Medical Director may suspend any ECRN who does not comply with the recertification requirements.

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Fees subject to change per Illinois Department of Public Health.
PURPOSE: To identify the role and scope of practice of the registered professional nurse (RN) regarding:

1. Interfacility transfer of patients
2. Ambulance ride time on an ALS ambulance in the Loyola EMS System

POLICY: Interfacility Transfers

1. RN should have current ACLS or equivalent.
2. May follow any special orders written from a transferring facility physician within his/her scope of practice. Any non-System approved medications or equipment must be supplied by the transferring facility.
3. If no special transfer orders are written for the transport, the EMT-Paramedic must make telemetry contact with a System communicating hospital if ALS care is provided. The EMT-Paramedic and RN must adhere to the Loyola EMS System SOPs or as directed by the approved base station emergency department physician or ECRN.
4. If telemetry radio contact is not possible, the EMT-Paramedic and RN must follow Region VIII SOPs. The RN may assist the EMT-Paramedic in whatever capacity is deemed necessary.
5. ALL care provided to the patient during transport must be documented on the Ambulance Run Report.

Ambulance Ride Time

1. The RN completing ALS ambulance ride time may assist the EMT-Paramedic as deemed appropriate by type of patient call and according to the Region VIII SOPs.
2. Telemetry radio contact is required on all ALS ambulance calls, even in the presence of a RN in the ambulance.
PURPOSE: To identify the qualifications of the hospital personnel communicating on the Medical Emergency Radio Channel for Illinois (MERCI) radio in the Loyola EMS System.

POLICY: Qualifications

Loyola EMS System personnel answering the MERCI radio must meet the following qualifications.

1. Certified ECRN approved to function in the Loyola EMS System.
2. Approved base station emergency department physician in the Loyola EMS System.
PURPOSE: To define the scope of practice and qualifications of the Pre-Hospital Registered Nurse (Pre-Hospital RN or PHRN) to function in the Loyola EMS System and as prescribed by Illinois Department of Public Health.

POLICY: Qualifications

1. Valid license in the State of Illinois as a professional registered nurse
2. Current BLS Healthcare Provider (CPR)
3. Current ACLS
4. Successful completion of System-approved PHRN course, as prescribed by the Illinois Department of Public Health and as approved by the EMS Medical Director of the Loyola EMS System
5. Complete a minimum of 10 ALS runs supervised by a licensed physician, an approved Pre-Hospital RN or an EMT, only as authorized by the EMS Medical Director
6. Current PHRN certification by IDPH
7. Complete all applicable requirements for entry into the System

SCOPE OF PRACTICE:

The PHRN role is a collaborative one for registered nurses specifically prepared in the delivery of out-of-hospital/prehospital care with other prehospital/out-of-hospital providers and healthcare professionals that are encountered in the prehospital/transport environment. In accordance with the Emergency Medical Service (EMS) Systems Act, the scope of practice of the PHRN is based on the PHRN’s knowledge, education, experience, and licensure as a Registered Professional Nurse as defined by the Illinois Nurse Practice Act. The PHRN’s scope of practice includes initiating the nursing process and following the EMS Standard Operating Procedures as approved by the EMS Medical Director.

References:
225 Ill. Comp. Stat. § 65/1 et seq. (Nurse Practice Act).
PURPOSE: To define the role, scope of practice and qualifications of the Emergency Medical Dispatcher (EMD) to function in the Loyola EMS System and as prescribed by the Illinois Department of Public Health.

DEFINITIONS:

**Emergency Medical Dispatching**
The reception and management of requests for emergency medical assistance in an EMS System.

**Emergency Medical Dispatcher**
A specially trained and certified public safety telecommunicator with specific emergency medical knowledge essential for the appropriate and efficient functioning of emergency medical dispatching.

**Medical Dispatch Center**
Any agency that routinely accepts calls for EMD assistance from the public and/or that dispatches prehospital emergency medical personnel pursuant to such requests.

**Medical Protocol Dispatch System**
A medically approved system used by a medical dispatch center to dispatch appropriate aid to medical emergencies, which include 1) systematized caller integration; 2) systematized Pre-Arrival Instructions; 3) protocols which match the dispatcher’s evaluation of the injury or illness type and severity with vehicle response mode and configuration.

**Pre-Arrival Instructions**
The knowledge, procedures, and skills used by trained EMDs in providing care through Pre-Arrival Instructions to callers. It consists of those BLS and ALS principles that are appropriate to application by medical dispatchers.

POLICY: Scope of Practice

The Emergency Medical Dispatcher shall use the Department-approved EMD protocol reference system (EMDPRS) selected for use by his/her agency and approved by the EMS Medical Director. Pre-arrival support instructions shall be provided in a non-discriminatory manner and shall be provided in accordance with the EMDPRS established by the Loyola EMS System Medical Director in which the EMD operates.

**EMD Protocols shall include:**

A. Complaint-related question sets that query the caller in a standardized manner;
B. Pre-arrival instructions associated with all question sets;
C. Dispatch determinants consistent with the design and configuration of the EMS System and the severity of the event as determined by the question sets; and
D. Post-dispatch instructions with all question sets.

If the EMD operates under the authority of an Emergency Telephone System Board established under the Emergency Telephone System Act, the protocols shall be established by the Board in consultation with the EMS Medical Director.

The EMD shall provide pre-arrival instructions in compliance with protocols selected and approved by the Loyola EMS System Medical Director and approved by the Department.

The Department and the EMS Medical Director shall approve EMDPRS protocols that meet or exceed the requirements of subsection (b)(2) and the National Highway Traffic Safety Administration (NHTSA) Emergency Medical Dispatch: National Standard Curriculum (1996); available from the U.S. Government Printing Office, P.O. Box 371954, Pittsburg, Pennsylvania 15250-7954; no later editions or amendments are included.
Qualifications
1. Submission of a completed EMS Renewal Notice/Child Support Statement/Personal History Statement to the Loyola EMS System who shall process the request with IDPH.
2. Documented successful completion of a training course in emergency medical dispatching meeting or exceeding the national curriculum on the United States Department of Transportation for EMS dispatchers or its equivalent.
3. Reciprocity shall be granted to an individual who is certified as an EMD in another state who meets the requirements as prescribed by IDPH.
4. An individual who is certified or recertified by a national certification agency shall be certified as an EMD if he/she meets the requirements as prescribed by IDPH.
5. Current EMD certification by IDPH.
6. Current BLS Healthcare Provider (CPR) or Dispatch Life Support
7. Complete all applicable requirements for entry into the System.
8. A certified EMD shall notify the Loyola EMS System office within 30 days after any changes in name, address or employer. The System will provide that change to IDPH. Notification may be in person or by mail, phone, fax or electronic mail.
9. A person may not represent himself or herself, nor may an agency or business represent an agent or employee of that agency.

EMD Protocols
1. Each EMD agency shall have in place IDPH and System-approved policies and procedures for the safe and effective use of their approved EMD protocol reference system (EMDPRS).
2. The EMD shall use the IDPH-approved EMDPRS selected for use by his/her agency and approved by the EMS Medical Director. Pre-arrival support instructions shall be provided in a non-discriminatory manner and shall be provided in accordance with the EMDPRS established by the EMS Medical Director of the EMS System in which the EMS operates (pursuant to 210 Ill. Comp. Stat. § 50/3.70(a).
3. Any EMDPRS approved by the IDPH and the EMS Medical Director, including its questions, instructions, codes, and protocols, shall be used as a whole rather than selective parts in isolation. Each EMD shall provide dispatch life support (including pre-arrival instructions) in compliance to the written text or scripts and other processes within the approved EMDPRS.
4. EMD Protocols shall include:
   A. Complaint-related question sets that query the caller in a standardized manner.
   B. Pre-arrival instructions associated with all question sets.
   C. Dispatch determinants consistent with the design and configuration of the EMS System and the severity of the event as determined by the question sets; and
   D. Post-dispatch instructions with all question sets.
5. Dispatchers shall make all reasonable efforts to advise the person making the request for an ambulance of the estimated time of arrival of the ambulance if requested.
6. If the dispatcher operates under the authority of an Emergency Telephone System Board established under the Emergency Telephone System Act, the protocols shall be established by the Board in consultation with the EMS Medical Director (pursuant to 210 Ill. Comp. Stat. § 50/3.70(a).
Emergency Medical Dispatcher (EMD) (continued)

7. Dispatch centers must submit copies of their printed pre-arrival instructions to the EMS Medical Director for approval. IDPH and the EMS Medical Director shall approve EMDPRS protocols that meet or exceed the requirements of subsection (b)(2) and the National Highway Traffic Safety Administration (NHTSA) Emergency Medical Dispatch: National Standard Curriculum (1996); available from the U.S. Government Printing Office, P.O. Box 371854, Pittsburgh, Pennsylvania 15250-7954.

Emergency Medical Dispatcher Training Program

1. IDPH-approved EMD training programs shall be conducted in accordance with the standards of the NHTSA Emergency Medical Dispatch: National Standard Curriculum or equivalent (pursuant to 210 Ill. Comp. Stat. § 50/3.70(b)(9).

2. Applications for approval of EMD training programs shall be filed with IDPH on forms prescribed by IDPH. The application shall contain, at a minimum, the name of the applicant, agency and address, type of training program, lead instructor’s name and address, and dates of the training program.

3. Applications for approval, including a copy of the class schedule and course syllabus, shall be submitted at least 60 days in advance of the first scheduled class. A description of the textbook being used and passing score for the class shall be included with the application.

4. All education, training, and continuing education courses for EMDs shall be coordinated by at least one approved EMS Lead Instructor (pursuant to 210 Ill. Comp. Stat. § 50/3.65(b)(5), who shall be responsible for the overall management of the training program and shall be approved by IDPH based on the requirements of Section 515.700 of the EMS Rules.

5. EMS training programs shall be conducted by instructors licensed by IDPH as an EMT-B, EMT-I or EMT-P who:
   A. are, at a minimum, certified as emergency medical dispatchers;
   B. have completed a Department-approved course on methods of instruction;
   C. have previous experience in a medical dispatch agency; and
   D. have demonstrated experience as an EMS instructor (pursuant to 210 Ill. Comp. Stat. § 50/3.70(b)(14).

6. Any change in the EMD training program’s EMS Lead Instructor shall require that an amendment to the application be filed with IDPH.

7. Questions for all quizzes and tests to be given during the EMD training program shall be prepared by the EMS Lead Instructor and available for review by IDPH upon IDPH’s request.

8. All approved programs shall maintain class and student records for seven years, which shall be made available to IDPH for review upon request.

Waiver of EMD Requirements

1. IDPH may modify or waive EMD requirements based on:
   A. The scope and frequency of dispatch activities and the dispatcher’s access to training; or
   B. Whether the previously attended dispatcher training program merits automatic recertification for the dispatcher (pursuant to 210 Ill. Comp. Stat. § 50/3.70(b)(15).

2. The following individuals are exempt from the requirements of the EMD section of the Illinois Rules:
   A. Public safety dispatchers who only transfer calls to another answering point that is responsible for dispatching of fire and/or EMS personnel;
B. Dispatchers for volunteer or rural ambulance companies providing only one level of care, whose dispatchers are employed by the ambulance service and are not performing call triage, answering 911 calls or providing pre-arrival instructions.
PURPOSE: To define the procedure for Emergency Medical Dispatcher (EMD) recertification in the Loyola EMS System and as prescribed by the Illinois Department of Public Health.

POLICY: Recertification Requirements

1. To apply for recertification, the EMD shall submit the following to the Loyola EMS System office at least 30 days prior to the certification expiration date:
   1. Completed EMS Renewal Notice/Child Support Statement/Personal History Statement;
   2. Proof of completion of at least 12 hours annually of medical dispatch continuing education (pursuant to 210 Ill. Comp. Stat. § 50/3.70(b)(7);
   3. Proof of satisfactory completion of re-certification through the agency’s approved EMDPRS provider.

2. An EMD who has not been recommended for recertification by the EMS Medical Director shall independently submit to IDPH an application for recertification. The EMS Medical Director shall provide the EMD with a copy of the application form to be completed.
PURPOSE: To define the procedure for Emergency Medical Dispatch Agency (EMD Agency) certification in the Loyola EMS System and as prescribed by the Illinois Department of Public Health.

POLICY: Emergency Medical Dispatch Agency Certification

1. To apply for certification as an EMD Agency, the person, organization or government agency that operates an EMD Agency shall submit the following to IDPH:
   A. A completed EMD Agency certification form that includes name and address;

2. Documentation of the use on every request for medical assistance of an emergency medical dispatch protocol reference system (EMDPRS) that complies with the EMS Rules and is approved by the EMS Medical Director (pursuant to 210 Ill. Comp. Stat. § 50/3.70(b)(10); and

3. Documentation of the establishment of a continuous quality improvement (CQI) program under the approval and supervision of the EMS Medical Director (pursuant to 210 Ill. Comp. Stat. § 50/3.70(b)(10). The CQI program shall include, at a minimum, the following:
   A. A quality assurance review process used by the EMD Agency to identify EMD compliance with the protocol.
   B. Random case review of a minimum of 10 EMS calls per week or 3% of the total EMS call volume, whichever is greater. The EMD Agency must provide the EMS Medical Director documentation of the quality assurance review process used by the EMD Agency to identify EMD compliance to the EMDPRS. The EMD Agency shall maintain industry standards of 90% minimum total compliance average on a monthly basis.
   C. Regular feedback of performance results to all EMDs on at least a quarterly basis;
   D. Establishment of EMD performance scoring standards defined within the following areas contained in EMDPRS:
      1. Address, phone number, consciousness, breathing verification
      2. Chief complaint/incident type selection
      3. Systematized interrogation questions
      4. Post-dispatch instructions
      5. Pre-arrival instructions
      6. Dispatch code selection
      7. Overall or aggregate performance score
   E. Establishment of minimum performance levels for each EMD performance scoring standard defined in Section (D) above.
   F. Establishment of a record-keeping system, including report forms or a computer-based data management system, to permit storage and subsequent evaluation of case records to ensure EMD compliance with the EMDPRS, evaluation of protocol effectiveness, and timeliness of interrogation questions and dispatch functions. The database or recordkeeping system must, at a minimum, be capable of storing compliance scores for each performance area defined in Section (D).
   G. Availability of CQI reports to IDPH and the EMS System upon request. The System recommends that scores shall be kept for individual EMDs and the EMD Agency cumulatively. Cumulative scores for the EMSD Agency shall be submitted to the EMS System as requested. Compliance with the confidentiality provisions of the Medical Studies Act, Ill. Comp. Stat. § 5/8-2101, and HIPAA.

Loyola EMS System
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H. Establishment of a performance improvement plan to address personnel exhibiting a pattern of low EMD scores detected in the CQI process.
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<th>To define the procedure for Emergency Medical Dispatch Agency (EMD Agency) for recertification and criteria for revocation or suspension of an EMD Agency Certification in the Loyola EMS System and as prescribed by the Illinois Department of Public Health.</th>
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<td>The application shall document continued compliance with the EMS rules.</td>
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<tr>
<td>Revocation or Suspension of EMD or EMD Agency Certification</td>
<td>The EMS Medical Director shall report to IDPH whenever an action has taken place that may require the revocation or suspension of a certificate issued by IDPH (pursuant to 210 Ill. Comp. Stat. § 50/3.70(b)(4)).</td>
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<td></td>
<td>Revocation of suspension of the EMD or EMD Agency certification shall be in accordance with EMS rules and System policy.</td>
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PURPOSE: To identify the responsibilities of the Loyola EMS System Coordinator.

RESPONSIBILITIES:

The Loyola EMS System Coordinator is responsible for planning, managing and evaluating the prehospital care provided by EMS personnel functioning in the Loyola EMS System, as well as their educational process for competency and licensure/certification. These responsibilities are discharged in collaboration with the EMS Medical Director. The EMS System Coordinator is responsible for coordinating the education, training, and continuous quality improvement of all the EMS System participants.

1. Monitors prehospital providers on municipal and private provider departments regarding medical performance within the Loyola EMS System.
2. Responsible for the overall functioning of the Loyola EMS System.
3. Responsible for the maintenance of continuing education in the Loyola EMS System.
4. Assures the monitoring of quality control within the System.
5. Coordinates the data collection in the Loyola EMS System.
6. Functions as liaison between Resource/Associate Hospitals.
7. Makes recommendations to the State for licensure, relicensure, and suspension of the license of prehospital providers in collaboration with the EMS Medical Director.
8. Coordinates the development and implementation of written and practical examinations/quizzes for prehospital providers.
9. Assists EMS Medical Director with resident physician education relative to EMS and prehospital care.
10. Assembles System Review Board as deemed necessary in compliance with the Illinois Department of Public Health Rules and Regulations.
11. Develops and maintains EMS budget.
12. Represents the Resource Hospital in programs concerning the EMS System as necessary to public and other outside agencies.
13. Attends local, state, and federal meetings regarding guidelines, grants, or any other decision-making areas that affect the functioning of the Loyola EMS System.
14. Assists the EMS Medical Director in upholding and administering System Policies within the Loyola EMS System.
15. Promotes Loyola's mission and values.
16. Assists in disaster planning and management.
17. Assures the administration of the Loyola University Medical Center EMS educational programs and courses.
<table>
<thead>
<tr>
<th>PURPOSE:</th>
<th>To notify the Illinois Department of Public Health of potential conflicts of interest involving EMS System administrative personnel.</th>
</tr>
</thead>
<tbody>
<tr>
<td>POLICY:</td>
<td>The EMS Medical Director, EMS System Coordinator, and EMS Administrative Director shall notify the Illinois Department of Public Health in writing of any association with an ambulance service through employment, contract, ownership, or otherwise. It must be specified how he or she is answerable to or directed by such ambulance service provider concerning any matter falling within the scope of 77 Ill. Adm. Code § 515.320(j).</td>
</tr>
</tbody>
</table>
PURPOSE: To provide a liaison to the Resource Hospital and the EMS System at the Associate Hospital level.

POLICY: The Associate Emergency Medical Services Coordinator will be a licensed registered professional nurse or EMT-Paramedic in the State of Illinois employed by the Associate Hospital. This individual must demonstrate a high degree of competence in critical and emergency care.

RESPONSIBILITIES:
1. Administration
   a. Act as liaison for the Associate Hospital to all EMS System participants.
   b. Reports any suspicious criminal activity or medical/legal activities involving Loyola EMS System Providers to Loyola EMS System Coordinator and EMS Medical Director as soon as possible.
   c. Implements and monitors a system to maintain and control replacement of supplies used by provider agencies.
   d. Works closely with all prehospital providers who participate in the EMS System to meet their needs for Medical Control and evaluation.
   e. Provides feedback and follow up on patients to the prehospital providers within the limits of patient confidentiality.
   f. Provides feedback and follow up to prehospital providers regarding regulations and System guidelines.
   g. Represents Associate Hospital at System meetings:
      i. System Provider Coordinator
      ii. EMS Hospital Coordinator
      iii. System Chief/CEO
      iv. Associate Hospital
      v. Special functions as needed
   h. Assists in special projects as deemed appropriate.
   i. Works closely with the EMS System Coordinator or designates in all areas of the Loyola EMS System.

2. Quality Assurance
   a. Assists in the evaluation of emergency medical services rendered to maintain the prescribed system standards for patient care as provided by their Associate Hospital staff.
   b. Reviews and critiques ALS and BLS calls and refers to EMS Medical Director or EMS System Coordinator as needed and appropriate.
   c. Assists in compilation of EMS System monthly data for evaluation of the EMS System and other reports as required by the Illinois Department of Public Health (annual report).

3. Education
   a. Prehospital Provider
      i. Assists in organization and instruction of primary and continuing education programs for EMS System participants.
      ii. Administers CE quizzes to assigned providers.
      iii. Maintains appropriate records and provides Resource Hospital with information as requested.
iv. In conjunction with the Resource Hospital, arranges for back up coverage of these duties when necessary (e.g. illness).

v. Serves as preceptor at clinical sites for paramedics and EMT-Basic students.

4. **ECRN**
   a. Assists in organization and instruction of continuing education programs for EMS System participants.
   b. Assists Resource Hospital EMS department in conducting the Emergency Communications Registered Nurse course.
   c. Oversees ECRN preceptorship and ambulance ride time.
   d. Oversees the Associate Hospital's ECRN reapproval process, submits information and updates EMS System office as set forth by the Resource Hospital.
   e. Administers CE quizzes.
   f. Presents telemetry reviews for ECRNs on a periodic basis based on educational needs documented through CQI programs.
   g. Maintains all ECRN files for emergency department personnel.
   h. In conjunction with the Resource Hospital, arranges for backup coverage of these duties when necessary (e.g. illness).
TITLE: Associate Hospital Emergency Medical Services Director
SECTION: Resource/Associate Hospital Personnel
EFFECTIVE: 9/1/99
REVISED/REVIEWED: 12/5/13

PURPOSE: To provide a physician liaison from the Associate Hospital level to assist in the medical management of the Loyola EMS System.

POLICY: Each Associate Hospital will designate an Associate Hospital EMS Medical Director

1. Responsibilities of the Associate Hospital EMS Medical Director
   a. Assists in developing System policies, procedures, and Standard Operating Procedures.
   b. Attends Associate Hospital and other System meetings as needed.
   c. Assists with clinical rotations.
   d. Assists with continuing education: EMT-Basic, EMT-Paramedic, Pre-Hospital RN, ECRN, and physician.
   e. Attends special functions as deemed appropriate by EMS System.
   f. Monitors continuous quality improvement at Associate Hospital level.
   g. Monitors internal education of ED staff physicians at Associate Hospital level.
   h. Evaluates the performance of EMT-Paramedic students and EMT-Paramedic System applicants.
   i. Assists in the procurement of educational experiences and clinical sites for licensed and student prehospital providers.
   j. Assures compliance to Loyola EMS System policies and procedures by Associate Hospital personnel.
PURPOSE: To ensure qualified personnel in the Medical Control management of prehospital patient care in the Loyola EMS System.

POLICY: The physicians in the Loyola EMS System maintain Medical Control over the treatment rendered to the patients in the field.

The hospital base station physician must:

1. Be licensed as a physician licensed to practice medicine in all of its branches in the State of Illinois.
3. Be familiar with the hospital's communication systems and radio.
PURPOSE: To provide guidelines, policies and procedures designed to prevent or minimize occupational exposure of prehospital care providers to bloodborne pathogens, airborne pathogens, or other potentially infectious materials.


POLICY: Providers in the Loyola Emergency Medical Services System must follow the exposure control plan to prevent or minimize occupational exposure to blood borne pathogens, airborne pathogens or other potentially infectious materials.

1. System EMS personnel shall take reasonable precautions to keep from being occupationally exposed to bloodborne pathogens and/or from acquiring infectious or communicable diseases from patients.

2. The System will consider, and, where appropriate, use effective engineering controls, including safer medical devices, in order to reduce the risk of injury from needlesticks and from other sharp medical instruments (OSHA compliance directive).

3. Patients shall be reasonably protected from acquiring healthcare acquired infections from the ambulance environment by equipment used on them in the course of prehospital emergency care.

Supporting rationale

1. Patients who do not appear to be infected may contaminate the ambulance by droplets or by direct contact, even though no evidence of contamination is apparent. Examples include contamination with mites (scabies), lice, bedbugs, herpetic lesions or fungal infections of exposed skin and infections where surface contamination of the interior of the ambulance in the immediate vicinity of the patient may have occurred.

2. Other pathogens, such as HIV, Hepatitis B or C, may be transmitted by contact with the patient’s blood and/or selected body secretions.

EMS personnel are advised to treat all patients as potential carriers of infectious diseases and are instructed to observe Universal Blood and Body Secretion Precautions as outlined by the CDC for all patients.

I) Definitions

1. **Appropriate safer medical device**
   Devices whose use, based on reasonable judgment in individual cases, will not jeopardize patient or employee safety or be medically contraindicated.

2. **Blood**
   Human blood, blood components and products made from human blood. Human blood components include plasma, platelets, and serosanguinous fluids such as exudates from wounds.

3. **Bloodborne pathogens**
   While HIV and HBV are identified in the OSHA standards, the term includes any pathogenic microorganism that is present in human blood and can infect and cause disease in persons who are exposed to blood containing the pathogen.

4. **DICO**
   Designated Infection Control Officer – educated on infection control and exposure mitigation.
5. **Engineering controls**

   All control measures (e.g. sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove a bloodborne pathogens hazard from the workplace and reduce the risk of percutaneous exposure to bloodborne pathogens.

6. **Exposure incident**

   Means a specific eye, mouth or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material that result from the performance of prehospital duties. Non-intact skin includes skin with dermatitis, hangnails, cuts, abrasions, chaffing, etc.

7. **Needleless system**

   A device that does not use needles for: (a) the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; (b) the administration of medication or fluids; or (c) any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

8. **Other Potentially Infectious Materials (OPIM)**

   These include the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, peritoneal fluid, amniotic fluid, pleural fluid, saliva where there has been mouth trauma, any body fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids. Coverage of the definition also extends to blood and tissues of animals that are deliberately infected with HIV or HBV.

II) **Universal Blood and Body Fluid Precautions**

   1. Use of personal protective equipment (PPE)/body substance isolation (BSI) reduces the health care worker’s risk of exposure to potentially infective materials. They shall be chosen based on the anticipated exposure to blood or OPIM.

   2. **Risky body fluids to which universal precautions apply:**

      (a) Blood and other body fluids containing visible blood
      
      (b) Semen and vaginal secretions
      
      (c) Tissues and the following fluids: cerebral spinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid

   3. **Examples of PPE/BSI:** Single use disposable vinyl or latex-free gloves, utility gloves, fluid repellent gowns, surgical face masks, N-95 filtration masks, pocket masks, and protective eyewear with solid side shields.

   4. **BSI (body substance isolation):** Protective equipment shall be considered appropriate only if it does not permit blood or OPIM to pass through or reach the person’s clothing, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time in which the protective equipment shall be used.

III) **Indications for Use of PPE/BSI**

   1. **PPE** (personal protective equipment) shall be carried on all ambulances and alternate response vehicles. The size, quantity, and type of equipment provided by the employer shall be sufficient to supply all employees expected to respond to an incident where BSI is indicated.
2. All EMS responders shall use appropriate PPE/BSI to prevent skin and mucous membrane exposure when contact with blood or other body secretions is anticipated. The only exception is if they temporarily and briefly decline to use PPE when, under rare and extraordinary circumstances, it was the person’s professional judgment, that in the specific instance its use would have prevented the delivery of health care, public safety services or would have posed an increased hazard to the safety of the EMS provider. When the EMS responder makes this judgment, the circumstances shall be reported according to the employer’s guidelines. This particular clause should not be used to circumvent the guidelines on a routine or customary basis.

3. Universal precautions are intended to supplement rather than replace recommendations for routine infection control, such as hand washing and using gloves, to prevent gross microbial contamination of the hands. Because it is impractical to specify the types of barriers needed for every possible clinical situation, common sense and prudent judgment must be exercised.

4. Gloves
   a. Gloves shall be worn for touching blood and body fluids, mucous membranes or non-intact skin of all patients, for handling items or surfaces soiled with blood or body fluids, and for performing venipuncture and other invasive procedures, e.g. intubation, cricothyrotomy, pleural decompression, etc. Provider should consider using gloves in presence of cutaneous infection.
   b. They are not necessary for all patient contact. Gloves are not routinely indicated in the absence of blood or body fluids or on patients for whom invasive procedures are not performed.
   c. Gloves must be changed after contact with each patient.
   d. Remove gloves as soon as possible after caring for a patient. Medical gloves should not be worn in elevators or public hallways after a patient has been delivered to the ED or their destination.
   e. Gloves should reduce the incidence of contamination of hands, but they cannot prevent penetrating injuries due to needles or other sharp implements.

5. Masks and protective eyewear or face shields shall be worn in the patient care compartment and when working within six feet of a patient who is suspected of having a disease transmitted by droplets. They shall also be worn during procedures that are likely to generate droplets or a spray of blood or release of other body fluids to prevent exposure of mucous membranes of the mouth, nose and eyes. N-95 facemasks shall be worn whenever there is a possibility of TB, SARS or influenza-type illness exposure.

6. Fluid repellent gowns or aprons shall be worn during procedures that are likely to generate splashes of blood or other body fluids.

7. Scrupulous precautions are indicated for care of the debilitated patient who is unable to practice good hygiene, such as the patient with profuse diarrhea, fecal incontinence, vomiting, altered behavior which may occur secondary to central nervous system infections or those patients whose social habits place them in one of the high risk behavior groups, and it is foreseeable that they may be harboring an infection, e.g. intravenous drug users.

8. Vaginal deliveries: Gloves, gowns, masks and protective eyewear should be worn during the delivery and when handling the placenta or the infant until all blood and amniotic fluid have been removed or covered with fluid-repellent barriers.

IV) Hand washing

1. Hands and other skin surfaces should be washed immediately and thoroughly with soap and water if visibly dirty, or contaminated with blood or other body fluids.
2. Decontaminate hands prior to inserting peripheral vascular catheters, other invasive devices or accessing indwelling catheters that do not require a surgical procedure.

3. Disposable gloves are not completely impermeable. Hands must be thoroughly washed or decontaminated with an approved disinfectant product after gloves have been removed.

4. If hands are not visibly soiled and/or in the absence of soap and water, the CDC recommends an alcohol-based hand rub. Storage and dispenser placement of alcohol-based hand rubs will be in compliance with regulations for Class I flammable agents, with NFPA 100 requirements and with all applicable codes. Use of these products should not be considered as a substitute for hand washing when available.

5. **Hand Hygiene Technique**
   a. When washing hands with soap and water, wet hands first with warm water, apply an amount of product recommended by the manufacturer to hands and wrists and rub together vigorously for at least 15 seconds, covering all surfaces and the hands and fingers. Rinse hands with water and dry thoroughly with a disposable towel. Use clean dry (new) towel to turn off the faucet. Avoid using hot water, because repeated exposure to hot water may increase the risk of dermatitis.
   
   b. When decontaminating hands with an alcohol-based hand rub, apply product to palm of one hand and rub hands together, covering all surfaces of fingers and fingernails until hands are dry. Follow the manufacturer’s recommendations regarding the volume of product to use.
   
   c. EMS personnel having direct contact with patients should not wear artificial fingernails or extenders and should have no chipped nailpolish.

V) **Precautions to prevent exposures and/or transmission of disease**

1. All EMS personnel should take precautions to prevent exposure injuries caused by needles, scalpels, and other sharp instruments or devices during procedures; when cleaning used instruments; during disposal; and when handling sharp instruments after procedures.

2. **Needles/ sharps**
   a. System members are encouraged to use sharps with engineered sharps injury protection, such as self-sheathing IV catheters, thereby reducing the incidence of accidental needle sticks.
   
   b. To prevent needlestick injuries, needles should not be recapped, purposefully bent or broken, removed from disposable syringes or otherwise manipulated by hand.
   
   c. **Contaminated sharps** (disposable syringes and needles, scalpel blades) are to be placed in containers which are closable, puncture resistant, leak proof on sides and bottom, easily accessible to personnel, maintained upright throughout use, labeled or color-coded properly. Puncture-resistant containers should be located as close as possible to the use area (point of use). **DO NOT stick used needles into mattresses or bench seats.** When moving sharps containers from the area of use, they shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling. All full sharps containers should be sealed and given to ED personnel for proper disposal.
   
   d. **Broken glassware** which may be contaminated must not be picked up directly with the hands. It shall be cleaned up using mechanical means such as a brush and dust pan, tongs or forceps.

3. Disposable **bag-valve-masks** (BVMs) or non-disposable bags with disposable one-way valve inter-connects and disposable masks should be used on all patients.
4. EMS responders who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient care equipment until the condition resolves.

5. Pregnant health care workers are not known to be at greater risk of contracting HIV infection than health care workers who are not pregnant; however, if a health care worker develops HIV infection during pregnancy, the infant is at risk of infection resulting from perinatal transmission. Because of this risk, pregnant health care workers should be especially familiar with and strictly adhere to precautions to minimize the risk of HIV transmission.

6. **Procedure for appropriately disposing of contaminated clothing, equipment and linen.**
   a. All *garments* that are penetrated by blood or OPIM shall be removed immediately or as soon thereafter as practical. Prehospital personnel shall continue treating the patient, even after exposure has occurred. All PPE shall be removed prior to leaving the work area.
   b. It may be possible for the work area to expand to the ambulance quarters. When this occurs, OSHA suggests that EMS personnel cover up with a non-absorbent barrier and ride in the patient compartment of the ambulance to protect against contaminating the cab of the vehicle. The contaminated responder and the ambulance will remain out of service until both have been decontaminated.

7. **Potentially hazardous waste**
   a. Body excretions or secretions, e.g. suction aspirate, placentas, etc., must be identified and bagged in durable bags (see below) resistant to puncture and tears. Waste may be single bagged if it can be put in the bag without contaminating the outside. Otherwise, double bagging is required.
   b. **Warning labels** shall be affixed to containers of regulated waste or OPIM such as sharps containers. **Red bags** may be substituted for labels. Biohazard labels are to be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color.
   c. All contaminated **disposable equipment** shall be properly discarded at the receiving hospital.
   d. Non-disposable items that could release blood/OPIM in a liquid or semi-liquid state if compressed must be appropriately cleaned, disinfected, or discarded.
      i. Items that are caked with dried blood or OPIM and are capable of releasing these materials during handling must be appropriately cleaned.
      ii. Non-disposable, non-consumable patient equipment that becomes contaminated by a patient's blood or body fluids and are left at the hospital due to the on-going needs of a patient, **must have gross contaminants removed and physical cleaning completed as outlined in system policy prior to their return to the EMS Agency**. Failure to clean this equipment creates a potential medium for transmission of disease and is not consistent with the intent or purpose of this policy.

8. Clean and decontaminate all ambulance equipment and **environmental work surfaces** after contact with blood or OPIM according to System and employer procedures.
   a. Clean, decontaminate and disinfect ambulance work surfaces as soon as feasible when surfaces are overtly contaminated. All have the potential to transmit infectious diseases. When cleaning gross spills, wear gloves and used disposable toweling to remove the majority of the spill. Place all soiled components into a plastic bag that can be sealed/tied for disposal.
b. After gross spills are removed, clean (physical removal of soilage) with an effective and safe product. While hydrogen peroxide (0.3% solution) helps to loosen blood and tissue, it does not disinfect. Use a low-sudsing detergent with a neutral pH on washable surfaces, e.g. OMEGA by Airwick. Grocery store detergents do not have a neutral pH and should not be used. Disinfection or sterilization cannot take place unless the equipment is physically clean. Rinse with tap water.

c. Disinfectant formulations registered by the EPA can be used for disinfecting environmental surfaces after cleaning. The System prefers Cavi-cide Disinfectant Cleaner (aseptic control products) or a freshly constituted (mixed the same day) 1:100 solution of bleach. Follow manufacturer's instructions.

9. Contaminated linen

a. The risk of disease transmission from soiled linens is small. Handle soiled linens as little as possible with minimum agitation. Wear gloves when bagging contaminated clothing or linen. Wrap linens that are or might be contaminated in heavy, biodegradable plastic bags provided by the hospital. Label as "contaminated" or "infectious waste". These bags must be constructed in a manner that would prevent leakage.

b. When contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry must be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

c. Do not sort or rinse contaminated laundry in the patient care area.

d. When universal precautions are used in the handling of all soiled laundry, alternative labeling or color coding is sufficient if it permits all personnel to recognize the containers as requiring compliance with universal precautions.

10. Transport potentially infectious patients using the minimum number of EMS personnel and without non-infected patients or passengers in the ambulance.

11. Notify receiving facilities of the impending arrival of a potentially infectious patient prior to transport to give them adequate time to initiate appropriate infection control procedures.

VI) Immunizations and Other Preventative Testing

EMS personnel are urged to have all appropriate immunizations or have evidence of immunity, when possible, against tetanus-diptheria, pertussis, rubella, measles, mumps, polio, Hepatitis B and others, as effective immunizations become available. System employers shall maintain personnel records in accordance with OSHA Guidelines relative to HBV immunization and/or declination statements. Annual TB screening and influenza vaccination is strongly recommended.

VII) Procedure for a Suspected Exposure – EMS Personnel

1. Even though all safety precautions are followed, a person may still have direct contact with a patient’s blood and/or body secretions or be exposed to a communicable disease. Without appropriate documentation, the exposed health care worker may not be eligible for medical care reimbursement or other long-term benefits.

2. EMS Provider Agencies are required to develop internal Bloodborne Pathogens Exposure Control Plans regarding the use of PPE, vaccinations, and follow-up of personnel if exposed in compliance with Federal Law.
3. **General guidelines**  
   a. All personnel who believe they have experienced an exposure event should first provide themselves with the appropriate first-aid treatment and decontamination as required. Once able, the personnel should contact their employer’s Designated Infection Control Officer (DICO) or his/her designee as required by the Ryan White Act HIV/AIDS Treatment Extension Act of 2009 and NFPA 1581.
   
b. Once notified, the DICO shall evaluate the facts of the potential exposure and determine if there is a potential for occupational acquisition of an infectious disease, based on CDC guidelines for Risk of Occupational Exposure to HBV, HCV, and HIV and Recommendations for Postexposure prophylaxis *(MMWR June 29, 2001); Updated US Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Postexposure prophylaxis (MMWR, Sept. 30, 2005)* or updated guidelines as they are published.
   
c. If the DICO determines that no exposure occurred, no further follow-up is required. The personnel should document any injury or first-aid required with their employer per employer policy. No Loyola Exposure Report Form needs to be generated.
   
d. If the DICO determines that an exposure has occurred, the DICO will follow agency policy as required by the Ryan White Act.

VIII) **Recommended Procedures for Follow Up – Hospitals**

1. **Hospitals are asked to collaborate with the requests of DICOs in safeguarding the wellbeing of System members and/or other professionals covered under the Ryan White Act per procedure.**

2. **Hospitals are asked to ensure the timely completion of lab studies and reporting of results to the DICO in compliance with the Ryan White Act and/or other Federal and State statues.**

3. **If the source patient tests NEGATIVE** for the targeted organisms and has no other evidence of infection, no further follow-up is generally required.

4. **If the source patient cannot be identified,** decisions on the method of follow up should be based on the type of exposure and the likelihood that the patient was infected. This decision should be made jointly by the DICO in consultation with the Infection Control Consultant.

5. **If the source patient tests POSITIVE,** hospitals may only release the test results to the DICO who requested the lab draw. The exposed individual must receive counseling, confidentially and in person, about the meaning of the test results, the availability of additional confirmatory testing, the possibility of infection, methods to prevent the spread of the infection, and services available for further information and counseling.

6. **Follow-up care for exposure to a positive source should be initiated as soon as feasible to ensure timely post-exposure prophylaxis.**

IX) **Notification requirements IN THE ABSENCE OF AN EXPOSURE INCIDENT – HOSPITALS**

1. According to the Illinois Hospital Licensing Act, 210 Ill. Comp. Stat. § 85/1 et seq., and the Ryan White HIV/AIDS Extension Act of 2009, Pub. L. No. 111-87 (2009), each hospital is required to establish procedures for notifying EMS personnel who have provided or are about to provide, emergency care or life support services to a patient who has been diagnosed as having a dangerous communicable or infectious disease.
   a. Every hospital shall provide notification as required in this Section to police officers, firefighters, emergency medical technicians, and ambulance personnel who have provided or are about to provide emergency care or life support services to a patient who has been diagnosed as having a dangerous communicable or infectious disease. Such notification shall not include the name of the patient, and the emergency services provider agency and any person receiving such notification shall treat the information received as a confidential medical record.
   b. The Department shall establish by regulation a list of those communicable reportable diseases and conditions for which notification shall be provided. Notification shall be required for the following diseases: AIDS, AIDS-related complex (ARC), Anthrax, Chickenpox, Cholera, Diphtheria, Hepatitis B, Hepatitis C, Herpes Simplex, Human Immunodeficiency Virus (HIV), Invasive Meningococcal Infection (Meningitis or Meningococcemia), Measles, Mumps, Plague, Polio, Rabies (human Rabies), Rubella (including Congenital Rubella Syndrome), Smallpox, Tuberculosis, and Typhus (louse-borne). The EMS System also recommends notification for head and/or body lice. (Source: Amended at 15 Ill Reg. 5328, effective May 1, 1991)
   c. The hospital shall send the letter of notification within 72 hours after confirmed diagnosis of any of the communicable diseases listed by the Department pursuant to subsection (b), except confirmed diagnoses of Acquired Immunodeficiency Syndrome (AIDS). If there is a confirmed diagnosis of AIDS, the hospital shall send the letter of notification only if the police officers, firefighters, emergency medical technicians, or ambulance personnel have indicated on the ambulance run sheet that a reasonable possibility exists that they have had blood or body fluid contact with the patient, or if hospital personnel providing the notification have reason to know of a possible exposure.
   d. Notification letters shall be sent to the designated contact at the municipal or private provider agencies (DICO) listed on the ambulance run sheet. Except in municipalities with a population of 1,000,000, a list attached to the ambulance run sheet must contain all municipal and private agency personnel who have provided any pre-hospital care immediately prior to transport. In municipalities with a population over 1,000,000, the ambulance run sheet must contain the company number or unit designation number for fire department personnel who have provided any pre-hospital care immediately prior to transport. The letter shall state the names of crew members listed on the attachment to the ambulance run sheet and the name of the communicable disease diagnosed, but shall not contain the patient’s name. Upon receipt of such notification letter, the applicable private provider agency or the designated infectious disease control officer of a municipal fire department or fire protection district shall contact all personnel involved in the pre-hospital or inter-hospital care and transport of the patient. Such notification letter may, but is not required to, consist of the following form:

- NOTIFICATION LETTER
- (NAME OF HOSPITAL)
- (ADDRESS)
- TO: (Name of Organization)
- FROM: (Infection Control Coordinator)
DATE

As required by section 6.08 of the Illinois Hospital Licensing Act, (name of hospital) is hereby providing notification that the following crew members or agencies transported or provided pre-hospital care to a patient on...(date), and the transported patient was later diagnosed as having....(name of communicable disease): ....(list of crew members).

The Hospital Licensing Act requires you to maintain this information as a confidential medical record. Disclosure of this information may therefore result in civil liability for the individual or company breaching the patient’s confidentiality, or both.

If you have any questions regarding this patient, please contact me at ....(telephone number), between....(hours). Questions regarding exposure or the financial aspects of obtaining medical care should be directed to your employer.

e. Upon discharge of a patient with a communicable disease to emergency personnel, the hospital shall notify the emergency personnel of appropriate precautions against the communicable disease, but shall not identify the name of the disease in the following:
   - Typhoid fever
   - Giardiasis
   - Amebiasis
   - Hepatitis A
   - Shigellosis
   - Salmonellosis

f. The hospital may, in its discretion, take any measures in addition to those required in this Section to notify police officers, firefighters, emergency medical technicians, and ambulance personnel of possible exposure to any communicable disease. However, in all cases this information shall be maintained as a confidential medical record and shall not conflict with Federal or state confidentiality statutes or with the provisions of section 6.08 of the Hospital Licensing Act.

g. Any person providing or failing to provide notification under the protocol required by this Section shall have immunity from any liability, either criminal or civil, that might result by reason of such action or inaction, unless such action or inaction is willful.

h. Any person who willfully fails to provide any notification required pursuant to an applicable protocol which has been adopted and approved pursuant to this Section commits a petty offense, and shall be subject to a fine of $200 for the first offense, and $500 for a second or subsequent offense.

i. Nothing in this Section shall preclude a civil action by a firefighter, emergency medical technician, or ambulance crew member against an emergency services provider agency, municipal fire department, or fire protection district that fails to inform the member in a timely fashion of the receipt of a notification letter.
Contact references

- CDC: IOSH Bloodborne Pathogens Topic Page: www.cdc.gov/niosh/topics/bbp
- CDC: Protecting Healthcare Workers from Bloodborne Pathogens: www.cdc.gov/ncidod/dhap/wrkrProtect_bp.html
- Loyola EMS System 1-2 Appendix Procedure for Exposure Determination and Follow-up
PURPOSE: To provide any system prehospital emergency services first responder (ambulance personnel, firefighters and police) involved in prehospital care activities while on duty that expose them to blood or body fluids of another person, an access to appropriate care and follow up as by 77 Ill. Adm. Code § 250.725.

POLICY: Emergency services providers rendering care or assistance to persons in the prehospital field have two mechanisms by which to request notification if an exposure occurred while performing their normal job duties.

1. The person receiving the exposure may complete a Loyola EMS System Communicable Disease Exposure Form that is part of the Exposure Carepak.

2. A person receiving exposure should report directly to the charge nurse of the emergency department. A copy of the exposure form should be forwarded to the EMS office for follow up.

3. The events surrounding when the exposure occurred should be reviewed by the physician in the emergency department on duty at the time of the incident. Decisions if the source and the person exposed will require HIV and HB Ag levels to be drawn should be made at this time.

PROCEDURE:

1. The exposed person will register into the emergency department to be seen by a physician.

2. Exposures sustained from a needle stick or percutaneous exposure to serum or other potentially infectious body fluids should receive appropriate wound care and tetanus prophylaxis if needed. Persons that have not received a tetanus booster within the last give years should be given 0.5 mL Diphtheria/Tetanus Toxoid (DT) intramuscularly.

3. Initiate source testing if needed or deemed appropriate by an ED physician or nurse practitioner.

4. Post exposure prophylaxis for Hepatitis (recommendations only)
   a. Known Source (Positive HB Ag):
      i. If prehospital care provider has previously received a complete series of Hepatitis B vaccine, no prophylaxis is required in the Emergency Department. Though titers decline over time to undetectable levels, a person is still protected due to immunological memory.
      ii. If the exposed has not received the Hepatitis vaccine, the first of three doses should be administered in the ED. Recombivax HB (1 mL) intramuscularly. The completion of the vaccine will be done through the employee/employer agreement. The exposed should also receive Hepatitis B immune globulin (HBIG) 0.06 mL/kg or 5 mL intramuscularly.
   b. Known Source (Unknown HB Ag status):
      i. If the exposed has received the hepatitis vaccine in the past nothing further is needed.
   c. Unknown Source:
      i. Follow as above for therapy to be initiated in the ED at the time of the exposure in Known Source (D.1.a.).
   d. Post exposure prophylaxis for HIV, Known and Unknown Source:
      i. Source and person exposed should have the HIV testing initiated in the ED at the time of the exposure.
ii. Test results will be forwarded by confidential mail to the ordering physician. For all prehospital exposures the EMS Medical Director’s name should be used. According to CDC guidelines, the source must be known to be HIV positive in order for an infectious disease consult to be done.

5. Follow Up Care
   a. Wound: Examine the wound and check for evidence of infection (redness, discharge, tenderness, etc.). The exposed person should follow up with employer occupational health for care if these signs and symptoms present.
   b. Tests Results: All positive source test results for communicable diseases that are received by the EMS office will be followed up by a notification phone call and notification letter within 72 hours after receiving knowledge of the confirmed diagnosis. Notification will be given to the component head of the prehospital provider unless otherwise specified by the prehospital provider agency.

6. Notification Procedure
   a. A notification letter will be sent simultaneously with a phone call when any prehospital provider comes into contact with any of the following communicable diseases that are required by 77 Ill. Adm. Code § 250.725.
      i. Rubella (including congenital rubella syndrome)
      ii. Measles
      iii. Tuberculosis
      iv. Invasive meningococcal infections (meningitis or meningococcemia)
      v. Mumps
      vi. Chicken Pox
      vii. Herpes Simplex
      viii. Diphtheria
      ix. Rabies (human)
      x. Anthrax
      xi. Cholera
      xii. Plague
      xiii. Polio (Poliomyelitis)
      xiv. Hepatitis B
      xv. Typhus (louse borne)
      xvi. Small Pox
      xvii. Hepatitis Non A/Non B
      xviii. Acquired Immunodeficiency Syndrome (AIDS)
      xix. AIDS Related Complex (ARC)
      xx. Human Immunodeficiency Virus (HIV)
   b. Internal Notification via Infection Control Department
      i. Infection Control will notify the EMS office of all patients with confirmed diagnoses as listed in item 6a with the Notification of Exposure of Communicable Diseases/Infection Control form admitted through the Emergency Department.
      ii. Once the form is received in the EMS office, it is dated and timed. Medical records is contacted and patient chart is reviewed for any information relating to prehospital care and potential for exposure during patient contact. 77 Ill. Adm. Code § 250.725.
      iii. The notification process as described in items 6a and 6b will then be followed.
# Recommended Work Restriction Guidelines

*Summary of suggested work restrictions for health care personnel exposed to or infected with infectious diseases of importance in health care settings, in the absence of state and local regulations (modified from ACIP recommendations by the CDC)*.

<table>
<thead>
<tr>
<th>Disease/problem</th>
<th>Work restriction</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Conjunctivitis</strong></td>
<td>Restrict from patient contact and contact with the patient’s environment</td>
<td>Until discharge ceases</td>
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<tr>
<td><strong>Cytomegalovirus Infections</strong></td>
<td>No restriction</td>
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<tr>
<td><strong>Diarrheal Diseases</strong></td>
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<tr>
<td>Acute state (diarrhea with other symptoms)</td>
<td>Restrict from patient contact, contact with the patient’s environment, or food handling</td>
<td>Until symptoms resolve</td>
</tr>
<tr>
<td>Convalescent stage, <em>Salmonella</em> spp.</td>
<td>Restrict from care of high-risk patients</td>
<td>Until symptoms resolve; consult w/ local patents and state health authorities regarding need for negative stool cultures</td>
</tr>
<tr>
<td><strong>Diptheria</strong></td>
<td>Exclude from duty</td>
<td>Until antimicrobial therapy completed and 2 cultures obtained ≥24 hours apart are negative</td>
</tr>
<tr>
<td><strong>Enteroviral Infections</strong></td>
<td>Restrict from care of infants, neonates, and immunocompromised patients and their environments</td>
<td>Until symptoms resolve</td>
</tr>
<tr>
<td><strong>Hepatitis A</strong></td>
<td>Restrict from patient contact, contact with the patient’s environment, and food handling</td>
<td>Until 7 days after onset of jaundice</td>
</tr>
<tr>
<td><strong>Hepatitis B</strong></td>
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<tr>
<td>Personnel with acute or chronic hepatitis B surface antigenemia who do not perform exposure-prone procedures</td>
<td>No restrictions*; refer to state regulations; standard precautions should always be observed</td>
<td></td>
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<tr>
<td>Personnel with acute or chronic hepatitis B a antigenemia who perform exposure-prone procedures</td>
<td>Do not perform exposure-prone invasive procedures until counsel from an expert review panel has been sought; panel should review and recommend procedures the worker can perform, taking into account specific procedure as well as skill and technique of work; refer to state regulations</td>
<td>Until hepatitis B antigen is negative</td>
</tr>
<tr>
<td><strong>Hepatitis C</strong></td>
<td>No recommendation</td>
<td></td>
</tr>
<tr>
<td><strong>Herpes simplex</strong></td>
<td></td>
<td></td>
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<tr>
<td>Genital</td>
<td>No restriction</td>
<td></td>
</tr>
<tr>
<td>Hands (herpetic window)</td>
<td>Restrict from patient contact and contact with the patient’s environment</td>
<td>Until lesions heal</td>
</tr>
<tr>
<td>Orofacial</td>
<td>Evaluate the need to restrict from care of high-risk patients</td>
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<tr>
<td><strong>Human Immunodeficiency Virus</strong></td>
<td>Do not perform exposure-prone invasive procedures until counsel from an expert review panel has been sought, panel should review and recommend procedures the worker can perform, taking into account specific procedure as well as skill and technique of worker; refer to state regulations</td>
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<tr>
<td>Disease/problem</td>
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<td>Duration</td>
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<tr>
<td><strong>Measles</strong></td>
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<tr>
<td>Active</td>
<td>Exclude from duty</td>
<td>Until 7 days after the rash appears</td>
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<tr>
<td>Postexposure (susceptible personnel)</td>
<td>Exclude from duty</td>
<td>From 5&lt;sup&gt;th&lt;/sup&gt; day after 1&lt;sup&gt;st&lt;/sup&gt; exposure through 21&lt;sup&gt;st&lt;/sup&gt; day after last exposure and/or f days after rash appears</td>
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<tr>
<td><strong>Meningococcal infections</strong></td>
<td>Exclude from duty</td>
<td>Until 24 hours after start of effective therapy</td>
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<tr>
<td><strong>Mumps</strong></td>
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<tr>
<td>Active</td>
<td>Exclude from duty</td>
<td>Until 9 days after onset of parotitis</td>
</tr>
<tr>
<td>Postexposure (susceptible personnel)</td>
<td>Exclude from duty</td>
<td>From 12&lt;sup&gt;th&lt;/sup&gt; day after 1&lt;sup&gt;st&lt;/sup&gt; exposure through 26&lt;sup&gt;th&lt;/sup&gt; day after last exposure or until 9 days after onset of parotitis</td>
</tr>
<tr>
<td><strong>Pediculosis (lice)</strong></td>
<td>Restrict from patient contact</td>
<td>Until treated and observed to be free of adult and immature lice</td>
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<tr>
<td><strong>Pertussis</strong></td>
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<tr>
<td>Active</td>
<td>Exclude from duty</td>
<td>From beginning of catarrhal stage through 3&lt;sup&gt;rd&lt;/sup&gt; week after onset of paroxysms or until 5 days after start of effective antimicrobial therapy</td>
</tr>
<tr>
<td>Postexposure (asymptomatic personnel)</td>
<td>No restriction, prophylaxis is recommended</td>
<td>Until 5 days after start of effective antimicrobial therapy</td>
</tr>
<tr>
<td>Postexposure (symptomatic personnel)</td>
<td>Exclude from duty</td>
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<tr>
<td><strong>Rubella</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active</td>
<td>Exclude from duty</td>
<td>Until 5 days after rash appears</td>
</tr>
<tr>
<td>Postexposure (susceptible personnel)</td>
<td>Exclude from duty</td>
<td>From 7&lt;sup&gt;th&lt;/sup&gt; day after 1&lt;sup&gt;st&lt;/sup&gt; exposure through 21&lt;sup&gt;st&lt;/sup&gt; day after last exposure</td>
</tr>
<tr>
<td><strong>Scabies</strong></td>
<td>Restrict from patient contact</td>
<td>Until cleared by medical evaluation</td>
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<tr>
<td><strong>Staphylococcus Aureus Infection</strong></td>
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<tr>
<td>Active, draining skin lesions</td>
<td>Restrict from contact with patients and patient’s environment or food handling</td>
<td>Until lesions have resolved</td>
</tr>
<tr>
<td>Carrier state</td>
<td>No restriction, unless personnel are epidemiologically linked to transmission of the organism</td>
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<tr>
<td><strong>Streptococcal Infection, group A</strong></td>
<td>Restrict from patient care, contact with patient’s environment, or food handling</td>
<td>Until 24 hours after adequate treatment started</td>
</tr>
<tr>
<td><strong>Tuberculosis</strong></td>
<td></td>
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</tr>
<tr>
<td>Active disease</td>
<td>Exclude from duty</td>
<td>Until proved noninfectious</td>
</tr>
<tr>
<td>PPD converter</td>
<td>No restriction</td>
<td></td>
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<tr>
<td><strong>Varicella</strong></td>
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<tr>
<td>Active</td>
<td>Exclude from duty</td>
<td>Until all lesions dry and crust</td>
</tr>
<tr>
<td>Postexposure (susceptible personnel)</td>
<td>Exclude from duty</td>
<td>From 10&lt;sup&gt;th&lt;/sup&gt; day after 1&lt;sup&gt;st&lt;/sup&gt; exposure through 21&lt;sup&gt;st&lt;/sup&gt; day (28&lt;sup&gt;th&lt;/sup&gt; day if VZIG given) after</td>
</tr>
<tr>
<td>Disease/problem</td>
<td>Work restriction</td>
<td>Duration</td>
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<tr>
<td></td>
<td></td>
<td>last exposure</td>
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<tr>
<td><strong>Zoster</strong></td>
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<tr>
<td>Localized, in healthy person</td>
<td>Cover lesions; restrict from care of high-risk patients **</td>
<td>Until all lesions dry and crust</td>
</tr>
<tr>
<td>Generalized or localized in immunosuppressed person</td>
<td>Restrict from patients contact</td>
<td>Until all lesions dry and crust</td>
</tr>
<tr>
<td>Postexposure (susceptible personnel)</td>
<td>Restrict from patients contact</td>
<td>From 10th day after 1st exposure through 21st day (28th day if VZIG given) after last exposure or, if Varicella occurs, until all lesions dry and crust</td>
</tr>
<tr>
<td><strong>Viral Respiratory Infections acute febrile</strong></td>
<td>Consider excluding from the care of high-risk patients*** or contact with their environment during community outbreak of RSV and influenza</td>
<td>Until acute symptoms resolve</td>
</tr>
</tbody>
</table>

* Unless epidemiologically linked to transmission of infection.
** Those susceptible to Varicella and who are at increased risk of Varicella, such as neonates and immunocompromised persons of any age.
*** High-risk patients as defined by the ACIP for complication of influenza.
PURPOSE: The purpose of the quality improvement program is to ensure that prehospital patient care provided within the Loyola Emergency Medical Services System is uniformly and consistently of the highest possible quality.

POLICY: The Loyola EMS System Quality Improvement program is further designed to comply with Emergency Medical Services and Trauma Center Code requirements for quality improvement measures for both adult and pediatric patient care. Participation at all levels within the Loyola EMS System is required to meet this goal. Data, analysis and reports submitted to and analyzed by the System Quality improvement program shall be considered confidential under the Illinois Code of Civil Procedure, 735 Ill. Comp. Stat. § 5/8-2101.

Resource Hospital
1. Coordinate all quality improvement activities within the System.
2. Provide continuing education.
3. Report all System data to the state as required by Illinois Department of Public Health.

Associate Hospital Coordinators
1. On a monthly basis, review telemetry log sheets.
2. Participate in quality improvement activities as required by the Resource Hospital.
3. Coordinate the investigation and resolution of all problems relating to their hospital. Report legal/ethical provider problems to the Resource Hospital.
4. Assure that the physicians and nurses are informed of any changes to the SOPs or Policies and Procedures within the System.

System Department Coordinators
1. Review Ambulance Run Reports for accuracy and deficiencies and follow up with individual prehospital providers as necessary.
2. Participate in periodic ambulance inspections.
3. Assures inventory of controlled substances (EMT-Paramedic/Pre-Hospital RN only).
4. Maintains and assures proper equipment and supplies on the ambulances.
5. Assure proper staffing with qualified personnel at all times.
7. Prepare written reports as required by IDPH and Loyola EMS System for QA purposes.
8. Deliver the original copies of all data forms for the preceding month to the Loyola EMS office by the 15th of the following month.
9. Participate in System-wide quality improvement data collection projects as designated by the System.

Prehospital Providers
1. Thoroughly and accurately complete all documentation relating to a run immediately after the run is completed.
2. Leave one copy of the Ambulance Run Report at the receiving hospital following a run.
3. Assure completion of all Loyola EMS System requirements for continuing education.
4. Report any problems using the EMS Quality Control Communication Report supplied by the Resource Hospital or Associate Hospital.

**Reporting of Data**

1. Quality improvement measure of both adult and pediatric patient care should be performed on a quarterly basis and made available to the Illinois Department of Public Health upon request.

2. Quality improvement data and analysis shall be reported to the Loyola University Medical Center, Center for Clinical Effectiveness.
The following policy is based on provisions of the Emergency Medical Services (EMS) Systems Act and Rules of the Illinois Department of Public Health. It is only an interpretation of these laws and rules, and the actual statute and rules should be consulted. In the event of a conflict between the terms of this policy and the statute of rules, the statute of rules shall control.

1. General Rule

The EMS Medical Director (hereafter "EMSMD") may suspend from participation within the System any prehospital provider that does not meet Loyola EMS System standards. To suspend a provider, the EMSMD issues a written suspension order. The order must contain the length, terms and reasons for the suspension. The reasons must include at least one of the following:

a. Failure to meet the education and training requirements prescribed by the Department in the Rules and Regulations of the Illinois Department of Public Health, 77 Ill. Adm. Code §§ 515.520, 515.500, 515.560, 515.580, or by the EMSMD. The education and training requirements of the EMSMD are contained in the System policy and procedure manual, the System medical protocols and the System continuing education programs.

b. Violation of the Act, Rules and Regulations.

c. Failure to maintain proficiency in the provision of basic or advanced life support services.

d. Failure to comply with the provisions of the System's Program Plan approved by the Department.

e. Intoxication or personal misuse of any drugs or the use of intoxicating liquors, narcotics, controlled substances, or other drugs or stimulants in such manner as to adversely affect the delivery, performance or activities in the care of patients requiring medical care (for the purposes of this subsection, adversely affect means anything which could harm the patient or treatment that is administered improperly).

f. Intentional falsification of any medical reports or orders, or making misrepresentations involving patient care.

g. Abandoning or neglecting a patient requiring emergency care.

h. Unauthorized use or removal of narcotics, drugs, supplies or equipment from any ambulance, health care facility, institution or other workplace location.

i. Performing or attempting emergency care, techniques or procedures without proper permission, licensure, education or supervision.

j. Discrimination in rendering emergency care because of race, sex, creed, religion, national origin, medical status, or ability to pay.

k. Medical misconduct or incompetence, or a pattern of continued or repeated medical misconduct or incompetence in the provision of emergency care.

l. Violation of System's standards of care.

m. Physical impairment of a prehospital provider to the extent that he or she cannot physically perform the emergency care and life support functions for which he or she is licensed, as verified by a physician, unless the prehospital provider is on inactive status pursuant to the Part.

n. Mental impairment of an prehospital provider to the extent that he or she cannot exercise the appropriate judgment, skill and safety for performing the emergency care and life support functions for which he or she is licensed, as verified by a physician, unless the prehospital provider is on inactive status to this Part.
2. **210 Ill. Comp. Stat. § 50/3.40 EMS System Participation Suspensions and Due Process**

a. The EMSMD may suspend from participation within the System any individual, individual provider or other participant considered not to be meeting the requirements of the Program Plan of that approved EMS System.

b. Prior to suspending an EMT or other provider, an EMS Medical Director shall provide the EMT or provider with the opportunity for a hearing before the local System review board in accordance with 210 Ill. Comp. Stat. § 50/3.40(f) and the rules promulgated by the Department.

   i. If the local System review board affirms or modifies the EMS Medical Director’s suspension order, the EMT or provider shall have the opportunity for a review of the local board’s decision by the State EMS Disciplinary Review Board, pursuant to 210 Ill. Comp. Stat. § 50/3.45.

   ii. If the local System review board reverses or modifies the EMS Medical Director’s suspension order, the EMS Medical Director shall have the opportunity for a review of the local board’s decision by the State EMS Disciplinary Review Board, pursuant to 210 Ill. Comp. Stat. § 50/3.45.

   iii. The suspension shall commence only upon the occurrence of one of the following:

      1. the EMT or provider has waived the opportunity for a hearing before the local System review board; or

      2. the suspension order has been affirmed for modified by the local board and the EMT or provider has waived the opportunity for review by the State Board; or

      3. the suspension order has been affirmed or modified by the local board, and the local board’s decision has been affirmed or modified by the State Board.

iv. An EMS Medical Director may immediately suspend an EMT or other provider if he or she finds that the information in his or her possession indicates that the continuation in practice by an EMT or other provider would constitute an imminent danger to the public. The suspended EMT or other provider shall be issued an immediate verbal notification followed by a written suspension order to the EMT or other provider by the EMS Medical Director which states the length, terms and basis for the suspension.

   1. Within 24 hours following the commencement of the suspension, the EMS Medical Director shall deliver to the Department, by messenger or telefax, a copy of the suspension order and copies of any written materials which relate to the EMS Medical Director’s decision to suspend the EMT or provider.

   2. Within 24 hours following the commencement of the suspension, the suspended EMT or provider may deliver to the Department, by messenger or telefax, a written response to the suspension order and copies of any written materials which the EMT or provider feels relate to that response.

   3. Within 24 hours following receipt of the EMS Medical Director’s suspension order or the EMT or provider’s written response, whichever is later, the Director or the Director’s designee shall determine whether the suspension should be stayed pending the EMT’s or provider’s opportunity for hearing or review in accordance with this Act, or whether the suspension should continue during the course of that hearing or review. The Director or the Director’s designee shall issue this determination to the EMS Medical Director, who shall immediately notify the suspended EMT or provider. The
suspension shall remain in effect during this period of review by the Director or the Director’s designee.

v. Upon issuance of a suspension order for reasons directly related to medical care, the EMS Medical Director shall also provide the EMT or provider with the opportunity for a hearing before the local System review board, in accordance with 210 Ill. Comp. Stat. § 5/3.40(f) and the rules promulgated by the Department.

1. If the local System review board affirms or modifies the EMS Medical Director’s suspension order, the EMT or provider shall have the opportunity for a review of the local board’s decision by the State EMS Disciplinary Review Board, pursuant to 210 Ill. Comp. Stat. § 5/3.45.

2. If the local System review board reverses or modifies the EMS Medical Director’s suspension order, the EMS Medical Director shall have the opportunity for a review of the local board’s decision by the State EMS Disciplinary Review Board, pursuant to 210 Ill. Comp. Stat. § 5/3.45.

3. The EMT or provider may elect to bypass the local System review board and seek direct review of the EMS Medical Director’s suspension order by the State EMS Disciplinary Review Board.

d. The Resource Hospital shall designate a local System review board in accordance with the rules of the Department, for the purpose of providing a hearing to any individual or individual provider participating within the System who is suspended from participation by the EMS Medical Director. The EMS Medical Director shall arrange for a certified shorthand reporter to make a stenographic record of that hearing and thereafter prepare a transcript of the proceedings. The transcript, all documents or materials received as evidence during the hearing and the local System review board's written decision shall be retained in the custody of the EMS System. The System shall implement a decision of the local System review board unless that decision has been appealed to the State Emergency Medical Services Disciplinary Review Board in accordance with this Act and the rules of the Department.

e. The Resource Hospital shall implement a decision of the State Emergency Medical Services Disciplinary Review Board which has been rendered in accordance with this Act and the rules of the Department.

3. **System Suspension for Students Dismissed from Paramedic Program**

This policy will apply to an EMT-Basic provider currently functioning in the Loyola EMS System who has been dismissed from the Loyola University Medical Center EMS Paramedic Program for a conduct violation.

Disciplinary actions for violations of the Paramedic Program Standards of Conduct are based on the seriousness of the incident, and the student’s level of responsibility for the incident.
POLICY: Upon request by prehospital providers, aeromedical transportation should be authorized by hospital Medical Control if the following criteria are met:

1. If the patient meets any trauma criteria an/or the prehospital provider determines:
   a. Patient meets Level I trauma criteria, requires Level I bypass and aeromedical evacuation.
   b. Air time to Level I trauma center is less than ground time.

2. If the increased level of training of the aeromedical crew would be of benefit to the patient.

3. If the closest Level I trauma center is on bypass and aeromedical transport to another Level I or a Level II trauma center is necessary.

4. The prehospital providers have the capability of contacting the aeromedical service directly after hospital Medical Control bypass approval. Hospital Medical Control may contact the aeromedical service if prehospital providers are unable to do so and request this.

PROCEDURE: Aeromedical Standby

1. If prehospital providers feel that helicopter transport is necessary prior to arrival at the scene, the aeromedical service may be contacted by prehospital providers and placed on standby status before contact with hospital Medical Control.

2. The need for aeromedical transport and standby should be based on the following.
   a. The patient history.
   b. Course of events (mechanism of injury, extrication time, local traffic patterns).
   c. The critical nature of the patient's condition upon the initial assessment at the scene.

3. Contact the aeromedical service and request standby status.

4. Contact hospital Medical Control and request Level I bypass. Inform them of the need for aeromedical transport and verify that standby status has already been activated.

Aeromedical Liftoff

1. Based on the initial or subsequent assessments of the patient after arrival at the scene, contact hospital Medical Control and request Level I bypass and inform them of the need for aeromedical transport.

2. After receiving approval for Level I bypass and aeromedical transport from hospital Medical Control and the need for aeromedical transport has been approved by hospital Medical Control, aeromedical services may be contacted directly by prehospital providers to give landing coordinate information.

3. System SOPs should be followed and supportive care provided by prehospital providers until arrival of the aeromedical service.

4. Communication should be maintained between hospital Medical Control and prehospital providers while awaiting arrival of the aeromedical team. Patient management is the responsibility of ground EMS personnel and hospital Medical Control until the aeromedical team arrival.
PURPOSE:  To establish standardized protocol for operation of the EMS communications network.

PROTOCOL:  HOSPITAL BASE STATION RADIO
1.  Bio-telemetry/cellular Phone/MERCI
   a.  Telemetry and cellular phones can be utilized for all ALS/BLS incidents. Information transmitted should be accurate and concise. MERCI frequency should be utilized for BLS incidents. Any Loyola EMS System provider can call any Region VIII Resource or Associate Hospital for Medical Control.

2.  Guidelines to remember include:
   a.  RESPOND TO THE INITIAL REQUEST BY IDENTIFYING YOURSELF WITH THE HOSPITAL NAME.
   b.  Speak slowly and carefully, in a normal tone of voice.
   c.  Communications must be brief and concise with all pertinent information. Always communicate in a professional manner. Never label a patient with derogatory descriptions over the radio or during any report. Never use inappropriate language or slang over the radio. Use standard medical terminology. Avoid abbreviations since they can easily be misunderstood. When they are used, use only standard ones.
   d.  Voice order to prehospital providers must be given by the EMS Medical Director or his/her designee who must be either a licensed physician or qualified registered nurse who has satisfactorily completed an ECRN course of training in emergency care approved for purposes of the Act by the Department. Written standing orders, as filed with IDPH, may be utilized when voice contact is impossible or where a delay in care would cause further harm to the patient.
   e.  To protect patient privacy (and comply with FCC guidelines) do not use the patient’s name over the radio. When transporting direct admissions or interfacility transfers, the attending physician’s name can be used only if necessary.
   f.  FOR MEDICAL SITUATIONS, once communication is established with the ambulance, the prehospital provider will give the following information.
      i.  Name and vehicle number of provider, desired destination, and ETA. Indicate if desired.
      ii.  Destination is the nearest by time travel, and any reasons for desiring to transport to other than the nearest hospital.
      iii.  Age, sex, approximate weight, level of consciousness and orientation.
      iv.  Chief complaint of patient and prehospital provider impression, including severity.
      v.  Symptoms, degree of distress, severity of pain on a scale of 0-10.
      vi.  Mechanism of trauma/pertinent scene information.
      vii.  Pertinent negatives/associated complaints.
      viii.  Vital signs: pulse rate, quality, regularity; blood pressure, auscultated or palpated; respirations, rate, pattern, depth. Skin color, temperature, moisture, turgor.
      ix.  History: allergies, medications, past history of pertinent illness/injury, last oral intake, events surrounding event, last menstrual period.
      x.  Clinical findings assessment findings from review of systems (pertinent positive and negative findings) and interpretation of ECG (ALS only).
      xi.  Vital signs every 15 minutes if stable or every 5 minutes if unstable.
xii. Blood glucose if indicated.

xiii. Trauma score parameters GCS for patients with altered mental status.

xiv. Treatment initiated prior to calling and response to treatment.

g. FOR TRAUMA EMERGENCIES, obtain the information concerning trauma scoring parameters and mechanism of injury. Minimize time on the radio to expedite patient care.

i. At this time, ask any necessary questions and ask for any clarification of information.

ii. Give any orders you deem necessary (within limitations of prehospital provider’s training and equipment available).

iii. After receiving orders, the prehospital provider will acknowledge your transmission and repeat orders back to you for confirmation BEFORE carrying them out.

iv. Acknowledge correct orders and standby (wait) for a transmission from the ECRN that orders have been carried out or for new vital signs and/or changes in the patient’s condition.

v. When the patient is as stable as possible, request transportation. The prehospital provider may also ask for your permission to transport as he/she feels is indicated.

vi. Ask the prehospital provider for the receiving hospital name and their estimated time of arrival (ETA) once they are in the ambulance and ready to transport.

vii. Notify the receiving hospital emergency department of the pending arrival of the patient and all other pertinent information.

viii. When finished with the telemetry call, sign off stating telemetry log sheet number, physician name, ECRN number, and hospital name.

ix. Communication may be reestablished once the ambulance is in transit if there is any critical change in the patient’s condition.

NOTE: If neither bio-telemetry/cellular phone/MERCI are available, the Region VIII Standard Operating Procedures (SOPs) shall be followed by prehospital providers.
PURPOSE: To delineate the appropriate reporting of a call by an EMS ambulance wherein no actual duty to assess the patient or to render care exists. A duty to assess and render care will exist if even a minor accident has occurred, or, in the rescuer's opinion, the patient is in need of further care.

Examples
Post-stroke victim calls needing assistance getting from bed to wheelchair or semi-incapacitated individual requiring assistance getting from a car to the house.

Rationale
Though these types of calls are clearly not our primary function or purpose, the calls in fact do occur, and a proper means of reporting such calls should exist.

1. An Ambulance Run Report should be completed on any such run documenting such procedures that were deemed necessary and were actually performed by a prehospital provider.
2. A refusal to transport need not be obtained from the patient. Simply describe the circumstances of the call in a clear, concise statement.
3. No call needs to be made to the respective Associate or Resource Hospital Medical Control.
4. The Ambulance Run Report is to be processed in the same manner as with any other run report.
TITLE: Special Procedures – Mass Casualty Incident/Disaster (MCI)    NUMBER: 1000.4
SECTION: Transportation/Communication    EFFECTIVE: 9/1/99    REVISED/REVIEWED: 12/5/13

PURPOSE: To present an organized system of Emergency Medical Care at the Scene of a Mass Casualty Incident/Disaster (MCI) by the Loyola EMS System personnel.

DEFINITION: A mass casualty incident (MCI) exists when the:
- Number of patients and the nature of their injuries make the normal level of stabilization and care unachievable; and/or
- Resources that can be brought to the field within primary and secondary response times are insufficient to manage the scene under normal operating procedures; and/or
- Stabilization capabilities of area hospitals are insufficient to handle all the patients.

The objective of the personnel is to provide the best care for the most casualties in the event of an MCI.

PROCEDURE:
1. First EMS unit on scene establishes temporary scene command:
- Oversee scene safety.
- Determine the location and number of victims and any special hazards.
- Triage functions shall be assigned to qualified EMS personnel.
- The most senior member assumes responsibility of field to Medical Control Liaison.

2. Scene command/ joint decisions with Medical Control:
- Incidents involving more than six casualties require contact with Loyola University Medical Center by Incident Command or assigned Medical Control Liaison.
- Call Loyola University Medical Center from scene. Initial communication shall include:
  - Relay incident location; nature of incident; number of victims; general acuity; age groups; special needs; and ETA.
  - Maintain communications with hospital once established.
  - Keep line open for updates.
  - Continuous communication shall include:
    - Changes in number of victims and classification of victims.
    - Notification of last casualty transport shall constitute closing communication.
- Transport two of the most critical (red) patients to each of the nearest hospital to help clear the scene.
- Loyola University Medical Center shall assess receiving hospital status and relay receiving availability to scene.
- Transportation officer should determine hospital destinations based on time of day, hospital resources available, and patient acuity.
  - Make all attempts to evenly distribute remaining patients to area hospitals – do not overburden one facility.
  - This may mean transports of longer than 25 minutes depending on patient volume.
  - Preferable, but not necessary, to keep families together.
  - Trauma triage criteria to Level I and Level II Trauma Centers no longer apply.
3. **Assign the following functions in accordance with the currently adopted Incident Command System/Incident Management System under the direction of the National Incident Management System (NIMS):**

   a. **Triage/Coordination**
      - Coordinate with appropriate units established within the ICS
      - Triage and prioritize casualties
      - Report any inadequacies in staffing and supplies to incident command
      - Further expand the ICS as dictated by the incident

   b. **Treatment/Coordination**
      - Coordinate with appropriate units established within the ICS
      - Establish treatment area and conduct appropriate treatment
      - Report any inadequacies in staffing and supplies to incident command
      - Further expand the ICS as dictated by the incident

   c. **Transportation/Coordination**
      - Coordinate with appropriate units established within the ICS
      - Establish transportation area and execute transportation
      - Report any inadequacies in staffing and supplies to incident command
      - Further expand the ICS as dictated by the incident

   d. **Staging/Coordination**
      - Coordinate with appropriate units established within the ICS
      - Establish staging area for equipment and personnel
      - Report any inadequacies in staffing and supplies to incident command
      - Further expand the ICS as dictated by the incident

4. Depending on the nature and magnitude of an incident, the EMS Medical Director or State Medical Director may suspend all EMS operations as usual and direct that all care be conducted by SOP and/or using personnel and resources as available.
START (Simple Triage And Rapid Transport) System (for the adult patient)

All walking Wounded

MINOR

RESPIRATIONS

NO

YES

Position Airway

NO Respiration

Respirations

DECEASED

IMMEDIATE

Under 30/min.

Over 30/min.

IMMEDIATE

PERFUSION

Radial Pulse Absent

Radial Pulse Present

Over 2 Seconds ↔ Capillary Refill ↔ Under 2 Seconds

Control Bleeding

IMMEDIATE

Mental Status

CANT Follow Simple Commands

CAN Follow Simple Commands

IMMEDIATE

DELAYED
**JumpSTART Pediatric MCI Triage** (for the pediatric patient)

NOTE: Victim treatment is accomplished under Loyola EMS System SOPs. Each ambulance need not call each hospital with a report unless advanced procedures are required (e.g. chest decompression). Immediate or red victims are transported first.
TITLE: Definitions Relating to Electronic Patient Care Report (e-PCR)  
SECTION: Electronic Patient Care Reporting  
EFFECTIVE: 5/1/08  
REVISED/REVIEWS: 12/5/13  

PURPOSE: To define terms relating to electronic Patient Care Report (e-PCR).

DEFINITIONS:

Electronic Patient Care Report (Ambulance Run Report)

The Patient Care Report generated by the electronic PCR system is the official and confidential patient medical record of the authorized Loyola EMS System and transport provider/department rendering care.

Loyola EMS Servers

The Loyola EMS Servers host the Zoll Data Systems software and supporting elements to run the program.

EMS Agency

EMS Agency refers to any municipality/fire department/police department or private ambulance service that has permission to use the electronic PCR software.

EMS Department Coordinator

The EMS Department Coordinator is the liaison between the EMS Agency and the Loyola EMS System.

EMS Provider

The EMS Provider refers to any person designated by the EMS Agency to enter patient information.

System Administrator

The System Administrator is the person designated by the Loyola EMS System office to monitor and perform necessary duties to maintain the prehospital electronic reporting program.
PURPOSE: To describe the procedure for an EMS Agency to acquire the computer software license necessary to utilize electronic Patient Care Reporting.

POLICY: EMS Agencies desiring to use electronic patient care reporting supported by the Loyola EMS System must utilize the Zoll Data System program. These guidelines will explain the procedure to purchase the licensed software.

GUIDELINES: All commercially available computer software is “sold” only as licensed for use by the software developer and owner. There is a legal prohibition to the use of software that has not been legally acquired or is used in contravention of the vendor’s software licensing policy for simultaneous (concurrent) users.

1. To initiate the electronic Patient Care Report an EMS agency will contact the designated Zoll Data System deployment specialist for licensing and maintenance agreements.

2. Purchased software will be utilized in accordance with each individual software vendor’s licensing policy for concurrent users.

3. Illegal or pirated software should not be installed or copied onto any computer. If necessary, it will be the department’s responsibility to accept or provide disciplinary actions.

4. It is further the responsibility of the EMS Agency to ensure compliance to these policies.
PURPOSE: To explain the procedure and responsibility for setup, use, and repair of the equipment required for electronic Patient Care Reporting.

POLICY: Loyola EMS System and the EMS Agencies desiring to use electronic patient care reporting share responsibility for setup and repair of required equipment. These guidelines will explain the responsibilities regarding equipment.

GUIDELINES:

1. The EMS Agency is responsible for obtaining all PCR equipment that will be used exclusively by their department. This includes laptops (i.e. Toughbooks), in-station printers, internet access, and administration desk top computers.

2. Initial setup of the laptop and desktop computers will be the responsibility of the EMS Agency.

3. The System Administrator will load the software at the Loyola EMS System office or with a System-approve vendor.

4. The EMS Agency will be responsible for maintenance and repair of their department’s equipment.

5. Loyola EMS System office will make available a loaner laptop for equipment needing repair for a maximum of 30 days (unless otherwise approved by the System Plan Administrator). The EMS Coordinator must submit a written request to the System office.

6. Repair of printers at the associate resource facilities will be directed by the Loyola EMS System office.

7. If it has been determined by the System Administrator that loaned equipment is damaged due to gross negligence, it will be the responsibility of the EMS Agency to make the necessary repairs.
   a. Incident Report will need to be completed
   b. Loyola EMS System will not be responsible for lost data
TITLE: Use of Equipment NUMBER: 1200.4
SECTION: Electronic Patient Care Reporting
EFFECTIVE: 5/1/08 REVISED/REVIEWED: 12/5/13

PURPOSE: To describe appropriate use of electronic Patient Care Reporting software and equipment.

POLICY: EMS Agency computer systems and resources are for the sole purpose of academic, research or administrative use and should not be used for any other activity. These guidelines will explain rules and responsibilities regarding the use of electronic PCR equipment.

GUIDELINES: Utilization of the e-PCR system shall be in accordance with the operational procedures. Willful misuse or tampering with system, hardware and software may result in formal investigation and penalty.

1. Each user is responsible for the operation of the EMS Agency computer equipment and must avoid any activities that may result in damage to any hardware component, software or data.

2. Users are prohibited from using software that is designed to destroy data, provide unauthorized access to the computer systems, or disrupt computing processes in any other way.

3. Users must not access accounts of others with the intent to read, browse, modify, copy or delete files and directories without specific authorization.

4. Users are prohibited from using EMS Agency computer systems and resources for personal or financial gain.

5. The EMS Agency reserves the right to monitor all systems for signs of illegal/unauthorized activity.

Criminal Damages Act 1991 includes provisions which make it a criminal offence to willfully damage property or data. It prohibits the destruction, defacement, dismantling – temporary or otherwise – of a person’s property. In relation to data is makes it an offence to alter, corrupt, erase or move to a different location or storage medium. Property under the terms of this legislation is defined as something belonging to another person.
PURPOSE: To explain responsibilities of training EMS Providers on the procedures of electronic Patient Care Reporting.

POLICY: Loyola EMS will provide the initial training for EMS Agencies utilizing the Zoll Data System electronic Patient Care Reporting program. Training will include initiation, completion and distribution of the e-PCR system and forms.

After initial training the EMS Agency will be responsible for training their employees.
<table>
<thead>
<tr>
<th>PURPOSE:</th>
<th>To describe security measures relating to electronic Patient Care Reporting and confidentiality of patient records.</th>
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<tbody>
<tr>
<td>POLICY:</td>
<td>Electronic PCR data elements, data system, forms, documents, reports are established under the authority of the Loyola EMS System in accordance with IDPH and 77 Ill. Adm. Code § 515.500. Completed Prehospital Care Report form copies may be provided to other sources only in accordance with legal and valid subpoena; or may be provided to the patient or patient responsible party by valid medical record release supplied by providing agency. Disclosure of medical information shall be in accordance with 77 Ill. Adm. Code §§ 515.350, 515.810. <strong>Password Protection for FirePass/Remote Desktop</strong> Each user should keep their password confidential to prevent unauthorized access to their data, files and system. It is recommended that users regularly change their passwords (if permitted to do so).</td>
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PURPOSE: To describe procedures for completing an electronic Patient Care Report.

POLICY: Authorized EMS Service providers (both ground and air) must utilize an electronic PCR system approved by the Loyola EMS System to generate a Patient Care Report form upon completion of a call. The form must be completed in accordance with the appropriate operational procedures.

GUIDELINES:

1. An e-PCR must be accurately completed for each patient transport and each response to a call for service. This includes all ambulance responses (emergency or non-emergency) with patient contact.

2. An e-PCR must be completed for every dispatched ambulance call for medical assistance where a patient is contacted by EMS personnel.

3. Each authorized EMS Provider who participates in the care rendered to a patient transported must complete an e-PCR based upon the portion of the assessment and treatment they performed.

4. If a patient is transported to a hospital, nursing home or private home address, one copy of the e-PCR form should be left at the destination facility in accordance with 77 Ill. Adm. Code § 515.350. If unable to leave a signed copy, the EMS Provider must provide a printed copy to the facility either in person or fax before leaving the facility.

5. Responsibility for completing the e-PCR is the responsibility of the primary patient care attendant.

6. The e-PCR form must be accurately completed. Willful failure to accurately complete an e-PCR form is considered falsification of record and may result in formal investigation and penalty under 77 Ill. Adm. Code § 515.350.

Documentation utilizing paper run reports, in the event of electronic device failure:

1. The white copy of the Ambulance Run Report is retained by the provider department responsible for and providing service to the patient.

2. The pink copy of the Ambulance Run Report is retained by the receiving facility as a record of patient care and remains a permanent part of the patient’s medical record.

3. The yellow copy of the Ambulance Run Report will ultimately be retained and stored at the resource hospital. However, the yellow copy should be initially left at the receiving hospital in their designated area at the time of the emergency call. The System Associate Hospital will be responsible for forwarding these to the Resource Hospital following completion of monthly continuous quality assurance activities.

4. The Ambulance Run Report may be utilized for purposes of data collection and quality assurance activities.

5. In the instance of a confirmed dead on arrival (DOA), where the patient is not transported, the coroner/medical examiner may be provided with the pink copy of the Ambulance Run Report after providing proper identification. The yellow copy should be retained and forwarded to the Loyola EMS System office.

All requests without appropriate legal documentation by attorneys or other persons not identified above should be immediately referred to the Loyola EMS System office. Release of Ambulance Run Report will be handled formally through the Loyola University Medical Center Medical Records/Risk Management Departments.

6. State data collection will be documented on designated forms and submitted to the Resource Hospital. Data will be forwarded to the state by the Resource Hospital. When computer technology is available the Resource Hospital will work with system participants to work toward a mechanism for electronic data collection and reporting.
7. If a paper Ambulance Run Report is completed, at no point is it to be entered into the e-PCR program.
PURPOSE: To describe procedures for amending an electronic Patient Care Report.

POLICY:

1. A completed e-PCR may not be altered or changed unless the individual who completed the form is in the presence of a witness.

2. In order to provide an addendum, the crew must contact their EMS Coordinator and be granted permission from the EMS Coordinator.

3. The EMS Coordinator will have access to all department electronic Patient Care Reports. Once a request for an addendum is made, the EMS Provider will be granted access to the completed e-PCR.
   a. The purpose of an addendum is to permit the EMS Provider to add information that was inadvertently omitted at the time the report was written.
   b. The addendum is not a mechanism to simply complete the e-PCR.
   c. The EMS Provider must document the date and time of the addendum.
   d. It is the responsibility of the EMS Coordinator to forward a copy of the addendum to the facility that received the patient and the EMS System office upon completion.
PURPOSE: To describe procedures for submitting an electronic Patient Care Report to the Loyola EMS server.

POLICY:

1. The completed e-PCR is electronically submitted to the Loyola EMS server via a Virtual Private Network (VPN) connection.
2. A VPN account must be established between the EMS Agency and the Loyola University Medical Center IT Department.
   a. All users accessing the VPN will be required to authenticate on connection using an assigned login.
3. All electronic Patient Care Reports must be submitted to the server as soon as completed.
TITLE: Storage of PCRs
SECTION: Electronic Patient Care Reporting
EFFECTIVE: 5/1/08
REVISED/REVIEWED: 12/5/13

PURPOSE: To describe responsibility and process for storing electronic Patient Care Reports.

POLICY:

1. The Loyola EMS Server is backed up on a daily basis by the Loyola University Medical Center IT Department.
2. It is advisable that department files be regularly stored on one external source.
3. The EMS Coordinator of the EMS Agency is responsible for performing additional backups per their department’s electronic information policy.
4. All data media (e.g. disk, external drives), reports, and files must be stored in a secured area to prevent loss, damage or theft.
PURPOSE: To describe procedure for addressing technical problems with electronic PCR equipment.

POLICY:

1. The System Administrator will notify all EMS Coordinators via e-mail if the server is “down”.
2. EMS Providers will continue to document all Patient Care Reports on the laptops until notified that the system is “up”.
3. Once the server is up, all previously documented calls need to be synchronized with the server.
4. For contact information of system administrator for electronic patient care record please see the Loyola EMS System Web site at: www.loyolaems.com.
| PURPOSE:  | To define the procedure for the addition and deletion of EMS Agency personnel who will be using the electronic Patient Care Reporting program. |
| POLICY:  | EMS Agency personnel changes must be submitted in writing to the System Administrator. The following information is necessary for any EMS Provider needing access to the electronic Patient Care Reporting system:  
1. Name as it appears on IDPH license  
2. Illinois State ID number  
3. Password  
4. Loyola EMS number |
PURPOSE: To define the instances in which modifications can be made to the electronic Patient Care Report.

POLICY: Only the EMS Coordinator can modify an electronic Patient Care Report for the following reasons:
1. To correct the following clerical errors:
   a. Run number
   b. Patient demographics
   c. Scene address
   d. Destination address
2. To correct NEMSIS errors of the e-PCR as required by IDPH.

Any other modifications must be performed as an addendum. (see Policy 1200.8 PCR Addendum)