

**Presence Saint Joseph Hospital EMS System
Policy and Procedure Manual Table of Contents**

Education, Training & License Renewal		Use of Restraints	221
Eligibility for EMT-B Training	101	Petitioning for Involuntary Transport	222
EMT Training Course	102	Multiple Release	223
EMT Clinical Experience	103	AMA/Release/Refusal	224
EMT License Renewal	104	Request for Citizen Assist	225
Paramedic Course Eligibility	105	School Bus Accident	226
Paramedic Course Education Standards	106	Latex Precautions	227
Paramedic and Student Clinical Experience	107	System-Wide Crisis Preparedness	228
System Continuing Education	108	Abandoned Infant Protection Act	229
Paramedic License Renewal	109	Handling Controlled Substances	230
System Reciprocity and/or Transfer	110	Code STEMI Field Activation	230B
EMT Inactive/Reactive Status	111	Code-T Field Activation	231
Pre-Hospital RN	112	Code-FAST Field Activation	232
Region IX Continuing Education	113	EMS Dept. Disaster Plan – Incident Site Request	233
Emergency Communications RN	114	EMS Department Disaster Plan – Internal	234
EMS Lead Instructor	115	Expanded Scope of Practice for Inter-Facility Transfers	235
EMT Testing and Fees	116	Tasers	236
Independent Status	117	Induced Hypothermia	237
Paramedic Student Preceptor Training	118	Conceal and Carry	238
EMT, Paramedic License Reinstatement	119	Equipment/Supplies	
Remediation	120	Approving, Issuing, Exchanging Drugs & Supplies	301
General Polices		Training Equipment Loan Policy	302
Code of Ethics	201	Administrative	
Telecommunications Protocol	202	Variance Report Form	401
ECRN Consultation with ERMD	203	EMS System Policy Manual	402
Transport	204	Disbursement of IDPH Grant Funds	403
Consent or Refusal of Treatment	205	System Participation Suspensions/Local System Review Board	404
Release of Service to Minor Patient/Guardian Consent	206	Inter-System/Region Conflict	405
Durable Power of Attorney for Health Care	207	Abandonment vs. Prudent Use of EMS Personnel	406
Legal Guardian and Living Wills	208	Exposure to Bloodborne Pathogens, Infection, or Communicable Diseases	407
Helicopter Guidelines	209	Inappropriate Medication Administration	408
Physician/Nurse/EMT on Scene	210	Critical Incident Stress Management	409
Interaction with Law Enforcement	211	Impaired Practice in EMS	410
Water Rescue	212	Confidentiality of Patient Records (HiPAA)	411
Abused and/or Neglected Patients	213	Medical Device Failure/Malfunction	412
Specialized Emergency Services Vehicles	214	System Participants Convicted of Felonies	413
Do Not Resuscitate (DNR)	215	Personnel	
Triple Zero: Non-Initiation of CPR	216	Personnel Files	501
Coroner/Medical Examiner	217	EMS Medical Director and Alternate	502
Care of Emotionally Disturbed Patient	218	EMS System Coordinator	503
Intersystem/Region Transport, Bypass/Diversion	219	EMS Coordinator – Pre-Hospital Provider	504
Hospital Resource Limits/Ambulance Bypass	220		

EMS SYSTEM POLICY

Section: Education, Training and License Renewal

Page 1 of 2

Subject: 101 - Eligibility for EMT Training

Executive Owner: PSJH-E EMSS

Approval Date: 4/1/98
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I. POLICY STATEMENT

A. In order to be accepted into a System EMT course, students must meet the following criteria:

1. Submit a completed course application
2. Be a minimum of 18 years of age by the date of the IDPH licensure exam
3. Have a high school diploma or equivalent (documentation must be submitted with course application)
4. Submit documentation of appropriate immunizations and screenings in accordance with System policy
5. Documentation of BLS certification (American Heart Association Provider level or American Red Cross Professional Rescuer level)

B. Guidelines for application acceptance:

1. Acceptance into a course is at the discretion of the course coordinator, sponsoring facility, and/or the EMS Medical Director
2. Priority for hospital courses will be given to PSJH-E EMSS agencies
3. Payment for tuition and books for hospital sponsored courses must be received on or before the first day of the course. Students withdrawing from the course will be assessed:
25% total tuition after two weeks
50% tuition after four weeks
100% tuition after six weeks
AFTER the costs of books and materials have been deducted
4. All students must submit to drug screen and background check at a cost to the student or sponsoring agency
Positive background check showing a felony or positive drug screen will be reviewed for admission on a case-by-case basis

II. PURPOSE

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E-E EMSS.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in

Section: **Education, Training and License Renewal**

Page 2 of 2

Subject: **101 - Eligibility for EMT Training**

the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES

EMS SYTSEM POLICY

Section: Education, Training and License Renewal

Page 1 of 3

Subject: 102 – EMT Training Course**Executive Owner: PSJH-E EMSS****Approval Date:** 4/1/98
Effective Date: 4/1/98
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Supersedes: _____

I. POLICY STATEMENT

A. The EMS Medical Director will serve as the Medical Director for all EMT courses sponsored by System agencies, i.e. initial, and continuing education.

B. Application for course approval

1. Agencies requesting approval of EMT programs shall submit the following to the EMS office 90 days prior to the anticipated starting date:
 - a. IDPH “EMT” Training Course Application Form”,
 - b. Course syllabus including instructors and their qualifications,
 - c. Course manual including, pass/fail criteria, attendance policies, dress code, hospital policies, clinical experience plans, student evaluations, calculation of grade point average and the practical examination criteria and the textbook to be used.
 - d. Department Approval
2. The course application will be reviewed by the EMS System Coordinator and the EMS Medical Director. Upon approval, it will be forwarded to the Regional EMS Coordinator for approval.
3. Course applications that are found not to meet the requirements of this policy will not be approved and will be returned to the Lead Instructor, who may resubmit the request once the deficiencies have been corrected.

C. EMT course requirements:

1. The EMT course curriculum shall be based upon the Illinois Department of Public Health Rules and Regulations and the National Standard Curriculum for EMT Basic (1994).
2. The maximum number of students enrolled in the hospital course will be at the discretion of the EMS Medical Director and the needs of the system agencies.
3. The lead instructor will be an IDPH approved Lead Instructor or an NAEMSE Lead Instructor.
4. Students must be appropriately insured by their employer, or training institution or private carrier and submit documentation upon request to the Lead Instructor as specified in the course manual.
5. Prior to assignment of EMT students to a clinical area, the Lead Instructor must assure compliance to OSHA Blood borne Pathogen Standards, including training and opportunity for Hepatitis B vaccination and compliance with system immunity requirements. The student must submit appropriate documentation and these records

Subject: **102 – EMT Training Course**

will be maintained by the Lead Instructor. Students will also be educated on HIPAA and yellow safety book.

6. Instructors must submit a copy of their student roster to the EMS office at all clinical training facilities. The EMS office will provide the respective Emergency Department Managers with this information prior to the commencement of clinical rotations.

D. Academic standards for successful course completion

1. Students must maintain a minimum grade average of 75% as specific in course manual at completion of each module. Subsequent failure to achieve 75% may result in removal from the course.
2. Students shall demonstrate proficiency in the practical skill areas designated by the National Standard Curriculum and Course Coordinator. The evaluation method utilized for these skills shall be outlined in the course manual.
3. Modular examinations and a comprehensive final examination shall be administered throughout the course. A student may be placed on academic probation as specified in course manual.
4. Opportunity for re-testing of the final examination will be outlined in specific sponsoring institution's course manual.

E. Eligibility to sit for the State of Illinois or National Registry examination:

1. Successful completion of an IDPH approved training program and be recommended for the examination by the Lead Instructor.
2. 75% minimum grade point average; minimum grade per module established per course manual.
3. A passing grade on the final course practical examinations
4. Current BLS certification (American Heart Association Provider level or American Red Cross Professional Rescuer level)

F. Removal from training course

1. The Lead Instructor may make a recommendation to the EMS System Coordinator and EMS Medical Director for removal of a student based upon the following criteria:
 - a. Attendance - classes and practical sessions are required for all students. Absences will be excused at the discretion of the course coordinator. Extenuating circumstances shall be referred to the EMS System Coordinator.
 - b. Unprofessional behavior.
 - i. Per Course Manual
 - ii. Per IDPH Code of Ethics
 - c. Students who are poorly prepared or acting in an unsafe manner in the clinical setting.
 - d. Recommendation by the Lead Instructor following failure to maintain a 75% course average, failure to pass a skill evaluation(s) and/or deficiency/non compliance with guidelines established in course manual.

- e. Failure or completion of Mandatory drug screen before class begins.
- f. Failure of background check.

G. The EMS Medical Director or designee shall make the final determination regarding removal of the student from the training program.

II. PURPOSE

To comply with IDPH Administrative Code on Emergency Medical Technician-Basic Training

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES

PSJH-E EMT Course Policy Manual

EMS SYSTEM POLICY

Section: Education, Training and License Renewal

Page 1 of 1

Subject: 103 – EMT Clinical Experience

Executive Owner: PSJH-E EMSS

Approval Date: 4/1/98
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I. POLICY STATEMENT

A. EMTs and EMT students, while fulfilling clinical requirements, may perform Basic Life Support services and Procedures only under the direct supervision of a Physician licensed to practice medicine in all of its branches, or a Registered Professional Nurse. EMT students may perform BLS services when in the field supervised by an EMT or PHRN.

1. Student clinical hours are to be scheduled in advance at the direction of the Lead Instructor. Licensed EMT's shall schedule clinical hours through the respective hospital EMS office.
2. The EMT or EMT student will report to the charge nurse of the hospital clinical area and be assigned to a preceptor.
3. PSJH-E-issued name tags are to be worn at all times in a clinical area.

II. PURPOSE

To provide consistent guidelines for the clinical experience of EMT students and licensed EMTs

III. MISSION / VALUES RATIONALE

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IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES

IDPH Administrative Code Section 515.500 Emergency Medical Technician-Basic Training
IDPH Administrative Code Section 515.560 EMT Continuing Education
PSJH-E EMSS Preceptor Policy 118
PSJH-E EMT Course Manual – Dress Code & Clinical Hours

Section: Education, Training and License Renewal

Page 1 of 2

Subject: 104 – EMT License Renewal

Executive Owner: PSJH-E EMSS

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I. POLICY STATEMENT

A. State Requirements for EMT Relicensure Section 515.590 of the Rules and Regulations states the following to be relicensed as an EMT:

1. The licensee shall file an application for renewal with IDPH either online at IDPH website or on a form prescribed by IDPH at least 30 days prior to the license expiration date.
2. A Child Support and Felony conviction statements (online) or form shall be completed by the applicant.
3. Renewal fee will be paid by applicant per IDPH fees schedule.
4. Upon completion of either the online at IDPH website or paper form, the applicant will contact the EMS System Coordinator at PSJH-E EMSS to verify completion of Continuing education requirements and to verify the applicants social security number (SSN is required by Subsection 10-65 (c) of the Illinois Administrative Procedure Act (5ILCS 100/10-65 (c) (West 2002). Upon verification the PSJH-E EMSS Coordinator or authorized designee will complete the renewal with IDPH in behalf or the EMS Medical Director.
5. A licensee who has not been recommended for relicensure by the EMS Medical Director must independently submit to the Illinois Department of Public Health an application for renewal. The EMS Medical Director shall provide the licensee with a copy of the appropriate form to be completed.

B. A written recommendation signed by the EMS Medical Director must be provided to the Illinois Department of Public Health regarding completion of the following requirements:

1. One hundred (100) hours for Paramedic level and sixty (60) hours for the EMT-Basic level of continuing education, seminars and workshops, addressing both adult and pediatric care. No more than 25 percent of those hours may be in the same subject. Should complete 50% every two (2) years of the licensee period.
2. Basic Trauma Life Support (BTLS) or Prehospital Trauma Life Support (PHTLS) is to be successfully completed during the last two years of the relicensure period. BTLS or PHTLS shall be included in the required hours per license level of continuing education.
3. System continuing education requirements for an EMT approved to operate an automated defibrillator shall be included in the required continuing education hours.
4. A current BLS (American Heart Association Provider level or American Red Cross Professional Rescuer level).

5. Functioning within a state-approved EMS System providing the licensed level of life support services as verified by the System's EMS Medical Director.
6. If the EMS Medical Director does not recommend relicensure, he/she shall submit all reasons for denial in writing to the EMT and IDPH.
7. The license of an EMT who has failed to file an application for renewal shall terminate on the day following the expiration date shown on the license.
8. Any EMT whose license has expired for a period of more than 60 days shall be required to reapply for license, complete the training program, pass the required examinations, and pay the fees as required for initial licensure.
9. IDPH shall require the licensee to certify on the renewal application form, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. {Section 10-65(c) of the Illinois Administrative Procedure Act (5 ILC 100/10-65(c))}
10. An EMT whose license has expired may, within 60 days after licensure expiration, submit all relicensure material as required in above and section 515.590 of the Rules and Regulations and a fee to be determined by the department 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 not disciplinary action pending against the EMT, IDPH will relicensure the EMT.
11. If the EMT is expired over 60 days but less than 36 months, the EMT must request a license reactivation from the EMS Medical Director. Refer to PSJH-E EMS System Policy 119.

II. PURPOSE

III. MISSION / VALUES RATIONALE

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IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES

IDPH Administrative Code Section 515.590 EMT License Renewals and Section 515.640 Reinstatement

EMS SYSTEM POLICY

Section: Education, Training and License Renewal

Page 1 of 2

Subject: 105 - Eligibility for Paramedic Training Course

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I. POLICY STATEMENT

All Applicants must meet eligibility requirements prior to entering the Paramedic Training Course.

II. PURPOSE

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

A. All applicants must complete the following prerequisites and submit:

1. Completed EMS System Paramedic Training Course Application,
2. Copy of current Illinois license as an EMT or EMT-Intermediate,
3. Proof of liability insurance,
4. One year experience as an active EMT or EMT-I documented by an EMS ambulance agency,
5. A written agreement to complete a field internship on a state approved ALS EMS System vehicle,
6. Record of personal health immunizations and screenings,
7. A copy of current BLS Provider card.

B. Guidelines for application acceptance:

1. Must achieve a minimum score of 75% on a written entrance examination
2. Must pass all applicable written testing which may include reading and math exams given through Elgin Community College (ECC)

3. Must pass all practical testing
4. Approval by EMS Medical Director/Course Coordinator and Provider Approval
5. Pass oral interview process
6. Priority will be given to Presence Health Saint Joseph Hospital (PSJH-E) EMS System personnel after which qualifying applicants will be considered
7. Must submit to pre-entrance background check and drug screening. Any positive background check for a felony or positive drug screen will be reviewed on a case-by-case basis by the EMS Medical Director.
8. Payment for tuition will be made to Elgin Community College (ECC). Registration will also take place through ECC. Students not enrolled at ECC will be required to make tuition payment directly to PSJH-E. All book and material fees are paid to PSJH-E.
9. Information as to the content of the course, clinical guidelines, and behavioral expectations can be found in the PSJH-E EMS System Paramedic Course Student Handbook.

C. **Reapplying applicants:**

1. The readmission to the Paramedic program after dismissal is not guaranteed, regardless of the reason for dismissal or withdrawal. A student who wishes to apply for readmission must do so in writing to the Admissions Committee consisting of the Medical Director, EMS System Coordinator, Program Director and faculty following the recommendation and approval of the System Provider. The decisions of the committee will be final. The admission committee will make readmission decisions on an individual basis. Readmission decisions will be based on: the reason for dismissal or withdrawal, previous academic and clinical performance, previous disciplinary actions, admission and programmatic changes since enrollment, educational coursework beyond the previous enrollment, and space available in the program.
2. Students who are dismissed from the PSJH-E paramedic program (or other institutions) due to inappropriate or dangerous clinical behavior, personal misconduct, or honesty infractions will not be allowed readmission.
3. There will be only one opportunity to repeat a course as a readmission student. If a student is dismissed from the program or fails a paramedic course a second time, there will not be another opportunity to re-enter the program, or retake the course.
4. All students applying for readmission must complete the same admission requirements of the newly applying student.

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES

PSJH-E EMS Paramedic Course Manual

Section: Education, Training and License Renewal

Page 1 of 3

Subject: 106 – Paramedic Training Course Educational Standards

Executive Owner: PSJH-E EMSS

Approval Date: 4/1/98
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Supersedes: _____

I. POLICY STATEMENT

A. Paramedic Training Course Goals:

1. The primary goal of this education program is to prepare competent entry level Emergency Medical technicians-Paramedics in the cognitive, psychomotor and affective learning domains. This will be accomplished by ensuring students are:
 - a. Effectively trained to deal with all aspects of care in the prehospital and inter-hospital arena.
 - b. Capable of functioning effectively in all types of prehospital employment.
 - c. Capable of sustaining their own continuing education by establishing within the student the capacity to become a life-long learner.
 - d. Able to utilize their training as a building block for successive steps in the healthcare ladder.
 - e. Capable of becoming a leader in the political and economic issues related to EMS.

B. Paramedic Training Course Objectives:

1. Upon completion of the Paramedic program, the student will be able to:
2. Demonstrate knowledge of the Department of Transportation curriculum.
3. Develop and demonstrate psychomotor competency based on the DOT curriculum.
4. Develop a life-long learning pattern that demonstrates the capability of sustaining their own continuing education by introducing the students to independent reading assignments from EMS references throughout the program.
5. The successful graduate should be capable of functioning as a skilled advanced Prehospital Provider.
6. Demonstrate a commitment to providing competent, and compassionate, care as outlined in the Presence Health Saint Joseph EMS System Mission Statement.

C. Competency Statements:

1. Successfully complete the NREMT Paramedic Exam or the Illinois Paramedic State Examination.
2. Demonstrate the attitude and behavior of a life-long learner.
3. Demonstrate a basic understanding of education and management principles to further their career in EMS.
4. Demonstrate effective care in the prehospital arena while utilizing all appropriate domains of learning, (cognitive, affective, and psychomotor).
5. Demonstrate a proficiency in advanced emergency care of patients throughout the life span.
6. Demonstrate the behavior and understanding of community service.
7. Be in Good Standing within the Department.

II. PURPOSE

The PSJH-E EMS System goal is committed to producing qualified health professionals that are skilled in advanced paramedic knowledge based on the Department of Transportation curriculum, the State of Illinois education standards, and the Nation Scope of Practice model.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS**V. DEFINITIONS****VI. PROCEDURE**

- A. The Paramedic Training Course will be conducted according to the United States Department of Transportation National Standard Curriculum, as approved by the Illinois Department of Public Health. The course shall include all components of the National Standard Curriculum.
- B. The maximum number of students enrolled will be at the discretion of the EMS Medical Director based on available resources.
- C. The Paramedic Training Program will consist of five modules. Periodic examinations and comprehensive testing will take place at the conclusion of each module.
- D. Each EMS Lead Instructor will develop a course manual detailing examinations, calculation of Grade Point Average, skill validations, field internship and other course specifics.
- E. Currently licensed/certified health care professionals will be involved in the educational process. It is mandatory to take PSJH-E EMSS Preceptor course.
- F. Classes and lab sessions attendance procedure is outlined in the class syllabi. Absences will be excused at the discretion of the Course Coordinator.
- G. Students must maintain a minimum of 75% GPA.
- H. Requirements to sit for the State Examination:
 1. Successful completion of the Paramedic Training Course,
 2. 75% grade point average per student manual,

3. Successful completion of the skills examination,
4. Successful completion of all clinical assignments,
5. Successful completion of the field internship
6. Current Illinois EMT or a EMT License
7. Has met financial obligations to Presence Health Saint Joseph Hospital.
8. At the discretion of the EMS System Coordinator, EMS Medical Director and the Paramedic Program Director.

VII. FORMS AND OTHER DOCUMENTS**VIII. REFERENCES**

PSJH-E Paramedic Course Manual

EMS SYSTEM POLICY

Section: Education, Training and License Renewal

Page 1 of 2

Subject: 107 – EMT, Paramedic/Paramedic Student Clinical Experience

Executive Owner: PSJH-E EMSS

Approval Date: 4/1/98
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I. POLICY STATEMENT

A. EMTs, Paramedic students, and Paramedics, while fulfilling clinical requirements, may perform Basic Life Support and the following Advanced Life Support services and procedures only under the direct supervision of a physician licensed to practice medicine in all of its branches, or a Registered Professional Nurse, where authorized by the EMS Medical Director.

1. Patient assessment
2. Airway management
3. Ventilatory management
4. MAST application
5. IV starts and therapy
6. Venipuncture
7. Preparation and administration of medications.
8. Cardiac monitoring and rhythm recognition.
9. Defibrillation and/or cardioversion.
10. Endotracheal intubation under direct supervision of the Emergency Department Physician, Advance Practice RN or Physician Assistant
11. Intraosseous needle insertion.
12. Other appropriate procedures as directed per scope of practice.

II. PURPOSE

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E-E EMSS.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

- A. The EMT, Paramedic student or Paramedic shall report to the charge nurse of the designated clinical area and be assigned to a preceptor RN/MD.
- B. The clinical experience record is to be completed by the student.
- C. The RN/MD supervising the student must complete the appropriate sections of the clinical experience record.
- D. The clinical experience record shall be forwarded to the EMS System Coordinator or Paramedic Training Course Coordinator.
- E. Credit for clinical experience will be awarded if a minimum of one patient assessment and appropriate preceptor signatures are documented.
- F. Name tags shall be worn at all times and appropriate attire per department and clinical area.
- G. Individuals are expected to act in a professional manner. Failure to do so may constitute grounds for removal from the clinical area.

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES

PSJH-E Paramedic Course Manual and Clinical Handbook

Section: Education, Training and License Renewal

Page 1 of 4

Subject: 108 – EMT-B and Paramedic Continuing Education (PSJH-E System Specific)

Executive Owner: PSJH-E EMSS

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I. POLICY STATEMENT

All prehospital providers authorized to provide prehospital care in the System must comply with the requirements of the Illinois Department of Public Health EMS Rules, regional and system policies which require: 60 hours for EMT and 100 hours for paramedic continuing education, every four (4) years of licensure. The CE must address both adult and pediatric care in each four-year licensure cycle, earned in accordance with Region IX and their EMS System’s policies. These hours must be accrued in accordance with System policy.

II. PROCEDURE

A. Number and type of hours required:

1. EMT-B’s must complete 30 hours of CE every 2 years. No more than 25% every 4 years (15 hours total) will be awarded in one subject.
2. Paramedics must complete 50 hours of continuing education every 2 years in any combination of clinical or didactic hours for a total of 100 hours per 4 year licensure.
3. No more than 25% every 4 years (25 hours total) will be awarded in one subject. The EMS System Coordinator will determine whether courses are the same subject matter.
4. A maximum of 50% of didactic hours may be accrued in any system other than the Presence Health Saint Joseph Hospital EMS System. Seventy-five percent of an individual’s didactic CE should come from the Core curriculum (see below list). The remaining 25% can be obtained from the list below.
5. All mandatory continuing education (CE) will be completed.
6. All other ConEd completed within Region IX System will be reviewed and approved by the EMS System Coordinator or Medical Director. Any CE approved by a System’s EMS Medical Director will be accepted by any of the other systems within Region IX as long as the content is based on topics or materials form the Core Curriculum. Approval of other continuing education will be determined on an individual System basis. All CE must pertain to EMS medicine and patient care.
7. Clinical CE may be awarded as per existing Systems’ policies.

B. Options for Obtaining CE hours:

DIDACTIC	HOURS	DOCUMENTATION
ACLS, PALS, APLS, BTLS, PHTLS, ATLS Initial certification and re-recognition (Part of Core Curriculum)	Hour-for-hour, up to 15 hours. Hours may be divided in accordance with system policy.	Copy of course certificate/card indicating successful completion, hours of attendance, date and sponsor of course.
ACLS, PALS, APLS, BTLS, PHTLS, ATLS Instructor (Part of Core Curriculum)	Hour-for-hour, up to 16 hours per 2 years. Includes instructor certification class and teaching/proctoring.	Copy of course certificate/card, indicating hours of attendance, date and sponsor or course.
Initial CPR completion: that covers adult one-rescuer, adult foreign body airway obstruction management, pediatric one-rescuer CPR, pediatric foreign body airway obstruction management, and adult two-rescuer CPR.	Up to 5 hours per license period. (This course would be taken by individuals when their CPR has expired and are not eligible to take the recertification course)	Copy of American Heart Association Healthcare Provider, American Red Cross Course Professional Card.
CPR Recertification	5 hours per license period	Course roster or other equivalent proof of teaching experience.
1. CPR Instructor Certification 2. CPR Instructor Training 3. CPR Instructor Update	Hour-for-hour, up to 5 hours in a 2 year period.	Copy of course and attendance certificate indicating date, course, hours and sponsor or instructor of course.

 C. Department Sponsored Programs

1. Any System agency that desires to have a program or lecture approved for continuing education credit must submit an IDPH "EMS Training Application Form" to the EMS System Coordinator/Medical Director. The application must include a minimum of three behavioral objectives and a course outline at least 60 days prior to the anticipated start date of the program. Upon approval, IDPH will designate a site code for the program/lecture. The agency must submit a class roster upon completion of the program.
2. Each System will hold EMS CE offerings. EMTs and Paramedics are ultimately responsible to complete state and system-required CE.
3. EMTs and Paramedics within Region IX are required to complete all mandatory CE offerings within each of the Systems in which they are affiliated.
4. Although CE records are kept at system hospitals, each EMT/Paramedic is responsible for keeping their own records and maintaining a copy of time accrued to compare with any record kept by the System or by their employer.

D. Other Opportunities

1. An EMT or Paramedic may apply for continuing education credit for other experiences (college courses related to biology and health care, trauma and other medical symposiums and seminars) by submitting a written request describing the activity to the EMS Medical Director.

III. PURPOSE

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E-E EMSS.

IV. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

V. SPECIAL INSTRUCTIONS**VI. DEFINITIONS****A. Region IX Core Curriculum Content for Continuing Education**

1. Foundational requirements
 - a. Core curriculum content applies to all levels of providers, i.e. EMT (A/B, I/D, or P) and Prehospital RN (PHRN).
 - b. Content must be based on the United States Department of Transportation National Standard Curriculum for that level of provider and receive a site code form the Illinois Department of Public Health.
 - c. Advanced theory will be presented at some levels.

B. The Prehospital Environment

1. Rules and responsibilities
2. The EMS System
3. Medical-legal considerations
4. EMS communications
5. Rescue management
6. Major incident response
7. Stress management

C. Preparatory

1. Medical terminology

2. Anatomy and physiology
3. General patient assessment
4. Airway and ventilation
5. Shock
6. Emergency pharmacology

D. Medical

1. Respiratory emergencies
2. Cardiovascular emergencies
3. Endocrine emergencies
4. Nervous system disorders
5. Acute abdomen
6. Anaphylaxis
7. Toxicology
8. Infectious disease
9. Environmental
10. Geriatric emergencies
11. Pediatric emergencies

E. Trauma

1. Trauma-related injuries: adult and pediatric
2. Violence/Abuse
3. Injury prevention

F. Behavioral Emergencies

G. OB/GYN and Neonatal

1. Gynecological emergencies
2. Obstetrical/Neonatal emergencies

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES

IDPH Administrative Code Section 515.560 EMT-B Continuing Education
IDPH Administrative Code Section 515.570 EMT-I Continuing Education
IDPH Administrative Code Section 515.580 EMT-P Continuing Education
IDPH Administrative Code Section 515.590 EMT License Renewals

Section: Education, Training and License Renewal

Page 1 of 3

Subject: 109 - Paramedic License Renewal

Executive Owner: PSJH-E EMSS

Approval Date: 4/1/98
Effective Date: 4/1/98
Last Review: 3/10/18
Revised Date: 4/1/12
Supersedes: _____

I. POLICY STATEMENT

- A. Each licensed individual is responsible for fulfilling the EMS System and Illinois Department of Public Health requirements for license renewal.

- B. To be relicensed:
 - 1. The licensee shall be notified by Illinois Department of Public Health via USPS at least 30 days before the license expiration date.
 - a. The licensee will complete either the online renewal and fee payment or complete the renewal sent by the Department and return via USPS to IDPH Licensure Department.
 - b. A licensee who has not been recommended for relicensure by the EMS Medical Director must independently submit to the Department an application for renewal. The EMS Medical Director shall provide the licensee with a copy of the appropriate form to be completed.

- C. The EMS Medical Director or EMS System Coordinator must be verify to the Department completion of the following requirements:
 - 1. One hundred (100) hours of continuing education at the Paramedic level, sixty (60) at the EMTB level , seminars, and workshops addressing both adult and pediatric care. A minimum of sixty (50) hours (paramedic) and thirty (30) hours (EMTB) of continuing education every two-(2) years of the licensure period must be accrued. No more than 25 percent of those hours may be in the same subject.
 - 2. A current BLS (American Heart Association Provider level or American Red Cross Professional Rescuer level)
 - 3. Functioning within a State approved EMS System providing the licensed level of life support services as verified by the System’s EMS Medical Director.

- D. If the EMS Medical Director does not recommend relicensure, he/she shall submit all reasons for denial in writing to the individual and the Department.

- E. The license of anyone who has failed to file an application for renewal shall terminate on the day following the expiration date shown on the license.

- F. At any time before the expiration of the current license, an Paramedic may revert to the EMT status for the remainder of the license period. The Paramedic must make this request in writing to the Department and send a copy to the Resource Hospital. To relicense at the EMT level, the individual must meet the EMT requirements for relicensure.

Subject: **109 - Paramedic License Renewal**

- G. An Paramedic who has reverted to EMT status may be subsequently relicensed as an Paramedic, upon the recommendation of an EMS Medical Director who has verified that the individual's knowledge and clinical skills are at an active Paramedic level, and that the individual has completed any retraining, education or testing deemed necessary by the EMS MD for resuming Paramedic activities. Refer to PSJH-E policies 119 and 120.
- H. Any EMT whose license has expired for a period of more than 60 days shall be required to reapply for licensure, complete the training program and pass the test, and pay the fees as required for initial licensure (see section below).
- I. The Department shall require the licensee to certify on the renewal application form either on-line or paper application, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. (Section 10-65 of the Illinois Administrative Procedure Act [5ILCS 100/10-65]). The license will also certify they have not been convicted of a felony.
- J. An EMT whose license has expired may, within 60 days after licensure expiration, submit all relicensure material as required in this policy and a fee of \$50.00 in addition to the renewal fee 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 EMT, the Department will relicense the EMT.
- K. Paramedics must meet all System required mandatory educational requirements.
- L. All System requirements must be fulfilled thirty (30) days before the individual's license expiration date.
- M. Extensions:
1. Under the waiver provision in the IDPH Administrative Code Section 515.150 Section D Sub part 3 and 4, an individual can be granted one extension of six months only during a licensure period. Extensions will be evaluated by PSJH-E EMS System Coordinator/Medical Director on a case-by-case basis.

II. PURPOSE

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

Section: **Education, Training and License Renewal**

Page 3 of 3

Subject: **109 - Paramedic License Renewal**

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES

IDPH Administrative Code Section 515.150 Section D Sub part 3 and 4

Application for Entry into the Presence Saint Joseph Hospital – Elgin EMSS.

EMT and paramedic, ECRN, PHRN applicants please submit the following to the EMSS Office:

- Completed system application forms
- Letter of Reciprocity (if applicable)
- Letter from system department verifying employment (EMT-B & Paramedics, PHRN only)
- Letter of Good Standing from previous or primary EMS System Coordinator
- Continuing Education record from previous or Primary EMS System Coordinator
- Copy of CPR card
- Copy of Driver's License
- Copy of IDPH State License(s) (EMT-B, Paramedic, PHRN, ECRN)
- Completed skills inventory (Paramedics only)
- Copies of ACLS, PALS, PEPP, ITLS, ATLS LI, (etc. if applicable).

Upon the receipt of the above, Paramedics, ECRN and PHRN will be scheduled to take the system entry exam and skills evaluation with the EMS CE Coordinator or EMS System Coordinator. There is no exam for EMT-B's.

Sincerely,

Philip Laier RN, TNS, ECRN, PHRN, LI EMS Supervisor
EMS System Coordinator AHSJHE EMSS 0961
Saint Joseph Hospital
77 North Airlite Street, Elgin, IL 60123
T: 847-695-3200 Ext 3651 | F: 847-622-2065
Philip.Laier@amitahealth.org
amitahealth.org



Presence Saint Joseph Hospital Elgin EMS System
Application for Entry

I request Presence Saint Joseph Hospital Elgin EMSS as my Primary Secondary System (*The EMS System in which the EMT primarily functions is one's primary system)

Level of Licensure (CIRCLE ALL APPROPRIATE): EMT-P, EMT-B, ECRN, PHRN, LI

NAME (Last) (First) (MI)

ADDRESS: (Street)

(City, State, Zip Code) (County)

Phone #: (H or C) System Employer (Home or cell)

Date of Birth Social Security #

E-Mail 1 E-Mail 2

IDPH License Number Exp. Date (EMT, Paramedic, ECRN, PHRN, LI)

Paramedic Course Training site (paramedics only). Year

Year initially licensed as: (enter the year you first licensed at current level)

EMT-B license: Paramedic ECRN PHRN LI

*Driver's License # State

I hereby affirm that the above information is correct to the best of my knowledge, and, furthermore, agree to comply with the Presence Saint Joseph Hospital - Elgin EMSS Standing Medical Orders, Policy & Procedures.

Signature Date

Have you obtained the following *certifications: (Check all that apply)

CPR/BLS year received CPR/BLS Instructor year received
ACLS year received ACLS Instructor year received
BTLS year received BTLS Instructor year received
PHTLS year received PHTLS Instructor year rec'd
Lead Instructor year received Other

*Attach copies of: Current license, driver's license, and certifications with application.

Emergency Notification Information for _____

Contacts Name _____ Relationship _____

Address _____

City/State/Zip Code _____

Phone # Home _____ Work _____

Mobile Phone# _____

Physician's Name _____ Phone # _____

Medical Conditions _____

Medications _____

Allergies _____

All applicants must read and sign below.

I understand that it is my responsibility to maintain (inform IDPH and the EMS office of address or name changes) and renew my IDPH License (EMT-B, Paramedic, ECRN, and PHRN).

Upon receipt of my license renewal from IDPH, **I will personally contact the EMS office in order to complete the renewal of my License(s).**

Signature: _____

Witness: _____

Witness printed name: _____

Paramedics, ECRN, and PHRN Must Complete.

Graduate students from PSJH-E do not need to complete

I _____ have received a copy of the

Presence Saint Joseph Hospital-Elgin EMS System Standing Medical Orders Manual on this date

_____ and I attest to receiving a minimum of 7 calendar days prior to my

system entry date.

Signature: _____

Witness: _____

Witness printed name: _____

This page To Be Completed by EMS Office

**Presence Saint Joseph Hospital Elgin
EMS System
System Entry Checklist**

Applicant Name	Employer Department	Test Date
	Date Received	Comments
Completed Application		
Emergency Notification Form		
Copy of Driver's License		
Copy of EMT-P License		
Copy of CPR Card		
Copy of ACLS Card		
Letter of Good Standing		
Employment Verification Letter from Department		
Certifications – List		

Section: Education, Training and License Renewal

Page 1 of 2

Subject: 110 - System Reciprocity and/or Transfer

Executive Owner: PSJH-E EMSS

Approval Date: 4/1/98
Effective Date: 4/1/98
Last Review: 3/12/18
Revised Date: 3/10/13
Supersedes: _____

I. POLICY STATEMENT

- A. All paramedics functioning with an ambulance agency participating in the EMS System must be authorized by the EMS Medical Director to provide ALS services in the System.
- B. Any individual requesting authorization to provide ALS care with a System ambulance agencies must submit the following to the EMS System prior to ALS ambulance service:
 - 1. Letter indicating request for reciprocity approval or transfer of primary affiliation,
 - 2. Letter from system ambulance service provider indicating employment or active status with the department and receipt of documentation of immunity,
 - 3. Letter of good standing from current primary EMS system
 - 4. Copy of current BLS (American Heart Association Provider level or American Red Cross Professional Rescuer level) card,
 - 5. Completed Personnel Record,
 - 6. Copy of current IDPH license (EMT or Paramedic),
 - 7. Completed skills inventory form.
- C. Paramedic students must also submit:
 - 1. Documentation from the paramedic course lead instructor to include evaluation of performance and skills training validation
 - 2. Copy of all previous field internship experience evaluation
- D. Paramedics transferring to primary affiliation with the EMS System must also submit:
 - 1. Copy of clinical and didactic continuing education records,
 - 2. Copy of results of any examinations or evaluations completed during current licensure period.
- E. The EMS System Coordinator will confirm receipt of all credentials and notify the applicant of the schedule for completion of any additional training, System entry examinations, and performance evaluation by the EMS Medical Director or designee.
- F. System reciprocity of transfer of primary affiliation will be granted by the EMS Medical Director after:
 - 1. Confirmation of all credentials,
 - 2. Sign receipt of SMO and Policy manuals 7 days prior to System Entry.
 - 3. Successful completion of System entry examination (80% or greater),
 - a. May retest once,
 - b. Failure of the retest will require evaluation by the EMS Medical Director.
 - c. Refer to PSJH-E EMSS Policy 120 - Remediation

4. Interview and performance evaluation by the EMS Medical Director or designee.

G. Reciprocity must be renewed prior to license expiration. The licensee must:

1. Submit a copy of renewed license.
2. Submit a letter of good standing from primary system.
3. Complete skills inventory and any additional training indicated.

II. PURPOSE

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

VII. FORMS AND OTHER DOCUMENTS

PSJH-E EMSS Application Packet

VIII. REFERENCES

EMS SYSTEM POLICY

Section: Education, Training and License Renewal

Page 1 of 2

Subject: 111 - Inactive/Reactive Status

Executive Owner: PSJH-E EMSS

Approval Date: 4/1/98
Effective Date: 4/1/98
Last Review: 3/12/2018
Revised Date: 3/10/13
Supersedes: _____

I. POLICY STATEMENT

- A. Prior to the expiration date of the current license, an individual may request to be placed on inactive status. A written request on the IDPH approved form (obtained from the PSJH-E EMS System office) and current license must be submitted to the EMS Medical Director. The EMS Medical Director will submit to IDPH the inactive request form. The request must contain the following information:
1. Name of individual,
 2. Date of license,
 3. License level,
 4. License number,
 5. Circumstances requiring inactive status,
 6. Submission of the license to IDPH
- B. During the inactive status, the individual shall not function at any prehospital level.
- C. Returning to active status:
1. The individual who desires to reactivate his/her status must fill out the IDPH approved form for reactivation (may be obtained from the PSJH-E EMSS office).
 2. The inactive individual must complete an interview and a performance evaluation by the EMS Medical Director to determine if their knowledge and clinical skills are at an active individual level.
 3. The inactive individual must complete additional education and testing at the discretion of the EMS Medical Director.
 4. If the inactive status was based on a temporary disability, the EMS Medical Director will also verify that the disability has been resolved.
 5. The PSJH-E EMS System, in accordance with IDPH Rules, will file request for reinstatement to active status.

II. PURPOSE

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.



Section: **Education, Training and License Renewal**

Page 2 of 2

Subject: **111 - Inactive/Reactive Status**

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES

EMS SYSTEM POLICY

Section: Education, Training and License Renewal

Page 1 of 3

Subject: 112 – Prehospital RN**Executive Owner: PSJH-E EMSS****Approval Date:** 4/1/98
Effective Date: 4/1/98
Last Review: 3/12/2018
Revised Date: 3/10/13
Supersedes: _____

I. POLICY STATEMENT

The Prehospital Registered Nurse or Prehospital RN (PHRN) practices within an EMS System as emergency medical services personnel for prehospital and inter-hospital emergency and non-emergency medical transports.

II. PURPOSE

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS**V. DEFINITIONS****VI. PROCEDURE**

A. To be approved by a Pre-Hospital RN, an individual shall:

1. Be a Registered Professional Nurse in accordance with the Nursing and Advanced Practice Nursing Act;
2. Complete an education curriculum formulated by an EMS System and approved by the Department, which consists of at least 24 hours of classroom and practical training, including extrication, telecommunications, and pre-hospital cardiac and trauma care of both the adult and pediatric population (Section 3.80(c)(1)(A) of the Act);
3. Complete a minimum of 10 ALS runs supervised by a licensed physician, an approved Pre-Hospital RN or a Paramedic, only as authorized by the EMS Medical Director; and
4. Complete the Pre-Hospital RN application form as prescribed by the Department.

B. The EMS Medical Director shall approve individuals meeting subsection (a) of this Section as a Pre-Hospital RN for four years.

Subject: **112 – Prehospital RN**

- C. The EMS Medical Director shall reapprove Pre-Hospital RNs every four years if the Pre-Hospital RN:
1. Is a Registered Professional Nurse in accordance with the Nursing and Advanced Practice Nursing Act; and
 2. Has completed 120 hours of continuing education, the content of which shall be consistent with the System's continuing education requirements for Paramedics; and
 3. Has a current CPR for Healthcare Providers card that covers:
 - a. Adult one-rescuer CPR,
 - b. Adult foreign body airway obstruction management,
 - c. Pediatric one-rescuer CPR,
 - d. Pediatric foreign body airway obstruction management,
 - e. Adult two-rescuer CPR, and
 - f. AED.
- D. Pay any and all renewal fees as designated by IDPH or the EMS System
- E. Inactive Status
1. Prior to the expiration of the current approval, a Pre-Hospital RN may request to be placed on inactive status. The request shall be made in writing to the EMS Medical Director and shall contain the following information:
 - a. Name of individual,
 - b. Date of approval,
 - c. Circumstances requiring inactive status, and
 - d. A statement that recertification requirements have been met by the date of the application for inactive status.
 2. The EMS Medical Director will review and grant or deny requests for inactive status.
 3. For the Pre-Hospital RN to return to active status, the EMS Medical Director must document that the Pre-Hospital RN has been examined (physically and mentally) and found capable of functioning within the EMS System, that the Pre-Hospital RN's knowledge and clinical skills are at the active Pre-Hospital RN level, and that the Pre-Hospital RN has completed any refresher training deemed necessary by the EMS system. If the inactive status was based on a temporary disability, the EMSMD shall also verify that the disability has ceased.
 4. During inactive status, the individual shall not function as a Pre-Hospital RN.
 5. The EMS Medical Director shall notify the Department in writing of a Pre-Hospital RN's approval, reapproval, or granting or denying of inactive status within 10 days after any change in a Pre-Hospital RN's approval status.
- F. A Pre-Hospital RN shall notify the Department within 30 days after any change in name or address. Notification may be in person, or by mail, phone, fax, or electronic mail.
- G. Reciprocity/Transfer of the Prehospital RN approval
1. Prehospital RN's approved by another EMS System EMS Medical Director who are applying to function with a System agency must submit the following credentials to the PSJH-E EMS System Coordinator:

Subject: **112 – Prehospital RN**

- a. Letter from System agency documenting that they will function with their ambulance,
 - b. Letter of good standing from their previous primary System,
 - c. Copy of current Prehospital RN certificate,
 - d. Copy of current CPR card,
 - e. Copy of continuing education completed during current approval period,
 - f. Copy of results of any exams completed during current approval period.
2. System reciprocity or transfer will be granted by the EMS Medical Director after:
- a. Receipt of the above credentials,
 - b. Interview and skills performance evaluation by the EMS MD
 - c. Successful completion with a minimum score of 80% on System entry exam.

VII. FORMS AND OTHER DOCUMENTS**VIII. REFERENCES**

Section: Education, Training and License Renewal

Page 1 of 4

Subject: 113 – Emergency Communications Registered Nurse (ECRN)

Executive Owner: PSJH-E EMSS

Approval Date:	<u>4/1/98</u>
Effective Date:	<u>4/1/98</u>
Last Review:	<u>2/12/18</u>
Revised Date:	<u>2/12/16</u>
Supersedes:	_____

I. POLICY STATEMENT

An Emergency Communications Registered Nurse (ECRN) will be authorized by the EMS Medical Director to independently direct prehospital patient care, in accordance with the Standing Medical Orders, when the requirements of the EMS Rules and this policy are met.

II. PURPOSE

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

A. Definition

1. Registered Professional Nurse / Emergency Communications Registered Nurse (ECRN), licensed under the current Illinois Nursing Act, who has satisfactorily completed the Emergency Communications Registered Nurse course, including at least 40 hours of training in Telemetry and Communications, Advanced Cardiac Life Support in both adult and pediatrics, and a Prehospital Trauma Life Support course or its equivalent, as approved by the department.

B. Approval

1. To be approved as an ECRN, an individual must:
 - a. Be a Registered Professional Nurse in accordance with the Nursing and Advanced Practice Nursing Act.
 - b. Complete an education curriculum formulated by an EMS System and approved by the Department, which consists of at least 40 hours of classroom and practical training for both the adult and pediatric population, including “telecommunications, system standing medical orders and the procedures and

Subject: **113 – Emergency Communications Registered Nurse (ECRN)**

protocols established by the EMS Medical Director” as per IDPH 210 ILCS 50-3.80 (c)(1)(B) of the Act.

- c. Complete eight hours field experience supervised by a Prehospital RN or Paramedic only as designated by the EMS Medical Director
- d. The EMS Medical Director will approve an ECRN meeting these requirements for a period of four years.
- e. Complete the ECRN application form as prescribed by the Department
- f. Pay any and all fees as set forth by IDPH for licensure

C. Renewal

1. The EMS Medical Director will renew ECRN approval if the ECRN:
2. Be a Registered Professional Nurse in accordance with the Nursing and Advanced Practice Nursing Act;
3. Has completed 32 hours of continuing education in a four year period, including mandatory education, and
4. Has a current ACLS and BLS (American Heart Association Provider level or American Red Cross Professional Rescuer level)
5. Pay any and all fees as set forth by IDPH for license renewal

D. ECRN Training Course

1. ECRN candidates must be currently licensed as an RN in Illinois, recommended by their employer, possesses BLS (American Heart Association Provider level or American Red Cross Professional Rescuer level) and ACLS certifications.
2. The ECRN training course consists of at least 40 hours of classroom and practical training for both the adult and pediatric population. The course will include ACLS, telecommunications, Standing Medical Orders, policies and procedures, Mass Casualty Incident Management and other topics approved by the EMS Medical Director.
3. Absences from any portion of the course including classroom time, ride time and extrication will result in dismissal from the course. The candidate will then be required to retake the course in its entirety.
4. The ECRN student will complete 8 hours of field experience with a System ALS agency, supervised by a Paramedic or PHRN only as designated by the EMS Medical Director
5. The ECRN student will complete 30 ALS runs via radio supervised by an approved ECRN or ER physician until evaluated as ‘able to function independently’ in accordance with the Standing Medical Orders. These runs must be completed within six months of the course.
6. The ECRN student must pass a written exam with a minimum of 80%.
 - a. If the student fails the exam, a retest may be completed no sooner than one (1) week and no later than 30 days after the date of the failed exam.
 - b. Failure of the retest will require the ECRN student to repeat the course or complete provisions of a corrective action plan agreed to by the EMS Medical Director, the employer and the student.

E. Transfer from another EMS System

1. Eligibility includes the following:

Subject: **113 – Emergency Communications Registered Nurse (ECRN)**

- a. Is a Registered Professional Nurse in accordance with the Nursing and Advanced Practice Nursing Act; and
 - b. A Letter of Good Standing from the EMS System Coordinator of the previous system including verification of continuing education hour status
 - c. BLS (American Heart Association Provider level or American Red Cross Professional Rescuer level) certification,
 - d. ACLS certification,
 - e. Recommendation of the ECRN's employer, and
 - f. One year experience in an Emergency department.
2. A minimum score of 80% must be achieved on the examinations. Failure of the exams will require that the nurse attend the ECRN training course.

F. **Continuing Education**

1. ECRN's must complete 32 hours of continuing education every four years to be approved by the EMS Medical Director,
2. ECRN's are required to attend mandatory continuing education sessions as directed by the EMS Medical Director including any and all updates to standing medical orders and stroke education as required by JCAHO for stroke center status.
3. Continuing education topics are approved by the EMS Medical Director and may include:
 - a. ACLS/BLS renewal courses,
 - b. Disaster/Mass Casualty training,
 - c. Field experience,
 - d. System approved Paramedic Continuing Education, and
 - e. Courses approved by the EMS Medical Director.

G. **Suspension:**

1. The EMS Medical Director may suspend an ECRN in accordance with the System Policy "System Participation Suspension."

H. **Inactive Status**

1. Prior to the expiration of the current approval, the ECRN may request to be placed on inactive status. The request shall be made in writing to the EMS Medical Director and shall contain the following information:
 - a. Name of individual,
 - b. Date of approval,
 - c. Circumstances requiring inactive status,
 - d. A statement that recertification requirements have been met by the date of the application for inactive status.
2. The EMS Medical Director will review and grant or deny requests for inactive status.
3. For the ECRN to return to active status, the EMS Medical Director must document that the ECRN has been examined (physically and mentally) and found capable of functioning within the EMS System, that the ECRN's knowledge and clinical skills are at the active ECRN level, and that the ECRN has completed any refresher training deemed necessary by the EMS System. If the inactive status was based on a temporary disability, the EMS System shall also verify that the disability has ceased.

Subject: **113 – Emergency Communications Registered Nurse (ECRN)**

4. During inactive status, the individual shall not function as an ECRN at any level.
5. The EMS Medical Director shall notify the Department in writing of the ECRN's approval, reapproval, or granting or denying inactive status within 10 days after any change in an ECRN's approval status.
6. An ECRN shall notify the Department within 30 days after any change in name or address. Notification may be in person, or by mail, phone, fax, or electronic mail.

VII. FORMS AND OTHER DOCUMENTS**VIII. REFERENCES**

IDPH 210 ILCS 50-3.80 (c)(1)(B)

EMS SYSTEM POLICY

Section: Education, Training and License Renewal

Page 1 of 2

Subject: 114 - EMS Lead Instructor**Executive Owner: PSJH-E EMSS****Approval Date:** 4/1/98
Effective Date: 4/1/98
Last Review: 3/12/18
Revised Date: 2/12/16
Supersedes: _____

I. POLICY STATEMENT

All education, training and continuing education courses for EMT and Paramedic, Prehospital RN, ECRN, First Responder and Emergency Medical Dispatcher shall be coordinated by at least one approved EMS Lead Instructor. A program may use more than one EMS Lead Instructor. A single EMS Lead Instructor may simultaneously coordinate more than one program or course. (Section 3.65(b)(5) of the Act)

II. PURPOSE

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS**V. DEFINITIONS****VI. PROCEDURE**

A. To apply take the EMS Lead Instructor's examination, the candidate shall submit:

1. Documentation of experience and education in accordance with subsection (3) of this Section;
2. A fee to be determined by IDPH in the form of a money order or certified check made payable to the Department (cash or a personal check will not be accepted);
3. A letter from the EMS Medical Director saying he/she will approve the course conducted by the candidate;
4. An EMS Lead Instructor application form prescribed by the Department, which shall include, but not be limited to, name, address, and resume.

B. An EMS Lead Instructor shall meet at least the following minimum experience and education requirements:

1. A current license as an EMT, Paramedic, Prehospital RN or physician;
2. A minimum of four years of experience in pre-hospital emergency care;

3. At least two years of documented teaching experience;
4. Documented classroom teaching experience, i.e., BTLS, PHTLS, CPR, Pediatric Advanced Life Support (PALS);
5. Documented successful completion of the Illinois EMS Instructor Education Course or equivalent to the National Standard Curriculum for EMS Instructors.
6. Upon the applicant's completion of the EMS Lead Instructor examination with a score of at least 80 percent, the Department will approve the individual as an EMS Lead Instructor. The approval will be valid for four years.
7. EMT and Paramedic Lead Instructors shall attend a Department-approved curriculum review course whenever revisions are made to the National Standard Curricula for EMT and/or Paramedic
8. To renew approval for another four-year period, the EMS Lead Instructor shall complete the renewal per current IDPH current process and submit to the Department at least 60 days, but not more than 90 days, prior to the approval expiration:
 - a. A letter of support from an 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.
 - b. Documentation of at least 10 hours of continuing education annually. (Programs used to fulfill other professional continuing education requirements, i.e., EMT, nursing, may also be used to meet this requirement.)
 - c. Documentation of attendance at a Department-approved curriculum review course, if applicable, in accordance with subsection (e).
9. The Department shall, in accordance with Section 515.160 of this Part, “*suspend or revoke the approval of an EMS Lead Instructor, after an opportunity for a hearing, when findings show the EMS Lead Instructor has failed*”
 - a. To conduct a course in accordance with the curriculum prescribed by the Act and/or this Part; or
 - b. To comply with protocols prescribed by this Part. (Section 3.65(b)(7) of the EMS Act)

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES

IDPH Administrative Code Section 515.700 EMS Lead Instructor
IDPH Administrative Code Section 515.160 Faculty, System and Equipment Violations Hearing and Fines
EMS Act 210 ILCS 50/3.65 (b)(7)

Section: Education, Training and License Renewal

Page 1 of 2

Subject: 115 –IDPH Testing and Fees

Executive Owner: PSJH-E EMSS

Approval Date: 4/1/98
Effective Date: 4/1/98
Last Review: 3/12/18
Revised Date: 2/12/16
Supersedes: _____

I. POLICY STATEMENT

A. State Requirements for Testing and Fees

1. All candidates shall hold a high school diploma or high school equivalency certificate and be 18 years of age or older to be tested for licensure.
2. After completion of an approved training program, candidates shall take a written examination. The candidate shall have the choice of taking either the National Registry of Emergency Medical Technician examination or the Department’s examination. The Department’s examination is based on the United States Department of transportation National Standard Curriculum and is equivalent to the national Registry Examination.
3. The Department or designee shall administer the State written examination for licensure. Candidates who elect to take the National Registry of Emergency Medical Technicians examination instead of the State examination shall be responsible for making their own arrangements with the National Registry.
4. A failure rate per class of 25 percent or greater on the licensure examination shall require that the particular training program be reevaluated by the Department at least 60 days before the start of the next class.
5. The candidate shall retake the training program if he/she fails to achieve a passing grade on three successive examinations within 12 months after sitting for the examination for the first time.
6. When a candidate elects to take the State examination or the National Registry’s examination, the candidate must pass that particular testing procedure. A candidate will not be allowed to take the alternate examination after failure to achieve a passing grade.
7. A candidate making application for the Department’s written examination for licensure shall include a certified check or money order made payable to the Department (personal checks or cash will not be accepted) for amount specified by the Department.
 - a. Fee schedule per IDPH Administrative Code Section 515.460 Fees
8. Failure to appear for the examination on the scheduled date, at the time and place specified, shall result in the forfeiture of examination fee.
9. If the candidate does not achieve a passing grade on the written examination, the fee for the retest is the same as for the initial examination.
10. All fees submitted for licensure examinations are non-refundable.

II. PURPOSE

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS**V. DEFINITIONS****VI. PROCEDURE****VII. FORMS AND OTHER DOCUMENTS****VIII. REFERENCES**

IDPH Administrative Code Section 515.460 Fees

EMS SYSTEM POLICY

Section: Education, Training and License Renewal

Page 1 of 2

Subject: 116 – Independent Status

Executive Owner: PSJH-E EMSS

Approval Date: 4/1/98
Effective Date: 4/1/98
Last Review: 3/12/18
Revised Date: 3/10/13
Supersedes: _____

I. POLICY STATEMENT

- A. Any licensed paramedic or EMT who has primary status in the PSJH-E EMS System and terminates employment with an in-System provider, and is not going to work for another provider, either in or out of System, may go on Independent Status for a period of no more than 3 months.
- B. At the end of the three-month period, the person on independent status must notify the PSJH-E EMS System of one of the following outcomes. If the System is not notified of the intentions of the prehospital provider prior to the end of the three-month period, they will be removed from the System.
 - 1. The person has found employment with another provider within the PSJH-E EMS System and has provided appropriate documentation of affiliation with that System provider;
 - 2. The person has found employment with a provider that is outside of the PSJH-E EMS System and would like to request a letter of good standing and continuing education records;
 - 3. The person has not found other employment and would like to go on Inactive or Independent Status.
- C. To receive a letter of good standing from the PSJH-E EMS System, the prehospital provider must be up to date and in compliance with any and all mandatory PSJH-E EMS System continuing education requirements, not owe any outstanding fees to IDPH or the EMS System, and not be suspended from the System.

II. PURPOSE

This policy has been developed to allow the System to track and maintain quality patient care for those in the PSJH-E EMS System and the patients we are asked to treat in the prehospital setting.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS



Section: **Education, Training and License Renewal**

Page 2 of 2

Subject: **116 – Independent Status**

V. DEFINITIONS

VI. PROCEDURE

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES

Section: Education, Training and License Renewal

Page 1 of 3

Subject: 117 – Paramedic Student Preceptor Training

Executive Owner: PSJH-E EMSS

Approval Date: 4/1/98
Effective Date: 4/1/98
Last Review: 3/12/18
Revised Date: 3/10/13
Supersedes: _____

I. POLICY STATEMENT

A. Introduction

1. All Paramedic students shall be directly supervised, mentored and evaluated by an approved preceptor.
2. The preceptor acts as a resource, facilitator and guide. This individual is valued not only as a teacher but serves as a role model exemplifying the standards of excellence in the PSJH-E EMS System. Therefore, the preceptor must demonstrate thorough knowledge of the PSJH-E EMS System Policies, Procedures, and the SMOs.

B. Position Description

1. A Preceptor shall:
 - a. Complete a preceptor application annually, and attend an orientation class given by PSJH-E EMS System prior to being approved as a preceptor.
 - b. Be responsible and accountable for decisions made regarding patient care when working with their student paramedic.
 - c. Orient, teach, and coach their assigned student during all supervised experiences.
 - d. Complete sequential, objective, and fair evaluations which quantify achievement of the objectives and measure performance against System standards. Their judgment will be consulted and heavily relied upon when considering a candidate for licensure/recognition; therefore, areas of strengths as well as continuous learning opportunities must be specifically documented on the evaluations.
 - e. All evaluations must be completed with the student and within 72 hours of the clinical experience.
 - f. Meet with the hospital EMS Educator/Coordinator at the end of each Phase to provide a progress report and plan for the next phase and confer at the end of the internship to finalize the paperwork and offer a comprehensive evaluation, summary report and recommendation, either positive or negative, to be forwarded to the PSJH-E EMS System Coordinator and/or paramedic Course Coordinator.
 - g. Maintain effective communication with the student’s EMS Agency and/or ER to facilitate the evaluation process.
 - h. Teach and mentor according to the current PSJH-E EMS System Policies, Procedures and SMOs.
 - i. Review all runs completed by the student that are evaluated by another licensed Paramedic. Delegation of preceptor duties is to occur only in the instance of

operational necessity and only to another approved Preceptor. Remain with the student throughout the duration of the call.

C. **Qualifications**

In order to be considered for Preceptor status, a Paramedic must receive written recommendation from their employing EMS Coordinator/Fire Chief. Each candidate must demonstrate or provide evidence of the following:

1. Current licensure as a Paramedic. No sustained complaints or run reviews in their EMS personnel file for the past year per System policy.
2. At least one year's experience as a licensed/certified Paramedic in good standing in the PSJH-E EMS System unless a waiver is granted based on an individual's outstanding performance.
3. Successful completion of PSJH-E EMSS Preceptor course.

D. **Mechanism of Approval**

1. Provider Chief/EMS System Coordinator and/or CEO or their designee shall submit the applications of the recommended Paramedic Preceptor(s) to PSJH-E EMS System Coordinator/Paramedic Educator. The hospital System Coordinator/Educator will review the appropriateness of the candidate based on their qualifications and adherence to recommended guidelines.
 - a. Preceptors should demonstrate the following characteristics:
 - i. A desire to teach
 - ii. Willingness to be a preceptor
 - iii. A non-judgmental attitude toward co-workers
 - iv. Assertiveness to stand for best practice care
 - v. Flexibility to change and ability to adapt to new situations
 - vi. Excellent communication skills
 - vii. Positive attitude toward patient care and adherence to system standards
 - viii. Excellent critical thinking and interpersonal skills
 - ix. Patience
 - b. Preceptors should have documented teaching/mentoring experience, i.e. BLS instructor, Fire Fighter II or III instructor, Illinois recognized EMS Lead Instructor, ACLS, BTLIS, PHTLS instructor, community education, assisting with skill competencies, teaching within the Department, assisting with any training program within the System and/or previous experience successfully precepting other student.
 - c. Paramedic Preceptors should demonstrate knowledge of the principles and concepts included in the National DOT Paramedic curriculum and must demonstrate thorough knowledge of the PSJH-E EMS System SMOs and policies.
2. In the event a concern is raised that a candidate may not be qualified or appropriate based on the guidelines, a discussion shall take place between the EMS System Coordinator and the Chief/EMS Coordinator and/or CEO or his designee to clarify the objections and reach consensus. The EMS medical director will have the final say.

3. Upon approval by the EMS system, the Provider Chief/EMS Coordinator and/or CEO or his designee will be notified.

E. To maintain the position, the preceptor shall:

1. Fulfill annual CE requirements mandated by IDPH and the PSJH-E EMS System (for their specific provider level).
2. Fulfill key performance expectations as specified in the preceptor agreement.
3. If the preceptor has not successfully completed performance expectations as stated in the preceptor agreement, the opportunities for improvement will be documented in writing and provided to the preceptor, the Provider Chief/EMS Coordinator and/or CEO or his designee and paramedic Course Coordinator.
4. Successful completion of PSJH-E EMSS Preceptor course.

II. PURPOSE

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES

EMS SYSTEM POLICY

Section: Education, Training and License Renewal

Page 1 of 2

Subject: 118 – EMT License Reinstatement

Executive Owner: PSJH-E EMSS

Approval Date: 11/20/11

Effective Date: 11/20/11

Last Review: 3/12/18

Revised Date: 3/10/13

Supersedes: _____

I. POLICY STATEMENT

- A. In accordance with Section 515.640 of the Illinois Administrative Code, it shall be the policy of the Presence Health Saint Joseph Hospital EMS System to provide a means by which an EMS provider will be eligible to reinstate his/her Illinois EMT license, in the situation where the EMS license has been lapsed for less than 36 consecutive months.
- B. To be relicensed as an EMT:
1. The EMS provider must make a written request to the EMS System Medical Director explaining the intent to reinstate a lapsed license.
 2. The EMS provider will include with the request documentation of the acquired continuing education completed prior to the lapse of the EMS license.
 - a. The EMS System Coordinator will validate the lapse date of the former EMT license and evaluate the education completed with the letter of request for reinstatement.
- C. The EMT candidate will schedule an appointment with the EMS System Coordinator for competency testing. The testing will be in the form of written exam(s) and skills validation appropriate to the level of licensure reinstatement being requested.
- D. Upon completion of a comprehensive written and practical competency exam, the EMS System Coordinator will determine the specific need for remediation and develop a training plan to include both classroom and clinical education review.
- E. At the completion of the remediation training plan the EMS System Coordinator will provide a final evaluation of the candidate's performance indicating competency in practice to the appropriate level of licensure. The EMS System Medical Director will recommend in writing to the Illinois Department of Public Health that the candidate has met the system requirements for exam for licensure.
- F. The EMS System Medical Director will provide IDPH with a completed Reinstatement Request Form including the following information:
1. Proof of the candidate's completion of continuing medical education and clinical requirements.
 2. Recommendation attesting to the applicant's clinical qualification for retesting.
- G. The EMT candidate/applicant will be responsible for the reinstatement fee amount prescribed by the Department payable to the Illinois Department of Public Health.

H. The EMT candidate/applicant will then complete the testing process and pay any testing fees as directed by IDPH rules and regulations of the Illinois Administrative Code 515.530.

II. PURPOSE

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS**V. DEFINITIONS****VI. PROCEDURE****VII. FORMS AND OTHER DOCUMENTS****VIII. REFERENCES**

IDPH Administrative Code Section 515.640 Reinstatement and Section 515.530 EMT Testing

EMS SYSTEM POLICY

Section: Education, Training and License Renewal

Page 1 of 2

Subject: 119 - Remediation

Executive Owner: PSJH-E EMSS

Approval Date: 7/30/12

Effective Date: 7/30/12

Last Review: 3/12/18

Revised Date: 2/12/16

Supersedes: _____

I. POLICY STATEMENT

A. Remediation will be determined following an interview with the EMS Medical Director, EMS System Coordinator, and the EMT and Paramedic.

1. In the event of disciplinary action.
2. In the situation where the EMT or Paramedic is considered not to be meeting the requirements of the EMS System, not functioning within their scope of practice defined by their license. The EMT's or Paramedic's employer may also be present.
3. In the event the EMT or Paramedic is seeking to reactivate an expired license per Section 515.640 of the Illinois Administrative Code the EMT or Paramedic will complete full system entry.
4. In the event an EMT or Paramedic fails System Entry.

B. Based on the interview, remediation may include any and all of the following:

1. The EMT or Paramedic will be required to do a minimum of twenty-four (24) hours of hospital clinical with the EMS Medical Director or Designee.
2. The EMT will be required to attend a minimum of six (6) EMT
3. The Paramedic will be required to attend a minimum of 6 Paramedic classes

C. Upon completion of the recommended clinical and or classroom, the EMT or Paramedic will have a second interview with the EMS Medical Director, EMS System Coordinator, Department EMS Coordinator or Designee and Provider Representatives.

1. The Medical Director will recommend release from or additional remediation.
2. Continuous monitoring by the Medical Director, EMSS Coordinator and EMS Department Coordinator or Designee.
3. Signed Action Plan by EMT or Paramedic, Department EMS Coordinator and Medical Director or Designee.

II. PURPOSE

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES

IDPH Administrative Code Section 515-640 Reinstatement

Section: Education, Training and License Renewal

Page 1 of 2

Subject: 120 – Expanded Scope Educational Requirements

Executive Owner: PSJH-E EMSS

Approval Date: 7/30/12

Effective Date: 8/1/12

Last Review: 3/14/18

Revised Date: 3/10/13

Supersedes: _____

I. POLICY STATEMENT

A. Education, Certification, and Experience;

1. Initial Education: Documentation of initial education and demonstrated competencies to expanded scope of practice skills as required by Department of Public Health Title 77, Chapter I, Part 515, Section 515.860 and approved by the Department of Public Health in accordance with the EMS System Plan.
2. Continuing Education Requirements:
 - a. Annual competencies of expanded scope of practice knowledge, equipment and procedures shall be completed; and
 - b. The EMS vehicle service provider shall maintain documentation of competencies and provide the documentation to the EMS Resource Hospital upon request.
3. Certifications: Expanded Scope provider shall maintain all renewable critical care certifications and credentials in active status:
 - a. American Heart Association Advanced Cardiac Life Support (ACLS);
 - b. American Heart Association Pediatric Advanced Life Support (PALS) or PEPP; and
 - c. One of the following: International Trauma Life Support (ITLS) or Pre-Hospital Trauma Life Support (PHTLS).
4. Experience:
 - a. Minimum of one year of experience functioning in the field at an ALS level (not part of the expanded scope crew, unless they are functioning as a third provider that is with the patient in the back of the transport vehicle with an expanded scope provider), and
 - b. Documentation of education and demonstrated competencies of expanded scope of practice skills required as outlined in this policy.

II. PURPOSE

To establish educational requirements for the expanded scope paramedic and pre-hospital registered nurse.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

Section: **Education, Training and License Renewal**

Page 2 of 2

Subject: **120 – Expanded Scope Educational Requirements**

V. DEFINITIONS

VI. PROCEDURE

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES

IDPH Administrative Code Section 515-860 Critical Care Transport

EMS SYSTEM POLICY

Section: General Policies

Page 1 of 2

Subject: 201 – Code of Ethics

Executive Owner: PSJH-E EMSS

Approval Date: 4/1/98
Effective Date: 4/1/98
Last Review: 4/2/18
Revised Date: 3/10/13
Supersedes: _____

I. POLICY STATEMENT

II. PURPOSE

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. MISSION / VALUES RATIONALE

The PSJH-E EMS System acknowledges the professional status of the EMS provider. This is maintained and enriched by the willingness of the individual practitioner, the provider agencies and the participating hospitals, to accept and fulfill obligations to society, other medical professionals and the EMS community.

The viability of the PSJH-E EMS System rests on the integrity and capability of each member. It is necessary, therefore, that the individual's behavior be ethical as a way of life in the conduct of personal, professional, and academic affairs. The fundamental responsibility of the EMS professional is to endeavor to conserve life, to alleviate suffering, to promote health, to do no harm and to encourage the quality and equal availability of Emergency Medical Care to all members of society.

In treating a patient, PSJH-E EMS System members shall conduct themselves at all times in a dignified and exemplary manner. System members shall exercise independent judgment within their scope of practice and consider other factors such as moral, economic, social/cultural diversity, religious and political factors that are relevant to a patient's situation.

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

- A. The following are principles, which are mandatory in character and state the minimum level of conduct below which no member can fall without being subject to disciplinary action from the PSJH-E EMS System as outlines in the Grievance Recourse Policy.
 1. EMS and Paramedic providers have a duty to perform all services without unlawful discrimination. Care is to be provided to all patients based on need; with respect to human dignity, unrestricted by nationality, race, creed, age, sex, sexual orientation, color, social or economic status (regardless of inability to pay), disability or the nature of health problems and will respect and protect the rights, privileges and beliefs of others.

2. No individual will be refused treatment within the EMS System solely on the basis of that person's disability or disease entity.
 3. All individuals will be treated fairly, openly, and honestly without a change in the standard of conduct or care due to disability or disease entity.
 4. Every reasonable accommodation will be made to provide effective alternate communication methods to individuals with a disability in order to assure a fair, consistent standard of care.
 5. In setting its policies and procedures, the PSJH-E EMS System will always assure a fair, consistent standard of care.
- B. The EMS Provider has an obligation to protect the public by not delegating to a person or agency less qualified, any service which requires professional competence implicit with the scope of practice encompassed in a specific license.
- C. All System members shall adhere to the patient confidentiality policy.
- D. All EMS provider agencies and EMS personnel will adhere to standards of personal ethics in keeping with all statutes and moral precepts that govern the medical, nursing and pre-hospital professions. The EMS System affirms the philosophy of the National Association of Emergency Medical Technicians (NAEMT) Code of Ethics and the American Nurses' Association Code for Nurses.
- E. All members of the PSJH-E EMS System will work harmoniously with, and sustain confidence in, EMS associates, the nurses, the physicians, and other members of the health community. They will not denigrate the work of colleagues. They will encourage and assist colleagues in the pursuit of academic and practice excellence and expansion of professional knowledge.
- F. Students and licensed members of the PSJH-E EMS System will abide by the procedures, rules and regulations of the System. They will respect the guidelines prescribed by each instructor or the EMS Medical Directors in the preparation or completion of academic assignments. They will neither engage in, assist in, nor condone cheating, plagiarism or other such activities.
- G. All PSJH-E EMS System members will respect and protect the rights, privileges and beliefs of others.

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES

NAEMT Code of Ethics
ANA Code for Nurses
PSJH-E EMS System Procedures, Rules and Regulations of the System
PSJH-E Paramedic Course Manual

EMS SYSTEM POLICY

Section: **General Policies**

Page 1 of 2

Subject: **202- Telecommunication Protocol**

Executive Owner: **PSJH-E EMSS**

Approval Date: 4/1/98
Effective Date: 4/1/98
Last Review: 4/2/18
Revised Date: 3/10/13
Supersedes: _____

I. POLICY STATEMENT

II. PURPOSE

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

- A. EMS personnel are to contact Sherman Hospital for a MED channel assignment when needed en route to the scene, or upon arrival and initial assessment of the patient. Determination of the receiving hospital needs to be established. Hospitals and ambulance agencies must provide and maintain appropriate telecommunication equipment on MERCI 155.400 for UHF Channel assignment on all Advanced Life Support runs.
- B. Should the assigned channel not be needed or when communications are completed, Sherman Hospital should be contacted as soon as possible to release the channel.
- C. In the event that communications are to be established, the EMS provider shall re-contact Sherman Hospital for Med Channel assignment by indicating identification, nature of run, and receiving hospital, on MERCI 155.400.
- D. Where possible, the use of the telemetry telephone system is encouraged to keep the radio channels clear.
- E. All ALS communications should utilize MED channels or telemetry telephone and must be directed by System approved ECRN or physician.

- F. **All patient reports should be directed to the receiving facility.**
- G. In the event that the receiving hospital is engaged in other communications or communication cannot be established, the Resource Hospital shall handle the run and relay the information to the receiving facility.
- H. When radio transmissions on the UHF (Telemetry) frequency for ALS procedures is not possible, the ambulance may conduct all procedures and treatments by communicating over the MERCI 155.400 frequency.
- I. Hospital telecommunication personnel should determine the nature and priority of a call before asking ambulances to stand-by.
- J. An ECRN log sheet shall be completed by the hospital contacted documenting each run per patient per ERCN log.
- K. The Resource Hospital will tape record any communications. The recording may be utilized for Quality Improvement activities and are not considered to be a legal medical record.
- L. At any time during telemetry communications, the Resource Hospital may override orders of an Associate Hospital, if it is deemed necessary by order of the Resource Hospital Emergency Department Physician functioning as the EMS Medical Director's designee.
- M. Dispatch agencies must inform the caller requesting an emergency vehicle of the estimated time of arrival when this information is requested by the caller.

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES

IDPH Administrative Code 515.400 General Communications

IDPH Administrative Code 515.410 EMS System Communications

EMS SYSTEM POLICY

Section: **General Policies**

Page 1 of 1

Subject: **203 – Emergency Communications – RN Consultation with Emergency Physician**

Executive Owner: **PSJH-E EMSS**

Approval Date: 4/1/98
Effective Date: 4/1/98
Last Review: 4/2/18
Revised Date: 3/10/13
Supersedes: _____

I. POLICY STATEMENT

The ECRN is authorized to direct prehospital care in compliance with the System Standing Medical Orders.

II. PURPOSE

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

A. The ECRN should consult the Emergency Physician on duty when:

1. Any patient has immediate or potential life or limb threatening illness or injury (i.e., cardiac arrest, significant trauma),
2. The patient's signs and/or symptoms show rapid deterioration,
3. The course of therapy is not clear per existing Standing Orders,
4. The case involves a complicated behavioral or psychiatric situation; especially psychotic (whether organic or functional), violent, irrational or suicidal behavior,
5. Any patient refusing treatment whom appears to be suffering a potentially life or limb threatening illness or injury,
6. Any case facts/circumstances point towards discontinuing treatment and declaring death on the scene,
7. All cases of DNR and/or Advance Directives where medicolegal questions exist,
8. All unstable patients requesting transport to a more distant hospital.
9. Any other situation in which the ECRN does not agree to assume independent responsibility for the medical direction of an emergency incident or the ECRN has questions related to care of the patient.

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES

EMS SYSTEM POLICY

Section: General Policies

Page 1 of 4

Subject: 204 – Transport

Executive Owner: PSJH-E EMSS

Approval Date: 4/1/98
Effective Date: 4/1/98
Last Review: 3/2/18
Revised Date: 7/16/18
Supersedes:

I. POLICY STATEMENT

II. PURPOSE

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

A. General Transports

1. All patients will be transported to the nearest hospital unless the specific criteria in section II of the Intersystem Policy, etc. have been met. For purposes of this policy, the “nearest hospital” is the hospital closest to the scene of the emergency as determined by travel time, which has a comprehensive emergency department.
2. Ambulance agencies may have policies restricting transport to certain geographic boundaries provided that these policies do not, at any time, restrict transport to the nearest comprehensive Emergency Department from any location within their geographic jurisdiction.
3. The prehospital care report form is a legal document and should be left at the receiving hospital before leaving the facility.

B. Transport To Hospital Other Than the Nearest

1. Patient requests for transport to a hospital other than the nearest facility may be accommodated when the farther transport is not expected to increase the risks to the patient, and when the requested hospital lies within jurisdictions approved by ambulance agency transport policies.

Subject: **202- Telecommunication Protocol**

- a. All patient transport requests are to be relayed to the System Resource or Associate hospital via radio or telephone.
 - b. When the patient is stable (i.e.: in no acute distress, normal vital signs, absence of life or limb threatening injury or illness) the System Resource Hospital ECRN may authorize the transport to the requested hospital. The Emergency Department Physician on-duty must co-sign this authorization.
 - c. When the patient is unstable, PSJH-E must be contacted. The Emergency Department Physician must certify if the benefits of transport to the requested hospital outweigh the risks to the patient. A valid DNR and a primary care physician or patient request should be considered in that decision.
 - d. Should the physician determine that the benefits do not outweigh the risks; the patient must be informed of the risks of the further away transport and advised to be transported to the nearest hospital. A mentally competent patient, their health care agent, guardian or surrogate may refuse the medical advice after being informed of the identified risks. Such patients must complete the appropriate release of liability statements of the Prehospital Care Report Form and will then be transported to the hospital requested, provided it is within the transportation policy of the ambulance agency.
2. Primary Care Physician requests for transport to a hospital other than the nearest may be accommodated when either of the following situations exists:
- a. The patient is stable and a PSJH-E EMSS ECRN or ED Physician certifies that the requested transport is not expected to increase the risk to the patient, or
 - b. The Primary Care Physician contacts Presence Health Saint Joseph Hospital ED Physician and agrees to certify that the benefits outweigh the risks to the patient. This communication must be documented on the PSJH-E ED Radio Log and EMS report.
3. All certifications must be based upon the information available to the EMT, Paramedic, Prehospital RN, ECRN and ED Physician at the time, the determination of reasonable risks and benefits to the patient, and whether the further hospital has available space and qualified personnel.

C. Field Transfer of Patient Care

1. When a patient's request for transport requires the on-scene ambulance agency to call another agency to transport, the following should occur:
 - a. Presence Health Saint Joseph Hospital is to be contacted via telemetry radio or telemetry telephone and provided with the pertinent patient information regarding injuries, condition and destination request.
 - b. PSJH-E ED physician will consider the request, including the severity of the patient's condition, how long the patient can wait for an incoming ambulance and the level of ambulance required for the transport.
 - c. If authorization is received from the PSJH-E ED physician/ECRN the EMT will initiate contact with the transporting agency and obtain an approximate arrival time.
 - d. If transferring responsibility for the patient to a private ambulance, the EMS Team must remain with the patient unless unusual compelling circumstances

arise. The patient's safety must never be jeopardized. Any circumstances that arise must be documented on the Prehospital Care Report Form and reported to the Resource Hospital prior to leaving the scene.

- e. In cases of episodic illness or injury where Basic Life Support (BLS) care has been provided to a patient and the only action remaining is transportation, the EMS personnel may leave the scene if called to an individual elsewhere who sustains an injury or illness of an apparently more serious nature, possibly necessitating Advanced Life Support (ALS) skills, care and intervention. An EMS Provider at the same appropriate level for the patient's condition must remain with the patient until the transporting agency assumes patient care responsibilities. This occurrence should be an exception to routine and customary practice, and should only occur if all other agency EMS resources are depleted.
- f. Crew members that transfer care to a higher level of care will complete a Patient care report documenting all assessment findings and care rendered up to the transfer of care to the transporting agency. Documentation will include transporting agency and crew names.
- g. Transporting agencies will document hand off report received from initial responding agency, and will complete a patient care report documenting all aspects of care rendered while in route to receiving facility.
- h. If a patient is under the care of BLS or ILS personnel and an ALS provider arrives on the scene, ALS personnel will assess the condition of the patient to determine whether a higher level of care is warranted. Neither the assessment nor the transfer of care can be initiated if it would appear to jeopardize the patient's condition. In all such cases, the appropriate hospital must be notified for medical direction.

D. Inter-Facility Transfers

1. Patients will be assessed and evaluated. The assessment findings are to be reported to the receiving hospital medical direction via MERCI, telemetry or telephone if the intended destination is the ER.
2. Should the patient be in need of immediate intervention or his/her condition deteriorates en-route, the appropriate hospital shall be contacted and their receiving or Emergency Department shall assume medical direction.
3. The transferring healthcare facility (i.e., nursing home, doctor's office, hospital, etc.) will provide appropriate transfer documents including, but not limited to; medical papers, procedures and/or medications administered prior to transfer, accepting physician and facility, and when appropriate, transfer orders.
4. If the patient is a direct admission, the Emergency Department will obtain the assigned room number. If the room is not ready upon arrival, the ED must accommodate the patient. At no time will the EMS crew be required to deliver a patient to an Admitting Department or wait for a room.

E. Documentation

1. The patient care report will be completed for all transports, signed by all care providers and left at the receiving facility with hospital staff.

2. Any amendments to the patient care report will require a system variance (policy 401), with explanation as to the need of the addendum, made to the agency EMS coordinator, EMS System Coordinator and EMS Medical Director for approval for an addendum made to the Patient care report.
3. All addendums must be noted as an addendum, with time and date of the addendum.
4. The reason for the addendum will be included in the narrative.

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES

Emergency Medical Treatment and Active Labor Act (EMTALA)

EMS SYSTEM POLICY

Section: **General Policies**

Page 1 of 2

Subject: **205 – Consent or Refusal of Treatment**

Executive Owner: **PSJH-E EMSS**

Approval Date: 4/1/98
Effective Date: 4/1/98
Last Review: 2/19/2018
Revised Date: 3/10/13
Supersedes: _____

I. POLICY STATEMENT

II. PURPOSE

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

A. Elements of Consent

1. It is the responsibility of the EMS Team to determine if a patient may give consent for treatment or refuse intervention. To appropriately make this determination, it is necessary to evaluate the patient's level of mental competency.
2. The test for mental competence is whether or not a patient is awake, alert and oriented, understands their condition, the nature of the medical advice rendered, and the consequences of refusing to consent.
3. Consent or refusal may be given if a patient is mentally competent and possesses legal authority. Legal authority is detailed as follows:
 - a. 18 years of age
 - b. Parent or legal guardian of a minor child
 - c. Emancipated minor by reason of marriage, court order, or entry into U.S. Armed Forces
 - d. Pregnant female, 12 years of age or older
 - e. Alleged sexual assault or abuse victim 12 years of age or older
 - f. Requesting treatment for sexually transmitted diseases (STD), alcohol or drug abuse or limited outpatient mental health counseling, 12 years of age or older.
4. An emergency eliminates the need to obtain consent, when the patient is incapable of expressing consent by reason of unconsciousness, mental incompetence, or legal disability.

5. A patient may not refuse care following a suicide gesture/attempt.

B. Competent Patients

1. Patients are to be informed of all the risks inherent in refusing treatment and/or transportation, and the benefits of seeking further medical treatment.
2. Consent or refusal may be expressed in oral or written form or implied by acts on the part of the patient which indicate their preference.
3. Notify the PSJH-E Emergency Department physician of the patient's refusal.
4. Have the patient or guardian sign and initial the appropriate statement on the "Release of Liability" portion of the Prehospital Care Report Form.
5. Have the release form witnessed by a police officer. If the police are unavailable, a second EMS personnel signature or a bystander is acceptable. If a bystander does agree to sign the form, his/her phone number and address must be obtained and entered on the EMS Prehospital Form.

C. Incompetent Patients

1. If the behavior and/or medical condition of the patient suggest apparent intoxication, chemical abuse, hypoxia, etc., so as to alter the individual's level of competency, efforts are to be made to explain the seriousness and possible outcomes of refusing treatment.
2. The incompetent patient, whether chronic or caused by an acute process, will not be allowed to refuse treatment. Every effort should be made to treat and transport the patient, including physical restraint. Do not risk physical harm, use police assistance if necessary.

VII. FORMS AND OTHER DOCUMENTS

EMTALA Transfer Form

VIII. REFERENCES

Section: General Policies

Page 1 of 2

Subject: 206 – Release of Service to Minor Patient/Guardian Consent

Executive Owner: PSJH-E EMSS

Approval Date:	<u>4/1/98</u>
Effective Date:	<u>4/1/98</u>
Last Review:	<u>2/19/18</u>
Revised Date:	<u>3/10/13</u>
Supersedes:	_____

I. POLICY STATEMENT

Minor children may not give or withhold consent for prehospital care. Adolescent minors may give or withhold consent in very specific circumstances as defined in this policy. Refusal of treatment for a minor by a parent, guardian, or other person, is not necessarily valid if there are issues regarding the welfare of the minor.

II. PURPOSE

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

An adolescent for the purposes of this policy, is a person between the ages of twelve (12) and seventeen (17).

VI. PROCEDURE

A. General Principles

1. Refusal of treatment by an adolescent is not automatically valid nor is refusal of a minor’s treatment by a parent, guardian or other person necessarily valid. The welfare of the minor is the EMS System’s primary consideration. Having been called to the scene to administer care to a minor, the duty of the prehospital provider is to ascertain the nature of the health problem and institute appropriate treatment. In case of uncooperative behavior on the part of the minor patient or on the part of an adult (parent or guardian) purporting to act on behalf of the minor, consideration must be given to taking protective custody of the child in order to render necessary care (reference Illinois Child Abuse and Neglect Statue Program).
2. If, in the judgment of prehospital personnel, the minor is incompetent and/or in need of further emergency care, protective custody should be sought and the minor transported.

3. In cases where an adolescent appears to be competent and exhibiting rational behavior and judgment and there is no apparent illness or injury requiring immediate care or transportation, the physician at the Resource Hospital must be contacted from the scene, the situation described, and a course of action prescribed. This should include an attempt to contact a parent by telephone, or the physician may consider release to an adult blood relative or school official.

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES

325 ILCS 5 – Abused and Neglected Child Reporting Act

EMS SYSTEM POLICY

Section: General Policies

Page 1 of 2

Subject: 207 – Durable Power of Attorney for Health Care**Executive Owner: PSJH-E EMSS****Approval Date:** 4/1/98
Effective Date: 4/1/98
Last Review: 2/19/18
Revised Date: 3/10/13
Supersedes: _____

I. POLICY STATEMENT

- A. Durable Power of Attorney for Health Care is defined by Illinois law as the designation to an agent named in the document broad powers to make health care decisions, including power to require, consent to, or to withdraw any type of personal care or medical treatment for any physical or mental condition. The document must describe the scope of authority given to the agent with limitations defined by the patient in the document.
- B. When a Durable Power of Attorney for Health Care agent and document is physically present, consultation with medical direction, consultation with medical direction is required to clarify any requests regarding the patient's treatment.
- C. The agent named in a Durable Power of Attorney for Health Care document may consent to or refuse any or all care, including resuscitation, on behalf of the patient. Any requests must be reported to medical direction and orders issued by an appropriate System hospital to comply with the agent's request. Follow all subsequent orders of the medical direction physician, even if such orders contradict the requests of the agent.
- D. The recommended Illinois Statutory Short Form Power of Attorney for Health Care may be used, although the law expressly permits the use of any different form.

II. PURPOSE

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS**V. DEFINITIONS****VI. PROCEDURE**

Section: **General Policies**

Page 2 of 2

Subject: **207 – Durable Power of Attorney for Health Care**

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES

755 ILCS 45/Article IV – Powers of Attorney for Healthcare

Subject: 208 – Legal Guardians Expressing Patient Choices Surrogate, and Living Wills

Executive Owner: PSJH-E EMSS

Approval Date:	<u>4/1/98</u>
Effective Date:	<u>4/1/98</u>
Last Review:	<u>2/19/18</u>
Revised Date:	<u>3/10/13</u>
Supersedes:	_____

I. POLICY STATEMENT

Certain persons may be entitled by law to make health care decisions on behalf of an incompetent patient. All such requests are to be reported to medical direction.

A. Legal Guardians/Parental Consent

These consist of legal guardians and parents of minor children when there is no issue regarding the welfare of the minor patient. A spouse or other relative on the scene has no independent legal authority to give or withhold consent on behalf of a patient unless they have durable power of attorney.

B. Surrogate Decision Maker

A surrogate decision-maker is a person identified by a patient's physician, in accordance with the Illinois Healthcare Surrogate Act, and only makes decisions regarding the foregoing of life-sustaining treatments on behalf of a patient who lacks decisional capacity and suffers from a qualifying condition. The surrogate expresses decisions directly to the patient's physician. There are no situations in which a surrogate can directly give instructions to the pre-hospital providers. A surrogate may give the consent to a DNR order, but that will have been provided to the M.D. when the order is written, not when an EMT is on the scene.

C. Living Wills, Legal Guardians, Surrogates

A Living Will is a written directive to patient's personal physician regarding life-sustaining care. It is not a physician order to withhold resuscitation. Prehospital providers should report the presence of a Living Will to the hospital, and the Medical Direction physician can consider the Living Will in their determination of appropriate care.

D. Do Not Resuscitate Requests

Health Care power of attorney agent or Legal Guardians can provide consent for patient choices such as consent or refusal of treatment, hospital preference, or DNR orders by physicians.

II. PURPOSE

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in

the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS**V. DEFINITIONS****VI. PROCEDURE****VII. FORMS AND OTHER DOCUMENTS****VIII. REFERENCES**

755 ILCS 40 – Healthcare Surrogate Act

EMS SYSTEM POLICY

Section: **General Policies**

Page 1 of 3

Subject: **209 – Helicopter Guidelines**

Executive Owner: **PSJH-E EMSS**

Approval Date: 4/1/98
Effective Date: 4/1/98
Last Review: 2/19/18
Revised Date: 3/10/13
Supersedes: _____

I. **POLICY STATEMENT**

Transport of patients by helicopter is indicated when time is critical to patient survival and/or they require transport to a more distant specialty center, as specified by the System Resource Hospital.

A. **Indications for helicopter transport**

1. Patient meets both of the following criteria:
 - a. Level I Trauma Field Triage Criteria (see listed criteria) and;
 - b. Ground transport time is longer than total air transport time and > 15 minutes from the nearest trauma center by ground transport (total air transport time not to ideally exceed 25 minutes).
2. Other circumstances potentially requiring helicopter in severely ill/injured patient transport:
 - a. Extrication time > 20 minutes with suspected injuries meeting Region IX Trauma Triage and Transport Criteria.
 - b. High probability evidence of cardiac or great vessel injury requiring transport to Level I or Cardiac Surgery Center: Presence Health Saint Joseph Hospital, Sherman, Lutheran General, Mercy Center, and Copley.
 - c. Amputations (above the ankle or wrist) requiring replantation centers: Lutheran General, Alexian Brothers Medical Center, and St. Alexius.
 - d. Special skills or equipment needed at scene (blood products, chest tubes, rapid sequence intubation, and emergency amputation)
 - e. Patients inaccessible due to weather, location, disasters, or mass casualty situations. Potential for delays including road obstacles and traffic conditions, which might allow patient deterioration.

II. **PURPOSE**

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. **MISSION / VALUES RATIONALE**

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. **SPECIAL INSTRUCTIONS**

V. DEFINITIONS

VI. PROCEDURE

A. Size up the scene

1. Rapid initial assessments and triage as necessary. Determine need for air transport.
2. Initiate resuscitative care per Standing Medical Orders.
3. Prehospital provider or System Resource Hospital to contact the nearest aeromedical service. Provide the dispatcher with patient information and location coordinates.
4. If aircraft is available, initiate flight or standby. If aircraft is not available, call an alternate service.
5. Immediately contact the PSJH-E ED ECRN/physician with patient and flight information.
6. The patient remains under medical direction of the System Resource Hospital until the patient is physically delivered to the aeromedical transport team.
7. Should circumstances change and/or the patient proves to not be critically ill/injured, helicopter transport may be cancelled by the System Resource Hospital or the prehospital provider.

B. Information needed by Helicopter Dispatcher

1. Name of requesting party and call back number or radio frequency.
2. Number of victims, age and sex, if available.
3. Type, mechanism, and/or extent of illness/injury.
4. Vital signs and pertinent medical history.
5. Already performed treatments
6. Location, address, cross streets, major landmarks near landing site, description of landing zone (have pilot speak directly with scene personnel over MERCI radio, Fire ground GREEN, NIFERN, or specific flight agency predetermined frequency).
7. Ground contact and radio frequency preference or call sign.
8. Weather conditions at scene, if adverse.

C. Landing Zone Safety

1. Site should have a 100-foot diameter (150-ft. at night or in high winds).
2. Site should be clear of trees, wires, emergency vehicles, signs, or any other hazards.
3. Site should be smooth and flat as possible, no more than a nominal slope (5 degrees).
4. Mark the landing zone for helicopter pilot:
 - a. Day: Hand signal on upwind side. When signaling, stand with back to wind.
 - b. Night: One light at each corner – fasten down. Fifth light upwind – helpful to place a vehicle at two of the corners with their headlights crossing the center of the area.
5. Emergency vehicle(s) must be present with overhead revolving light flashing.
6. If roadway is used, have traffic stopped in both directions.
7. Use rope, barricades or vehicles to secure area. Keep bystanders at least 100 feet from landing area. If two or more persons are at the landing site, they should be in place, within the pilot's view. In general, if you can see the pilot, he can see you.

8. Request police assistance for crowd control. Pilot may refuse to land if too many people are in landing zone. Engine Company to stand by during landings/takeoffs, if possible.
9. Protect yourself and the patient from dust and debris whipped up by rotor wash. The highest winds and the greatest amount of flying debris are produced just before the helicopter touches the ground. Wear protective eye covering.
10. No smoking or running within 50 feet of aircraft.

D. Approach/Loading the Aircraft

1. Do not approach a helicopter until it has settled firmly on the landing site and the pilot has signaled you to approach.

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES

PSJH-E EMSS Helicopter Guidelines SMO

PSJH-E EMSS Trauma Triage and Transport Criteria SMO

Section: General Policies

Page 1 of 2

Subject: 210 - Physician/Nurse/EMT On Scene

Executive Owner: PSJH-E EMSS

Approval Date:	<u>4/1/98</u>
Effective Date:	<u>4/1/98</u>
Last Review:	<u>2/19/18</u>
Revised Date:	<u>3/10/13</u>
Supersedes:	_____

I. POLICY STATEMENT

When an Advanced Life Support vehicle under medical direction from an EMS System physician is requested and dispatched to the scene of an emergency, a doctor/patient relationship has been established between the patient and the physician providing medical direction. EMS personnel are responsible for management of the patient, and act as the agents of medical direction unless the patient’s personal physician is present (ACEP, 1984).

II. PURPOSE

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

- A. If a duly licensed physician (MD or DO), RN or EMT wishes to participate in patient care on-scene, EMS personnel may allow such person to perform specific required medical functions to aid the patient, i.e., start an I.V., perform BLS (American Heart Association Provider level or American Red Cross Professional Rescuer level), intubate, etc. under their direct supervision. EMS personnel shall communicate with PSJH-E ED and inform the on-duty physician or ECRN of the assistance of the on-scene physician or nurse. The physician, nurse or EMT shall be required to provide identification and professional license
- B. If the on-scene physician has properly identified him or herself, and wishes to direct total patient care, he or she must agree in advance to assume legal responsibility for the patient and must accompany the patient to the hospital in the ambulance.
- C. The on-scene physician must sign the Prehospital Care Report Form stating that he or she will assume total patient responsibility. Upon arrival to the destination hospital the

Subject: **210 - Physician/Nurse/EMT On Scene**

on scene physician will sign the prehospital care report when generated stating that he or she has taken full responsibility.

- D. If the physician gives orders while on scene or enroute for procedures or treatments that the paramedic believes to be unreasonable, medically inaccurate and/or not within the scope of practice of EMS personnel, they should refuse to follow such orders. Communicate with the PSJH-E ED physician and transfer responsibility for the patient's care to the system-approved emergency physician at that facility. In the event that communications cannot be established, the patient's care will be limited to the PSJH-E EMS System Standing Medical Orders.
- E. EMS personnel must never comply with any order or assist in performing any procedure initiated by an on scene physician that would pose an unreasonable hazard to the patient.
- F. If an on-scene physician, nurse or EMT obstructs efforts of EMS personnel to aid a patient for whom they are called; or who insists on rendering patient care in which EMS personnel believe is inappropriate for the circumstances or in violation of system standards to the point of obstructing good and reasonable patient care; prehospital personnel should:
1. Communicate the situation to the appropriate PSJH-E ED via UHF radio/cellular phone
 2. Have one EMS team member divert the interfering individual while the other EMS members attend to the patient.
 3. Request Police assistance so EMS personnel can continue to provide patient care according to system protocol.
 4. Document the incident on an EMS Variance Report Form [463-143-8808 (1/09)].

VII. FORMS AND OTHER DOCUMENTS

EMS Variance Report Form

VIII. REFERENCES

EMS SYSTEM POLICY

Section: **General Policies**

Page 1 of 2

Subject: **211 – Interaction with Law Enforcement**

Executive Owner: **PSJH-E EMSS**

Approval Date: 4/1/98
Effective Date: 4/1/98
Last Review: 2/19/18
Revised Date: 3/10/13
Supersedes: _____

I. **POLICY STATEMENT**

EMS personnel will deliver appropriate care to victims of criminal activity while minimizing disruption of the scene and any possible evidence.

II. **PURPOSE**

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. **MISSION / VALUES RATIONALE**

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. **SPECIAL INSTRUCTIONS**

V. **DEFINITIONS**

VI. **PROCEDURE**

- A. EMS Personnel shall evaluate the scene prior to patient care intervention to insure a safe approach to the victim. Police agencies shall be notified if not already present. If possible, limit the number of EMS personnel entering a crime scene.
- B. Patient assessment and care will be provided according to EMS standards. All possible evidence; (i.e., weapons, clothing, items or objects on or near the victim) will remain undisturbed unless such evidence prevents proper patient care.
- C. If the victim meets criteria for Triple Zero, (see policy #216) the EMS team shall cautiously remove themselves from the crime scene to avoid disruption of evidence. The Paramedic or EMT-in-charge must contact the System Resource Hospital prior to leaving the scene.
- D. If access to the victim is prohibited, the EMS Personnel shall notify the System Resource Hospital of the circumstances. Police agencies shall be notified that EMS personnel cannot accept responsibility for patient medical outcome if unable to complete an appropriate assessment. Documentation must include the police officer's name and badge number and the circumstances preventing assessment.



Section: **General Policies**

Page 2 of 2

Subject: **211 – Interaction with Law Enforcement**

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES

PSJH-E EMSS Policy #216 – Triple Zero Non-initiation of CPR

EMS SYSTEM POLICY

Section: General Policies

Page 1 of 2

Subject: 212 – Water Rescue

Executive Owner: PSJH-E EMSS

Approval Date: 4/1/98
Effective Date: 4/1/98
Last Review: 2/19/18
Revised Date: 3/10/13
Supersedes: _____

I. POLICY STATEMENT

A water rescue is defined as any situation in which a patient must be removed from a water environment. This includes both surface rescue and submersion rescue.

- A. All victims of drowning who require any form of resuscitation (including rescue breathing alone) should be transported to the hospital for evaluation and monitoring, even if they appear to be alert and demonstrate effective cardio respiratory function at the scene.
- B. All water rescue patients should be considered hypothermic. Normal body temperature is usually higher than water temperature even in extremely hot weather.
- C. Any patient rescued from the water surface should receive full resuscitation efforts according to appropriate PSJH-E Standing Medical Orders.
- D. All persons submerged < 1 hour should be resuscitated unless there are signs of obvious death. Patients submerged for greater than one (1) hour, or when the exact time of submersion is unknown, if greater than one (1) hour has elapsed since initiation of the call, are considered nonviable patients and resuscitation should not be initiated.
- E. Patients submerged for less than one hour should be considered viable and rescue attempts made by certified divers.

II. PURPOSE

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE



Section: **General Policies**

Page 2 of 2

Subject: **212 – Water Rescue**

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES

Near Drowning SMO

Hypothermia SMO

EMS SYSTEM POLICY

Section: **General Policies**

Page 1 of 4

Subject: **213 – Abused and/or Neglected Patients**

Executive Owner: **PSJH-E EMSS**

Approval Date: 4/1/98
Effective Date: 4/1/98
Last Review: 2/19/18
Revised Date: 3/10/13
Supersedes: _____

I. **POLICY STATEMENT**

EMS personnel are required by law (mandated reporter) to report suspicions of child abuse/neglect. EMS personnel are protected by law even if a case of abuse/neglect is unfounded.

II. **PURPOSE**

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. **MISSION / VALUES RATIONALE**

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. **SPECIAL INSTRUCTIONS**

V. **DEFINITIONS**

A. Children

Children are defined as less than eighteen years of age, unless legally emancipated by marriage, pregnancy, entry into a branch of the U.S. Armed Forces, or legal proclamation.

B. Abused Child

“Abused Child” means a child whose parent or immediate family member, or any person responsible for the child’s welfare, or any individual residing in the same home as the child, or a paramour of the child’s natural parent:

1. Inflicts, causes to be inflicted, or allows to be inflicted upon such child physical injury, other than by accidental means, which causes death, disfigurement, impairment of physical or emotional health, or loss or impairment of any body function;
2. Creates a substantial risk of physical injury to such child by other than accidental means which would be likely to cause death, disfigurement, impairment of physical or emotional health, or loss or impairment of any body function;
3. Commits or allows the commission of any sex offense against such child, as such sex offenses are defined in the Criminal Code of 1961, as amended and extending those definitions or sex offenses to include children under 18 years of age;

Subject: **213 – Abused and/or Neglected Patients**

4. Commits or allows the commission an act or acts of torture against such a child;
5. Inflicts excessive corporal punishment

C. **Neglected Child**

“Neglected Child” means any child whose parent or other person responsible for the child’s welfare withholds or denies nourishment or medically indicated treatment including food, or care denied solely on the basis of the present or anticipated mental or physical impairment as determined by a physician acting alone or in consultation with other physicians or otherwise does not provide proper or necessary support, education as required by law, or medical or other remedial care recognized under State law as necessary for a child’s well being, including adequate food, clothing and shelter, or who is abandoned by his/her parents or other person responsible for the child’s welfare. A child shall not be considered neglected or abused for the sole reason that such child’s parent or other person responsible for his/her welfare depends upon spiritual means through prayer alone for the treatment or cure of disease or remedial care. A child whose parent, guardian, or custodian in good faith selects and depends upon spiritual mean through prayer along for the treatment or cure of a disease or remedial care may be considered neglected or abused, but not for the sole reason that his/her parent, guardian or custodian accepts and practices such beliefs.

D. **Domestic Violence**

1. Domestic Violence is a term used to describe a wide range of physical, mental, or emotional abuse in a domestic setting.

VI. PROCEDURE

- A. **EMS personnel are required by law (mandated reporter) to report suspicions of child abuse/neglect. EMS personnel are protected by law even if a case of abuse/neglect is unfounded.**
- B. **If EMS personnel have reasonable cause to suspect that a child under his care may be an abused or neglected child, he shall immediately report, or cause a report to be made, to the Illinois Department of Children and Family Services. Reports may be made to the 24-hours a day toll-free hotline: 1-800-25ABUSE.**
 1. The telephone report should include, if known, the name and address of the child and his/her parents, or other persons having his/her custody; the condition, including any evidence of previous injuries or disabilities; and any other information that the person making the report might think helpful in establishing the cause of the abuse or neglect, and the identity of the person believed to have cause such abuse or neglect.
 2. If death may have been caused by abuse or neglect, the prehospital provider must report his or her suspicions to the coroner in addition to the above reporting requirements.
 3. The prehospital provider must also relay his/her suspicions to the ED nurse/physician. The prehospital provider must still contact DCFS even if the ED has already done so.

Subject: **213 – Abused and/or Neglected Patients**

4. If child abuse/neglect is suspected and parents and/or responsible adults are uncooperative and/or refusing transport, notification of the local police authority is indicated.
5. IF ABUSE OR NEGLECT IS SUSPECTED, THE CHILD SHOULD NOT BE LEFT IN THE HOME. Police department assistance should be used to either take the child into protective custody, or to restrain the parents, so the EMS personnel can take the child into protective custody via medical direction.

C. Elder Abuse/Neglect

1. All EMS personnel who have reasonable cause to believe a geriatric patient known to them in their official or professional capacity may be abused or neglected will report the circumstances to the appropriate authorities upon completion of patient care.
2. Reports shall be made to:
 - a. Not in a Nursing home (800) 252-8966
 - b. Cook County (847) 253-5500
 - c. DeKalb County (815) 971-3502
 - d. DuPage County (630) 407-6500
(800) 942-9412
 - e. Kane County (847) 741-0404 (Northern Kane)
(630) 897-4035 (Southern Kane)
(800) 252-8966 (24 Hours)
 - f. McHenry County (815) 344-3555
(800) 339-3200
 - g. State of Illinois (800) 252-8966
 - h. Illinois Nursing Home Complaint Registry (800) 252-4343
(Resident of a nursing home/extended care facility)
3. EMS Personnel shall also report their suspicions to the Emergency Department physician at the receiving hospital
4. If there is reason to believe the geriatric patient has been abused and/or neglected, EMS personnel shall make every reasonable effort to transport the patient.

D. Domestic Violence

1. Domestic Violence is a term used to describe a wide range of physical, mental, or emotional abuse in a domestic setting. Stereotypes of husband abusing the wife do not always apply to these cases. Circumstances involving same sex relationships, adult child-parent confrontations, etc. may constitute domestic abuse and/or violence.
2. Domestic violence calls are fraught with peril for all emergency responders. The responding providers should ensure that law enforcement agencies are on the scene and it is safe prior to entry.
3. The injured person(s) should be treated as their injuries warrant. If at all possible, this should be done in an isolated area (i.e. ambulance)
4. Every effort should be made to transport the victim to the hospital. If the patient refuses transport to the hospital, the police may transport to a domestic violence shelter. In either case, the victim should be given a domestic violence referral.

5. The subjective medical history, the physical exam findings, and the referral should be documented on the run report.
6. All EMS personnel who have reasonable cause to believe a patient is the victim of domestic violence are required by law to provide immediate and appropriate referral information to that patient. This requirement may be fulfilled by the receiving hospital. In case of a non-transport, the information shall be provided by the EMS personnel at the scene.

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES

AVAILABLE SERVICES:

The Community Crisis Center, Inc. is an organization located in Elgin, Illinois. Their address is P.O. Box 1390, Elgin 60120 (due to security reasons they have a non-published street address) and telephone number is (847) 697-2380. This is a home where victim services are free and strictly confidential.

The Illinois Coalition Against Domestic Violence (ICADV), 730 E. Vine Street, Room 109, Springfield, Illinois 62703 @ (217) 789-2830 is an organization that can be of help for services in other areas.

EMS SYSTEM POLICY

Section: General Policies

Page 1 of 2

Subject: 214 – Specialized Emergency Medical Services Vehicles

Executive Owner: PSJH-E EMSS

Approval Date: 4/1/98
Effective Date: 4/1/98
Last Review: 2/19/18
Revised Date: 3/10/13
Supersedes: _____

I. POLICY STATEMENT

II. PURPOSE

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

- A. As defined in the Illinois Administrative Code, a specialized Emergency Medical service Vehicle or S.E.M.S.V. means a vehicle or conveyance, other than those owned by the federal government, that is primarily intended for use in transporting the sick or injured by means of air, water, or ground that is not an ambulance. The term includes watercraft, aircraft, and special purpose transport vehicles not intended for use on public roads.
- B. “Primarily intended” for the purpose of this definition , means one or more of the following:
1. Over 50% of the vehicles operational (e.g. in flight) hours are devoted solely to the emergency transportation of the sick or injured.
 2. The vehicle is owned or leased by the hospital or ambulance provider and is utilized for the emergency transportation of the sick or injured.
 3. The vehicle is advertised as a vehicle for emergency transportation of the sick or injured
 4. The vehicle is owned, registered, or licensed in another state and is utilized on a regular basis to pick up and transport the sick or injured within Illinois or out of state.
 5. The vehicle structure or permanent fixtures have been specifically designed to accommodate the emergency transportation of the sick or injured.

VI. PROCEDURE

Section: **General Policies**

Page 2 of 2

Subject: **214 – Specialized Emergency Medical Services Vehicles**

- A. Any department seeking to establish S.E.M.S.V. services will submit a plan to the EMS Medical Director and IDPH, conforming to the Illinois Administrative Code. (IDPH Codes 515.930, 515.945 and 515.970)

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES

IDPH Administrative Code 515-920 – SEMSV Program Licensure Requirements for All Vehicles

EMS SYSTEM POLICY

Section: General Policies

Page 1 of 3

Subject: 215 – Do Not Resuscitate (DNR)

Executive Owner: PSJH-E EMSS

Approval Date: 4/1/98
Effective Date: 4/1/98
Last Review: 3/14/18
Revised Date: 3/10/13
Supersedes: _____

I. POLICY STATEMENT

- A. For purposes of this policy, a DO NOT RESUSCITATE order refers to the withholding of cardiopulmonary resuscitation (CPR), electrical therapy to include pacing, cardioversion and defibrillation, Endotracheal intubation, and manually or mechanically assisted ventilation unless otherwise stated on the DNR order. This will be included on the Physician ordered Life Sustaining Treatment form (POLST).
- B. This policy shall include, but not be limited to, cardiac arrest/DNR situations arising in long-term care facilities, with hospice and home care patients, and with patients who arrest during interhospital transfers or transportation to or from home.

II. PURPOSE

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

- A. CPR may be withheld in situations where explicit signs of biological death are present, including decapitation, rigor mortis without profound hypothermia, profound dependent lividity, incineration, mummification, putrefaction, decomposition, frozen state, severe trauma in which performance of CPR is not possible or drowning with documented submersion time of greater than one hour. CPR shall be withheld if the patient has been declared dead by the coroner, medical examiner, or a licensed physician. Documentation shall include recording such information on the run sheet and requesting the physician or coroner to sign the run sheet (if applicable).

Subject: **215- Do Not Resuscitate (DNR)**

- B. For situations not covered by this policy or where circumstances or the order is unclear, resuscitative procedures shall be followed when indicated unless a DNR order is present or is issued by Medical Direction.

- C. Beginning July 1, 2001, a valid DNR order shall be written on a form provided by the Illinois Department of Public Health. This form or any other written documentation that has not been revoked; containing at least the following elements shall be accepted in Region 9. If an original orange DNR form is not presented, contact medical control. Copies may be accepted by prehospital providers. If there is any question to the validity of the document, contact medical control.

- D. The document should contain the following:
 - 1. Name of patient
 - 2. Name and signature of attending physician
 - 3. Effective date; renewal is unnecessary for EMS
 - 4. This will not expire unless modified or revoked at any time by the maker
 - 5. The words “Do Not Resuscitate” or “DNR”
 - 6. Evidence of consent – either:
 - a. Signature of patient; or
 - b. Signature of legal guardian; or
 - c. Signature of Durable Power of Attorney for Health Care agent; or
 - d. Signature of surrogate decision maker under the Illinois Health Care Surrogate Act

- E. A Living Will by itself cannot be recognized by prehospital care providers; however, a living will or advanced directive attached to a DNR order may be considered evidence of patient consent.

- F. If the DNR order is valid, resuscitative efforts shall be withheld. If resuscitative efforts were begun prior to the DNR form being presented, efforts may be withdrawn once the validity of the order is confirmed. Follow any specific orders found on the DNR order.

- G. Revocation of a DNR order shall be made in one or more of the following ways:
 - 1. The order is physically destroyed by or verbally rescinded by the physician who signed the order; or
 - 2. The order is physically destroyed or verbally rescinded by the person who gave consent to the order

- H. EMS personnel shall make a reasonable attempt to verify the identity of the patient named in the DNR order (for example, identification by another person or an identifying bracelet)

- I. All levels of EMTs and PHRNs will be authorized to respond to a valid DNR order.

- J. If appropriate, the coroner or medical examiner will be notified in accordance with System policy.

- K. Continuing education will address implementation of DNR orders annually or as appropriate.

- L. All cases with DNR orders implemented will be reviewed as a component of the System's quality improvement program. Each System will submit an annual report to the Illinois Department of Public Health indicating issues or problems that have been identified and the System's responses to those issues or problems.

VII. FORMS AND OTHER DOCUMENTS

State of Illinois DNR Form

VIII. REFERENCES

210 ILCS 50/3.57 – Physician Do Not Resuscitate Order

EMS SYSTEM POLICY

Section: **General Policies**

Page 1 of 2

Subject: **216 – Triple Zero: Non-Initiation of CPR**

Executive Owner: **PSJH-E EMSS**

Approval Date: **4/1/98**
Effective Date: **4/1/98**
Last Review: **2/19/18**
Revised Date: **3/10/13**
Supersedes: _____

I. **POLICY STATEMENT**

The term “Triple Zero” conveys that a patient has suffered biological death. The presence of these indicators allows the rescuer to withhold or discontinue resuscitative efforts.

II. **PURPOSE**

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. **MISSION / VALUES RATIONALE**

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. **SPECIAL INSTRUCTIONS**

V. **DEFINITIONS**

VI. **PROCEDURE**

A. Decision-Making: To initiate or withhold CPR. The current standard of care requires that resuscitation be implemented when both of the following conditions are fulfilled:

1. There is a possibility that the brain is viable, and
2. There is no legitimate legal or medical reason to withhold it (such as valid DNR order, Triple Zero criteria, or by order of medical direction).

B. Irreversible indications of death that require in-field evaluation only:

1. The presence of one or more of the following conditions clearly indicates irreversible death:
 - a. Decapitation
 - b. Decomposition
 - c. Mummification or putrefaction
 - d. Frozen state
 - e. Incineration
 - f. Thoracic/abdominal transaction
 - g. Massive cranial/cerebral destruction
 - h. Rigor mortis without hypothermia
 - i. Profound dependent lividity

Subject: **216 – Triple Zero: Non-Initiation of CPR**

- j. Trauma where CPR is impossible
 2. It is not necessary to confirm asystole with EKG monitor rhythm strip.
 3. Contact Resource Hospital.
 4. Release body to Police Department, Coroner, Medical Examiner or as directed.
- C. When irreversible indications of death are not present, prehospital providers should proceed as follows:
1. Assess for:
 - a. Absences of spontaneous respirations and breath sounds,
 - b. Absence of palpable pulses and blood pressure,
 - c. Absence of heart tones,
 - d. Absence of a response to pain,
 - e. Pupils dilated and non-reactive, and
 - f. Presence of asystole.
 2. Contact a PSJH-E ED physician/ECRN with a report of all findings.
 3. Transmit an EKG rhythm (if necessary) and attach a copy to the Prehospital Care Report Form.
 4. Confirm the Triple Zero order with the hospital.
 5. Transport without resuscitation or notify the Coroner or Medical Examiner.
 6. Document both the attending ED physician's name, ECRN's number, the radio log number and the coroner and coroner's representative name on the patient care report.
- D. If the patient does not meet the criteria for Triple Zero, and does not have a legitimate legal or medical reason to withhold it, CPR is to be initiated immediately and continued until one of the following occurs:
1. Effective spontaneous circulation and ventilation have been restored.
 2. The EMT is exhausted and unable to continue.
 3. A direct order is given from a qualified physician (telemetry or on scene [reference Physician On Scene Policy]); or Durable Power of Attorney Agent to discontinue CPR; or a valid DNR Advance Directive is presented; or declared dead by the medical examiner/coroner or the patient's physician.
 4. Resuscitation efforts have been transferred to equal or higher level of care.
- E. In cases where the patient's status is unclear and the appropriateness of continued CPR is questioned, prehospital personnel should call the System Resource hospital after initiation of CPR for consultation.

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES

Standing Medical Order – Withholding or Withdrawing Resuscitative Efforts
PSJH-E Policy and Procedure 210 – Physician On Scene Policy

EMS SYSTEM POLICY

Section: **General Policies**

Page 1 of 2

Subject: **217 - Coroner/Medical Examiner**

Executive Owner: **PSJH-E EMSS**

Approval Date: 4/1/98
Effective Date: 4/1/98
Last Review: 2/20/18
Revised Date: 3/10/13
Supersedes: _____

I. **POLICY STATEMENT**

A. Coroner

1. In Kane, McHenry and DuPage counties, the prehospital provider can confirm death with a System hospital or by following the guidelines established in Triple Zero Policy. The coroner should be notified from the scene by either the EMS agency present or the police official having jurisdiction.
2. Once the Coroner has been notified, follow their instructions regarding the disposition of the deceased. More often than not, the EMS team will be allowed to clear the scene, leaving the police agency present in charge of the body. However, when no such official is present, responsibility of the deceased remains with the EMS team, who may, in some instances, be required to transport the body to the hospital.

B. Medical Examiner (M.E.) of Cook County

1. EMS agencies based in or responding into Cook County shall confirm the DOS patient with the Resource or Associate Hospital in accordance with the guidelines established in the Triple Zero policy. Following confirmation, the Cook County Medical Examiner must be notified. The M.E. may require the EMS team to transport the deceased to the hospital for physical pronouncement; or the M.E. or designee may elect to respond to the scene. If the M.E. selects the latter alternative, the body may be released to the police agency present prior to the arrival of the M.E. or designee so that the EMS team may return to service.

C. Patients that meet the Triple Zero: non-initiation of CPR or DNR policies are considered Coroner Cases.

II. **PURPOSE**

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. **MISSION / VALUES RATIONALE**

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. **SPECIAL INSTRUCTIONS**



Section: **General Policies**

Page 2 of 2

Subject: **217 - Coroner/Medical Examiner**

V. DEFINITIONS

VI. PROCEDURE

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES

EMS SYSTEM POLICY

Section: General Policies

Page 1 of 2

Subject: 218 – Care of the Emotionally Disturbed Patient**Executive Owner: PSJH-E EMSS****Approval Date: 4/1/98**
Effective Date: 4/1/98
Last Review: 2/20/18
Revised Date: 3/10/13
Supersedes: _____

I. POLICY STATEMENT

Patients who are mentally impaired (regardless of cause) have a right to acute medical evaluation and care. When a patient is not competent to accept or refuse care, their judgment must be replaced by another competent individual's. This policy sets parameters for assessment and appropriate actions for the patient.

II. PURPOSE

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS**V. DEFINITIONS****VI. PROCEDURE**

- A. Determine who called the ambulance and the nature of the suspected medical or traumatic emergency.
- B. Attempt to gain the patient's confidence in a non-threatening manner. Proceed with initial medical care without endangering the EMS Team.
- C. Assess the patient's mental competence through:
 1. the level of consciousness (agitation, combativeness, drowsiness, unconsciousness),
 2. orientation to name, surroundings, etc.,
 3. ability to understand information,
 4. ability to talk and answer clearly and appropriately,
 5. ability to make themselves understood,
 6. overall coordination (how patient walks, talks, etc.) and,
 7. any evidence of suicidal or homicidal potential.

Subject: **218- Care of the Emotionally Disturbed Patient**

- D. Contact medical control to affirm assessment findings regarding the patient's competency level. If the potential exists for non-transport, contact is to be made with the System Resource hospital.
- E. If the patient is determined to be a competent adult, allow them to make their own decisions. Strongly encourage the patient to seek further evaluation at a hospital when a medical or traumatic problem is suspected. If the patient is a competent minor, a physician at the System Resource hospital must approve a release.
- F. If the patient is not competent, but has no real or potential medical problem (including suicidal or homicidal risk) and refuses care, determine if there is a competent willing adult to assume responsibility for the patient. If present, the patient may be released to the competent adult, under the direction of the System Resource hospital.
- G. If a real or potential medical problem exists, or if no competent adult is present to assume responsibility for the patient, transport is required. Make every effort to obtain an order from a System hospital before the use of restraints or force. Do not endanger rescuers. Report any risk to the hospital and document all efforts to deliver care and treatment.
- H. If necessary, ask the police for assistance to restrain and transport a patient who is incompetent with a real or potential medical problem or represents a danger to themselves or others. Have the police officer speak to the physician by telemetry radio or telemetry telephone if any questions exist.

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES

EMS SYSTEM POLICY

Section: **General Policies**

Page 1 of 2

Subject: **219 - Inter-System/Inter-Region Transports Bypass/Diversion**

Executive Owner: **PSJH-E EMSS**

Approval Date: **4/1/98**
Effective Date: **4/1/98**
Last Review: **3/20/18**
Revised Date: **3/10/13**
Supersedes: _____

I. **POLICY STATEMENT**

EMS Region IX participants acknowledge the transport of patients by EMS System Providers within the geographic boundaries of the individual EMS systems, as well as the EMS Region. We also acknowledge the transport of patients to receiving facilities located within other EMS regions.

II. **PURPOSE**

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. **MISSION / VALUES RATIONALE**

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. **SPECIAL INSTRUCTIONS**

V. **DEFINITIONS**

VI. **PROCEDURE**

A. **Communications**

1. Communications with an EMS system hospital will be initiated by EMS providers at the point of patient contact. If the receiving facility is different from the hospital initially contacted, the hospital receiving the initial report will contact the receiving facility to relay the patient assessment findings.

B. **Patient Care Practice**

1. Prehospital patient care will be provided to all adult and pediatric patients in accordance with the governing EMS System's protocols specific to the provider's level of licensure and appropriate for the patient, as determined through patient assessment findings. EMS patients may only be transported to an emergency department classified as comprehensive under the Illinois Hospital Licensing Act.

C. **Transport of Patients with Special Needs/Requests**

1. Patient care circumstances may indicate the need to bypass the nearest hospital in order to best manage the needs of the patient based on the presenting assessment. Situations involving special needs may include, but are not limited to:
 - a. Level I or Level II trauma care;
 - b. Specialized pediatric or neonatal services;
 - c. The potential for specialized diagnostics (i.e. MRI, CT)
 - d. The potential for specialized surgical services (i.e. CABG, angioplasty, etc.); or
 - e. Patient request for transport to a specific healthcare facility

- D. There are many factors which must be considered in making a decision to transport to a specialty (tertiary) facility. Risk versus benefit must be determined by a physician based on:
 1. severity of patient condition;
 2. time and distance factors which may affect patient outcome;
 3. regional trauma guidelines; and
 4. local ordinances concerning transport boundaries for municipal ambulances.

- E. The decision to approve or deny a transport of this nature rests with the EMS Medical Director or his/her designee responsible for the on-line medical direction of the call.

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES

Section: General Policies

Page 1 of 5

Subject: 220 Hospital Resource Limitation/Ambulance Bypass

Executive Owner: PSJH-E EMSS

Approval Date: 8/15/05

Effective Date: 8/15/05

Last Review: 3/20/18

Revised Date: 2/18/16

Supersedes: _____

I. POLICY STATEMENT

A. All patients shall be transported by an ambulance or specialized EMS vehicle to the nearest hospital or trauma center unless (1) the hospital has declared themselves to be on bypass, or (2) the EMS Medical Director (EMS MD) or his physician designee has determined and certified that, based upon the reasonable risks and benefits to the patient, and based on the information available at the time, or (3) standing triage protocols direct that the patient be taken to a more distant trauma center. When a physician certifies a longer transport time, the following must be evident:

(CAPITALIZATION indicates statutory language)

1. *THE MEDICAL BENEFITS REASONABLY EXPECTED FROM THE PROVISION OF APPROPRIATE MEDICAL TREATMENT AT A MORE DISTANT HOSPITAL or trauma center OUTWEIGH THE INCREASED RISKS TO THE PATIENT FROM TRANSPORT TO THE MORE DISTANT HOSPITAL or trauma center, and
2. *THE MORE DISTANT HOSPITAL or trauma center HAS AVAILABLE SPACE AND QUALIFIED PERSONNEL FOR THE TREATMENT OF THE PATIENT.

B. A System hospital or trauma center is presumed to have available resources and qualified personnel in accordance with the provisions of its System agreement, unless such facility has notified the EMS MD or his designee that it has a shortage or limitation of space, equipment, or qualified personnel.

C. All System hospitals support the concept of evaluating any patient they receive from an ambulance and providing emergency stabilization to the best of their ability at the time. The decision to admit or transfer the patient, once stabilized, is the responsibility of the emergency physician treating the patient.

D. Each System hospital shall make every reasonable effort to prevent a situation limiting resources to the point of requesting ambulance bypass. Ambulance diversion should occur only after the hospital has exhausted all internal mechanisms to relieve the shortage of resources.

E. Each hospital shall use their internal continuous quality improvement processes to develop strategies to minimize the need for declaring bypass status.

F. Each hospital shall have a policy addressing peak census procedures, such as the model policy developed by IDPH. This policy shall:

Subject: **220 Hospital Resource Limitation/Ambulance Bypass**

1. Delineate procedures for the hospital to follow when faced with a potential or declared resource limitation that would help them to avoid bypass status.
 2. Delineate procedures to monitor the status of inpatient bed occupancy as it relates to the appropriation of timely bed assignments to those patients waiting at home, in physicians' offices, in the Emergency Department, and in other areas such as the Cardiac Catheterization Lab, Day surgery, or at other hospitals.
 3. Be appended to each hospital's letter of System participation. The policy will be reviewed by the EMS MD or his designee.
 4. Include a list of prehospital Providers who customarily transport to that hospital.
- G. **IDPH-approved criteria for declaring bypass: According to the Emergency Medical Services and Trauma Center Code, Section 515.330(o) peak census should be addressed by policy in the EMS program plan. That policy provides that the EMS system will be responsible for the overall management of bypass, and should include enforcement of compliance with the EMS System Program Plan by all EMS System participants. According to Section 515.330 (m) of the Emergency Medical Services and Trauma Center Code, monitoring should include "...that for any life-threatening condition a patient may be transported to the closest facility whether or not that facility is on bypass status."** According to Section 515.330 (n) of the Emergency Medical Services and Trauma Center Code, **"bypass status may not be honored if three (3) or more hospitals in a geographic area are on bypass status and transport time by an ambulance to the nearest facility exceeds 15 minutes."**
1. **Complete Bypass:** All ambulance patients are diverted to another facility.
 - a. The hospital has experienced an internal disaster (e.g., flood, fire, and other physical plant incapacitation of the hospital) or a safety hazard exists.
 - b. There are no critical or monitored beds in the hospital.
 2. **Partial Bypass:** particular types of cases, which are likely to need the specific resource that is temporarily limited, may be diverted to another facility.
 - a. Specialized diagnostic/therapeutic equipment is temporarily unavailable and delay could affect patient outcome (e.g., CT scanner). **Trauma Centers only**
 - b. All staffed operating suites are in use or fully implemented with on-call teams, and at least one or more of the procedures is an operative trauma case. **Trauma Centers only**
- II. PURPOSE**
- The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.
- III. MISSION / VALUES RATIONALE**
- This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS**V. DEFINITIONS**

- A. “Nearest Hospital” is the hospital which is closest to the scene of an emergency as determined by travel time, and which operates a full-time emergency department at the minimum level recognized by the System in its Department approved Program Plan.
- B. “Nearest Trauma Center” is either the Level I Trauma Center serving the trauma region in which the EMS System is located, or the Level II Trauma Center which is closest to the scene of the emergency as determined by travel time.
- C. NOTE: In the event of the lack of availability of a specialty care unit, the Emergency Department of that institution shall be regarded as a functioning comprehensive ED without any specialty care back-up capabilities (e.g. burn unit, spinal cord unit, hyperbaric chamber, Level I Trauma Center)
 - 1. “Hospital resource limitation” or bypass:
 - a. It is recognized that hospital resources vary over time dependent on patient care demands, equipment and staffing availability, and the status of the facility’s physical plant. Requests for bypass must only be made after a decision has been reached by medical, nursing and administrative representatives with the authority to make such a request.
 - b. An appropriately declared and reported bypass status will usually result in a patient being taken to a hospital other than the hospital on bypass unless an exception applies.

VI. PROCEDURE

- A. PHASE I: PRIOR TO REQUESTING BYPASS – IDPH recommended procedure
 - 1. Hospitals must develop systems to monitor resource availability. When the following two situations exist, a core group of individuals responsible for managing the inpatient beds should be contacted:
 - a. Two monitored beds remain in the hospital, or
 - b. 95% capacity for all staffed inpatient beds
 - 2. IDPH suggests that the following core group should be consulted:
 - a. ED Director, ED Medical Director
 - b. CEO and/or administrator on call
 - c. Chief Nurse Executive
 - d. Directors of housekeeping, admitting, laboratory, and transportation services
 - e. Nurse and physician directors of units
 - f. Directors and/or supervisors of ICU, CCU, and Telemetry
 - 3. Each core member should activate their area’s policy related to bypass.
 - 4. Medical directors of units (and possibly an administrator) should make rounds starting with non-critical care areas and moving to critical care areas in an effort to find patients who may be safely discharged.
 - 5. System hospitals are directed to the IDPH model policy for options that may be used to avoid bypass, procedures for advance admission of a patient to an inpatient area

where the bed is assigned and vacated, but not yet ready to be occupied, and the five tier bed monitoring and utilization process.

B. PHASE II: REQUESTING BYPASS

1. System hospitals must follow IDPH Rules and EMS System/Region rules with respect to declaring a state of bypass. After September 1, 2004, all hospitals must use the web-based bypass/state medical disaster reporting program.
2. Hospitals shall notify the Resource Hospital and all other appropriate hospitals and EMS agencies when any of the approved resource limitations would impair their ability to provide emergency care and/or stabilization.
3. Notification procedure for declaring a resource limitation/bypass:
 - a. Administrator/designee of the stricken hospital will notify the System Resource Hospital including the hospitals name, official's name and title, nature of bypass request, call back number, and estimated length of diversion.
 - b. It is the responsibility of the hospital requesting bypass to notify System and non-system ambulance services that normally serve that facility of their resource limitation.
 - c. EMS prehospital providers will be notified by the hospital on bypass through their dispatch centers or numbers provided by the agencies. If the patient requested or nearest hospital is on partial bypass, a brief report should be given so that a determination can be made that bypass is appropriate in each case.
 - d. The hospital on bypass must notify the Illinois Department of Public Health by the first business day following the bypass/resource limitation by faxing the information to 217-785-0253, calling the IDPH Office in Springfield at 217-785-2080, or using the Web Based Bypass program.
 - e. The hospital on bypass should continually reevaluate their bypass status. Notification shall be promptly provided to PSJH-E and those put on alert when the resource limitation is corrected. The hospital on bypass shall re-notify those System members who had been made aware of the Bypass status and shall communicate their "OPEN" status.
 - f. Limitations that are expected to last less than 48 hours require update to the Director of Emergency Services at least every 4 hours.
 - g. Limitations that are expected to last greater than 48 hours, but less than one week, will be updated every 24 hours.
 - h. Limitations that are expected to last longer than one week shall be reported in writing to IDPH (e.g., internal disaster, inoperability of major diagnostic equipment, etc.)
 - i.

C. Activation of EMS System Crisis Response Policy

1. When two System hospitals have simultaneously declared bypass status, the PSJH-E Director of Emergency Services or his/her designee shall call or page EMS System Coordinator. If he/she fails to respond within 15 minutes, page the EMS MD. They shall determine if the situation necessitates activation of the System's Crisis Response Policy.

EMS SYSTEM POLICY

Section: **General Policies**

Page 1 of 2

Subject: **221 – Use of Restraints**

Executive Owner: **PSJH-E EMSS**

Approval Date: 4/1/98
Effective Date: 4/198
Last Review: 3/20/18
Revised Date: 3/10/13
Supersedes: _____

I. **POLICY STATEMENT**

Restraints will be used in a safe and ethical manner on all patients. Restraints will be used only as a therapeutic measure to prevent an incompetent patient from interfering with treatment/care or causing physical harm to themselves or others. Restraints will be applied and managed in a humane manner and utilized for the minimum amount of time necessary.

II. **PURPOSE**

To guide EMS personnel on Restraint use to both protect EMS personnel and patient.

III. **MISSION / VALUES RATIONALE**

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. **SPECIAL INSTRUCTIONS**

V. **DEFINITIONS**

VI. **PROCEDURE**

A. Application

1. Explain to the patient/family the rationale for restraint devices.
2. Try to obtain cooperation with the patient through conventional means (i.e. Psychological First Aid, Medication Administration) The prehospital personnel should avoid placing themselves in danger at all times.
3. Choose the restraint that is most appropriate for the patient:
 - a. soft restraints – wrist, ankle or vest restraint intended primarily to prevent the patient from interfering with treatment (i.e., IV).
 - b. four point nylon wrist, ankle, and waist restraints with locking mechanisms.
 - c. soft vest restraints
4. Patients in restraints must not be left unattended at any time.
5. If police have patient in hand cuffs the patient **MUST** not be transported without a hand cuff key, or the police officer in the back of ambulance.
 - a. a restrained patient will never be transported in prone (face down) position unless medically necessary (impaled object).

Subject: **221 – Use of Restraints**

- B. Radio contact should be made if possible to secure physician consent before the restraint is utilized. If the situation does not allow for this, then radio communication with the appropriate hospital should be made as soon as possible to confirm necessity.
- C. Document the reason for the restraint, the type, and method used, time of application, any injury that occurred during and after restraint and physician order. Pulse, motor, respiratory, circulatory and sensory status will be evaluated and documented when applied and every 15 minutes.
- D. Disposable restraints are designed for use by a single patient. Reusable restraints must be cleaned after each patient use.
- E. Consider medical etiologies for behavioral disorder and treat according to appropriate SMO.

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES

EMS SYSTEM POLICY

Section: **General Policies**

Page 1 of 3

Subject: **222 – Petitioning an Emotionally Disturbed Patient
for Involuntary Transport to a Hospital**

Executive Owner: **PSJH-E EMSS**

Approval Date: **4/1/98**
Effective Date: **4/1/98**
Last Review: **2/20/18**
Revised Date: **3/10/13**
Supersedes: _____

I. **POLICY STATEMENT**

The EMS System believes that incompetent patients need their rights protected, including the right to acute medical evaluation and care. When a patient is not competent to accept or refuse care his judgment must be replaced by someone else's. If a patient is believed to be incompetent, they are to be transported to the nearest hospital; against their will, if necessary, for their ultimate benefit.

II. **PURPOSE**

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. **MISSION / VALUES RATIONALE**

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. **SPECIAL INSTRUCTIONS**

V. **DEFINITIONS**

VI. **PROCEDURE**

- A. Identify yourself and attempt to gain the patient's confidence in a non-threatening manner.
- B. Consider and attempt to evaluate for possible physiological causes of behavioral problems and initiate treatment as required. Examples include: Hypoxia, hypotension, hypoglycemia, head injury, alcohol/drug intoxication or reaction, CVA, postictal states, electrolyte imbalance, infections and dementia.
- C. Assess competency and potential danger to self or others by observation, direct exam and reports from family, bystanders, police or verified mental health agency personnel. Consider the following possibilities:

POTENTIAL DANGER

To Self	To Others
Suicide: Inability for self-control or self care	Homicide: Child/Spouse/Elderly abuse

- D. Attempts to orient the patient to reality, gain cooperation and persuade him or her to be transported to the hospital so he or she can be examined and/or helped by a physician.
- E. If the patient is judged to be either suicidal, or clearly incompetent and dangerous to self or others, prehospital providers should initiate treatment and transport in the interest of the patient’s welfare, employing the following guidelines:
1. Prehospital provider should avoid placing themselves in danger at all times. This may mean a delay in the initiation of treatment until the safety of prehospital provider is assured.
 2. Try to obtain cooperation through conventional means.
 3. If the patient resists or poses a threat to the safety of themselves, the prehospital provider and/or bystanders, police shall be notified for assistance and reasonable force may be used to restrain the patient from doing (further) harm to self or others.
- F. Police shall be notified prior to all involuntary transports.
- G. Contact the Resource Hospital via the telemetry radio/phone and explain your situation. Discuss with them possible options for a plan of action.
- H. If persuasion is unsuccessful in gaining cooperation for transport to the hospital, prehospital provider should ask the family to sign a petition for involuntary judicial admission, the Mental Health Petition which allows them to transport the patient to the hospital against his/her will for evaluation.
- I. The Mental Health Petition should be attached to the Prehospital Care Report Form and shall become a part of the patient’s permanent medical record. If this form is completed appropriately by prehospital provider, and a physician determines that an involuntary hospital admission is indicated, the Petition Form may be added to the physician’s statements and admission orders as part of the statutorily required documents. Prehospital providers and/or family members are not committing the patient to an involuntary admission by completing this form. It only substantiates, via prehospital documentation, the need for evaluation which enables the prehospital provider to transport a person to a hospital against his or her will for an examination by a physician.
- J. If the family is not available or refuses to sign the form, the next most appropriate person would be a police officer who can and should sign this form. However, if police are not present or refuse to sign, prehospital provider must sign the form. Any competent adult may complete and sign a petition form. Prehospital provider should indicate that involuntary transport has been ordered per the Medical Director Physician.

Section: **General Policies**

Page 3 of 3

Subject: **222 – Petitioning an Emotionally Disturbed Patient for Involuntary Transport to a Hospital**

K. In an uncooperative patient, the requirement to initiate full care in the Field may be waived in favor of assuring that the patient is transported to an appropriate facility.

VII. FORMS AND OTHER DOCUMENTS

Mental Health Petition Form

VIII. REFERENCES

<http://www.dhs.state.il.us/OneNetLibrary/27897/documents/Forms/IL462-2005.pdf>

EMS SYSTEM POLICY

Section: General Policies

Page 1 of 2

Subject: 223 - Multiple Release

Executive Owner: PSJH-E EMSS

Approval Date: 8/1/05
Effective Date: 8/1/05
Last Review: 3/20/18
Revised Date: 3/10/13
Supersedes: _____

I. POLICY STATEMENT

II. PURPOSE

This policy governs the handling of an incident requiring multiple releases. The goal of this policy is to eliminate the transport of uninjured people to the hospital and to reduce EMS scene time and enhance utilization of EMS resources

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

- A. Determine if implementation of this policy is appropriate. This policy shall apply to 3 or more patients who have no complaints and are deemed to be UNINJURED. The patients must be:
1. **Adult (18 years or older)**
 2. **Alert, oriented and competent**
 3. **Voluntarily refusing assessment, treatment, or transport**
 4. **State that they are NOT seriously ill or injured**
 5. **Exhibits no apparent signs or symptoms**
- B. Attempt to examine all involved individuals per System guidelines. Every individual involved must be offered medical assistance and transportation.
- C. If multiple persons resist or refuse care and meet criteria listed above:
1. Ask the individuals to provide the necessary information (Name, complete Address, Phone Number, and Birth Date) and sign the form.
 2. Complete one EMS run sheet for the incident and document the fact that an MPR form was used. **Place the words “Multiple Release” under the name section on the run report.**

3. **In the general comments section of the Prehospital Care Report Form, put total number of patients.**

- D. Injured adults/children by exam and/or complaint are treated and transported as deemed necessary and appropriate by EMS personnel or at the request of the patient.

- E. **If any patient refuses to sign a refusal or provide necessary information, documentation should clearly reflect the circumstances and a regular Refusal of Care form should be used for this patient.**

- F. Again, complete one Prehospital Care Report Form in addition to the Multiple Release Form

- G. An isolated abrasion/superficial wound can be regarded as uninjured should the EMS personnel, medical control and the patient concur. There must be no significant complaint, injury, occurrence, or any item of note such as report of altered mental status, syncope, or behavior disorder to include a statement of, or evidence to indicate suicidal ideation.

- H. MINORS
 1. The Multiple Individual Release Form and policy is for individuals who are 18 years old and older, unless the minor is less than 18 years old and is considered emancipated by court order.
 2. Only a legally responsible adult may release a minor. The parent or legal guardian must sign the MPR form for the minor. If the authorization from the parent or guardian is given BY PHONE, this should be documented in the “general comments” section and the person whom the minor is released should sign the form. (NOTE: the parent or guardian should be aware and approve of the release arrangements). **TWO HEALTH CARE PROVIDERS AT THE SCENE SHOULD WITNESS RELEASES.**
 3. Every effort should be made to contact medical control **PRIOR** to releasing a minor(s) from the scene.
 4. If a parent or guardian cannot be contacted, the child must remain in the custody of EMS personnel and be transported to the hospital.
 5. If the minor is continuing to strongly refuse transport, re-contact the medical control physician and follow orders received.

VII. FORMS AND OTHER DOCUMENTS

Multiple Individual Release Form Rev: 10-99

VIII. REFERENCES

Section: General Policies

Page 1 of 2

Subject: 224 - AMA/Release/Refusal

Executive Owner: PSJH-E EMSS

Approval Date: 11/4/99

Effective Date: 8/1/05

Last Review: 3/20/18

Revised Date: 3/10/13

Supersedes: _____

I. POLICY STATEMENT

II. PURPOSE

This policy governs the handling of an incident in which an adult refuses care or wishes to sign off against medical advice. The goal of this policy is to eliminate the transport of uninjured people to the hospital and to properly document reasonable efforts to transport those persons who are ill or injured who continue to refuse transport.

Merely having a patient’s signature on an AMA/Release form does not relieve you of liability. Thorough supporting documentation is crucial. Your documentation in such cases may be the deciding factor as to whether you get into, or stay out of, court.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

A. Release/Refusal of Care/Refusal to sign

1. There must be no significant complaint, injury, or mechanism of injury nor any report of altered mental status, syncope, or behavior disorder to include a statement of or evidence to indicate suicidal ideation.
2. The patient must be awake, alert, and oriented, of sound mind as demonstrated by speech and understanding and must be in no acute distress stating they are in no need of medical care and are refusing (declining) such care and transport
3. Complete one Prehospital Care Report in addition to having the patient sign the Release Statement portion of the PSJH-E EMS System AMA and Release Form. **NO VITAL SIGNS ARE NECESSARY.**
4. **If the patient refuses to sign the form**, complete one Prehospital Care Report and initial, sign and have witnessed the Refusal to Sign portion of the PSJH-E EMS System AMA and Release Form. **NO VITAL SIGNS ARE NECESSARY.**

B. Against Medical Advice

1. An injured or ill adult by exam and/or complaint is treated and transported as deemed necessary and appropriate by EMS personnel or at the request of medical control. Patients refusing care must be awake, alert, oriented and of sound mind. These people must be of majority age. **They must be appropriately advised regarding risks involved in not seeking immediate medical care. If the person continues to refuse transport, they are to sign the AMA form. Contact medical control prior to clearing the scene regarding the patient's decision and document fully.**
2. Complete one Prehospital Care Report in addition to the AMA portion of the PSJH-E EMS System AMA/Release form and forward a copy to the EMS Office.

VII. FORMS AND OTHER DOCUMENTS

PSJH-E Prehospital AMA Release form

VIII. REFERENCES

EMS SYSTEM POLICY

Section: General Policies

Page 1 of 1

Subject: 225 Request for Citizen Assist

Executive Owner: PSJH-E EMSS

Approval Date: 8/1/05
Effective Date: 8/1/05
Last Review: 3/20/18
Revised Date: 3/10/13
Supersedes: _____

I. POLICY STATEMENT

II. PURPOSE

This policy governs the handling of an incident in which an adult requests the assistance of the fire department or ambulance company to help them out of their homes into their cars or back into bed.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

A. If a call is received from dispatch to assist a citizen with a mobility issue, the following procedure should be followed:

1. If the request for assistance is to simply help a citizen out to their cars from home, for example, or to and from the commode, and there has **NOT BEEN A FALL** or **NO SIGNS OF INJURY ARE PRESENT/ No PT C/O**, no Prehospital Care Report shall be written.
2. If, upon your arrival, you are made aware that the patient has fallen or that there is some injury present, a FULL ASSESSMENT must be completed and documented on a Prehospital Care Report.

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES

Section: General Policies

Page 1 of 3

Subject: 226 - School Bus Incident

Executive Owner: PSJH-E EMSS

Approval Date:	<u>6/4/99</u>
Effective Date:	<u>6/4/99</u>
Last Review:	<u>3/20/18</u>
Revised Date:	<u>3/10/13</u>
Supersedes:	_____

I. POLICY STATEMENT

II. PURPOSE

- A. This policy governs the handling of school bus accidents/incidents involving the presence of minors. It is meant to be implemented by EMS personnel in conjunction with PSJH-E EMS System policies, including Multiple patient incident/Mass Casualties. The goal of this policy is to eliminate the transport of uninjured children/students to the hospital and to reduce EMS scene time and utilization of resources.
- B. This policy addresses discharge disposition of uninjured children/students only. An isolated abrasion/superficial wound can be regarded as uninjured should the EMS personnel, medical control, and the child/student all concur.
- C. This policy is also applicable for school/student incidents not involving a bus if deemed appropriate by the responding EMS agency and evaluated and executed in a like manner.
- D. Each ambulance service provider within the System is required to design and implement a procedure for discharging uninjured children/students to their parents/legal guardians or to local school officials. Such procedures will facilitate transferring custody or uninjured children/students to the parents/legal guardians or school officials consistent with System and Regional policies. It is recommended that these policies be developed in coordination with school officials and provider’s legal counsel.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

- A. Determine the category of the accident/incident:

Subject: **226 - School Bus Incident**

1. Category I Bus accident/incident: signifies injuries present in one or more children/students or there is a documented mechanism of injury that could reasonably be expected to cause significant injuries.
 2. Category II Bus accident/incident: minor injuries only, present in one or more children/students and no documented mechanism of injury that could reasonably be expected to cause significant injuries. Uninjured children/students are also present.
 3. Category III Bus accident/incident: No injuries present in any children/students and no significant mechanism of injury present.
- B. Determine if implementation of this policy is appropriate. Implement this policy if the accident/incident is a Category II or III bus accident/incident. Do not implement this policy if the accident/incident is a Category I accident/incident – follow multiple victim and disaster preparedness policies for all Category I bus accidents/incidents, and transport all children/students to the hospital.
- C. Contact medical control, advise of the existence of a Category II or III bus accident/incident and determine if a scene discharge of uninjured children/students by the emergency department physician in charge of the call is appropriate.
- D. Injured children/students by exam and/or complaint are treated and transported as deemed necessary and appropriate by EMS personnel or at the request of the child/student.
- E. Implement provider procedures for contacting school officials or parents/legal guardians to receive custody of the uninjured children/students consistent with Region IX policy. Procedure may include option of ambulance service provider escorting bus, if operable, back to school of origin or other appropriate destination.
- F. Medical Control, after consulting with scene personnel, will discharge the uninjured children/students to the custody of the ambulance service provider who then will transfer the custody of the children/students, consistent with appropriate department and regional policies and procedures, to parents/legal guardians or school officials.
- G. Authorized school representatives will sign the log sheet indicating acceptance of responsibility for the children/students after medical clearance by the EMS personnel finding NO evidence of injury. The school representatives will then follow their own policies to include informing the parent(s)/legal guardians in regards to the accident/incident.
- H. Any child/student having reached the age of 18 or older, a legally emancipated minor or any adult non-student present on the bus will initial the log sheet adjacent to their name and address when in agreement that they have suffered no injury and are not requesting medical care and/or transport to the hospital.
- I. Complete a Prehospital Care Report in addition to the School Bus Incident Form.



Section: **General Policies**

Page 3 of 3

Subject: **226 - School Bus Incident**

VII. FORMS AND OTHER DOCUMENTS

Region IX Emergency Medical Services System School Bus Incident Log

VIII. REFERENCES

EMS SYSTEM POLICY

Section: General Policies

Page 1 of 5

Subject: 227 - Latex Precautions

Executive Owner: PSJH-E EMSS

Approval Date: 4/1/98
Effective Date: 4/1/98
Last Review: 3/22/18
Revised Date: 3/10/13
Supersedes: _____

I. POLICY STATEMENT

II. PURPOSE

The purpose of this policy is to identify and appropriately treat patients with Latex sensitivities.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

- A. Latex is a natural substance derived from the milky sap of the rubber tree.
- B. Latex allergy-a hypersensitivity to latex. It arises when the immune system reacts to the substance (allergen). An individual may experience a reaction either to the chemical additives used in the manufacturing of the latex products or to the proteins in the latex itself. Persons who develop sensitivity often have a history of hay fever, asthma, eczema, food allergies, or a history of other allergies.
- C. Allergic reactions to latex are increasing at an alarming rate. The devastating effects of this allergy on health care providers are startling. Hopefully, this will help to develop an awareness of this condition.

VI. PROCEDURE

- A. Patients at risk for latex sensitivity include:
 - 1. History of unexplained anaphylactic reaction during surgery, indwelling urinary catheter use, rectal or vaginal or dental procedure.
 - 2. Patients with spina bifida or other congenital spinal abnormalities
 - 3. Patients requiring chronic bladder catheterization
 - 4. History of multiple surgeries
 - 5. Patients with occupational exposure
 - 6. History of multiple allergies

7. Allergies to avocados, bananas, cherries, celery, chestnuts, figs, kiwi, melons, milk, nectarine, papaya, passion fruit, peaches, plums, potatoes, or tomatoes.

B. Recommendations for EMS agencies and Health Care Facilities:

1. If time permits before loading the patient, the interior of the ambulance should be prepared to minimize latex protein on surfaces.
2. Put latex containing gloves and equipment in closed cabinets.
3. Wipe surfaces with a damp cloth
4. Place clean sheets on the cot and use fresh towels and other linens.
5. Open the side door and the back door to ventilate the patient compartment. If weather permits, transport the patient with the windows open.
6. Wash hands with soap and water or waterless disinfectant solution. If you have previously used latex products, wear a gown to cover clothing. Powder from latex gloves may be on your clothing.
7. Use latex-free equipment in care of the patient.
8. Loosely wrap the patient's upper arm with Webril before applying the BP cuff or use a latex-free BP cuff.
9. Use a latex-free stethoscope or cover the entire stethoscope tubing with Webril or stockinette.
10. Medications in vials may have a stopper containing latex. Avoid insertion of a needle through the stopper. Remove the metal collar and the "rubber" stopper and draw up the medication.
11. The medication injection port of the IV bag may contain latex. Inject medications into the IV tubing (spike port) before connecting the tubing.
12. When using an OB kit for delivery in a mother allergic to latex, do not use the enclosed sterile gloves. If the bulb syringe contains latex, cover it with stockinette. The newborn is not sensitive to the latex, but the mother could be affected.
13. Avoid use of the PASG.
14. Do not use the finger of a latex glove as a flutter valve for needle chest decompression.
15. Inform the receiving hospital of the latex sensitivity in the radio report.
16. If a patient has signs or symptoms of latex allergic reaction, follow the Allergic Reaction/Anaphylactic Shock SMO or orders given by medical control.

***Consider latex exposure as a cause of sudden unexplained deterioration in a patient that may have already been diagnosed or is unable to communicate that they have a hypersensitivity to latex products.*

C. There are three common reactions to latex; Types of Reactions:

1. Irritant Dermatitis-this is **NOT** an allergy. The powder in the gloves can cause it. Symptoms include localized itching and redness. Treatment is not to wear the powdered gloves that cause this irritation.
2. Type IV Reaction-this is triggered by the chemicals used during the processing of latex. The powder carries these chemicals. This reaction may be delayed for as long as three days. However, the time of exposure to reaction decreases with continued exposure. Symptoms include itching, redness, flushing, edema, coughing, runny

nose, and conjunctivitis. Some of these symptoms occur from the powder becoming aerosolized or by the glove wearer touching his/her face. The symptoms resolve when the person has time off from work. This makes the diagnosis very difficult.

3. Type I Reaction-this is an immediate allergic reaction to the latex itself. Mediated by IgE, an immunoglobulin that plays a role in allergic reactions by attaching itself to mast cells of the respiratory and intestinal tract. The latex proteins bind to these cells and histamine is released.
4. Because of the different protein antigens in the latex and the degree of an individual's sensitivity, the symptoms may vary from person to person. Also, an individual's degree of sensitivity increases with increased exposure. The symptoms may initially be local and then progress to systemic.

D. Latex-free Supplies - The following supplies **MUST** be latex-free. If any of the following items on the ambulances are not latex-free, a comparable item that is latex-free should be added to your latex free kits. All future replacement items must be latex-free.

1. Bag-valve-mask
2. Oral airways
3. Oxygen masks
4. Oxygen nasal cannula
5. Oxygen tubing
6. Aerosol masks
7. Nebulizers
8. Syringes
9. Needles
10. Endotracheal tubes
11. Stylet
12. IV catheters
13. Yankauer rigid suction catheter

E. Latex-free Kits - The following items will be stocked in a latex-free kit:

1. Tape, 1 inch paper
2. Stethoscope
3. Syringes with needle; 1, 3, and 10 cc
4. Latex free gloves, sizes M, L, XL
5. Tourniquet
6. IV administration set (regular and mini-drip)
7. Band-Aids
8. ECG monitoring electrodes
9. Nasal airways
10. Webril 4"
11. Stockinette 4"
12. Mask/eye shield with ties
13. Medication labels

F. Products that Contain Latex - A wide variety of products contain latex: medical supplies, personal protective equipment, and numerous household objects. Most people who encounter latex products only through their general use in society have no health problems from the use of these products. Workers who repeatedly use latex products are the focus of the Alert. The following are examples of products that may contain latex:

1. Emergency Equipment
 - a. Blood Pressure Cuffs
 - b. Stethoscopes
 - c. Disposable Gloves
 - d. Oral and Nasal Airways
 - e. Endotracheal Tubes
 - f. Tourniquets
 - g. IV Tubing
 - h. Syringes
 - i. Electrode Pads
2. Office Supplies
 - a. Rubber Bands
 - b. Erasers
3. Household Items
 - a. Automobile Tires
 - b. Motorcycle and Bicycle Handgrips
 - c. Carpeting
 - d. Swimming Goggles
 - e. Racquet Handles
 - f. Shoe Soles
 - g. Expandable Fabric Underwear/Socks Waistbands, etc.
 - h. Dishwashing Gloves
 - i. Paint/Glue
 - j. Balloons, Tennis Balls, Koosh Balls, Chewing Gum
 - k. Condoms, Contraceptive Sponges, Diaphragms
4. Household Supplies
 - a. Anesthesia Masks
 - b. Catheters
 - c. Wound Drains
 - d. Injection Ports
 - e. Rubber tops of multidose vials
 - f. Dental Dams
5. Personal Protective Equipment
 - a. Gloves
 - b. Surgical Masks
 - c. Goggles
 - d. Respirators
 - e. Rubber Aprons

VII. FORMS AND OTHER DOCUMENTS



Section: **General Policies**

Page 5 of 5

Subject: **227 - Latex Precautions**

VIII. REFERENCES

EMS SYSTEM POLICY

Section: **General Policies**

Page 1 of 3

Subject: **228 - System-Wide Crisis Preparedness**

Executive Owner: **PSJH-E EMSS**

Approval Date: 4/1/03
Effective Date: 4/1/03
Last Review: 3/22/18
Revised Date: 3/10/13
Supersedes: _____

I. POLICY STATEMENT

II. PURPOSE

Natural and technological crises may place an intense demand for EMS and Emergency department resources on one or more of the EMS systems in Illinois. The potential exists for these crises to occur or evolve without adequate warning or notification. Such crises may include a heat emergency, communicable disease or influenza epidemic, or terrorist act involving a chemical or biological agent, which could overload an emergency department's resources.

As a result, EMS and emergency department personnel must be cognizant of evolving trends or influx of patients with similar signs and symptoms. Recognition of an impending or active system-wide crisis will better prepare participating hospitals and local ambulance providers to handle any type of situation.

The below outlines, how and when notification / recognition, may occur.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

A. Recognition

1. Telemetry personnel may be made aware of a system-wide crisis by communication from the local ambulance provider (i.e., mass casualty incident or by noting an increasing number of emergency departments requesting ambulance diversion. The telemetry personnel should report these occurrences to the attending emergency doctor or charge nurse.
2. When ambulance providers notice that they have an increase of incidents with patients complaining of similar signs and symptoms, they should report this information to their resource hospital, Presence Saint Joseph Hospital.

B. Notification of Personnel

1. The Resource Hospital, Presence Saint Joseph Hospital, shall document any calls they receive from their ambulance providers and identify that they are seeing numerous types of patients complaining of similar types of symptoms. The Resource Hospital, Presence Saint Joseph Hospital, should note the time the call is received and seek a detailed account of the situation.
2. After the Resource Hospital, Presence Saint Joseph Hospital, receives calls from two prehospital providers, the ECRN will page the EMS Coordinator or EMS Medical Director to inform them of the situation. The EMS Coordinator or EMS Medical Director will contact the local ambulance provider to see if they are seeing an increase in patients with similar types of symptoms.
3. The EMS Coordinator or EMS Medical Director may also contact the Illinois Poison Control Center at 1-800-222-1222 to see if they are receiving additional calls for similar type symptoms.
4. If there appears to be a trend of increased frequency of similar symptoms, the EMS Coordinator or EMS Medical Director shall page the Emergency Officer for the Illinois Department of Public Health at 1-800-782-7860. In addition, if there is a local health department medical director, that person may also be contacted.
5. The Emergency Officer for the Illinois Department of Public Health will contact the Director of Public Health, or his designee, and the Duty Officer with the Illinois Emergency Management Agency. Based on the type and magnitude of the crisis, the Director of Public Health, or his designee, may activate the Disaster POD, according to the Emergency Medical Disaster Plan.

C. Plan of Action

1. Once notified by the Illinois Department of Public Health that there may be a potential for increased utilization of resources, the EMS Coordinator will contact the participating hospitals and local ambulance providers within the system to inform them of the crisis. The EMS Coordinator will request that each participating hospital take steps to avoid ambulance diversion and alert them to the possibility of having to mobilize additional staff and resources. The EMS Coordinator may request assistance from the Chief of Emergency Medical Services also. The participating hospitals will also be informed that requests for BLS diversion will not be accepted during the crisis.
2. The EMS Coordinator or most senior EMS person staffing telemetry will monitor transport times, while the local dispatch center that receives 911 calls will monitor ambulance responses. If transport times begin to exceed 10-15 minutes and ambulance response times become excessive because of hospitals being on diversion, the Chief of EMS will be contacted. The Chief will assist in contacting the Emergency Department Charge Nurses and Senior Administrators of the participating hospitals on diversion. The Chief of EMS will advise them to activate their internal disaster plans so that they can rapidly come off diversion. They will be given a specified period in which to accomplish this.

3. The monitoring of transport and ambulance response times requires frequent communication and close coordination between EMS personnel at the Resource Hospitals, dispatch and the local fire departments.
4. During an impending or actual system-wide crisis, the local municipality may request mutual aid, through pre-existing agreements, from the surrounding areas.
5. All information shall be recorded on the “System-Wide Crisis Form”, developed by the Illinois Department of Public Health that is attached or is available on the Hospital Health Alert Network through the Illinois Department of Public Health Web Portal.

D. All Clear

The Director of Public Health, or his designee, will contact the Resource Hospital when the response to the crisis appears to be over.

VII. FORMS AND OTHER DOCUMENTS

Resource Hospital System Wide Crisis Form

EMS Provider/Associate Participating Hospital System Wide Crisis Worksheet

VIII. REFERENCES

EMS SYSTEM POLICY

Section: **General Policies**

Page 1 of 2

Subject: **229 – Abandoned Infant Protection Act**

Executive Owner: **PSH EMSS**

Approval Date: 4/28/03

Effective Date: 4/28/03

Last Review: 3/22/18

Revised Date: 3/10/13

Supersedes: _____

I. POLICY STATEMENT

II. PURPOSE

To provide guidelines for compliance with Illinois law regarding “Abandoned Newborn Infant Protection Act of 2001”

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

A. Definitions:

1. Relinquished Infant: According to the Act, an infant is relinquished if:
 - a. The infant has been left with personnel of a hospital, manned fire station or emergency medical facility by a parent who either does not express an intent to return for the infant or state that he/she will not return for the infant; and
 - b. A physician reasonably believes that infant is 30 days old or less; and
 - c. The infant is not abused or neglected.
2. Relinquishing person: The relinquishing person is presumed to be the infant’s biological parent.

B. Process

1. Accept the child keeping the newborn warm and dry.
2. EMS personnel must verbally inform the parent that by relinquishing the infant anonymously, he/she will have to petition the court in order to prevent the termination of parental rights and regain custody of the child.
3. EMS personnel must offer the relinquishing parent a “Relinquishing Parent Packet”, and if possible, clearly inform the parent that:
 - a. His/her acceptance of the information is completely voluntary.

- b. Completion of the Illinois Adoption Registration form and Medical Information Exchange form if voluntary.
- c. A denial of information exchange form may be completed which would allow the relinquishing parent to remain anonymous to the infant and other parties involved in the infants' subsequent adoption.
- d. The parent may provide only medical information and still remain anonymous.
- e. There is to be NO fee Charged. Any reference in the information packet??
- f. You must document on the prehospital run sheet that the information packet was or was not given and was or was not accepted by the relinquishing parent.
- g. All completed forms given to EMS by the parent MUST accompany the infant to the hospital and given to the charge nurse or MD, to be mailed to the Illinois Department of Public Health.
- h. EMS Personnel MUST examine the infant and provide emergency care if needed. The act of relinquishing the infant serves as implied consent.
- i. The hospital WILL take temporary custody of the infant.
- j. Within 12 hours after accepting a newborn infant from a relinquishing person or from a fire station or emergency medical facility in accordance with the Act, a hospital must report to the Department's State Central Registry for the purpose of transferring physical custody of the infant from the hospital to either a child placing agency or the Department.
- k. Anonymity and Immunity of the relinquishing person: If there is no outward evidence of abuse or neglect, the person has the right to remain anonymous and leave the infant with the prehospital provider. If at any time abuse or neglect is suspected or discovered, it MUST be reported.
- l. The EMS System and its personnel are immune from criminal or civil liability for acting in good faith under the Act, but remain liable for negligent care and medical treatment.

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES

EMS SYSTEM POLICY

Section: **General Policies**

Page 1 of 3

Subject: **230 – Handling Controlled Substances**

Executive Owner: **PSJH-E EMSS**

Approval Date: **4/28/03**

Effective Date: **4/28/03**

Last Review: **3/22/18**

Revised Date: **3/10/13**

Supersedes: _____

I. POLICY STATEMENT

II. PURPOSE

To guide the dispensing of controlled substances to paramedic for utilization on the ambulance.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

- A. All controlled substances carried on the ambulance shall be checked and counted daily; if the drug box is sealed the provider will maintain a log sheet of the number on the seal, date and signature of person checking the seal.
- B. After use, the paramedic will bring to the hospital the empty syringe or container. If the controlled substance has not been completely used, the remaining medication will be disposed of with the RN at the restocking hospital.
- C. Broken or outdated controlled substances will be logged according to procedure at restocking hospital.
- D. Controlled substance waste form is to be completed by the paramedic and, when completed, two signatures are required:
 1. RN re-supplying the medication
 2. Paramedic accepting the medication
 3. This form (example below) will be placed in the EMS Department Mailbox in the Emergency Department with a patient label attached.

Subject: **230 – Handling Controlled Substances**

4. The EMS Staff will obtain the EMS Medical Directors or EMS System coordinators Signature after reviewing the prehospital report.

E. Narcotics log to be faxed to the EMS office at the beginning of each month by the EMS coordinators.

Example of EMS controlled substance and waste log. These are located in the Emergency Department medication room.

EMS CONTROLLED SUBSTANCE LOG

Date of Report _____

Time of Report _____

Ambulance Service or Department _____

Crew Member reporting _____

TYPE OF INCIDENT

Wasted Medication (opened, not entirely used for patient)

Patient Name _____

Medication _____

Amount ordered _____ Amount wasted _____

Paramedic _____

Printed name

Signature

RN _____

Printed name

Signature

Compromised Medication (i.e. seal broken, no med in vial)

Explanation of discovery _____

Discovered by _____

PSJH EMSS Coordinator/ED Director _____



Section: **General Policies**

Page 3 of 3

Subject: **230 – Handling Controlled Substances**

Pharmacist _____

PATIENT STICKER

VII. FORMS AND OTHER DOCUMENTS
PSJH-E EMSS Controlled Substance Waste Form

VIII. REFERENCES

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Section: General Policies

Page: 1 of 2

Subject: 230B – Code STEMI Field Activation

Executive Owner: PSJH EMSS

Approval Date: 9/1/09
Effective Date: 9/1/09
Last Review Date: 3/22/18
Revised Date: 9/1/09
Supersedes:

I. POLICY STATEMENT

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

II. PURPOSE

The purpose is to identify patient being transported via EMS potential ST elevation, reduce morbidity and mortality, and to help enable a goal of door to dilation median minute time less than 90 minutes from first medical contact in the field.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

The Code STEMI initiated as soon as EMS confirms ST elevation in 2 or more contiguous leads upon performing field EKG.

V. DEFINITIONS

VI. PROCEDURE

A. Patient presenting to the Emergency Department via EMS

1. Paramedic transmits 12-Lead EKG to the Emergency Department as soon as possible, and advises of a potential STEMI (Code Cardiac). If the EKG is not transmitted, paramedic hands the EKG to the ED physician (or health care provider) upon arrival to the hospital.
2. When report is received from field radio communication that a potential MI patient is in-route, the Emergency Physician directs this patient to the Emergency Department for evaluation, stabilization, and treatment.
3. Paramedic follows established protocols for the pre-hospital AMI care and expedites patient transfer to the ED.

4. A Code STEMI may be activated prior to EMS arrival for the patient who meets the established criteria of a ST elevation segment after presenting the field 12 lead ECG to the Emergency Department Physician.
5. When the Emergency Department physician determines that the MI patient meets the criteria for mobilization of the Code Cardiac team, he directs the Charge RN or designee, in the Emergency Department to initiate the Code STEMI.

B. Indications for Success

1. FIRST Medical Contact (EMS) to device median minutes time less than 90 minutes or less
2. Door to EKG time less than 5 minutes and utilization of pre-hospital EKG
3. Door to lab results available within 45 minutes of patient arrival.

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES

EMS SYSTEM POLICY

Section: **General Policies**

Page 1 of 2

Subject: **231 - Code-67 Field Activation**

Executive Owner: **PSJH-E EMSS**

Approval Date: **8/1/03**
Effective Date: **8/1/03**
Last Review: **3/23/18**
Revised Date: **3/10/13**
Supersedes: _____

I. POLICY STATEMENT

INFIELD ACTIVATION: **Mandatory activation of “Code 67” while the patient is in the field.**

A. Patients cared for in field who present with:

1. Sustained hypotension (meaning systolic blood pressure of less than or equal to 90 measured 5 minutes apart on an adult patient), and/or
2. Sustained hypotension (meaning systolic blood pressure of less than 80 measured 5 minutes apart in a pediatric patient), and/or
3. Cavity penetration of the head, neck, or torso, and/or
4. Poor perfusion; cool clammy, pale skin (capillary refill greater than 2 seconds), and/or
5. Any other patients who meet the criteria per the Region IX guidelines. Please refer to the region policy for more information.

B. These patients require notification of the Trauma Surgeon and PSJH-E Trauma Team upon the ED ECRN/physician receiving report from the prehospital care provider. A “CODE T” will then be activated in the Emergency room.

C. Patients who are pulseless and apneic DO NOT meet Code T criteria.

II. PURPOSE

To guide the EMT-Paramedic through making infield decisions regarding Trauma patients which may require activation of the PSJH-E Emergency Department Code T.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

VII. FORMS AND OTHER DOCUMENTS

Section: **General Policies**

Page 2 of 2

Subject: **231 - Code- 67 Field Activation**

VIII. REFERENCES

PSJH-E EMSS Trauma Triage & Transport Criteria SMO

EMS SYSTEM POLICY

Section: General Policies

Page 1 of 2

Subject: 232 - Code-FAST Field Activation**Executive Owner: PSJH-E EMSS****Approval Date: 9/1/09**
Effective Date: 9/1/09
Last Review: 3/23/18
Revised Date: 8/10/2015
Supersedes: _____

I. POLICY STATEMENT

Code FAST provide for the interventions designed to prevent potentially poor outcomes for patients presenting to the ED or current inpatients with ischemic or hemorrhagic stroke through a coordinated, consistent team approach.

II. PURPOSE

To identify patients presenting to the Emergency Department (ED) or current inpatients with potential ischemic or hemorrhagic stroke, reduce morbidity and mortality, delineate with roles and responsibilities of the Stroke Team, and enable Presence Saint Joseph Hospital (PSJH-E) to meet the goal of tPA administration in less than 4.5 hours from the time stroke symptoms occur.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS**V. DEFINITIONS****VI. PROCEDURE****A. Patient presenting to the ED via Pre-Hospital Emergency Medical Services:**

1. Paramedics will perform the Cincinnati Stroke Scale and blood glucose. Results will be reported to the Emergency Communications Registered Nurse (ECRN) or ED physician and documented in the patient care report narrative; vital sign section and assessment section.
2. Code FAST will be activated by ED staff if the patient has a positive Cincinnati Stroke Scale and blood glucose is within the normal range.

B. When a report is received through field radio communication that a potential stroke patient is en-route to the Hospital, the ECRN will coordinate and direct the patient to the appropriate ED room.**VII. FORMS AND OTHER DOCUMENTS**



Section: **General Policies**

Page 2 of 2

Subject: **232 - Code-FAST Field Activation**

VIII. REFERENCES

PSJH-E EMSS Stroke/Brain Attack SMO

EMS SYSTEM POLICY

Section: **General Policies**

Page 1 of 2

Subject: **233 - EMS Department Disaster Plan-Incident Site Request**

Executive Owner: **PSJH-E EMSS**

Approval Date: **8/1/03**
Effective Date: **8/1/03**
Last Review: **4/4/18**
Revised Date: **3/10/13**
Supersedes: _____

I. POLICY STATEMENT

- A. EMS Medical Director and EMS System Coordinator will be notified by the emergency department.
- B. EMS System Coordinator or designee will notify the remainder of the EMS staff.
- C. Medical team, as stated by the mass casualty, shall consist of one Medical Director and two registered nurses.
- D. The team will meet in the EMS office and will proceed to the incident site in a designated vehicle. The team will be sent to the incident site upon request of the incident commander.
- E. The team shall take any additional supplies or equipment to the scene as requested by the incident commander.
- F. Upon arrival at the scene, the medical team shall report to the command post for assignment and assume responsibilities as directed by the Chief Medical Officer.
- G. The EMS Secretary will remain in the EMS office to coordinate any EMS activities as needed.

II. PURPOSE

This plan is to provide and coordinate immediate and ancillary care and is intended to be utilized in mass casualty incidents.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

- A. Objectives

Section: **General Policies**

Page 2 of 2

Subject: **233 - EMS Department Disaster Plan-Incident Site Request**

1. Coordinate PSJH-E Emergency Medical Services with the PSJH-E ED and other resource hospitals in the area.
2. To provide uniform operations and communications within the EMS System.
3. To provide a medical team to the incident scene as requested.

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES

EMS SYSTEM POLICY

Section: **General Policies**

Page 1 of 3

Subject: **234 - EMS Department Disaster Plan-Internal**

Executive Owner: **PSJH-E EMSS**

Approval Date: **9/24/01**

Effective Date: **9/24/01**

Last Review: **4/18/18**

Revised Date: **3/10/13**

Supersedes: _____

I. POLICY STATEMENT

II. PURPOSE

The purpose is to outline a plan of response of EMS department personnel in the event of an internal or external disaster.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

A. **Hospital Disaster Phases:**

1. Phase I: 1-9 victims (no more than 4 reds or yellows)
2. Phase II: 10-20 victims (no more than 4 reds)
3. Phase III: More than 20 victims (should not all be greens)

B. Upon notification of “Operation Alert” and notification from the Emergency Department that assistance is needed, the disaster plan of the Emergency Medical Services Department will be implemented. Hospital Incident Command Center (HICS)/NIMS protocols will be followed.

C. The EMS call tree will be initiated.

D. **Resource Hospital Roles and Responsibilities**

As stated in the EMS System Act and Rules and Regulations, resource hospitals have the authority and responsibility for the EMS System as outlined in the Illinois Department of Public Health (IDPH) approved EMS System Program Plans. The resource hospital, through the EMS Medical Director, assumes responsibility for the entire program, including clinical and operational aspects.

E. Employee Responsibilities

1. All hospital personnel will carry their hospital identification card at all times to enable them to pass through security checks when reporting to work or the disaster site.
2. **Medical Team Assignment** will require the team to be equipped with the disaster bags. There will be 2 disaster bags per medical team. This bag will require routine inspection for outdated drugs and appropriate supplies.
3. Sherman Hospital (the HEOC-Hospital Emergency Operations Center) will conduct radio operations in the event of a statewide disaster or in a disaster affecting their resource area. **Presence Saint Joseph Hospital will conduct radio operations in the event of a disaster affecting our resource area and become the HEOC.** The HEOC hospital in control will initiate their notification tree in their respective system and specify which disaster phase has been engaged.

F. External Disaster Plan (in the immediate area) - Deployment of Staff;

1. The **EMS Medical Director** will: If in house, will report to the Emergency Department. The Emergency Department radio nurse/designee shall notify the EMS Medical Director of the Mass Casualty Incident, the affected prehospital provider departments(s), disaster site area, and the determination for the need for an infield medical team or Emergency Department assignment.
2. The **EMS System Coordinator**: If in house, report to the Emergency Department. The Emergency department radio nurse/designee will also inform as with the EMS Medical Director all of the above information and the need for an infield or Emergency Department assignment.
3. The **EMS System Coordinator or designee will**: Coordinate the medical team to the site when called for. The EMS department personnel shall be the medical team to be sent to the disaster site, when available.
4. The **EMS System Coordinator or designee will**: Assess for the need and coordinate services for Critical Incident Stress Debriefing, Defusing, or demobilization services through in-house team or the Northern Illinois Critical Incident Stress Management Team when appropriate.
5. The **EMS System Coordinator or designee will**: Respond to the needs and coordinate services when requested of the Resource Hospital by the prehospital providers (i.e. food, blankets, etc.)
6. **All EMS department employees (Medical Director, System Coordinator, nurses, paramedics, secretary) will**: Report to the Emergency Department for either in-house patient care assignment or for a field assignment.
7. **The EMS Secretary will**: Report to the EMS department to assist/coordinate activities by phone or assist in the Emergency Department with other assigned duties.

G. Internal Disaster

1. All EMS department personnel should refer to the PSJH-E Disaster Plan.

H. Medical Team for Local Deployment

1. IMERT, REMERT Teams.

I. State Wide Disaster Plan

1. **Phase One** - This phase of the Illinois Disaster Plan instructs the disaster HEOC's to assess the broad areas for disaster HEOC resources in their given region. Personnel and supplies are not sent to the scene until told to do so by the Disaster HEOC. Once resources are assessed, the disaster HEOC hospital, in conjunction with the Illinois Operations Headquarters and Notification Office will instruct agencies on where to report.
2. **State Wide Disaster Plan-Phase Two**
This phase of the Illinois Disaster Plan instructs the disaster HEOC to assess specific capabilities of their region.

VII. FORMS AND OTHER DOCUMENTS**VIII. REFERENCES**

Section: General Policies

Page 1 of 6

Subject: 235 – Expanded Scope of Practice for Inter-facility Transfers

Executive Owner: PSJH-E EMSS

Approval Date: 7/30/12
Effective Date: 8/1/12
Last Review: 4/4/18
Revised Date: 3/10/13
Supersedes: _____

I. POLICY STATEMENT

This policy is to be utilized by the Paramedic and/or PHRN in Presence Health Saint Joseph Hospital EMS System for inter-facility transfers only. This policy is for use in transfers which these solutions and/or medications have been initiated by the sending facility. They are approved under the expanded scope of practice; therefore, Continuous Quality Improvement (CQI) tracking will be conducted on each run utilizing this policy.

A. PATIENT INCLUSION / EXCLUSION:

1. This procedure may be initiated for patients that meet the criteria listed in Department of Public Health Title 77, Chapter I, Part 515, Section 515.860 for Tier I.
Example: Patients that have medications listed in the Procedures Section of this policy, and/or patients that need a ventilator for transport, and/or patients that have a chest tube. All Tier I medications, ventilators and chest tubes **MUST** be initiated at the sending facility. Tier II level transports may titrate, Tier III may initiate medications approved by the EMS Medical Director.
2. This procedure may **NOT** be initiated for patients that meet the criteria listed in Department of Public Health Title 77, Chapter I, Part 515, Section 515.860 Tier II and Tier III.
Example: patients that have arterial lines; that need central lines accessed during transport; that need medications titrated during transport; that need medication assisted intubation.

B. STAFFING, EDUCATION AND LICENSURE:

1. Minimum staffing:
 - a. Driver must be an EMTB, Paramedic/PHRN.
 - b. Patient care area of vehicle must be staffed by a Paramedic or PHRN that have been credentialed by the EMS System as an Expanded Scope trained provider. This expanded scoped provider **MUST** remain with the patient at all times.
2. All expanded scope staff must meet the licensure requirements as outlined in policy C-32 Expanded Scope Educational Requirements. (Section B-1)
3. All expanded scope staff must meet the educational requirements as outlined in policy C-32 Expanded Scope Educational Requirements. (Section B-2)

C. EQUIPMENT AND SUPPLIES:

1. Portable ventilator; and
2. Infusion pumps

D. VEHICLE STANDARDS:

1. Any vehicle used for providing expanded scope of practice care shall comply at a minimum with Department of Public Health Title 77, Chapter I, Part 515, Section 515.830 (Ambulance Licensing Requirements) or Section 515.900 (Licensure of SEMSV Programs-General) and 515.920 (SEMSV Program Licensure Requirements for ALL Vehicles) regarding licensure of SEMSV programs and SEMSV vehicle requirements, including additional medical equipment and ambulance equipment as defined in this Section.

Subject: **235 – Expanded Scope of Practice for Inter-facility Transfers**

2. Any vehicle used for expanded scope of practice transport shall be equipped with an onboard alternating current (AC) supply capable of operating and maintaining the AC needs of the required medical devices used in providing care during transport of a patient.

E. **MEDICAL CONTROL**

1. Expanded scope providers will follow System policy for establishing medical control; or
2. As outlined in this policy.

II. PURPOSE

To establish criteria for inter-facility transfers by EMT, Paramedics and/or Pre-Hospital RNs (PHRN).

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS**V. DEFINITIONS****VI. PROCEDURE**A. **Medications and IV Drips - Approved expanded scope IV drip medications: see System CCT SMO**

1. Obtain patient report from the transferring primary RN caring for the patient with special attention to the following:
 - a. Condition of the patient including current vital signs
 - b. Familiarity and knowledge of all medications infusing
 - c. Rate of each infusion
 - d. IV pump settings
 - e. EMS Patient Care Report should have documentation of each of the above listed components.
2. Assess patient for any signs of bleeding
3. All medications and IV solutions listed above with KCL additive must be maintained on an IV pump at the ordered rate of infusion. The settings on the IV pump must be verified by the sending RN prior to departure.
4. Frequent infusion checks to ensure correct rate
5. Observe IV site for any signs of infiltration. If infiltration occurs, the following procedure should be followed:
 - a. Discontinue the IV
 - b. Apply pressure dressing

Subject: **235 – Expanded Scope of Practice for Inter-facility Transfers**

- c. Restart an IV line as soon as possible
 - d. Contact medical control and advise
 - e. Continue infusion at the same rate, per medical control orders
 - f. Document infusion disruption time
 - g. Report to receiving facility staff what occurred
6. Monitor patient for signs of potential hemorrhage, check the following sites frequently
 - a. Infusion sites
 - b. Previous needle stick sites (IV, Lab draws, ABG sites)
 - c. Mucous membranes
 11. If bleeding or suspected bleeding occurs follow transfer orders and contact on-line medical control for instructions.
 12. Monitor patient's vital signs every 10 minutes or less if necessary while enroute to the receiving facility.
 13. Any questions or problems regarding the patient's condition should be directed to medical control. Medical control should be the sending hospital. If unable to contact sending hospital, contact a system hospital for instructions.
 14. Documentation should contain the following information:
 - a. Clear documentation on the reason the patient is being transferred
 - b. Medication being used
 - c. Patient condition including frequent vital signs
 - d. Rate of each infusion
 - e. IV pump settings
 - f. Documented verification of pump settings with sending RN
 - g. Documented pump settings at receiving hospital
 - h. Documented report to receiving RN at receiving facility
- B. **Medical Equipment and Supplies:**
- Approved expanded scope medical equipment and supplies:
1. Ventilators:
 - a. Obtain patient report from the transferring primary RN caring for the patient with special attention to the following:
 - i. Condition of the patient including current vital signs
 - ii. Familiarity and knowledge of ventilator
 - iii. Ventilator settings
 - iv. EMS Patient Care Report should have documentation of each of the above listed components
 - b. The settings on the ventilator must be verified by the sending RN or Respiratory therapist prior to departure
 - c. Frequent ventilator checks to ensure correct rate
 - d. If ventilator malfunction occurs the following procedure should be followed:
 - i. Discontinue the ventilator
 - ii. Start Bagging the PT using BVM
 - iii. Restart the ventilator as soon as possible
 - iv. Contact medical control and advise.
 - v. Continue ventilating at the same rate, per medical control orders
 - vi. Document ventilator disruption time

Subject: **235 – Expanded Scope of Practice for Inter-facility Transfers**

- vii. Report to receiving facility staff what occurred.
 - e. Monitor patient's vital signs every 10 minutes or less if necessary while enroute to the receiving facility
 - f. Any questions or problems regarding the patient's condition should be directed to medical control. Medical control should be the sending hospital. If unable to contact sending hospital, contact a system hospital for instructions.
 - g. Documentation should contain the following information
 - i. Clear documentation on the reason the patient is being transferred
 - ii. Ventilator being used
 - iii. Patient condition including frequent vital signs
 - iv. Ventilator settings
 - v. Documented verification of ventilator settings with sending RN
 - vi. Documented ventilator settings at receiving hospital
 - vii. Documented report to receiving RN at receiving facility
2. Chest Tubes:
- a. Chest tubes are to be maintained only.
 - b. Obtain patient report from the transferring primary RN caring for the patient with special attention to the following:
 - i. Condition of the patient including current vital signs
 - ii. Familiarity and knowledge of chest tube
 - iii. EMS Patient Care Report should have documentation of each of the above listed components
 - c. Obtain transfer orders including measures to be implemented if chest tube becomes clogged or dislodged.
 - d. Assess patient for any signs of bleeding
 - e. The chest tube must be verified by the transport staff when patient is in the ambulance, prior to departure.
 - f. Frequent checks of the chest tube to ensure suction is being maintained and has not been dislodged.
 - i. Maintain the chest drainage unit below the level of the chest to facilitate the flow of drainage and prevent reflux into the chest cavity. With water seal chest drainage units, keep the unit upright to prevent the loss of the water seal.
 - ii. The tubing should be gently coiled without dependent loops or kinks.
 - iii. Assess and document fluctuation, output, color of drainage, and air leak.
 - g. Observe chest tube site for any signs of air leak, dislodgement or clotting. If air leak, dislodgement or clotting is suspected the following procedure should be followed:
 - i. The water level in the water seal chamber should gently rise and fall with each breath. Assess for an air leak by looking for bubbling in the water seal chamber. Constant bubbling in the water seal chamber indicates an air leak either in the lung or in the chest drainage unit or tubing.
 - ii. An air leak is an expected finding with an unexpanded lung.
 - iii. Leaks may originate from
 - a. The chest tube drainage system
 - b. A continued air leak in the lung
 - c. Injury to the esophagus or bronchus
 - d. A malposition of the chest tube
 - iv. If an air leak is suspected, assess that all connections are tight. Turn off suction and reassess after one minute.
 - v. To assess the location of the leak, intermittently occlude the chest tube or

Subject: **235 – Expanded Scope of Practice for Inter-facility Transfers**

drainage tubing beginning at the dressing site, progressing to the chest drainage unit, if needed. If the bubbling in the water seal chamber immediately stops when the chest tube is occluded at the dressing site, the air leak is inside the patient's chest or under the dressing. Reinforce the occlusive dressing and notify the physician.

- vi. If the bubbling does not stop when the chest tube is occluded at the dressing site, continue to intermittently occlude down the tubing at various positions until the bubbling stops. When the bubbling stops, the air leak is between the occlusion and the patient's chest.
- vii. If the bubbling does not stop with occlusion, contact medical control and follow orders.
- viii. Never clamp the tube unless medical control orders it. If it is ordered keep reassessing your patient for possible tension pneumothorax.
- ix. A one-way-valve should be used primarily during transport to ensure one-way drainage in the event the chest drainage unit is damaged or placed above the level of the chest.
 - x. Document any air leak, dislodgement or occlusion.
 - xi. Report to receiving facility staff what occurred.
- h. If bleeding or suspected bleeding occurs follow transfer orders and contact on-line medical control for instructions
- i. Monitor patient's vital signs every 10 minutes or less if necessary while enroute to the receiving facility.
- j. Any questions or problems regarding the patient's condition should be directed to medical control. Medical control should be the sending hospital. If unable to contact sending hospital, contact a system hospital for instructions.
- k. Documentation should contain the following information.
 - i. Clear documentation on the reason the patient is being transferred
 - ii. Chest tube location, size tube, and type drainage.
 - iii. Patient condition including frequent vital signs
 - iv. What suction is set at
 - v. Documented verification of chest tube with sending RN
 - vi. Documented chest tube function at receiving hospital
 - vii. Documented report to receiving RN at receiving facility

C. **Quality Assurance/Improvement:**

1. In accordance with the Illinois Administrative Code 515.860, all specialty care transport providers shall participate in a Quality Assurance Plan developed by Presence Saint Joseph Hospital EMS System. This Plan has been developed to ensure that competent pre-hospital care is being delivered by each specialty care transport provider. The QA plan shall evaluate all expanded scope of practice activity for medical appropriateness and thoroughness of documentation. Each transport provider will provide quarterly QA reports to the EMS CQI Coordinator at Presence Saint Joseph Hospital EMS System for the first 12 months of operation. These reports shall contain information as defined in the QA plan listed in this policy.
2. **OVERSIGHT**
 - a. The Specialty Care Transport Quality Assurance Plan shall be directed by the PSJH-E EMS System Medical Director, EMS System Coordinator and the EMS System CQI Coordinator.
3. **PLAN COMPONENTS**

Subject: **235 – Expanded Scope of Practice for Inter-facility Transfers**

- a. ALL transports shall have the following items evaluated for the first 12 months of operation. After the first year, PSJH-E EMSS will determine the frequency of quality reports, if the System has not identified any deficiencies or adverse outcomes. If deficiencies are identified or adverse outcomes have occurred, all transports will continue to be reviewed.
- b. The following items will be reviewed for each transport:
 - i. Review of transferring physician orders and evidence of compliance with those orders.
 - a. Both written and verbal orders shall be reviewed.
 - ii. Documentation of vital signs every fifteen (15) minutes or less if stable, including evidence that abnormal vital signs or trends suggesting an unstable patient were appropriately detected and managed.
 - iii. Documentation of any side effects/complications, including hypotension, extreme bradycardia or tachycardia, increasing chest pain, dysrhythmia, altered mental status and/or changes in neurological examination, and evidence that interventions were appropriate for those events. This would include contact of Medical Control for further direction.
 - iv. Documentation of any unanticipated discontinuation of a catheter or rate adjustments of infusions, along with rationale and outcome (Tier II).
 - v. Documentation of any Medical Control contact for further direction.
 - vi. Documentation that any unusual occurrences were communicated to the EMS System within 24 hours. This will be done via the PSJH-E EMSS Incident Report Form.
 - vii. A root cause analysis will be conducted for any event or care inconsistent with standards. The EMS System Medical Director and EMS System Coordinator will develop a corrective action plan. This plan will be carried out by the EMS System Continuing Education Specialist under the direction of the EMS System Coordinator.
 - viii. This Quality Assurance Plan will be reviewed on a regular basis to maintain its integrity.

VII. FORMS AND OTHER DOCUMENTS**VIII. REFERENCES**

IDPH Rules and Regulations Section 515.860 – Critical Care Transport
IDPH Rules and Regulations Section 515.830 – Ambulance Licensing
IDPH Rules and Regulations Section 515.900 – Licensure of SEMSV Requirements, Programs, General
IDPH Rules and Regulations Section 515.920 – Program for all SEMSV Requirements for all Vehicles

EMS SYSTEM POLICY

Section: General Policies

Page: 1 of 2

Subject: 236 - Tasers

Executive Owner: PSJH EMSS

Approval Date: 7/1/10
Effective Date: 8/1/12
Last Review Date: 4/18/18
Revised Date: 10/24/13
Supersedes:

I. POLICY STATEMENT

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

II. PURPOSE

This procedure is used for patients who have been subdued by the use of any EMD weapon (electromuscular disruption weapon, i.e. TASER)

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

A. EMS Taser Weapons Injuries BLS/ALS:

1. Assess scene and personal safety
2. Initial Trauma Care

- a. Assess for injury and/or altered mental status and treat per appropriate SMO
- b. Obtain baseline VS

- i. If ALS, include ECG monitoring for cardiac abnormalities
- ii. If ALS and patient >35 years of age, consider 12-lead ECG

3. Identify location of probes on patients body

4. If darts are embedded in any of the following areas, stabilize in place and transport patient:
 - a. Lid/globe of eye
 - b. face or neck
 - c. genitalia
 - d. bony prominence
 - e. spinal column

5. If darts are found to be superficially embedded in other locations, they may be removed as follows:
 - a. Place one hand on the patient where the dart is embedded to stabilize the skin surrounding the puncture site.
 - b. Firmly grasp the probe with your other hand.
 - c. Remove by gently pulling the dart straight out along the same place it entered the body.
 - d. Assure that the dart is intact.
 - e. Repeat procedure with second dart, if embedded.
 - f. Return the darts to law enforcement officials, utilizing BSI.

6. Control minor hemorrhage and cleanse the wound area with saline.
7. If indicated, cover wound area with a dry dressing.
8. Transport decision:
 - a. Transport decisions regarding patients subdued by EMD weapons should be based on patient condition
 - b. If the patient has not had a tetanus shot in the last 5 years, they should be advised to get one

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES

EMS SYSTEM POLICY

Section: General Policies

Page: 1 of 3

Subject: 237 - Tasers

Executive Owner: PSJH EMSS

Approval Date: 7/1/12
Effective Date: 8/1/12
Last Review Date: 4/18/18
Revised Date: 10/24/13
Supersedes:

I. **POLICY STATEMENT**

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

II. **PURPOSE**

Increased brain temperature contributes to ischemic brain injury in patients post cardiac arrest. Studies have shown that lowering brain temperature, even by a few degrees, decreases ischemic brain damage. In studies of post cardiac arrest, induced hypothermia protocols have contributed to improved neurological outcomes.

A. Inclusion Criteria (Should have all five of the following):

1. Cardiac Arrest Patients - This includes patients with Ventricular Fibrillation (VF), Pulseless Ventricular Tachycardia (VT) Pulseless Electrical Activity (PEA), and Asystole.
2. Return to Spontaneous Circulation - Defined as a continuous heart rate with perfusion and stable blood pressure with or without pharmacologic assistance.
3. Comatose Patients with Glasgow Coma Scale (GCS) < 8
Patients who do not respond appropriately to verbal commands after the return of spontaneous circulation. Agitated/combatative patients are comatose by this definition and should be cooled.
4. Greater Than 18 Years Old
5. Endotracheal Intubation Required.

B. Exclusion Criteria (any one of the following):

1. Refractory cardiogenic or septic shock in spite of IV fluids and vasopressors.
2. Recurrent VF or Refractory VT in spite of appropriate therapy.
3. Evidence of acute Cerebral Vascular Accident (CVA)
4. Pregnancy
5. Other causes of coma (consider CT/MRI/EEG if clinically indicated).

C. Relative Contraindications:

1. Existing Do Not Resuscitate (DNR)
2. Co-Morbidities
3. Severe coagulopathy – Platelets < 50, INR > 3
4. Persistent Hypotension

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

- A. Begin cooling with cold packs applied to the patient's neck, axilla and groin.
- B. If available hang chilled saline at 30ml/kg/hr.
- C. If shivering: administer Versed (midazolam) 5mg IVP followed by 2mg increments every 30 to 60 seconds up to 20mg max dose.

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES

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EMS SYSTEM POLICY

Section: General Policies

Page: 1 of 2

Subject: 238-Conceal and Carry

Executive Owner: PSJH EMSS

Approval Date: 7/1/11

Effective Date: 8/1/12

Last Review Date: 4/18/18

Revised Date:

Supersedes:

I. **POLICY STATEMENT**

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

II. **PURPOSE**

To give direction to prehospital providers within the PSJH EMSS on handling firearms discovered on the patients they treat.

III. **MISSION / VALUES RATIONALE**

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. **SPECIAL INSTRUCTIONS**

V. **DEFINITIONS**

VI. **PROCEDURE**

A. Patient Care

1. All legal efforts should be utilized to avoid having to transport the weapon to the Emergency Department.
2. If the Patients condition requires immediate transportation, then transportation should not be delayed unless there is an imminent life threat to the providers.
3. If the patient is stable, and Police are in route, transportation may be delayed to relinquish the weapon to the Police Officer.

B. Safety

1. Scene safety remains the top priority for EMS responders. If the EMS responders feel that there is a valid life threat to themselves, then retreat to a safe zone as indicated.
2. Stage in a safe location to be able to re-enter the scene when secured by Law Enforcement.

3. When you must transport the weapon, it **must** be in secured to prevent accidental discharge.

C. Notification to the Emergency Department

1. When transporting the weapon on the Ambulance, the provider will contact the Emergency Department early.
2. The report needs to contain the verbiage “**I have a CODE 86**”. This informs the Emergency Department that there is a secured weapon on the ambulance and will require someone from the Hospital to take custody of the weapon upon arrival.

D. Transferring the Weapon at the Hospital

1. Upon arrival, relinquish the weapon to the Hospitals designee as soon as possible. Do not leave the weapon un-attended at any time.
2. Complete the “Chain of Evidence” form with whom you release the weapon to hospital security.

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES

EMS SYSTEM POLICY

Section: General Policies

Policy #: 239

Policy Title: CONTINUOUS QUALITY IMPROVEMENT (CQI)

Page: 1 of 3

Executive Owner: EMS Department

Approval Date: 11/01/2013

Effective Date: 12/16/2016

Last Review Date: 04/18/2018

Revised Date: -

Supersedes: -

I. POLICY STATEMENT

It is the policy of PSJH-E to provide a process to standardize patient care and ensure consistency in the scope of practice throughout the EMS System.

II. PURPOSE

This CQI Policy establishes guidelines for the implementation of a program to support EMS providers as they strive to provide excellent patient care. These policies intend to provide direction to set measurable goals and define minimum performance standards for the individuals and service. This consistent, fair evaluation practice will provide the routine feedback every provider deserves.

III. General Procedure:

The interaction of the physician, service leadership and providers is critical for the success of this *CQI program*. *All staff must understand their role, responsibilities and duties as part of the CQI team.*

SECTION A: SCOPE OF PRACTICE

Policy: EMS providers shall provide care within the current Scope of Practice and as authorized, in writing, by the medical director.

Procedure:

1. EMS providers shall review the Scope of Practice for EMS Providers during initial orientation to the service and whenever the scope is officially amended.
2. The service shall maintain documentation of initial and periodic staff reviews of the Scope of Practice.
3. EMS providers shall provide care within the Scope of Practice for their certification level limited by the service program level of authorization.

PRESENCE HEALTH	SYSTEM POLICY
Section: General Policies	Policy #: 239
Subject: CQI	Page: 2 of 3

SECTION B: PROTOCOLS

Policy: EMS providers shall deliver care as directed in the medical director authorized protocols.

Procedure:

1. The medical director shall review and authorize all protocol modifications including any state and/or local protocol changes.
2. The service shall ensure the Regional EMS Coordinator promptly receives the medical director signed protocol authorization, change pages and medication list each time the protocols are amended.
3. The EMS service will maintain documentation of protocol education for EMS providers.
4. The EMS service will provide and document training after the medical director has authorized any state or local changes to the protocols.
5. EMS providers shall deliver care as directed within the approved patient care protocols.
6. Treatment rendered that deviates from the approved protocols must be documented on the patient care report (PCR) and reported to the service director and to the attention of the medical director.

SECTION C: WRITTEN MEDICAL AUDITS

Policy: The EMS service shall ensure that written medical audits review patient care & protocol compliance, response time & time spent at the scene, system response, and completeness of documentation. Providers shall receive timely feedback on audited PCR's.

Procedure:

1. The responding staff shall complete and file a written patient care report and ensure that the receiving facility has a copy of the completed PCR.
2. Any significant deviation from the approved protocols or standard of care will be brought to the attention of the CQI appointee.
3. Any discussion of EMS responses shall be confidential and limited to current staff.
4. Assigned CQI auditors shall perform written audits quarterly.
5. An audit shall be complete when it is signed by the PCR author, reviewed by responding staff and the auditor is satisfied with the loop closure.
6. The completed written audit shall be kept on file or recorded into a written audit activity log.
7. If there are no patient encounters that meet the assigned criteria during the quarter, the CQI appointee will select a percent of calls to audit or a number of calls per provider or any method that ensures that providers receive written feedback on their documentation and performance.

PRESENCE HEALTH	SYSTEM POLICY
Section: General Policies	Policy #: 239
Subject: CQI	Page: 3 of 3

SECTION D: FOLLOW-UP & LOOP CLOSURE

Policy: The medical director and the service director shall utilize a written action plan, as needed, to address personnel, vehicle, equipment and system challenges.

Procedure:

1. The action plan shall be implemented when any of the following occur: significant deviation from written protocol or standard of care, delay of response or treatment, vehicle or equipment failure and/or system difficulty.
2. The medical director and service director shall develop and implement a written action plan and monitor the situation until the desired improvement is achieved.

SECTION E: MEASURABLE OUTCOMES

Policy: The medical director, in consultation with the staff, shall establish measurable outcomes consistent with strategic planning goals and unique needs of the local EMS system to appraise the overall effectiveness and efficiency of the EMS system.

FORMS AND OTHER ATTACHMENTS

N/A

IV. REFERENCES

N/A

Section: Equipment/Supplies

Page 1 of 7

Subject: 301 - Approving/Issuing/Exchanging Drugs & Supplies

Executive Owner: PSJH-E EMSS

Approval Date: 5/5/05
Effective Date: 9/1/09
Last Review: 2/18/16
Revised Date: 2/13/18
Supersedes: 3/10/13

I. POLICY STATEMENT

- A. The EMS Program Plan shall contain a list of all drugs and equipment required for each type of System vehicle; and procedures for obtaining replacements at System hospital (EMS Rules).
- B. Restocking arrangements are implemented by and monitored by the EMS System in cooperation with all members.
- C. All hospitals and ambulance providers must otherwise comply with all federal, state, and local laws regulating emergency medical care and the provision of drugs and medical supplies, including the laws relating to the handling of controlled substances.
- D. General restocking: Each Resource hospital agrees to replace drugs and medical supplies and provide for equipment exchange for items on the PSJH-E EMS System Drug & Supply List on an equal basis for all EMS vehicles that bring emergency patients to their facility (Section 3.20(b) of the EMS Act) in one or more of three categories:
 - 1. All ambulance providers;
 - 2. All non-profit and State or local government ambulance service providers (including, but not limited to municipal and volunteer ambulance services providers); or
 - 3. All non-charging providers (typically volunteer providers) (OIG Rule).
 - 4. A receiving facility can offer restocking to more than one category, and can offer a different restocking program to each category that it restocks, so long as the restocking is uniform within each category (OIG Rule).
- E. Except for government-mandated or fair market value restocking protected restocking arrangements must be conducted in an open and public manner. A restocking arrangement will be considered to be conducted publicly if: (i) A disclosure notice is posted conspicuously in the receiving facility's emergency department or other location where ambulance providers deliver patients that outlines the terms of the restocking program and copies are available to the public upon request; or (ii) The restocking program operates in accordance with a plan or protocol of general application promulgated by an EMS Council or comparable organization (with copies available to the public upon request). PSJH-E EMS System policy satisfies this requirement.
- F. Fair market value restocking: This category protects restocking arrangements where an ambulance provider pays the receiving facility fair market value based on an arm-length transaction, for restocked medical supplies (including linens). The final OIG rule does not include the resale of drugs in this category.

Subject: **301 - Approving/Issuing/Exchanging Drugs & Supplies**

1. The restocking must be at fair market value, and
 2. Payment arrangements must be commercially reasonable and made in advance.
- G. Government-mandated restocking: This final safe harbor protects restocking of drugs and supplies undertaken in accordance with a State or local statute, ordinance, regulations, or binding protocol that requires hospitals or receiving facilities in the area subject to such requirement to restock ambulances that deliver patients to the hospital with drugs or medical supplies that are used during the transport of that patient. This safe harbor does apply to all PSJH-E EMS System provider agencies.
- H. All drugs and supplies available for EMS exchange shall be stored by hospitals in a "reasonably secure" manner to prevent diversion or tampering with the products. They shall be inspected to ensure the appropriateness of the drug/concentration/packaging, integrity of the packaging, to ensure that they are not near their expiration date (TJC), and shall be available to EMS personnel within a reasonable time frame to prevent prolonged down times at the hospitals awaiting exchange.
- I. Inclusion of any new drug, supply, solution or equipment on the Standard Drug and Supply List shall be a collaborative process between hospital and prehospital System members unless the EMS Medical Director (EMS MD) believes there are unusual and compelling medical reasons for requiring a product based on his prerogative alone.
- J. All drugs and equipment, other than those covered by the United States Department of Transportation National Standard Curriculum for each EMT level of licensure, must be approved by IDPH in accordance with Section 515.360, subsections (b), (c), and (d) of the EMS Rules before being used by the System.
- K. All new products added to the System Drug and Supply List that are consumable, patient exchange items are issued by the hospitals to those Provider agencies assigned to them through the System organizational chart. The cost of the initial inventory will be sustained by system hospitals. All durable medical goods (non-exchange items) will be purchased by the EMS providers.
- L. Either the hospital or the ambulance providers must maintain records of restocked items and make the records available to the Department of Health and Human Services upon request (OIG).
- M. All billing or claims submission by the receiving facility, ambulance provider or first responder for replenished drugs and medical supplies used in connection with the transport of a Federal health care program beneficiary must comply with all applicable Federal health care program payment and coverage rules and regulations.
- N. Compliance with Section M of this document will be determined separately for the receiving facility and the ambulance provider (and first responder, if any) so long as the receiving facility, ambulance provider (or first responder) refrains from doing anything that would impede the other party or parties from meeting their obligations.

II. PURPOSE

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS**V. DEFINITIONS**

Medical supplies: Those listed as exchange supplies on the PSJH-E EMS System Standard Drug & Supply List

VI. PROCEDURE

A. Approving Drugs: Any new product being considered for use in the PSJH-E EMS System must go through the following process prior to being added to the Standard Drug and Supply List:

1. Review by the EMS MD to determine if further evaluation or consideration is warranted or approved. If the EMS MD rejects the product for prehospital use in this System, the investigation process stops at this point.
2. If the EMS MD approves the product for further review, the manufacturer/distributor shall be directed to the Products Committee to discuss the merits of the item with potential users.
3. The Products Committee will provide feedback on the strengths and perceived limitations of a product and may decide to conduct field-testing.
4. After evaluation and/or field-testing, the results shall be shared with the prehospital and hospital EMS Coordinators/Educators for further discussion and recommendations to the EMS MD.
5. The System is committed to responsible stewardship and agrees that any product purchase that would impact the capital budgets of providers or hospitals shall be brought to the Chiefs/Administrators PRIOR to making a decision for approval or developing a timeline for compliance.

B. Issuing new drugs and supplies:

1. The Resource hospital EMS MD or his designee is responsible for communicating to hospital and Provider EMS Coordinators the name, approved manufacturer(s), type of packaging, amount and cost of product(s) to be added along with a compliance date.
2. Provider EMS Coordinators are accountable for ensuring that all EMS vehicles are appropriately stocked by compliance dates or a request for variance/waiver must be submitted to the Resource Hospital EMS office.

3. Provider Chiefs or their designees are responsible for notifying their hospital EMS Coordinator of all proposed vehicle additions at least three months prior to their implementation to allow for appropriate inventory and budgetary planning for initial stocking.
- C. Security of EMS medications and supplies at system hospitals:
1. All Schedule II controlled substances must be secured under lock and key based on DEA laws and regulations (TJC standard MM.03.01.01). These products must be stored in a “substantially constructed locked cabinet”. Any controlled substance must be tightly controlled and accounted for, under law and regulation.
 2. Other drugs and products must be kept in areas that are not readily accessible to the public and/or easily removed by visitors. All areas restricted to authorized hospital personnel only are considered “secure” areas. Non-narcotic drugs stored in these areas do not need to be locked (TJC).
 3. The security of EMS medications should be addressed in a hospital’s security management plan (TJC). As part of this plan, theft, pilferage and tampering should be reported. If medication security becomes a problem, it is expected that the hospital take additional steps to prevent it.
[TJC MM.05.01.113, MM.06.01.01, MM.08.01.01]
- D. Dispensing drugs/supplies on the Drug and Supply List
1. Hospital must adhere to internal policies and TJC standards with respect to dispensing ambulance supplies.
 2. If using an Automated Dispensing Machine (e.g. Pyxis, etc), the machine is not a medical control system, but rather a tool that is part of the medication control system. Hospitals must ensure that the proper medication control systems (designed to prevent medication related sentinel events) are still in place when these machines are used.
 3. All medication use standards apply to drugs obtained via an automated dispensing device to the same extent as medications dispensed via the traditional unit-dose drug distribution system or floor stock (TJC).
 4. IDPH has approved the use of automated dispensing machines for EMS drugs as long as the hospital has a policy on using these machines for controlled dispensing of supplies and drugs (Leslee Stein-Spencer letter to EMS Coordinators, 3/2/01).
 5. Drugs kept in an automated dispensing machine are considered secure as long as access is limited to those people with a password and those people with a password are limited to those who have a need for access to the medications (nurse, pharmacy technician, pharmacists, physicians, paramedics) (TJC).
 6. Hospitals that use automated dispensing machines need to determine back-up systems for the distribution of medications if the machine breaks or the power fails (TJC).
- E. Adding drugs/equipment not included in the DOT curriculum
1. It shall be the EMS System Coordinator’s responsibility to seek approval from IDPH to use any new medications or equipment not included in the DOT National Standard Curriculum as well as to document training on the new medication/equipment. This documentation should include a copy of any curriculum used. See section (b) of the rules for specific information to be provided to IDPH.

2. IDPH shall either approve the drug and/or equipment, approve the drug and/or equipment on a conditional basis, or disapprove the drug and/or equipment. IDPH's decision shall be based on a review and evaluation of the documentation submitted, the application of technical and medical knowledge and expertise; consideration of relevant literature and published studies on the subject; and whether the drug and/or equipment has been reviewed or tested in the field. The Coordinator may seek the recommendations of medical specialists and/or other professional consultants to determine whether to approve or disapprove the specific drug(s) or equipment.
 3. An EMS MD shall not approve an EMT/PHRN to use new drugs or equipment unless that EMT/PHRN has completed the IDPH-approved training program and examination, and has demonstrated the required knowledge and skill to use that drug or equipment safely and effectively. (EMS Rules)
 4. An EMS MD is not required to provide new drug or equipment training to System EMTs who will not be using the new drugs or equipment.
- F. Lost, non-exchanged or damaged consumable items:
Any drug/supply that is lost, stolen, damaged, or not replaced at the time of use will be the fiscal responsibility of the Provider Agency to replace. Provider agencies should contact their designated Resource hospital to arrange for dispensing of replacement prescription drugs products under these circumstances. They may replace other consumable supplies at the designated System hospital or per their own internal policies. Ambulance providers shall be charged the fair market value for the replenished drugs or supplies. Commercially reasonable and appropriate payment arrangements must be made in advance. Nonprofit receiving hospitals may sell to nonprofit ambulance providers at cost (OIG).
- G. Conditions applicable to all safe harbor restocking arrangements
1. Appropriate billing of Federal health care programs: All Federal health care programs must be billed appropriately. The ambulance provider and the hospital may not both bill for the same restocked drug or supply. This includes submitting claims for bad debt.
 2. Documentation requirements: Either the hospital or the ambulance provider may generate the necessary documentation so long as the other party receives and maintains a copy of it for 5 years. The prehospital patient care report is sufficient to satisfy this requirement if it (i) identifies the drugs and supplies used on the patient and subsequently restocked and (ii) a copy of the report is filed with the receiving facility within a reasonable amount of time. An exchange of linens will be presumed to occur with each run, absent documentation to the contrary.
 3. No ties to referrals: Restocking arrangements are prohibited that are conditioned on, or otherwise take into account, the volume or value of any referrals or other business generated between the parties for which payment may be made in whole or in part by a Federal health care program (other than delivery to the receiving facility of the particular patient for whom the drugs and medical supplies are restocked).
 4. Compliance with all other applicable laws: Both receiving facilities and the ambulance provider must comply with all Federal, State, and local laws regulating ambulance

services including, but not limited to, emergency services, and the provision of drugs and medical supplies, including, but not limited to, laws relating to the handling of controlled substances (OIG Rule).

H. **Presence Saint Joseph Hospital EMS System Ambulance Restocking Program:**

1. We will restock all ambulance providers that bring patients to our hospital (or to a subpart of our hospital, such as the emergency department) in the following category or categories: all ambulance providers.
2. Restocking will include the following drugs, medical supplies and linens, used for a patient, prior to delivery of the patient to our hospital.
3. Expiring medications are to be exchanged in PSJH-E Pharmacy Department no more than 30 days prior to expiration date.

I. **PSJH-E EMS System Drugs as specified in the SOPs and Standard Drug and Supply List**

1. All non-profit and State or local government ambulance service providers (including, but not limited to municipal and volunteer ambulance services providers will not be required to pay for the restocked drugs and medical supplies, and linens.
2. All non-charging providers (typically volunteer providers) will not be required to pay for the restocked drugs and medical supplies, and linens.
3. All ambulance services that do not meet the criteria of one of the above categories will not be required to pay for the restocked drugs and medical supplies, and linens.
4. The restocked drugs and medical supplies, and linens, must be documented at a minimum on the patient care report approved by each individual EMS System, filed with the receiving hospital within 24 hours of delivery of the patient that records the name of the patient, the date of the transport, and the relevant drugs and medical supplies.
5. This restocking program does not apply to the restocking of ambulances that only provide non-emergency services or to the general stocking of an ambulance provider's inventory.
6. To ensure that Presence Saint Joseph Hospital does not bill any Federal health care program for restocked drugs or supplies for which a participating ambulance provider bills or is eligible to bill, all participating ambulance providers must notify Presence Saint Joseph Hospital if they intend to submit claims for restocked drugs or supplies to any Federal health care program. Participating ambulance providers must agree to work with Presence Saint Joseph Hospital to ensure that only one party bills for a particular restocked drug or supply.
7. All participants in this ambulance restocking arrangement that bill Federal health care programs for restocked drugs or supplies must comply with all applicable Federal program billing and claims filing rules and regulations.
8. For further information about our restocking program or to obtain a copy of this notice, please contact Phil Laier, RN, EMS System Coordinator at 847-695-3200 x3651.

VII. FORMS AND OTHER DOCUMENTS

Refer to PSJH-E EMSS SMOs

Refer to PSJH-E ALS/BLS Inspection Form

VIII. REFERENCES

IDPH (April 15, 1997). EMS Rules: Sections 515.330 EMS Program Plan; 515.360 Approval of Additional Drugs and Equipment.

Illinois Pharmacy Act Subpart R: Pharmacy or drug and medicine service, Section 250.2110.

TJC. (12/15/00). Pharmacy FAQs Care Function: Medication Use Standards.

Dept. of Health & Human Services Office of Inspector General (OIG) (December 4, 2001).

Final rule: Medicare and State Health Care Programs [MM.03.01.01]: Fraud and Abuse; Ambulance Replenishing Safe Harbor Under the Anti-Kickback Statute [FR68(56),14245-14255].

Presence Saint Joseph Hospital EMSS SMOs

EMS SYSTEM POLICY

Section: Equipment/Supplies

Page 1 of 1

Subject: 302 - Training Equipment Loan Policy

Executive Owner: PSJH-E EMSS

Approval Date: 4/1/98
Effective Date: 4/1/98
Last Review: 2/13/18
Revised Date: 2/18/16
Supersedes: 3/10/13

I. POLICY STATEMENT

- A. Any equipment to be borrowed must be requested in advance and approved by the PSJH-E EMS System Coordinator or designee.
- B. All equipment loaned must be signed out in the Equipment Loan Log Book in the EMS office including documentation of condition.
- C. Equipment needed for system training courses may be unavailable to loan at specific prescheduled times during the year in order to allow availability for the EMS System courses.
- D. All equipment loaned must be returned in comparable condition. A checklist is provided where appropriate. Any damaged or malfunctioning equipment must be reported to the EMS office at the time the equipment is returned. If replacement or repair is necessary, the department that borrows the equipment will be charged for the expense.
- E. No equipment shall be removed from the PSJH-E EMS office without approval of the PSJH-E EMS System Coordinator or designee.

II. PURPOSE

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES

EMS SYSTEM POLICY

Section: Administrative

Page 1 of 3

Subject: 401 - PSJH-E EMS System Variance Report

Executive Owner: PSJH-E EMSS

Approval Date: 5/1/09
Effective Date: 5/1/09
Last Review: 2/13/18
Revised Date: 2/18/16
Supersedes: 3/10/13

I. POLICY STATEMENT

- A. The intent of this policy is to provide information for consideration and action, when appropriate in order to improve the quality and efficiency of the EMS System.
- B. This policy provides a means for System members to report an occurrence, for System representatives to document the results of their investigation, and to report recommendations. Open and timely face to face communication is encouraged to reach immediate resolution of questions or concerns.

II. PURPOSE

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

- A. An EMS System Variance Report Form (#463-143-8808 {1/09}) should be completed in following circumstances:
 1. A discrepancy in EMT/Prehospital R.N. (PHRN) judgment and hospital ordered treatment, which may or may not constitute a variance from Standing Medical Orders or System Policies. Either party may request a review of run events for clarification as to the appropriateness of orders given (or not given) and/or treatment rendered.
 2. Interference at the scene hampered EMT's/PHRN's in the performance of their duties.
 3. There is any patient injury or provider injury sustained after establishment of the EMT/PHRN patient relationship; either during the course of treatment at the scene or during transport.
 4. Patient report of misplaced possessions (i.e.: dentures, clothing, eye glasses, etc.)

Subject: **401 - PSJH-E EMS System Variance Report Form**

5. Equipment malfunction/failure occurred during the course of patient treatment (see PSJH-E EMS System Policy 412 - Medical Device Failure/Malfunction).
 6. There is indication of impaired behavior exhibited by EMS Personnel.
 7. Communication malfunction, interruption or failure.
 8. An incident adversely affects or threatens to affect patient, personnel or public relations.
- B. When necessary, an incident may be immediately reported by telephone to the EMS Medical Director or designee, if prompt action is needed to:
1. avert an anticipated adverse outcome or occurrence
 2. reduce or eliminate an impairment of services
 3. reduce or eliminate a delay of service
- C. Following telephone notification, a written variance report will be forwarded to the EMS Medical Director. If related to patient care, describe in detail exactly what happened. Do not record any assumptions or opinions. Include only what you observed. Record the patient's condition including all relevant vital signs or physician exam findings.
- D. If there are witnesses to an occurrence, record their names and affiliations.
- E. The EMS System Variance Report form should be forwarded within 48 hours of the occurrence to the EMS System Coordinator at the receiving hospital or to the System Resource hospital.
- F. Upon receipt of the report the EMS System Coordinator will obtain all records and/or data necessary to evaluate the situation and communicate recommendations to the EMS System Coordinator or the EMS Medical Director.
- G. The EMS System Coordinator will communicate the progress or findings of the investigation and corrective action recommended, if any, to those involved in the situation within seven (7) business days.
- H. The completed form is to be sent to the System Resource Hospital for review. Accumulative record of variances and their dispositions or recommendations will be kept by the System Resource hospital EMS office.
- I. The EMS Medical Director or designee actions can include process improvement, corrective action or suspension.
- J. Process improvement may include additional education, or evaluation.
- K. Corrective action may include verbal warnings, written warning, final written warning, supervision, probation, or rehabilitation.

Section: **Administrative**

Page 3 of 3

Subject: **401 - PSJH-E EMS System Variance Report Form**

- L. Suspension from participation in the EMS system for the reasons included in the System Participation Suspension Policy. (See PSJH-E EMS System Policy 404 – System Participation Suspensions/Local System Review Board)

VII. FORMS AND OTHER DOCUMENTS

EMS System Variance Report Form

VIII. REFERENCES

EMS SYSTEM POLICY

Section: Administrative

Page 1 of 1

Subject: 402 - EMS System Policy Manual

Executive Owner: PSJH-E EMSS

Approval Date: 4/1/98
Effective Date: 4/1/98
Last Review: 2/1/18
Revised Date: 3/10/13
Supersedes: _____

I. POLICY STATEMENT

A copy of the EMS System Policy Manual will be available at each agency participating in the System and at the EMS offices.

Amendments will be distributed to each agency and through the System continuing education.

Updates on System and Regional activities and other matters of medical, legal and/or professional interest will be disseminated through system meetings, newsletters and/or continuing education.

II. PURPOSE

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES

EMS SYSTEM POLICY

Section: Administrative

Page 1 of 2

Subject: 403 - Disbursement of IDPH Grant Funds

Executive Owner: PSJH-E EMSS

Approval Date: 10/2/97

Effective Date: 10/2/97

Last Review: 2/1/18

Revised Date: 3/10/13

Supersedes: _____

I. POLICY STATEMENT

- A. The EMS Region shall request grant funds from IDPH for the purposes of organization, development, and improvement of the EMS Systems, including but not limited to training or personnel and acquisition, modification, and maintenance of necessary supplies, equipment and vehicles.
- B. Programs, services and equipment funded by the EMS Assistance Fund shall comply with the EMS Act, the Rules, and the Region Plan.

II. PURPOSE

III. MISSION / VALUES RATIONALE

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

- A. Individual EMS Systems may make application to the Region IX Advisory Board Grant Fund Subcommittee on forms prescribed and provided by IDPH.
- B. Applications must provide evidence of financial planning, to include, but not be limited to: equipment replacement plans, budgeting plans, and fundraising plans.
- C. The Region IX Grant Fund Subcommittee shall consider requests based on demonstrated need, and one or more of the following:
 - 1. The request establishes a new EMS agency, program, or service where needed to improve EMS available in an area;
 - 2. The request expands or improves and existing EMS agency, program, or service;
 - 3. The monies replace equipment that is unserviceable or procures new equipment;
 - 4. The request establishes, expands, or improves EMS education and training programs including the adult and pediatric populations.
- D. The Grant Fund subcommittee shall make their recommendation(s) regarding grant approval and the recommended amount to the full Regional Advisory Board for endorsement or denial on or before the February Board meeting each year so the approved application(s) may be submitted to IDPH by the deadline of each year.

Section: **Administrative**

Page 2 of 2

Subject: **403 - Disbursement of IDPH Grant Funds**

- E. Emergency Awards: The Region IX Advisory Board may recommend that IDPH issue emergency awards not to exceed ten percent of the total funds available in a year. Emergency funds shall be based on demonstrated need arising from a natural or manmade disaster.

- F. All recipients of IDPH grant funds must agree to adhere to reporting requirements in the EMS Rules.

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES

IL EMS Act Sections 3.220 (b)(5), (c) and 3.30(a)(8)
IDPH Rules and Regulations Section 515.3000

Section: Administrative

Page 1 of 3

Subject: 404 - System Participation Suspensions/Local System Review Board

Executive Owner: PSJH-E EMSS

Approval Date:	<u>4/1/98</u>
Effective Date:	<u>4/1/98</u>
Last Review:	<u>2/1/18</u>
Revised Date:	<u>3/10/13</u>
Supersedes:	_____

I. POLICY STATEMENT

A. An EMS Medical Director 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 the System.

1. System Participation Suspension

The EMS Medical Director shall provide the individual, individual provider or the other participant with a written explanation of the reason for the suspension; the terms, length and condition(s) of the suspension; and the date the suspension will commence, unless a hearing is requested.

2. System Review Board

- a. Prior to suspending an EMT or other provider, an EMS Medical Director shall provide an opportunity for a hearing before the local System Review Board.
- b. Written request for a hearing must be delivered by certified mail or personal service to the EMS Medical Director. Failure to request a hearing within 15 days shall constitute a waiver of the right to a System Review Board hearing.
- c. The System Review Board is designated by the Resource Hospital and consists of a least three members, one of whom is an Emergency Department physician with knowledge of EMS, one of whom is an EMT, and one of whom is of the same professional category as the individual, individual provider or other participant requesting the hearing.
- d. The hearing shall commence as soon as possible but at least within 21 days after receipt of a written request. The EMS Medical Director shall arrange for a certified shorthand recorder to make a stenographic record of the hearing and thereafter prepare a transcript of the proceedings. The transcript, all documents or materials received as evidence during the hearing and the System Review Boards written decision shall be retained in the custody of the Resource Hospital. The System shall implement a decision of the System Review Board unless that decision has been appealed to the State EMS Disciplinary Review Board.
- e. The System Review Board shall state in writing its decision to affirm, modify or reverse the suspension order. Such decision shall be sent via certified mail or personal service to the EMS Medical Director and the individual, individual provider or other participant who requested the hearing within five business days after the conclusion of the hearing.
- f. The EMS Medical Director shall notify IDPH in writing within five business days after receipt of the board’s decision to uphold, modify or reverse the EMS Medical Director’s suspension of a system participant. The notice shall include a statement detailing the duration and grounds for the suspension.

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS**V. DEFINITIONS****VI. PROCEDURE****VII. FORMS AND OTHER DOCUMENTS****VIII. REFERENCES**

IDPH Rules and Regulations Section 515.440 – State Emergency medical Services
Disciplinary Review Board
IDPH Rules and Regulations Section 515.430 – Suspension Revocation and Denial of
Licensure of EMTs

EMS SYSTEM POLICY

Section: Administrative

Page 1 of 1

Subject: 405 - Inter-System/Region Conflict

Executive Owner: PSJH-E EMSS

Approval Date: 4/1/98
Effective Date: 4/1/98
Last Review: 2/1/18
Revised Date: 3/10/13
Supersedes: _____

I. POLICY STATEMENT

- A. When an issue occurs involving two or more EMS Systems in Region IX, the EMS System Coordinators will attempt resolution with all parties involved.
- B. If resolution cannot be reached, the issue will be referred to the involved EMS Medical Directors for resolution.
- C. If resolution cannot be achieved, the issue will be considered by the Region IX EMS Medical Directors Committee which will make recommendations for resolution. The EMS Medical Directors Committee may include appropriate representation from the Region IX EMS Advisory Board in their discussion.
- D. If the recommendation of the EMS Medical Directors Committee is not acceptable to one or more of the involved parties, the issue may be referred to IDPH.
- E. File occurrence with PSJH-E EMS System Coordinator, Refer to PSJH-E EMS System Policy 401 – EMS System Variance Reporting.

II. PURPOSE

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

VII. FORMS AND OTHER DOCUMENTS

EMS System Variance Report Form

VIII. REFERENCES

EMS SYSTEM POLICY

Section: Administrative

Page 1 of 2

Subject: 406 - Abandonment vs. Prudent Use of EMS Personnel

Executive Owner: PSJH-E EMSS

Approval Date: 4/1/98
Effective Date: 4/1/98
Last Review: 4/18/18
Revised Date: 3/10/13
Supersedes: _____

I. POLICY STATEMENT

EMS providers must remain with the patient until the patient is under the supervision of other personnel of equal or greater competence.

II. PURPOSE

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

- A. In cases of episodic illness or injury where Basic Life Support (BLS) care has been provided to a patient and the only action remaining for the EMS responders is transportation of the patient to the nearest medical facility, the EMS personnel may leave the scene if called to an individual elsewhere who sustains an injury or illness of an apparently more serious nature, possible necessitating Advanced Life Support skills, care and intervention, which may be life-saving for that patient. An EMS provider at the appropriate level for the patient's condition must remain with the patient until transporting agency assumes responsibility. This occurrence should be an exception to routine and customary practice, and should only occur if all other responding EMS vehicles for that particular provider are on other calls.
- B. If a patient requests transportation to a hospital other than the nearest hospital and this requires transferring responsibility for a patient to a private ambulance service, the initial provider must stay with the patient until the arrival of the private ambulance unless unusual compelling circumstances require that they leave. The patient's safety must never be jeopardized. Such circumstances must be reported to Medical Direction and documented on the Prehospital Care Report Form prior to leaving the scene.

Section: **Administrative**

Page 2 of 2

Subject: **406 - Abandonment vs. Prudent Use of EMS Personnel**

- C. An EMS provider is not to leave a patient at the receiving facility until the staff have received report and assumed care of the patient. The staff member receiving the patient must be of equal or greater training than the level of EMT that has brought the patient to the facility.

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES

Section: Administrative

Page 1 of 5

Subject: 407 - Exposure to Bloodborne Pathogens,
Infection or Communicable Diseases

Executive Owner: PSJH-E EMSS

Approval Date:	<u>4/1/98</u>
Effective Date:	<u>4/1/98</u>
Last Review:	<u>4/18/18</u>
Revised Date:	<u>3/10/13</u>
Supersedes:	_____

I. POLICY STATEMENT

EMS System providers shall take reasonable precautions to avoid occupational exposure to blood borne pathogens, infection or communicable diseases. In the event of an exposure to potentially infectious material, all EMS personnel, and police officers are to be evaluated, treated, and/or notified per the OSHA guidelines, State and Federal laws.

II. PURPOSE

III. MISSION / VALUES RATIONALE

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

- A. Blood: Human blood, human blood components and products made from human blood. Human blood components include plasma, platelets, and serosanguineous fluids such as exudates from wounds.
- B. Blood borne pathogens: 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, includes HIV and Hepatitis B.
- C. Other potentially infectious material (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 this definition also extends to blood and tissues of animals that are deliberately infected with HIV or HBV.

VI. PROCEDURE

- A. Responsibilities
 - 1. Patients shall be reasonably protected from acquiring infections from the ambulance environment or equipment used in the course of prehospital emergency care.
 - 2. Each ambulance agency and System hospital is required to comply with the provisions of Part 1910 of title 29 of the code of Federal Regulations Subpart Z, Federal OSHA or Section 1910.1030 Blood borne pathogens under Illinois Department of Labor.

Subject: **407 - Exposure to Bloodborne Pathogens, Infection or Communicable Diseases**

3. Each System hospital is required to comply with the Hospital Licensing Act to notify prehospital personnel and police who have provided or are about to provide emergency care to a patient diagnosed as having a dangerous communicable disease.
4. Each System provider is responsible for compliance to their employer or departments policies regarding occupational exposure.

B. Preventive Measures:**1. Immunizations:**

- a. EMS personnel are required to have evidence of immunity or appropriate immunizations for rubella (German Measles), Rubeola (Measles).
- b. It is recommended that EMS personnel have evidence of immunity/or immunizations to:
 - i. DPT
 - ii. Mumps
 - iii. Polio
 - iv. Hepatitis B
- c. Employers shall maintain personnel records in accordance with System OSHA Guidelines relative to HBV immunization and/or declination statements.
- d. Employers shall follow OSHA/IDOL guidelines for TB Screenings. A minimum of annual TB screening, etc.

C. Standard Precautions:

1. Standard Precautions is an approach to patient care that considers all blood and body substances as infectious. EMS providers shall use precautions to prevent contamination and exposure in the performance of the employee's duties.

D. Personal Protective Equipment:

1. Personal Protective Equipment is specialized clothing or equipment utilized by an employee for protection. Examples of personal protective equipment to be used in the field include: single use, disposable gloves, utility gloves, fluid repellent gowns, surgical face masks, pocket masks, and protective eyewear with solid side shields.
2. All prehospital providers shall wear and use appropriate equipment and PPE. Personal protective equipment shall be carried on all ambulances. The quantity shall be sufficient to supply all employees of the agency expected to respond to an incident where PPE is indicated.
 - a. Gloves:
 - i. Gloves shall be worn when touching blood and body fluids, mucous membrane or non-intact skin of all patients, or handling items or surfaces soiled with blood or body fluids, and for performing venipuncture and other invasive procedures, i.e., intubation, cricothyrotomy, pleural decompression, etc.
 - ii. Disposable (single use) gloves such as surgical or examination gloves shall be replaced as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
 - iii. Disposable (single use) gloves shall not be washed/decontaminated for re-use.

- iv. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised. Such heavy, fluid impermeable gloves should be worn during extrication and patient handling to minimize risk of incurring lacerations from broken glass.
- v. It has been proven that disposable gloves are not completely impermeable, therefore, hands should be thoroughly washed or foamed with an approved disinfective product after the gloves have been removed.
- b. Masks/Eye Protection:
 - i. Masks, in combination with eye protection devices such as goggles or glasses with solid side shields or chin length face shields, shall be worn whenever splashes, spray, droplets of blood, or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated. Such procedures include, but are not limited to intubation, suctioning, obstetrical delivery, caring for facial trauma, arterial bleeding, and coughing patients.
- c. Gowns:
 - i. Fluid repellent gowns or aprons shall be worn during procedures that are likely to generate splashes of blood or other body fluids.
- d. Other Precautions:
 - i. 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, benign lesions 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, i.e. intravenous drug users.
 - ii. All health care workers who perform or assist in vaginal deliveries should wear gloves, gowns, masks and protective eyewear 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.
- E. **Work Practice Controls:**
 - 1. Hand washing:
 - a. Hand washing facilities shall be readily accessible at all EMS provider and receiving facilities.
 - b. Antiseptic hand cleansers and clean cloth/paper towels or antiseptic towelettes shall be available for use whenever hand washing is not feasible.
 - c. Hands must be washed as soon as feasible after removal of gloves or other personal protection equipment and after all patient contact.
 - d. Hands and any other skin must be washed with soap and water or mucous membrane flushed with water as soon as feasible following contact with blood or potentially infectious materials.
 - e. Avoid contact with face, eyes, mouth and hair, and do not eat, drink or smoke until hands are washed.
 - 2. Contaminated Needles and Sharps:

Subject: **407 - Exposure to Bloodborne Pathogens, Infection or Communicable Diseases**

- a. Contaminated needles and sharps shall not be bent, broken, or sheared off.
 - b. Contaminated needles and sharps shall not be recapped or removed unless no alternative is feasible or such action is required by a specific procedure. Do not stick used needles into mattresses or bench seats.
 - c. Recapping or needle removal of contaminated sharps must be accomplished through the use of a one-handed technique, or use of a mechanical device (i.e.: clamp)
 - d. All disposable contaminated sharps are to be placed in a puncture resistant, labeled or color coded container, which is leak proof on the sides and bottom and has the ability to be closed. The containers must be easily accessible to personnel, maintained upright throughout use, and replaced routinely and not be allowed to overfill. The containers must be closed immediately prior to replacement and delivered to hospital personnel.
 - e. Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.
3. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas when there is reasonable likelihood of occupational exposure.
 4. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, countertops, or bench tops where blood or other potentially infectious materials are present.
 5. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
 6. All equipment, environmental and working surfaces which may become contaminated with blood or other potentially infectious materials shall be cleaned and decontaminated as necessary.
 7. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means such as a brush and dustpan, tongs or forceps.
 8. Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded for biohazards, and which prevent soak-through and/or leakage of fluids to the exterior.
 9. Utilize mouthpieces, resuscitation bags, face shield or other ventilation devices. Disposable bag-valve-masks or non-disposable bags with disposable one-way interconnects and disposable masks would be used on all patients.
 10. Health care workers who have exudate type lesions or weeping dermatitis should refrain from all direct patient care and from handling patient care equipment until the condition resolves

F. **Exposure:**

1. The system defines an exposure as one or more of the following:
 - a. Blood or body fluid splashed in the eyes, mouth, or other mucous membranes.
 - b. Non-intact skin-especially if the exposed skin is chapped, afflicted with dermatitis or has a wound or breaks in the skin.
 - c. Puncture wound from a contaminated needle or other sharp.

2. Post Exposure Evaluation and Follow-Up:
 - a. As soon as possible following an exposure to body substances, the exposed individual should decontaminate the body area exposed.
 - b. All personnel who believe that they have experienced an exposure event should initiate an EMS System Exposure Form found at the hospital.
 - c. The exposure incident should be reported to the Ambulance agency as required by the agency's policy.
 - d. The exposed individual should seek medical advice at the time of occurrence from a physician to evaluate the risks of transmission of disease and determine if any testing or treatment is indicated.
 - e. All follow-up shall remain confidential.

G. Notification Requirements in the Absence of an Exposure Incident:

1. According to the Hospital Licensing act as amended by P.A. 85-135, effective January 1, 1988, each hospital is required to establish procedures for notifying paramedics and ambulance who have provided or are about to provide emergency care or life support to a patient who has been diagnosed as having a dangerous communicable or infectious disease.
2. 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 or Meningococemia, Measles, Mumps, Plague, Polio, Rabies (Human Rabies), Rubella (including Congenital Rubella syndrome), Smallpox, Tuberculosis, and Typhus (louse-borne).
3. The law requires that the hospital send a letter of notification to the EMS Provider Agency within 72 hours after the hospital receives actual knowledge of a confirmed diagnosis of any of the listed diseases, other than AIDS, ARC, or HIV infection, for any patient who has been transported to the hospital by paramedics or ambulance.
4. In the case of a confirmed diagnosis of AIDS, ARC, or HIV infection, the hospital shall send a letter of notification to the EMS provider agency within 72 hours only if one or both of the following conditions exist:
 - a. The prehospital provider(s) have indicated on the Prehospital Care Report Form and a System Exposure Form that a reasonable possibility exists that they have had blood or body fluid contact with the patient.
 - b. The hospital has reason to know of a possible exposure of the prehospital provider(s) personnel to the blood or body fluids of the patient.

VII. FORMS AND OTHER DOCUMENTS

EMS System Exposure Form

VIII. REFERENCES

Hospital Licensing Act
OSHA
Illinois Department of Labor

Section: Administrative

Page 1 of 2

Subject: 408 - Inappropriate Medication Administration

Executive Owner: PSJH-E EMSS

Approval Date:	<u>4/1/98</u>
Effective Date:	<u>4/198</u>
Last Review:	<u>4/18/16</u>
Revised Date:	<u>3/10/13</u>
Supersedes:	_____

I. POLICY STATEMENT

A. During the course of Medical Administration if it becomes apparent that an incorrect medication was administered or an incorrect dosage was administered, the EMS provider shall do the following:

1. The EMS provider will inform the R.N. or M.D. of the receiving facility of the details of the drug therapy and any adverse reactions,
2. Accurately document the drug and dosage administered; the EMS provider may be required to complete additional forms pertaining to the incident per policies of the receiving facility.
3. Complete and EMS Variance Form detailing all the events of the incident and forward it to the EMS Office for review,
4. Do not refer to the EMS Variance Report Form on the Prehospital Care Report Form. Commentary concerning the incident (other than the medication given, any complications and care rendered) should be reserved for the EMS Variance Report Form.
5. During the course of Q1 chart review, if a medication error is recognized by the System staff, a variance report will be utilized and follow-up with agency EMS Coordinator will be made.

II. PURPOSE

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

VII. FORMS AND OTHER DOCUMENTS

EMS Variance Report Form

Section: **Administrative**

Page 2 of 2

Subject: **408 - Inappropriate Medication Administration**

Prehospital Care Report Form

VIII. REFERENCES

The Joint Commission Medication Management Standard, 02.01.01 & 01.01.03

Section: Administrative

Page 1 of 2

Subject: 409 - Critical Incident Stress Management (CISM)

Executive Owner: PSJH-E EMSS

Approval Date: 4/1/98
Effective Date: 4/1/98
Last Review: 4/18/18
Revised Date: 3/10/13
Supersedes: _____

I. POLICY STATEMENT

The EMS System recognizes that all System members at one time or another may experience a highly stressful event. Such an event could adversely affect System members themselves. Because of this potential, the System encourages appropriate intervention to assist in mitigating the effects of such stress.

II. PURPOSE

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. MISSION / VALUES RATIONALE

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IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

- A. Stress: Stress is a normal part of our lives. Stress is a response to a perceived threat, challenge or change; a physical or psychological response to any demand and/or a state of psychological and physical arousal that can produce cumulative adverse effects on a person’s physical and/or emotional health.
- B. Critical Incident Stress: Critical Incident Stress is an incident encountered by Emergency Service personnel that causes them to experience unusually strong emotional reactions which have the potential to interfere with their ability to function.

VI. PROCEDURE

- A. The System encourages the utilization of peer support networks, Employee Assistance Programs (EAPs), and Critical Incident Stress Defusing or Debriefings (CISM). The following are examples of situations that may cause critical incident stress:
 - 1. Line of duty death of a fellow worker
 - 2. Injury or threat of injury in the line of duty
 - 3. Death or serious injury to children
 - 4. Prolonged rescue attempts

Subject: **409 - Critical Incident Stress Management (CISM)**

5. Multiple casualty incident with scene presentation that evokes strong emotions in the rescuers
 6. Suicide of an emergency professional
 7. Victims known to the emergency team
 8. An event that has an unusually powerful impact on the personnel
 9. Excessive media coverage of an event
- B. The following may indicate the need for stress intervention:
1. Personnel request for intervention
 2. Behavioral changes within individuals or the group
 3. Participation in an extraordinary event that precipitates flashbacks, physiological or psychological complications
 4. Increased levels of anxiety with ineffective coping mechanisms
 5. Altered job performance after an incident, or unwillingness to go on similar calls in the near future
 6. Effects seen in an agency participating jointly in an incident
- C. Call the Northern Illinois CISM team (1-800-225-CISD) for a defusing and/or debriefing. Ideally, a defusing should take place within 12-18 hours and a debriefing should take place within 24-48 hours after the initial event. Subsequent debriefings may be required depending on the magnitude of the event.

VII. FORMS AND OTHER DOCUMENTS**VIII. REFERENCES**

EMS SYSTEM POLICY

Section: Administrative

Page 1 of 3

Subject: 410 - Impaired Practice in EMS

Executive Owner: PSJH-E EMSS

Approval Date: 4/1/98
Effective Date: 4/1/98
Last Review: 4/18/18
Revised Date: 3/10/13
Supersedes: _____

I. POLICY STATEMENT

The EMS System requires that all system participants perform their medical related duties without impairment or adverse effects due to psychological dysfunction, use or abuse of medications, illegal drugs, or alcohol.

Impaired practice is defined as conditions and factors that compromise a practitioner's ability to deliver care in a safe and comprehensive manner.

II. PURPOSE

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

- A. All system participants will recognize, intervene, and report any EMS system member whose practice is impaired as a result of drug or alcohol impairment or psychological dysfunction.
- B. An individual who is unable to perform his/her medical-related duties due to impairment, adverse effects of drug ingestion, intoxication, and/or psychological dysfunction while on duty will be immediately suspended by the EMS Medical Director in accordance with the reasons for suspension delineated in the EMS Rules:
 1. *"The EMT is physically impaired to the extent that he or she cannot physically perform the skills and functions for which he or she is licensed, as verified by a physician, unless the person is on inactive status pursuant to this part (Section 3.50(d)(8)(E) of the Act)*
 2. *The EMT is mentally impaired to the extent that he or she cannot exercise the appropriate judgment, skill and safety for performing the functions for which he or*

she is licensed, as verified by a physician, unless the person is an EMT or Paramedic on inactive status pursuant to this part 212 ILCS 50/3.40 – EMS System Participation Suspensions and Due Process”

- C. The system member who exhibits possible impairment must be prevented from administering further treatment to the current and subsequent patients until an investigation of the allegation is completed.
- D. The individual who detects possible impairment will immediately notify:
 - 1. The suspected impaired provider’s immediate supervisor, who will contact the Chief/Administrator or their designee, and
 - 2. The EMS Medical Director and EMS System Coordinator.
- A. The system member who reports possible impairment will complete the EMS Variance Report. The report must be submitted within 24 hours to the EMS office for review by the EMS Medical Director (or designee). On a weekend where the EMS System Coordinator is unavailable, a fax of the variance report in addition to a phone call or e-mail to the System Coordinator will suffice. (Form #463-143-8808 [1/09])
- B. The EMS Medical Director will work collaboratively with the employer to investigate and resolve allegations of on-duty impairment. Each System Ambulance Agency must have personnel policies relative to the management of personnel suspected of impairment. The policy shall include, at the minimum, the criteria and procedure for immediate removal of the employee from EMS duty; drug and alcohol test procedures; interpretation, validation and use of the results; an Employee Assistance Program or referral plan to aid in the rehabilitation; and criteria for monitoring the employee upon return to duty.
- C. If the allegation is sustained, and/or for probable cause, the system member will be immediately removed from EMS duties by the EMS Medical Director or designee through an immediate suspension of medical privileges, pending further action to be taken by the member’s employer.
- D. Disciplinary action by the EMS Medical Director may include a recommendation to the Illinois Department of Public Health for suspension or revocation of the System Members license when circumstances warrant. (PSJH-E EMS System Policy #404 – System Participation Suspension / Local System.
- E. Before reporting back for EMS-related duties after a suspension of medical privileges due to impaired practice, the system member must present documentation of successful completion of their employer’s procedure for investigation and management of suspected impaired practice to the EMS Medical Director. The EMS Medical Director has the final say in whether or not the provider shall be allowed to continue to practice within the EMS System and may also limit the provider’s practice in respect to handling of controlled substances. The provider must also satisfy any requirements set forth by IDPH and their own department.

Section: **Administrative**

Page 3 of 3

Subject: **410 - Impaired Practice in EMS**

VII. FORMS AND OTHER DOCUMENTS

EMS Variance Report Form

VIII. REFERENCES

PSJH-E EMS System Policy #404 – System Participation Suspension/Local System Review Board

IDPH Rules and Regulations Section 515.430 – Suspension Revocation and Denial of Licensure of EMTs, Part E and F

EMS SYSTEM POLICY

Section: Administrative

Page 1 of 1

Subject: 411 - Confidentiality of Patient Records (HIPAA)

Executive Owner: PSJH-E EMSS

Approval Date: 4/1/98
Effective Date: 4/1/98
Last Review: 4/18/18
Revised Date: 3/10/13
Supersedes: _____

I. POLICY STATEMENT

A. All healthcare providers must ensure the patient's right to privacy.

1. Patient records and information obtained in the course of evaluation, treatment, and transport are to remain confidential.
2. The Prehospital Care Report Form may be utilized for the purposes of data collection, quality improvement and educational activities, and personnel evaluation by the Ambulance agencies and/or hospitals in a strictly confidential manner.
3. Copies of the Prehospital Care Report Form may be released by the System agencies only in response to a valid subpoena or by request from a System Resource hospital.
4. All other requests for copies of the Prehospital Care Report Form must be directed to the System Resource hospital.
5. If the patient meets the criteria of Triple Zero as defined in the System Standing Medical Orders, and is not transported, a copy of the Prehospital Care Report Form may be provided to the Coroner or Medical Examiner on the scene.

II. PURPOSE

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES

EMS SYSTEM POLICY

Section: Administrative

Page 1 of 2

Subject: 412 - Medical Device Failure/Malfunction

Executive Owner: PSJH-E EMSS

Approval Date: 1/1/10
Effective Date: 1/1/10
Last Review: 4/18/18
Revised Date: 3/10/13
Supersedes: _____

I. POLICY STATEMENT

The Safe Medical Devices Act of 1990 (SMDA) and the Medical Device Reporting Regulations (MDR) mandate that EMS agencies report any product/equipment that has or may have caused or contributed to a patient patient/user injury or death.

II. PURPOSE

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

A. Reporting Adverse Events

1. SMDA and MDR require EMS agencies to report any defect or malfunction directly to the manufacturer and to the Food and Drug Administration (FDA) if it is determined that the device has or may have caused or contributed to a patient death or injury; an employee death or injury; or if said condition was caused by user error. If the manufacturer is unknown, the serious injury is reported by the agency directly to the FDA. **DO NOT SEND THE ACTUAL DEVICE TO THE FDA.**
2. Reports must be submitted on FDA Form 3500A MedWatch, within ten (10) working days from the time the adverse event was identified. The report should include information pertinent to the issue at hand (i.e., what, when, and how it occurred). Form 3500A can be found online at www.fda.gov and may be filed on this website.
3. Events determined by the EMS agency to be non-reportable must be kept on file by the agency.
4. Failure to abide by these Laws/Regulations could result in civil and criminal penalties.

B. Record Keeping Requirements

1. EMS agencies are required to establish and maintain files related to reportable events. The files must contain information related to the event including any and all documentation of the reporting and actions taken.
2. Copies of any completed MDR forms and letters/documentation submitted to the FDA and manufacturers shall be contained in the files.
3. Records must be kept for a minimum of two (2) years by the EMS agency. Access to these records by authorized FDA employees is permitted.

C. Annual Reports

1. Summaries of all reports sent to manufacturers and the FDA must be submitted to the FDA on a yearly basis, utilizing Form 3419 Annual User Facility Report. Reporting periods are January 1 and July 1. (FDA Modernization Act, February, 1998)
2. In lieu of a summary, it is permissible to submit a copy of the reports actually sent to the FDA.

D. Prehospital Provider Responsibilities

1. Attend to the needs of the patient or injured parties and make the area safe.
2. If a product has malfunctioned, immediately remove it from service, preserving it precisely in the state it was at the time of occurrence.
3. Notify your immediate supervisor or Agency supervisor, dependent upon internal policies.
4. EMS providers shall file a variance report form with the System Resource hospital within 48 hours when it is determined that a device malfunction has occurred.
5. The device may be returned to service after documentation of any necessary repair or replacement. Provide a copy of documentation to the EMS Medical Director.
6. Reference to any reports filed pursuant to this policy is not to be made on the Prehospital Care Report Form.

VII. FORMS AND OTHER DOCUMENTS

EMS Variance Report Form

[WWW.FDA.gov](http://www.fda.gov) – FDA Form 3500A MedWatch

VIII. REFERENCES

FDA Modernization Act Feb. 1998

Safe Medical Device Act 1990

Medical Device Reporting Regulations

EMS SYSTEM POLICY

Section: **Administrative**

Page 1 of 2

Subject: **413 - System Participants Convicted of Felonies**

Executive Owner: **PSJH-E EMSS**

Approval Date: 5/5/05
Effective Date: 5/5/05
Last Review: 3/10/13
Revised Date: 4/18/18
Supersedes: 4/1/98

I. POLICY STATEMENT

In compliance with IDPH Rules and Regulations Section 515.620 - Felony Convictions, these actions will be taken if a System participant is convicted of a felonious crime whether on or off duty.

II. PURPOSE

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

- A. When it is discovered that a system participant has been convicted of a felony, the EMS Medical Director will consult the participant's employer to determine what action has been taken.
- B. If it is determined that the participant represents a danger to the public or coworkers, the individual will be suspended in accordance with System policy or at the discretion of the EMS Medical Director.
- C. The convicted individual will be afforded due process and, if it is determined that participant does not represent a threat to the public or coworkers, he/she may be allowed to continue to function in their role as defined by their employer pending appeal and at the discretion of the EMS Medical Director and in accordance with IDPH.

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES



Section: **Administrative**

Page 2 of 2

Subject: **413 - System Participants Convicted of Felonies**

PSJH-E EMS System Policy #404 – System Participation Suspensions/Local System
Review Board

IDPH Rules and Regulations Section 515.620 – Felony Convictions

EMS SYSTEM POLICY

Section: Personnel

Page 1 of 2

Subject: 501 - Personnel Files

Executive Owner: PSJH-E EMSS

Approval Date: 4/1/98
Effective Date: 4/1/98
Last Review: 4/18/18
Revised Date: 3/10/13
Supersedes: _____

I. POLICY STATEMENT

The Resource Hospital will maintain personnel files for paramedics, students, Prehospital RNs and ECRNs authorized to function in the PSJH-E EMS System.

II. PURPOSE

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

A. Except as outline below, files are considered confidential.

1. Certain information is considered public information and must be released on request. This includes, but may not be limited to, status of ALS privileges in the System, status and level of license, EMS agency affiliation and CPR recognition. Additional information may be released subject to valid subpoena.
2. Confirmation of completion of mandatory requirements, post test scores and information regarding any disciplinary activity may be released to an administrative representative of the individuals' employer, to IDPH, and may be utilized in a System or State hearing.

B. Each individual may request to review their file. Copies of specific records will be released when authorized by the individual in writing.

C. Files will be purged of outdated information at intervals.

D. The EMS System maintains transcripts of student records for seven (7) years as required by IDPH.

Section: **Personnel**

Page 2 of 2

Subject: **501 - Personnel Files**

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES

IDPH Rules and Regulations Section 515.330 – EMS System Program Plan

EMS SYSTEM POLICY

Section: Personnel

Page 1 of 2

Subject: 502 - EMS Medical Director Alternate EMS Medical Director

Executive Owner: PSJH-E EMSS

Approval Date: 4/1/98
Effective Date: 4/1/98
Last Review: 7/3/18
Revised Date: 3/10/13
Supersedes: _____

I. POLICY STATEMENT

The authority and the responsibility of the EMS Medical Director will be to ensure that the training, continuing education, and System operation at all levels meet the guidelines of the Illinois Department of Public Health and the EMS System.

II. PURPOSE

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

- A. The EMS Medical Director shall meet the position requirements as indicated by the IDPH Rules and Regulations.
- B. The EMS Medical Director shall establish Standing Medical Orders for use by all System participants.
- C. The EMS Medical Director shall establish System policies and procedures and ambulance equipment list.
- D. The EMS Medical Director shall appoint an Alternate EMS Medical Director who shall assume responsibilities as designated by the EMS Medical Director. In the absence of the EMS Medical Director, the alternate EMS Medical Director shall assume all responsibilities.

VII. FORMS AND OTHER DOCUMENTS

Ambulance Equipment List



Section: **Personnel**

Page 2 of 2

Subject: **502 - EMS Medical Director Alternate EMS Medical Director**

VIII. REFERENCES

IDPH Rules and Regulations Section 515.310 – EMS System Program Plan

EMS SYSTEM POLICY

Section: Personnel

Page 1 of 1

Subject: 503 - EMS System Coordinator

Executive Owner: PSJH-E EMSS

Approval Date: 4/1/98
Effective Date: 4/1/98
Last Review: 4/18/18
Revised Date: 3/10/13
Supersedes: _____

I. POLICY STATEMENT

A. The EMS System Coordinator is responsible for coordination of system operations as designated by the EMS Medical Director and the EMS Administrative Director of the EMS System. The EMS System Coordinator shall be a Registered Professional Nurse or an Emergency Medical Technician-paramedic licensed in the State of Illinois.

1. Evaluates prehospital care services and notifies involved parties and department representatives of incidents or problem areas,
2. Develops and coordinates educational programs for System participants including supervision in clinical, didactic and field experience training, and physician and nurse education as required.
3. Conducts periodic site visits and inspections of ambulance provider agencies,
4. Meets the Illinois Department of Public Health requirements for EMS System Coordinator.
5. Evaluates and makes recommendations for continuous performance improvement in patient care under the direction of the EMS Medical Director.

II. PURPOSE

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES

IDPH Rules and Regulations Section 515.330 – EMS System Program Plan

EMS SYSTEM POLICY

Section: Personnel

Page 1 of 2

Subject: 504 - EMS Coordinator - Prehospital Provider

Executive Owner: PSJH-E EMSS

Approval Date: 4/15/07
Effective Date: 4/15/07
Last Review: 4/20/18
Revised Date: 2/18/16
Supersedes: 10/13/14

I. POLICY STATEMENT

- A. The pre hospital EMS Coordinator is responsible for the coordination of EMS operations within their individual agencies in cooperation with the Resource Hospital, EMS System Coordinator, and EMS Medical Director. The pre hospital EMS Coordinator shall be:
1. a Paramedic licensed in the State of Illinois for a period of at least five (5) years;
 2. an Emergency Medical Technician-paramedic in good standing in the PSJH-E EMS System for a period of at least two (2) years;
 3. Primary in the PSJH-E EMS System.

II. PURPOSE

The purpose of this policy is to ensure consistent standards of care, operations and procedures throughout the PSJH-E EMSS.

III. MISSION / VALUES RATIONALE

This policy is aligned with the Mission and Values for Presence Health. Our mission calls us to provide compassionate, holistic care with a spirit of healing and hope for all persons in the communities we serve. Our ministry is an enduring sign of our Core Values of HOPE, to instill us with integrity, inspire us to interconnect with each other, encourage us to honor diversity and dignity of each individual and empower us to always strive for exceptional performance to our patients/residents and to best serve those in need.

IV. SPECIAL INSTRUCTIONS

V. DEFINITIONS

VI. PROCEDURE

- A. In addition to the above requirements, the pre hospital EMS Coordinator shall:
1. Evaluate and make recommendations for continuous performance improvement in patient care under the direction of the EMS Medical Director and EMS System Coordinator;
 2. Submit monthly; CQI reports, Glucose monitor QI, and Controlled Substance Log.
 3. Attend a minimum of 3 of the 4 Quarterly EMS Executive Committee Meetings per year; and designate an alternate to represent the agency in his/her absence and inform the EMS System in advance.
 4. Attend or ensure agency representation at all Liaison, Policy and Procedure, CQI, Paramedic Course Advisory Committee meetings.
 5. Maintain all EMS departmental records for a period of at least seven (7) years as required by the Illinois Department of Public Health EMS rules and regulations;

Section: **Personnel**

Page 2 of 2

Subject: **504 - EMS Coordinator - Prehospital Provider**

6. Maintain and enter CE into image trend, maintain licensure lapse dates and level of licensure in Image Trend.
7. Inform the EMS System of pending license lapses.
8. Act as liaison between the pre hospital agency and the Resource Hospital/EMS System Coordinator.

VII. FORMS AND OTHER DOCUMENTS

VIII. REFERENCES

IDPH Rules and Regulations Section 515.330 – EMS System Program Plan