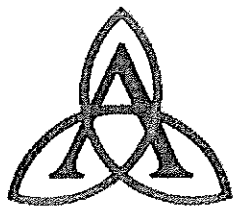


SAINT FRANCIS HOSPITAL
355 RIDGE AVENUE
EVANSTON, ILLINOIS 60202
847 316-6117

SAINT FRANCIS EMS SYSTEM



Ascension
Saint Francis

POLICY & PROCEDURE MANUAL

Updated January 2024



Ascension Saint Francis

August 1, 2023

The policies and procedures in this manual which are related to patient care, transport, and/or protocol regarding medical situations have been reviewed and approved by the Saint Francis Emergency Medical Services Medical Director.

The policies and procedures in this manual which are related to the administrative aspects of the Saint Francis Emergency Medical Services System have been written with the input of all System administrative bodies, and final approval has been given by the EMS Medical Director.

Any situation or question which arises within the System which is not addressed by the policies herein shall be addressed in accordance with the IDPH EMS Act and the rules and regulations related to the Act.

Attested by:

Jeremy Lott, DO
EMS Medical Director
Saint Francis EMS System
Evanston, IL

Ascension Saint Francis
Emergency Medical Services
355 Ridge Avenue
Evanston, Illinois 60202
847-316-6117



**Ascension
Saint Francis**

SAINT FRANCIS EMS SYSTEM
POLICY & PROCEDURE MANUAL
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Status **Active** PolicyStat ID **13602552**

Origination	1/1/1994	Owner	Sara Van Dusseldorp: Mgr- Emergency Svcs
Last Approved	5/3/2023	Policy Area	Emergency Medical Services (EMS)
Effective	5/3/2023	Applicability	Ascension Saint Francis
Last Revised	5/3/2023		
Next Review	5/2/2026		

Abuse of Controlled Substances, Other Drugs, and/or Alcohol by System Personnel (A-1)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy mandates that Pre-hospital Care Providers are forbidden from treating any patient while under the influence of alcohol, or illegal drugs, or treating any patient while impaired following the use of prescription or other legal drugs.

III. PROCEDURE

- A. If the System has reason to believe that this policy has been violated, the System will confidentially present verbal and written evidence to inform the individual's employer, and request that the employer take action that is appropriate and consistent with the employer's policies and procedures within twenty-four (24) hours.
- B. Each Department/Company must have a policy and procedure in place at all times to handle personnel who are suspected of violating this policy.
- C. At any time the EMS System feels there is a reasonable suspicion of impairment, it's the responsibility of the EMS System to notify the Department/Company of the provider under

suspicion. It is then the responsibility of the Department/Company to immediately investigate and confidentially provide, verbal and written evidence to the EMS System.

- D. The EMS Medical Director may suspend any student or pre-hospital personnel from functioning within the Saint Francis EMS System if the information available to the EMS Medical Director indicates that the continued practice by the individual would constitute an imminent danger to the public. The System will immediately notify IDPH, the pre-hospital provider and his employer of the suspension in writing and by telephone.
- E. Due process shall be followed and each case handled on an individual basis.

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Approval Signatures

Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp: Mgr- Emergency Svcs	5/3/2023

Applicability

Ascension Saint Francis

Status **Active** PolicyStat ID **13602560**

Origination	1/1/1994	Owner	Sara Van
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Last Revised	5/3/2023		
Next Review	5/2/2026	Applicability	Ascension Saint Francis

Reporting and Documentation of Incidents (A-2)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy delineates one document for the communication of incidents. Depending upon the situation, this document is used to properly record incidents that require quality assurance review. This document may also be used to initiate conversation when experiencing a problem with a prehospital provider, hospital personnel, or equipment. This allows for education to provide quality patient care.

III. PROCEDURE

A. Request for Clarification

1. This form may be used by any pre-hospital provider or hospital personnel. The purpose of the form is to request an explanation (or clarification) of a specific situation, such as:
 - a. Apparent deviation from the Standard Operating Procedure
 - b. Questionable orders communicated from the hospital to provider personnel.
 - c. Any misunderstanding between hospital and provider personnel related to:

- Policy
- Procedure
- Equipment
- A specific ambulance run

d. Problems encountered with provider personnel

2. The EMS System Coordinator and/or the EMS Medical Director will review and comment on each report.
3. The pre-hospital provider or hospital personnel will be notified that a request for clarification has been received. This information may also be sent to the Medical Officer/Chief/Owner/Manager and will be kept on file by the EMS Department. An investigation may take place.
4. Results of the investigation will be sent to all participants involved.
5. The information and any notes discussed during this type of review session are protected by the Medical Studies Act and are for performance improvement purposes only. A request for clarification should not be seen as a punitive act, but as an opportunity for improvement in the quality of the care.

B. Incident Reporting

1. An incident is an occurrence which is not consistent with the routine operation of pre-hospital care.
2. The Incident Report provides a mechanism for reporting and investigating an incident of serious nature. It is a confidential document and may be protected by the Illinois Hospital Licensing Act and Medical Studies Act.
3. To initiate and use an Incident Report Form:
 - a. An incident report must be initiated by the person who is involved or who observes the incident.
 - b. The incident report must reflect an objective description of the incident.
 - c. Incident reports are to be submitted to the EMS Office at the Resource Hospital. The EMS System Coordinator and/or EMS Medical Director will review the submitted report.
 - d. The EMS System Coordinator and/or the EMS Medical Director will contact the appropriate administrative representative to discuss the reported incident and then conduct a full investigation of the alleged complaint
 - e. Action will be taken to ensure remedial education needs are met; disciplinary action is instituted, if necessary; new policies and/or procedures are created if indicated and follow-up on any and all actions taken.
 - f. Follow-up on the report is the responsibility of the EMS System Coordinator and/or the EMS Medical Director.
 - g. All aspects of confidentiality will be adhered to as appropriate.

- h. The original Incident Report Form will be filed in the EMS Office files at the Resource Hospital.
- i. The EMS Office will notify the author of the incident report within 24 business hours, that the report has been received.

C. Decisions and Outcomes Related to Request for Clarifications and Incident Report Forms

- 1. It is the policy of this System to hold fair and just investigations with persons directly involved with the situation or incident reported.
- 2. Every attempt is made to solve situations, confrontations or incidents to the agreement of all involved. This will also include the appropriate administrator of parties involved.
- 3. If the individual in question feels he or she has not been given due process, the decision may be appealed through the System Review Board process (see policy entitled the same).

D. Involvement of this Policy with Quality Assurance Program

- 1. These reporting tools are the very first indicators of potential or real problem areas which must be further addressed through education, creation of new policies and/or procedures, and further evaluation of the steps taken to solve the issues.

IV. FORMS AND OTHER DOCUMENTS

- 1.
- 2.

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Attachments

[IR-RFC Form 2023 Template.docx](#)

Approval Signatures

Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp: Mgr- Emergency Svcs	5/3/2023



- Incident Report:** Intended to document alleged inappropriate circumstances regarding patient care. It is also intended to document any alleged instances of unprofessional or unethical conduct of a healthcare provider.
- Request for Clarification:** Filed when a healthcare provider has questions concerning instructions received for patient care or care rendered by a healthcare professional.

Identify Provider Agency and/or Receiving Hospital Involved:		
EMS Incident Number:	Incident Date:	Incident Time:
Patient Name:		
EMS Providers (Print names of ambulance crew involved in incident):		
ER Staff Involved (Print names of ER staff involved in incident):		

Description of incident or request for clarification (use back of page if needed):
--

Person Initiating Report		
Print Name	Signature	Date

REVIEWED BY:

ED Manager:	Date:
EMSSC:	Date:
EMS Medical Director:	Date:

Outcome of Review:

Follow Up Required:

Origination	8/1/1995	Owner	Sara Van Dusseldorp: Mgr- Emergency Svcs
Last Approved	5/3/2023	Policy Area	Emergency Medical Services (EMS)
Effective	5/3/2023	Applicability	Ascension Saint Francis
Last Revised	5/3/2023		
Next Review	5/2/2026		

Performance Improvement Critique (A-3)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy defines the Performance Improvement Critique Method of reviewing questionable EMS pre-hospital cases, in a non-confrontational environment in an effort to improve and provide optimal pre-hospital patient care.

III. SPECIAL INSTRUCTIONS:

The information and any notes discussed during this type of review session are protected by the Medical Studies Act and are for performance improvement (quality assurance) purposes only.

IV. DEFINITIONS

- A. The Performance Improvement Critique is used to promote a positive learning critique session for EMS personnel, thereby enhancing their participation in the process. This type of critique session can be requested by any pre-hospital or hospital EMS participant by submitting a request for clarification to the EMS System. During chart reviews, the EMS System may also initiate a Performance Improvement Critique.

V. PROCEDURE

- A. The Performance Improvement Critique process consists of the following:
 - 1. Scene overview and statements by EMS personnel and/or any applicable parties.
 - 2. Telemetry tape review and hospital perspective
 - 3. Learning points reviewed by EMS Medical Director, EMS System Coordinator and/or Provider Medical Officer
 - 4. Concluding statements or extended follow-up requirements.
 - 5. Copy of patient care report.
- B. Brief notes shall be generated for Performance Improvement documentation and maintained on file with the EMS System. These shall include who was present at the review and any discussions related to the Performance Improvement process.
- C. Extended follow-up requirements for any pre-hospital provider shall be documented by separate letter and placed within their file. A copy of these requirements will be sent to the provider's Owner/Chief and Medical Officer.
- D. Continuing Education will applied system-wide as needed to insure quality patient care.
- E. Refusal by an individual to attend a Performance Improvement Plan Critique may result in immediate system suspension as well as notification to the individuals Medical Officer.
- F. Performance Improvement Plan Critique will take place as soon as possible after system knowledge of the event.

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Approval Signatures

Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp: Mgr- Emergency Svcs	5/3/2023

Applicability

Ascension Saint Francis

Status **Active** PolicyStat ID **14788184**

Origination	1/1/2000	Owner	Sara Van
Last Approved	11/28/2023		Dusseldorp: Mgr- Emergency Svcs
Effective	11/28/2023	Policy Area	Emergency Medical Services (EMS)
Last Revised	11/28/2023		
Next Review	11/27/2026	Applicability	Ascension Saint Francis

System Suspensions and License Revocation (A-4)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy describes how the Medical Director or Alternative Medical Director may suspend from participation any individual, provider, or other participant within the EMS system considered not meeting the standards or adhering to the policies and procedures of the EMS system.

III. PROCEDURE

- A. Any individual, provider or other participant within the EMS system, who is suspended from participation by the Medical Director or the Alternative Medical Director, shall have the opportunity of a hearing before the EMS System Review Board.
- B. Any such suspension shall be accompanied by written notice to the suspended participant from the Medical Director or Alternative Medical Director. Such notice shall include a statement describing the reason(s) for the suspension and the terms of the suspension (see System Review Board Policy A-5).
- C. Grounds for such suspension shall include but not be limited to the following:
 1. Failure to meet the initial or re-licensure requirements prescribed by the EMS Department, Medical Director or the Illinois Department of Public Health.

2. Violation of the EMS Act or Rules and Regulations pursuant to the Act.
 3. Failure to maintain proficiency in the level of skills for which he or she is licensed.
 4. Failure to complete mandatory continuing education.
 5. Violation of the standards of performance and conduct, as prescribed by IDPH, or failure to comply with provisions by the System's program plan, as approved by IDPH.
 6. During the provision of medical services, engaged in dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud, or harm the public (e.g., intoxication or personal misuse of any drugs or the use of alcohol, narcotics, controlled substances, or other drugs or stimulants while on duty, verbal or physical abuse of patient, or misrepresentation of licensure status).
 7. Intentional falsification of any medical reports or orders, or making misrepresentations involving patient care.
 8. Abandoning or neglecting a patient requiring emergency care.
 9. Unauthorized use or removal of narcotics, drugs, supplies or equipment from any ambulance, health care facility, institution or other work place location.
 10. Performing or attempting emergency care, techniques or procedures without proper permission, licensure, education or supervision.
 11. Discrimination in rendering emergency care because of race, color, sex, religion, national origin, sexual orientation, marital status, disability, military status, age or ability to pay.
 12. Medical misconduct or incompetence, or a pattern of continued or repeated medical misconduct or incompetence in the provision or emergency care.
 13. Violation of the system's standards of care.
 14. Physical impairment of any EMS personnel to the extent that they cannot physically perform the emergency care and life support functions for which they are licensed, as verified by a physician, unless the EMS personnel is on inactive status.
 15. Mental impairment of any EMS personnel to the extent that he or she cannot exercise the appropriate judgment, skill and safety for performing the emergency care and life support functions for which he or she is licensed, as verified by a physician, unless the EMS personnel is on inactive status.
- D. An EMS Medical Director may immediately suspend an individual, provider or other participant if they finds that the information in their possession indicates that continuation in practice by EMS personnel or other provider would pose an imminent danger to the public. The suspended EMS personnel or other provider shall be issued an immediate verbal notification, followed by a written suspension order to the EMS provider or other provider by the EMS Medical Director which states the length, terms and basis for the suspension.
1. Within twenty-four (24) hours following the commencement of the suspension, the EMS Medical Director shall deliver to the Agency / Department, by messenger, email or fax, a copy of the suspension order and copies of any written materials which relate to the EMS Medical Director's decision to suspend EMS personnel or other

provider.

2. Within twenty-four (24) hours following the commencement of the suspension, the suspended EMS personnel or provider may deliver to the Agency / Department, by messenger, email or fax, a written response to the suspension order and copies of any written materials which the EMS personnel or provider feels relate to that response.
3. Within twenty-four (24) hours following the receipt of the EMS Medical Director's suspension order, the EMS personnel or provider's written response, whichever is later, the Medical Director or the Medical Director's designee shall determine whether the suspension should be stayed pending the EMS personnel or provider's opportunity for a hearing or review in accordance with the act, or whether the suspension should continue during the course of that hearing or review. The Medical Director or the Medical Director's designee shall issue this determination to the suspended EMS personnel or provider. The suspension shall remain in effect during this period of review by the Medical Director or the Medical Director's designee.

E. When the EMS System identifies a problem, the following steps occur:

1. A Request for Clarification or Incident Report denotes a potential problem exists, or a system participant fails to uphold the State standards or EMS System standards denoted in this policy manual.
2. An investigation occurs.
3. Results of that investigation are revealed to the necessary parties.
4. The decision of the EMS Medical Director is given, according to policy, to the provider.
5. The provider has the right to appeal to the System Review Board.
6. The decision to not re-license or to recommend revocation is sent in writing to the Illinois Department of Public Health, Division of Emergency Medical Services and Highway Safety, and the provider in question. The EMS Medical Director shall provide the provider in question a copy of the State form in which they may pursue re-licensure on their own.
7. The provider in question, according to the Illinois Administrative Code of the EMS Act, can request the State EMS Disciplinary Review Board to review the case for appeal.

F. Notification of Suspension

1. IDPH will be notified of all suspensions in which violate the EMS Act.
2. If a provider belongs to another EMS System, the other EMS Systems will only be notified of suspension if it is reported to IDPH.

IV. REFERENCES:

Illinois Department of Public Health Division of Emergency Services and Highway Safety Administrative Code, Part 515

Approval Signatures

Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp: Mgr- Emergency Svcs	11/28/2023

Applicability

Ascension Saint Francis

COPY

Status **Active** PolicyStat ID **14788364**

Origination	1/1/1994	Owner	Sara Van Dusseldorp: Mgr- Emergency Svcs
Last Approved	11/28/2023	Policy Area	Emergency Medical Services (EMS)
Effective	11/28/2023	Applicability	Ascension Saint Francis
Last Revised	11/28/2023		
Next Review	11/27/2026		

System Review Board (A-5)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy defines role and duties of the System Review Board.

III. SPECIAL INSTRUCTIONS:

The Board has the power to confirm, modify or reverse decisions made by the Medical Director.

IV. DEFINITIONS

- A. This policy defines the System Review Board as a panel of individuals assembled within an EMS System for the purpose of reviewing a decision by the EMS Medical Director, to suspend from participation an individual provider or other participant considered not to be meeting the requirements of the EMS System and/or EMS Act.

V. PROCEDURE

- A. The EMS Medical Director shall provide the individual provider or other participant with a written explanation of the reason(s) for the suspension/termination; the terms, length, and

condition of the suspension/termination; and the date the suspension/termination will commence. The procedure for requesting a hearing within fifteen (15) days through the System Review Board shall be provided.

- B. Failure to request a hearing within fifteen (15) days shall constitute a waiver of the right to a System Review Board.
- C. The Resource Hospital shall designate the System Review Board, consisting of at least three members, one of whom is an Emergency Department physician with knowledge of EMS, one who is the same professional category as the individual, chosen by the EMS System, one who is the same professional category as the individual chosen by the participant requesting the hearing. A list of the System Review Board Members is posted in the EMS Lounge. The System Review Board Members will be approved once a year at the EMS advisory council meeting.
- D. The hearing shall commence as soon as possible, but at least within twenty-one (21) days after receipt of a written request. The EMS Medical Director shall arrange for a certified shorthand reporter to make a stenographic record of a hearing and thereafter prepare a transcript of the proceedings.
- E. The transcript, all documents or materials received as evidence during such hearing and the System Review Board's written decision shall be retained in the custody of the EMS System.
- F. The System shall implement the decision of the System Review Board unless that decision has been appealed to the State Emergency Medical Services Disciplinary Review Board.
- G. The System shall implement the decision of the State EMS Disciplinary Review Board which has been rendered in accordance with the EMS Act and Rules and Regulations.
- H. The System Review Board shall state, in writing, its decision to affirm, modify or reverse the suspension/termination order. Such decision shall be sent via certified mail or personal service to the EMS Medical Director and the individual provider or other participant who requested the hearing within five (5) business days after the conclusion of the hearing.
- I. The EMS Medical Director shall notify the Department, in writing, within five (5) business days after the Board's decision to uphold, modify or reverse the EMS Medical Director's suspension/termination of an individual provider or participant. The notice shall include a statement detailing the duration and grounds for the suspension/termination.
- J. If the System Review Board affirms or modifies the EMS Medical Director's suspension / termination order, the individual provider or other participant shall have the opportunity for a review of the System Board's decision by the State EMS Disciplinary Review Board.
- K. If the System Review Board reverses or modifies the EMS Medical Director's suspension order, the EMS Medical Director shall have the opportunity for appeal of the System Review Board's decision by the State EMS Disciplinary Review Board.
- L. Requests for review by the State EMS Disciplinary Review Board shall be submitted in writing to the Chief of the Department's Division of Emergency Medical Services and Highway Safety with ten (10) days after receiving the System Review Board's decision or the EMS Medical Director's suspension/termination order, whichever is applicable. A copy of the System Review Board's decision or the suspension order shall be enclosed.
- M. The EMS provider or other participant may elect to bypass the System Review Board and seek direct review of the EMS Medical Director's suspension/termination order by the State EMS

Disciplinary Review Board.

N. Basis for suspension/termination are listed in the System Suspension policy (A-4).

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Approval Signatures

Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp: Mgr- Emergency Svcs	11/28/2023

Applicability

Ascension Saint Francis

COPY

Origination	1/1/1994	Owner	Sara Van Dusseldorp: Mgr- Emergency Svcs
Last Approved	1/24/2024	Policy Area	Emergency Medical Services (EMS)
Effective	1/24/2024	Applicability	Ascension Saint Francis
Last Revised	1/24/2024		
Next Review	1/23/2027		

Waiver Provision (A-6)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy describes how the Illinois Department of Public Health allows any entity to petition for a waiver if unreasonable hardship results from compliance with any requirement of the EMS Act or its rules and regulations, or system program plan. The applicant must demonstrate that there will be no reduction in the standards of medical care as determined by the EMS Medical Director or IDPH.

III. PROCEDURE

- A. The petition shall be in writing and contain the following information:
1. Applicant's name, address, and license number (if applicable).
 2. The section of the Act or Rules and Regulations or System Program Plan for which the waiver is being sought.
 3. Explanation why applicant considers compliance with the rule to be a hardship, including a description of how applicant has attempted to comply.
 4. Period of time for which waiver is being sought (maximum of 1 year per IDPH).
 5. Explanation of how waiver will not reduce quality of medical care.

6. A detailed plan for achieving compliance. The detailed plan shall include specific timetables
 7. If applicant is a System Participant, a written recommendation or opposition statement from the EMS Medical Director, as the waiver may or may not reduce the standards of medical care.
- B. The petition, if from a system participant, should be sent electronically and mailed to the EMS System for forwarding to IDPH.
- C. The IDPH shall grant waivers if:
1. The request will not reduce the standard of care.
 2. Full compliance with the regulation would be a hardship.
- D. EMS Providers may seek waivers to extend a re-licensure date in order to complete re-licensure requirements if:
1. No more than one extension has been previously received.
 2. The EMS Provider can prove extreme circumstance.
- E. For an applicant other than an EMS Provider:
1. The applicant has previously received no more than one waiver of the same regulation during the current license of designation year.
 2. The applicant has not established a pattern of seeking waivers of the same regulation during previous license of designation years.
- F. For a hospital requesting a waiver to participate in a system other than that in which the hospital is geographically located:
1. Documentation that transfer patterns support the request.
 2. Historic patterns of patient referrals support the request.
- G. The appropriate IDPH form must be used. Please contact the EMS office to obtain one, if needed.
- H. Only the IDPH has the authority to grant waivers.

IV. REFERENCES:

Illinois Department of Public Health Division of Emergency Services and Highway Safety Administrative Code, Part 515

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Status Active PolicyStat ID 13602607

Origination	1/1/1994	Owner	Sara Van Dusseldorp: Mgr-Emergency Svcs
Last Approved	5/3/2023		
Effective	5/3/2023	Policy Area	Emergency Medical Services (EMS)
Last Revised	5/3/2023		
Next Review	5/2/2026	Applicability	Ascension Saint Francis

Record Retention: Paramedic Course/Student/Licensed/ Inactive/ECRN/Lead Instructor (A-7)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy describes how the Paramedic, ECRN and other IDPH licensed personnel, as well as Paramedic course and student records will be retained in accordance with the rules and regulations of the EMS Act

III. PROCEDURE

A. Licensed Paramedic

1. The following documents shall be retained at least 7 years:
 - a. Personnel record, copy of all certifications and current license
 - b. System entry paperwork, SOP test, clinical interview by EMSMD, letter of good standing, Mult Pt Management Quiz
 - c. Communication of authorization to practice in SFH System
 - d. Continuing education documents relative to the current licensure period.

May be purged upon re-licensure.

- e. Letters
- f. Suspension/reinstatement letters only if noted to be permanent
- g. Additional records/documents per discretion of EMS Coordinator or EMS Medical Director.

B. Inactive Paramedic

- 1. File contents shall be retained for a student or a licensed Paramedic, whichever applies, according to the Rules and Regulations of the EMS Act.

C. Other

1. ECRN

- a. The following documents shall be retained a minimum of 7 years:
 - i. Personnel record, copy of all certification cards and current license
 - ii. SOP Exam
 - iii. Additional records/documents per discretion of EMS Coordinator or EMS Medical Director.

D. ECRN Course/Student

- 1. Class and student records shall be maintained for seven (7) years.
- 2. ECRN Courses
 - a. A lecture schedule
 - b. Class roster
 - c. Attendance and final grade report
 - d. Verification of completion of ALS field experience and radio/telemetry orientation

E. Paramedic Course File

- 1. An electronic copy of all course information is kept indefinitely:
 - a. IDPH program approvals
 - b. Class and exam rosters
 - c. Student handbook
 - d. Clinical orientation information
 - e. Lecture and lab session schedules
 - f. National Registry Results
 - g. Graduation information

F. Student File

- 1. The following documents shall be retained either in a paper file or electronically:

- a. Application form, EMT certificate, CPR card
- b. Final grade average report
- c. Summary of Clinical Experience
- d. Practical Exam Summary Report and any attachments
- e. Proof of completion of required elements for licensure
- f. Letters of recommendation for initial licensure
- g. Record of vaccinations or declination; health information
- h. Anecdotal notes to file

IV. REFERENCES:

Illinois Department of Public Health Division of Emergency Services and Highway Safety Administrative Code, Part 515

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Approval Signatures		
Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp: Mgr- Emergency Svcs	5/3/2023

Applicability

Ascension Saint Francis

Status Active PolicyStat ID 13602653

Origination	1/1/2000	Owner	Sara Van Dusseldorp: Mgr- Emergency Svcs
Last Approved	5/3/2023		
Effective	5/3/2023	Policy Area	Emergency Medical Services (EMS)
Last Revised	4/12/2023		
Next Review	5/2/2026	Applicability	Ascension Saint Francis

Associate EMS Medical Director (A-8)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy establishes that the EMS Medical Director shall appoint an Associate EMS Medical Director and establish written protocol addressing the functions to be carried out in their absence (section 3.35 (b) of the act).

III. PROCEDURE

- A. The EMS Medical Director shall appoint an Associate EMS Medical Director to function in their absence.
- B. This individual's name and curriculum vitae shall be on file with IDPH in the EMS System Plan.
- C. The Associate EMS Medical Director shall fulfill all functions of the EMS Medical Director whenever they are absent or unable to fulfill the role.
- D. Any issues or concerns which are handled by the Associate EMS Medical Director will be communicated to the EMS Medical Director upon their return.

IV. REFERENCES:

Illinois Department of Public Health, Division of Emergency Services and Highway Safety, EMS Systems Act (210 ILCS 50/)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Approval Signatures

Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp: Mgr- Emergency Svcs	5/3/2023

Applicability

Ascension Saint Francis

Status Active PolicyStat ID 14081380

Origination	1/1/2000	Owner	Sara Van Dusseldorp: Mgr- Emergency Svcs
Last Approved	7/24/2023		
Effective	7/24/2023	Policy Area	Emergency Medical Services (EMS)
Last Revised	7/24/2023		
Next Review	7/23/2026	Applicability	Ascension Saint Francis

System Policy and Procedure Manual Information (A-9)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy establishes that all System participants are entitled to a copy of the Policy and Procedure System Manual upon entry into the Saint Francis Hospital EMS System. Additionally, any changes shall be communicated to System participants and written amendments provided.

III. PROCEDURE

- A. During the System Entry process each new participant will be given a copy of the System Policy and Procedure Manual. The participant will sign for acceptance of the Manual and this form will be maintained in their file.
- B. An electronic version of the System Policy and Procedure Manual will be available on the EMS Internet page <https://healthcare.ascension.org/physicians/illinois/cme/ems-training-evanston> free of charge.
- C. Amendments to the Manual will be communicated to all participants through the on-going continuing education program. Copies of the amendments will be provided during Continuing Education sessions, as well as electronically to all EMS agencies. These sessions will be mandatory and may address:

1. Updates on System policies and/or procedures.
 2. Updates on Region policies and/or procedures.
 3. Updates/changes on Standard Operating Procedures.
 4. Special interest "alerts" or bulletins dealing with medical, legal, or other areas of professional interest.
- D. Items or issues of extreme urgency shall be faxed and/or emailed to each EMS Agency and EMS Coordinators at all Associate Hospitals for rapid communication to all system participants.
- E. All originals of this material will be kept on file at the SFH EMS Office and may be reviewed or copied by any participant at their own expense.

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Approval Signatures

Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp: Mgr- Emergency Svcs	7/24/2023

Applicability

Ascension Saint Francis

Status Active PolicyStat ID 13477645

Origination	1/1/2000	Owner	Sara Van
Last Approved	4/12/2023		Dusseldorp: Mgr- Emergency Svcs
Effective	4/12/2023	Policy Area	Emergency Medical Services (EMS)
Last Revised	4/12/2023		
Next Review	4/11/2026	Applicability	Ascension Saint Francis

Conviction of a Felony Crime (A-10)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy establishes that the Illinois Health Care Workers Background Check Act requires healthcare employers to perform a background check on all employees with duties involved in direct patient care. This Act does not apply to individuals who are not employed, but are licensed through the State of Illinois.

III. PROCEDURE

- A. The Illinois Department of Public Health, Division of EMS will be notified of any felony convictions that are reported to the system.
- B. Failure to comply with your employers' policy regarding reporting felony convictions will result in immediate system suspension.

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Approval Signatures

Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp: Mgr- Emergency Svcs	4/12/2023

Applicability

Ascension Saint Francis

Status Active PolicyStat ID 14788315

Origination	1/1/2000	Owner	Sara Van
Last Approved	11/28/2023		Dusseldorp: Mgr- Emergency Svcs
Effective	11/28/2023	Policy Area	Emergency Medical Services (EMS)
Last Revised	11/28/2023		
Next Review	11/27/2026	Applicability	Ascension Saint Francis

Administrative Fees (A-11)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy establishes that a fee shall be assessed for services rendered and/or documents generated by the Saint Francis EMS Office on behalf of system members.

III. PROCEDURE

A. In-Station Continuing Education Program

1. A fee shall be assessed annually for this program
2. An invoice will be sent to each EMS Agency by the Ascension Finance Office.
3. If a provider is suspended for not completing their mandatory CE hours - Make up for mandatory continuing education will be \$100.00.

B. Paramedic Course

1. Oakton Community College handles all funds for the Paramedic Program. Specifics for each year can be found in the annual edition of the student handbook.
 - Each department that pays partial and/or total tuition for the students will

receive a statement from Oakton Community College.

2. Students required to take the Saint Francis Paramedic course entrance assessment will be required to pay a \$50.00 administrative fee.

C. Paramedic National Registry Exam Fee

1. Refer to policy "Paramedic National Registry Testing and Fees"

D. System Entry

1. A fee of \$40.00 is assessed for entry of a Paramedic into the Saint Francis EMS System.
2. A \$40.00 fee will be obtained for any one that is scheduled and is a No Show to the class.
3. The EMS agency will be billed for this fee.
4. Any paramedic failing the SOP test during system entry will be assessed a \$25 retesting fee for the 1st retest.
5. Any paramedic that fails the 1st retest will be assessed a \$40 retesting fee for a 2nd retest. This fee includes a SOP review session.
6. Failure to notify the EMS office of any cancellation for WCI or SOP Exams will require payment of a \$25 cancelation fee.
7. Retests will not be administered without payment from the paramedic.

E. Letters/Reports

1. A fee of \$10.00 is required for letters requested of the EMS Office. This includes, but is not limited to:
 - Letters of good standing within the System
 - Verification of course attendance
 - Paramedic course grade report
 - Request for extension to complete licensure requirements
2. Allow two weeks for requested letters/reports to be processed.
 - For requests within 3 business days, a \$25 fee is required.
 - For same day requests, a \$50 fee is required.
3. In order for the letter/report to be processed, **cash** payment must be submitted with your written request.

F. EMT Reinstatement to Paramedic; Reactivation of Inactive Paramedic, Reinstatement of expired EMS license

- A minimum fee of \$150 will be assessed and be determined on a case-by-case basis.

G. Tutoring Fees

1. The fee will be \$50/hour

H. Payment Methods

1. Fees may be paid by cash or money order.
2. Money orders are to be made payable to "Saint Francis Hospital, Evanston".

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Approval Signatures

Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp: Mgr- Emergency Svcs	11/28/2023

Applicability

Ascension Saint Francis

COPY

Status Active PolicyStat ID 15103769

Origination	10/1/1999	Owner	Sara Van Dusseldorp: Mgr- Emergency Svcs
Last Approved	1/24/2024		
Effective	1/24/2024	Policy Area	Emergency Medical Services (EMS)
Last Revised	8/4/2023		
Next Review	1/23/2027	Applicability	Ascension Saint Francis

Quality Improvement Monitoring/Problem Identification and Improvement Education (A-12)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy describes the EMS System's ongoing mechanisms and tools to monitor the quality of performance and documentation of Patient Care.

III. SPECIAL INSTRUCTIONS:

Results of the EMS System's monitoring processes are reported to the involved participants and documented by the Resource Hospital. These reports are for peer review and remain confidentially protected. They are open to inspection by IDPH. Corrective actions can be initiated on an individual basis or incorporated into the overall continuing education programs and activities as needed.

IV. PROCEDURE

A. Quality Improvement (Q.I.) Monitoring – Prehospital Care

1. Review of ambulance run reports, both transport and non-transport runs.

- a. EMS Coordinators at all System Hospitals are responsible for reviewing ambulance run reports daily on pediatric and adult cases received to their Emergency Department. Reports are to be reviewed for:
 - i. Appropriateness of care rendered or failure to render the standard of care
 - ii. Proper documentation procedures used
 - iii. Failure to document information
 - iv. A minimum of 10% of calls are to be reviewed daily.
 2. Coordinators are encouraged to provide positive reinforcement (via phone calls or letters to EMS crews when exceptional care and/or documentation are noted).
 3. The Request for Clarification form is used for this communication tool. All Requests for Clarification are kept on file at the Resource Hospital's Emergency Medical Services office.
 4. Monthly QA forms are to be completed by the SFH EMS Agency and submitted to the EMS System by the 15th of the following month.
- B. Problem Identification and Evaluation – (Adult and pediatric)
1. Request for Clarification/Incident Reports
 - a. Any EMS System participant may use the Request for Clarification (RFC) or Incident Report (IR) to voice questions/concerns about any aspect of EMS.
 - i. The RFC or IR must be submitted to the EMS System Coordinator for evaluation.
 - ii. Upon resolution of an RFC/IR at the Associate level, a copy of the RFC/IR must be forwarded to the Resource Hospital.
 - iii. Based upon the result of this review, if continued monitoring is deemed necessary, an action plan will be devised.
 2. Occasional Focus Studies on a specific EMS issue or skill.
 3. Review of Data sent back to the EMS System on a monthly basis. All monthly QA reports are due to the EMS office by the 15th of each month for the previous month.
- C. Monitoring of Training Activities
1. Evaluations of Course Lecturers (at ALL levels) are completed by students for the Resource Hospital.
 2. Annual evaluations of all Infield Continuing Educators and the topic material are completed and given to the Resource Hospital.
 3. Unannounced arrival of the EMS Coordinator at any given training session in any setting to monitor Lead Instructors and their staff.
- D. Quality Improvement – Education
1. Areas which are identified as in need of improvement will be addressed in an educational format.

2. Such educational programs will be presented on an individual, group, departmental, or system-wide basis, depending on need.
3. Records will be maintained and available to IDPH upon request.

E. EMS Medical Director Involvement

1. The EMS System Coordinator will keep the EMS Medical Director informed, on a timely basis, of all minor trends noted.
2. Major issues of concern are immediately related to the EMS Medical Director to obtain his/her involvement from the beginning of the issue to the issue/concern.

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Attachments

[Monthly Amb Statistic Form 2023.docx](#)

[Run Report Review 2023 \(1\).docx](#)

Approval Signatures

Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp: Mgr- Emergency Svcs	1/24/2024

Applicability

Ascension Saint Francis

Month/Year: _____

Submitted by: _____

**AMBULANCE MONTHLY STATISTICS - 2023
PROCEDURE & RUN TOTALS**

Cardiac Arrest Resuscitation (100%)

Total Number of Arrests	
ROSC and Transported	
No ROSC and Transported	
Termination of Resuscitation	

Advanced Airway Management (100%)

Adult

E/T	Supraglottic	Successful	Unsuccessful

Pediatric

E/T	Supraglottic	Successful	Unsuccessful

Complications	
Successful on First Attempt	
Capnography SOP Compliance	

Regionalized Systems of Care (100%)

STEMI	
Acute Stroke	
Trauma Adult & Pediatric	
Category 1	
Category 2	

Reportable Events (100%)

Delivery	
Push Dose Epinephrine	
TXA	
Ketamine	

If Critical Care-Transports (100%)

# of Transports	
Tier 1	
Tier 2	
Tier 3	

Monthly Run Totals

ALS	
BLS	

Destinations

Evanston	
Glenbrook	
St. Francis	
Skokie	
Region XI Hospitals	
LGH	
NWC	
HPH	

**Run Report Review
Region X**

Review Date	Review Type	Date of Call
Incident Number	Receiving Hospital	EMS Agency

Call Times are within accepted parameters?	Yes	No
If No , Explain Deviation		

Patient Assessment was thorough and revealed a presumptive diagnosis?	Yes	No
If No , Explain Deviation		

Pre-Hospital Medical Care that was provided was appropriate and effective?	Yes	No
If No , Explain Deviation		

Patient Care was provided in compliance with existing policy and protocols?	Yes	No
If No , Explain Deviation		

**Run Report Review
Region X**

--

Patient Transportation to an appropriate destination was performed in an acceptable manner?	Yes	No
If No, Explain Deviation		

--

PCR was complete and accurate?	Yes	No
If No, Explain Deviation		

--

Internal or External Feedback?	Yes	No
If YES, was it Positive or Negative Please describe below		

--

**Run Report Review
Region X**

EMS Provider Comments	

EMS Provider Signature		EMS Provider Signature	
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QI Resolution	

Origination	11/1/2015	Owner	Sara Van Dusseldorp: Mgr- Emergency Svcs
Last Approved	5/3/2023	Policy Area	Emergency Medical Services (EMS)
Effective	5/3/2023	Applicability	Ascension Saint Francis
Last Revised	5/3/2023		
Next Review	5/2/2026		

Emergency Medical Dispatch (A-13)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy describes to oversight and administration of a provider's Emergency Medical Dispatch operations at the EMS System level.

III. SPECIAL INSTRUCTIONS:

Any individual, who acts as an Emergency Medical Dispatcher (EMD) with an affiliated system provider, must be registered with the System and licensed by Illinois Department Public Health (IDPH). This policy references Section 515.710 of the IDPH EMS administrative code.

IV. PROCEDURE

A. Emergency Medical Dispatcher (EMD) Certification

1. To apply for certification as an Emergency Medical Dispatcher (EMD), the individual shall submit the following to the Department:
 - a. Documentation of successful completion of a *training course in emergency medical dispatching meeting or exceeding the national curriculum of the*

United States Department of Transportation for EMS Dispatchers or its equivalent. (Section 3.70(a) of the Act)

- b. Completed Child Support/felony Statement form
 - c. AHA CPR Card
2. Reciprocity shall be granted to an individual who is certified as an Emergency Medical Dispatcher in another state and who meets the requirements of this Section.
 3. The license shall be valid for a period of four years.
 4. A licensed EMD shall notify the Department within 30 days after any changes in name, address or employer.

A person may not represent himself or herself, nor may an agency or business represent an agent or employee of that agency or business, as an Emergency Medical Dispatcher unless licensed by the Department as an Emergency Medical Dispatcher. (Section 3.70(b)(11) of the Act)

B. EMD Relicensure

1. To apply for relicensure, the EMD shall submit the following to the Resource Hospital at least 30 days prior to the license expiration date:
 - a. Renewal fee paid to IDPH on-line via credit/debit card along with
 - b. Child Support and Felony Conviction statement completed on-line with IDPH
 - c. Proof of completion of at least 12 hours annually of medical dispatch CE.
2. An EMD who has not been recommended for relicensure by the EMSMD shall independently submit to IDPH an application for relicensure. The EMSMD shall provide the EMD with a copy of the appropriate form to be completed.

C. EMD Continuing Education

1. Each Emergency Medical Dispatcher shall accumulate 12 hours of continuing education hours per year, per licensure period (licensure period is currently four (4) years).
2. Obtaining Continuing Medical Dispatch Education shall follow the NAEMD Guidelines.

D. System Registration of EMD Agencies and Personnel

1. A roster must be initially completed at the time an Agency joins the System and must be updated annually.
2. Individuals joining the Saint Francis EMS System must complete the Agency Affiliation Application to complete the System Entry process.
3. A copy of each person's State of Illinois IDPH EMD license and current AHA CPR card must accompany the roster. Only EMD's registered with IDPH and the System may give pre-arrival instructions.

4. Any additions or deletions to an EMD Agency's personnel roster must be done so in writing immediately.
 5. Additions shall include the EMD's name, address, phone, DOB, primary system choice and a copy of their current EMD license and AHA CPR card.
 6. Deletions need only state that the EMD is no longer working at that agency.
- E. EMD Protocols: A provider agency choosing to utilize pre-arrival instructions through dispatch must adhere to the following:
1. The provider shall notify the System in writing of their intent to utilize medical instruction and assure training for all EMDs in the proper use of these instructions. Only EMDs registered with IDPH and the System may give pre-arrival instructions.
 2. The providers and its EMDs shall only use an IDPH approved EMD priority reference system (EMDPRS) protocol. Documentation of approval by IDPH of a EMDPRS will be submitted to the EMS System prior to approval by the EMS Medical Director.
 3. Pre-arrival support instructions shall be provided in a non-discriminatory manner and shall be provided in accordance with the EMDPRS established by the EMS Medical Director of the EMS System in which the EMD operates. (Section 3.70(a) of the Act)
 4. EMD Protocols shall include:
 - a. Complaint-related question sets that query the caller in a standardized manner;
 - b. Pre-arrival instructions associated with all question sets;
 - c. Dispatch determinants consistent with the design and configuration of the EMS System and the severity of the event as determined by the question sets; and
 - d. Post-dispatch instructions with all question sets.

F. Temporary Suspension of the EMD Services

1. The Dispatch Center's Shift Supervisor, or in the absence of the Supervisor the employee on duty who has been designated to perform supervisory duties, may suspend the EMD program in situations with extenuating circumstances where continuation of the program would be detrimental to the overall mission of the Dispatch Center.
2. Example of situations which might possibly qualify include, but are not limited to:
 - a. Extremely high traffic volume generated by severe weather or other natural or manmade disaster(s)
 - b. A major failure in radio or computer systems
 - c. The need to operate from a backup/alternate communications site.
3. Any time a suspension of EMD is invoked, the person making that decision must complete a thorough report, directed to the Director of the Dispatch Center, explaining the circumstances prompting the decision and the duration of the suspension. This report must be completed before the person goes off duty. If the suspension overlaps shifts, both staff members who are in charge must complete

reports. A copy of this report will be forwarded to the Performance Improvement Committee and the EMS office.

4. If a caller specifically asks for EMD instruction(s) during a period of temporary suspension, EMD may be provided at the discretion of the dispatcher or call taker depending on the work load and the nature of the call.

G. Performance improvement

1. Any system provider that utilizes EMDs and pre-arrival instructions will have a performance improvement program.
2. The performance improvement program, at a minimum, will include
 - a. Medical dispatch case review
 - i. Random monthly review of 10% of all EMD cases
 - ii. 100% of Cardiac Arrest Incidents
 - iii. Review of Pre-arrival instructions for pertinent updates.
 - b. Documentation of department provided dispatch continuing education
 - c. 100% of incident reports

H. Incident Reports: An incident report is a quality control mechanism to notify the medical director of any problem or adverse event relating to the EMS program. Adequate documentation of any such incident is important in order to facilitate early resolutions to any problems, and to provide a written record of any event that could potentially become a problem. If applicable, a copy of the dispatch call should accompany the report.

1. EMD personnel are encouraged to complete an incident report whenever:
 - a. There is patient injury during the course of a dispatch call.
 - b. There is a protocol error.
 - c. Dispatch Instructions are questioned by paramedics or hospital personnel.
 - d. There is apparent deviation from the standard operating procedure by the hospital, the provider or the dispatcher.
 - e. The performance of a dispatcher is questioned by a qualified EMD/EMS system provider.
 - f. There is any type of misunderstanding between the hospital personnel, the ambulance personnel or the dispatch personnel.
 - g. There are communication difficulties or breakdowns.
 - h. All DNR cases.
 - i. All EMD calls where a caller identifies him/herself as a physician, nurse, EMT-B or EMT-P whether or not assistance was accepted or declined
 - j. All EMD calls that were successful (i.e., relief of an obstructed airway).
2. A report may be completed by any Saint Francis EMS System personnel for any of the above reasons or in the event that dispatch performance is questionable (similar policies exist for Emergency Department Physicians, ECRNs, Paramedics and

EMTs).

3. After forwarding the incident report to the Dispatch Center's Supervisor, the appropriate EMS System Coordinator and/or the EMS Medical Director will personally review and comment on each incident report submitted. A copy will be sent to the person who initiated the report and to the Dispatch Center's Supervisor and Performance Improvement Committee.

I. Doctor/Nurse on scene

1. If, in the course of providing pre-arrival Instructions (PAI), the person with whom the dispatcher is talking, identifies him/herself as a physician, nurse, EMT or Paramedic trained in emergency procedures the dispatcher should continue with the pre-arrival instructions offering help to the individual to direct him through the call.
2. Documentation on the EMD Incident Report form should be completed for all EMD calls where a person has identified him/herself as a physician, nurse, EMT or Paramedic whether or not EMD assistance is accepted or declined.

J. Revocation or Suspension of EMD or EMD Agency Certification

1. The EMS Medical Director(s), in conjunction with the Provider Agency has the authority to suspend from participating within the Saint Francis EMS System any individual or provider who does not meet the standards of the Saint Francis EMS System. If a suspension is to be imposed, the Dispatcher's Provider Agency will be notified. Suspensions are on one or more of the following criteria:
 - a. Failure to meet the education and training requirements as outlined by the IDPH, Saint Francis EMS System EMS System Policies and Procedures.
 - b. Violation of the EMS Act or the Rules and Regulations outlined by the EMS Act.
 - c. Failure to remain proficient in the provision of Emergency Medical Dispatch.
 - d. Failure to adhere to the policies and procedures of the Saint Francis EMS System(s) as approved by the IDPH.
 - e. Engaging in dishonorable, unethical, or unprofessional behavior that is likely to deceive, defraud, or harm the public, or actions that constitute criminal offenses, while providing Emergency Medical Dispatch.
 - f. Engaging in the use of intoxicating liquors, narcotics, controlled substances, or other drugs classified as stimulants while performing duties to the public within the Saint Francis EMS System.
 - g. Engaging in the falsification of any EMD Protocol, report, medical order, or misrepresenting patient care within the Saint Francis EMS System.
 - h. Abandoning or neglecting a patient requiring Emergency Medical Dispatch.
 - i. Engaging in the performance or attempting to perform Emergency Medical Dispatch without proper direction, certification, training, or supervision.
 - j. Discriminating against a client who is in need of Emergency Medical Dispatch because of race, sex, creed, religion, national origin, or ability to

pay.

- k. Dispatch misconduct or incompetent acts, or a pattern of continued or repeated dispatch misconduct or incompetent acts in the provision of Emergency Medical Dispatch.
 - l. Any violation(s) of the Saint Francis EMS Standards of Care.
 - m. Any physical and/or mental incapacity that render the system participant incapable of performing his/her duty.
 - n. Failure to comply with the objectives of Probation.
- 2. If a suspension is to be placed on any individual or dispatch center, the individual or dispatch center will first be offered Due Process **unless** the EMS Medical Director finds that the dispatcher's continued practice would cause harm to patients within that dispatcher's care. The dispatcher or dispatch center must notify the EMS System Coordinator of their desire to enter Due Process following the System Review Board Policy found in the System Guidelines.
 - 3. Dispatchers or dispatch centers who receive immediate suspensions have the option to bypass the System Review Board and plead their case directly to the State EMS Disciplinary Review Board.
 - 4. The EMS MD shall report to IDPH whenever an action has taken place that may require the revocation or suspension of a certificate issued by IDPH.
 - 5. Revocation or suspension of EMD or EMD Agency certification shall be in accordance with Section 515.420 of the IDPH EMS Administrative Code.

V. FORMS AND OTHER DOCUMENTS

- A. Agency Affiliation Letter
- B. EMD Agency Roster
- C. EMD Incident Report
- D. Orientation-EMD Performance Appraisal

VI. REFERENCES

- A. IDPH Administrative Code: Title 77, Chapter 1, Subchapter f, Section 515.70: Emergency Medical Dispatcher

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Approval Signatures

Step Description	Approver	Date
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Status Active PolicyStat ID 14144846

Origination	7/31/2023	Owner	Sara Van Dusseldorp: Mgr- Emergency Svcs
Last Approved	8/4/2023		
Effective	8/4/2023	Policy Area	Emergency Medical Services (EMS)
Last Revised	8/4/2023		
Next Review	8/3/2025	Applicability	Ascension Saint Francis

Code of Ethics (A-14)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE

The SFH 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 SFH 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, SFH 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.

III. 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 SFH 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 SFH 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 SFH 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 SFH 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 SFH EMS System members will respect and protect the rights, privileges and beliefs of others.

IV. REFERENCES

NAEMT Code of Ethics

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Approval Signatures

Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp: Mgr- Emergency Svcs	8/4/2023

Applicability

Ascension Saint Francis

Status

Active

PolicyStat ID

13601067

Origination	12/1/1992	Owner	Sara Van Dusseldorp: Mgr- Emergency Svcs
Last Approved	5/3/2023	Policy Area	Emergency Medical Services (EMS)
Effective	5/3/2023	Applicability	Ascension Saint Francis
Last Revised	5/3/2023		
Next Review	5/2/2026		

Paramedic Course Entrance Requirements (E-1)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy establishes that applicants for entrance into the Paramedic course shall meet all requirements of the State (EMS Act) and the EMS System.

III. PROCEDURE

- A. Candidate must have and maintain a current EMT license. EMT licensure requires that the candidate shall hold a high school diploma or high school equivalence certificate and be eighteen (18) years of age or older.
- B. Before acceptance into the program, the Program must assure that a Saint Francis EMS System (SFEMSS) provider (or other designated provider) will be available to accommodate field experience and internship needs.
- C. A candidate who does not have personal health insurance by virtue of employment with a pre-hospital ALS provider must acquire said insurance before he/she begins the course.
 1. A copy of the proof of insurance shall be provided by the candidate for his/her file.
- D. Students receive professional liability insurance through Oakton Community College when they

register.

- E. There is an entrance assessment for the course which consists of computer based and hands on assessment. There is an administration fee for the entrance assessment.
- F. A completed application form and required documentation shall be submitted by the date specified.
- G. Any diagnosed learning disabilities that may affect the students' success must be disclosed with entrance application.

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Approval Signatures

Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp: Mgr- Emergency Svcs	5/3/2023

Applicability

Ascension Saint Francis



Origination	12/1/1992	Owner	Sara Van Dusseldorp: Mgr- Emergency Svcs
Last Approved	11/28/2023		
Effective	11/28/2023	Policy Area	Emergency Medical Services (EMS)
Last Revised	11/28/2023		
Next Review	11/27/2026	Applicability	Ascension Saint Francis

Paramedic Preceptor (E-2)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy delineates critical standards, requirements, responsibilities, and expectations necessary of a Paramedic Preceptor to operate within the Saint Francis Hospital EMS System.

III. DEFINITIONS:

- A. Paramedic Preceptor: A Paramedic Preceptor acts as a resource person, a role model, a facilitator, and a guide. A preceptor must have thorough knowledge of the Saint Francis EMS System Policies and Standard Operating Procedures (SOPs).

IV. PROCEDURE

- A. The purpose of the Preceptor Program is to integrate those licensed paramedics who have educational experience into:
 - 1. The training and education of student paramedics (field internship).
- B. To obtain the title of Paramedic Preceptor the following requirements must be met:
 - 1. At least six (6) months experience as a licensed paramedic in the Saint Francis EMS

System, or alternative experience as approved by the EMS Medical Director.

2. The candidate must possess a positive attitude, sound knowledge of theory and skills, and the desire and ability to teach and guide according to the philosophy of the Saint Francis EMS System.
 3. No previous sustained complaints in the paramedic's personnel file within the past 12 months.
 4. Complete Preceptor education, as designated by the EMS System.
 5. Endorsement for preceptor is done by agreement of:
 - a. EMS Medical Director
 - b. EMS System Coordinator
 - c. Provider Chief and/or Medical Officer
 6. New preceptors will complete adult education requirements as directed by the EMS System prior to precepting any student.
- C. Paramedic preceptors are encouraged to strive for excellence and therefore should attempt to secure the following credentials:
1. CPR Instructor
 2. ACLS Certification
 3. ITLS or PHTLS Certification
 4. PALS Certification
 5. Teaching experience in prehospital health care delivery (e.g., CPR, ACLS, Paramedic and EMT classes)
 6. Lead Instructor Certification
- D. Paramedic preceptors are required to complete daily reports on all student paramedics who are under their supervision. Student paramedics are responsible for submitting the reports to the EMS Office. Student paramedics will have these forms for the preceptor. These records will be maintained in the student paramedic's file in the EMS Office.
- E. Any preceptor who fails to maintain the standards herein this policy is subject to review and dismissal from the Paramedic Preceptor Program.

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Approval Signatures

Step Description	Approver	Date
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Status Active PolicyStat ID 15480281

Origination	9/1/2014	Owner	Sara Van Dusseldorp: Mgr-Emergency Svcs
Last Approved	3/20/2024		
Effective	3/20/2024	Policy Area	Emergency Medical Services (EMS)
Last Revised	3/20/2024		
Next Review	3/20/2027	Applicability	Ascension Saint Francis

In-Field Educators (E-3)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE

This policy establishes that Saint Francis Hospital, as an Illinois Department of Public Health (IDPH) designated resource hospital, shall fulfill its responsibility to provide a continuing education (C.E.) program for all System Paramedics.

III. PROCEDURE

A. The content of the C.E. program shall conform to the State of Illinois CE Hour Distribution Curriculum, Illinois Scope of Practice Standards and other nationally accepted standards of care (ACLS, ITLS, etc.). This program shall be conducted live or via digital learning platform. This C.E. program is offered for SFH EMS providers. Classes will be presented as three-hour modules and shall be conducted eight (8) times per year. EMS Agencies will be assessed an annual fee for this program.

1. Requirements

- a. Paramedics with Saint Francis EMS System required to attend that years mandatory CE session(s).
- b. PHRNs will be required to attend all mandatory CE session(s). Required

sessions will be determined by EMS System Coordinator and EMS Medical Director.

- c. Continuing Education modules may include a quiz.
 - i. Quiz questions will cover material presented in the educational session.
 - ii. A score of 80% is considered a passing score.
 - iii. Anyone who scores less than 80% will need to retake the quiz to get credit for the CE module.
 - d. Continuing Education Make-up
 - i. Sessions of Continuing Education are to be made up on a digital learning platform. Upon completion, the paramedic will be given a quiz that requires a score of 80%..
 - ii. Anyone not using the digital learning platform will not have access make up CE, unless alternative methods are pre-approved by the EMS office.
2. Personnel: Saint Francis Hospital – EMS Agencies shall be responsible for maintaining sufficient staff for this program; as well as for orientation, training, review and evaluation of staff. EMS Agency may incur a cost for this service.
- a. The person conducting this C.E. program shall:
 - i. Be referred to as "In-Field C.E. Educators".
 - ii. Be an IL licensed Paramedic and Lead Instructor.
 - iii. Paramedics conducting the training will have a minimum of two (2) years' experience within the Saint Francis Hospital EMS System, be preceptors in the Saint Francis EMS System and be recommended by the EMS Agency.
3. Responsibilities/Duties:
- a. Saint Francis Hospital – EMS Department shall assume overall administrative responsibility for the C.E. program, including:
 - i. Curriculum plan for each calendar year.
 - ii. Submitting Training Application to IDPH for approval and site code.
 - iii. Quality Assurance and modification of program according to need.
 - iv. Invoice provider agencies annually for the C.E. program fee.
 - v. Schedule meetings as necessary with In-field C.E. Instructors.
 - b. Infield C.E. Instructors shall be responsible for:
 - i. Scheduling (with the medical officer) and presenting a three-hour C.E. module.

Applicability

Ascension Saint Francis

COPY

Origination	1/1/2004	Owner	Sara Van Dusseldorp: Mgr- Emergency Svcs
Last Approved	3/20/2024		
Effective	3/20/2024	Policy Area	Emergency Medical Services (EMS)
Last Revised	3/20/2024		
Next Review	3/20/2027	Applicability	Ascension Saint Francis

Continuing Education for the EMS Provider (E-4)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy establishes that the Illinois Department of Public Health mandates that each Paramedic complete 100 hours and each EMT complete 60 hours of continuing education per four-year period, and various ways hours may be obtained.

III. SPECIAL INSTRUCTIONS:

All paramedics and EMTs are required to have a current AHA CPR card at all times.

IV. DEFINITIONS

- a. The Paramedic/EMT has a choice of how they wish to accomplish the required number of hours needed for re-licensure.

V. PROCEDURE

The following plan has been constructed to ensure that the Paramedic/EMT completes the necessary IDPH requirements:

- a. The SFH EMS System recommends completion of twenty-five (25) hours per year for the paramedic and fifteen (15) hours for the EMT:

1. Continuing education hours must meet the IDPH recommend Core Content requirements as shown below. Hours shown are for paramedics and EMTs per 4 year period. Visit the IDPH website for further information related to these categories.

(Paramedic/EMT)

a. Preparatory	8 hours / 5 hours
b. Airway management and ventilation	12 hours / 7 hours
c. Patient Assessment	8 hours / 5 hours
d. Trauma	12 hours / 7 hours
e. Cardiac	6 hours / 10 hours
f. Medical	20 hours / 12 hours
g. Peds/Neo/OB	16 hours / 10 hours
h. Geriatrics/Special	4 hours / 2 hours
i. Operations	4 hours / 2 hours

2. Listed below are acceptable elective activities :

- a. Outside seminars, workshops, conferences, etc. If you are unsure as to the acceptable status of these hours, contact the EMS Office at Saint Francis Hospital.
- b. Participation in Mass Casualty Drills (as a victim or provider).
- c. Mini-Skill Reviews as run by the Medical Officer from the EMS Agency: All review sessions must have a department site code pre-approved before the program is offered for credit hours.
- d. ITLS, ACLS, PALS, PHTLS etc. Number of hours awarded will be based on information provided by presenting board
- e. CPR Instruction: One hour of elective credit will be given for each CPR class taught, up to a maximum of 4 (four) hours per licensure period. Must submit CPR roster to the digital learning platform.
- f. Health-related college courses that relate to the role of an EMS professional (A&P, assessment, physiology, biology, chemistry, microbiology, pharmacology, psychology, sociology, nursing/PA classes, medical math, , etc.) will receive 8 hours of EMS CE credit per college credit hour.
- g. **No more than twenty percent (20%) of total hours per subject area can be obtained in any modality (except live EMS System provided CE).**

3. No more that 8 hours of CE will be allowed per day without authorizataion from the EMS Office.

4. Outside education must have a site code or have CAPE Accrediation.

b. Documentation

- i. In-station continuing education will be documented by the appointed Infield C.E. Instructor in the digital learning platform. In the event you have missed the class held on your duty day, you may go onto the digital learning platform and do the the missed CE Module.
- ii. Education from outside the EMS System must be accurately documented and submitted to the digital learning platform for verification.
- iii. It is the responsibility of the Paramedic/EMT to keep records of all their continuing education.

c. Attendance at In-Station C.E. Program

- i. The in-station program is recommended for all primary Saint Francis EMS System paramedics. Twenty five (25) hours of continuing education should be done for **each** calendar year.
- ii. All Paramedics/EMTs must attend any mandatory continuing education classes.
- iii. Licensed paramedics who are secondary within the Saint Francis EMS System must complete "MANDATORY" scheduled classes.
- iv. In the event the Infield Educator feels that a given participant has missed too much of the class content due to calls (30%), that instructor may require the participant to complete the digital learning platform make-up.
 - 1. The Infield Educator must inform the department Medical Officer of a decision to levy this requirement on an individual.
 - 2. It will be the responsibility of the Medical Officer to see that the participant completes the assignment.
 - 3. The Education Coordinator will then credit the participant with the CE hours.

VI. FORMS AND OTHER DOCUMENTS

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Approval Signatures

Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp: Mgr- Emergency Svcs	3/20/2024

Applicability

Ascension Saint Francis

Status Active PolicyStat ID 13602207

Origination	1/1/1994	Owner	Sara Van Dusseldorp: Mgr- Emergency Svcs
Last Approved	5/3/2023		
Effective	5/3/2023	Policy Area	Emergency Medical Services (EMS)
Last Revised	5/3/2023		
Next Review	5/2/2026	Applicability	Ascension Saint Francis

Physician Education E-5

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy establishes that the EMS Medical Director delegates the responsibility for Physician education to each hospital's associate EMS Medical Director (if assigned) to ensure physicians in all System Hospital Emergency Departments are familiar with the EMS System's Policies, Procedures and Standard Operating Procedures (medical orders).

III. PROCEDURE

- A. The EMS Medical Director shall meet with all Associate EMS Medical Directors to educate them with regards to all System functions.
- B. Each Associate EMS Medical Director will be responsible for educating the physicians who work in that particular Emergency Department.
- C. The Associate EMS Medical Director shall have each and every functioning Emergency Department physician complete and sign a form indicating their compliance to the Saint Francis EMS System Policies and Procedures, Saint Francis EMS Standard Operating Procedures and all Illinois Department of Public Health Rules and Regulations which relate to the EMS Act.

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Approval Signatures

Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp: Mgr- Emergency Svcs	5/3/2023

Applicability

Ascension Saint Francis

Status Active PolicyStat ID 13602450

Origination	10/1/1999	Owner	Sara Van Dusseldorp: Mgr- Emergency Svcs
Last Approved	5/3/2023		
Effective	5/3/2023	Policy Area	Emergency Medical Services (EMS)
Last Revised	5/3/2023		
Next Review	5/2/2026	Applicability	Ascension Saint Francis

Emergency Communications Registered Nurse (ECRN) - (E-6)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy ensures compliance with the EMS System Act (210 ILCS 50/1) Section 515.740, to address ECRN education, approval and re-approval.

III. PROCEDURE

Radio communication with Prehospital Providers shall be conducted only by an Emergency Department Physician or Resident Physician, or a state licensed ECRN who is approved by SFH EMSS.

Any RN who presents for the ECRN course must have current ACLS certification and a minimum of six (6) months Emergency Department experience.

A. To be approved as an ECRN, an individual shall:

1. Be a Registered Nurse in accordance with the Nurse Practice Act.
2. Complete all requirements of the System's ECRN Course, or its equivalent.
Requirements include:

- a. 100% attendance at a participation in the System's ECRN Course.
- b. Score a minimum of 80% on the written exam.
- c. Complete an instruction program on the operation of the Emergency Department's radio telemetry equipment.
- d. Complete a training period conducting actual telemetry calls with the assistance, supervision, and evaluation of an experienced ECRN. This shall be documented by the evaluator and the EMS MD (or Associate EMS MD) or their designee;
 - i. Submit to the EMS Coordinator at least 15 telemetry calls. Calls must include:
 - Five (5) ALS calls with medication administered
 - Two (2) trauma calls
 - One (1) pediatric call
 - ii. Documentation shall be on the System-approved forms.
 - iii. If candidate is unable to obtain trauma and pediatric calls, those may be done by simulation.
 - iv. Orientation must be completed within thirty (30) days.
- e. Complete eight (8) hours of field experience, and observe a minimum of one (1) ALS call with a System-approved ALS vehicle.
- f. The Resource Hospital shall forward the electronic transaction card and supporting documentation to IDPH,
 - i. IDPH will email the the ECRN with payment instructions.
 - ii. IDPH will send the original ECRN license to the ECRN's home address.

B. Renewal: The EMS MD shall re-approve ECRNs every four (4) years if the ECRN:

1. Is a Registered Nurse in the State of Illinois.
2. Has completed thirty-two (32) hours continuing education (CE) in a four-year period.
3. Procedure
 - a. The ECRN shall complete thirty-two (32) hours of CE in the 4-year approval period and submit to the EMS Coordinator.
 - b. The ECRN will complete the IDPH renewal process online and submit payment for renewal. The EMS Coordinator shall complete an electronic renewal process once verification that the ECRN has complete the on-line portion of the renewal process.
 - c. It is the sole responsibility of the ECRN to immediately inform their EMS Coordinator of any change of address.

C. Any ECRN who displays difficulty with their duties, upon presentation of written documentation, is subject to review by the EMS MD of the System and Associate EMS MD of

the involved Associate Hospital. Each problem will be handled on a case-by-case basis.

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Approval Signatures

Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp: Mgr- Emergency Svcs	5/3/2023

Applicability

Ascension Saint Francis

COPY

Status **Active** PolicyStat ID **13638706**

Origination	4/1/1996	Owner	Sara Van Dusseldorp: Mgr- Emergency Svcs
Last Approved	5/10/2023	Policy Area	Emergency Medical Services (EMS)
Effective	5/10/2023	Applicability	Ascension Saint Francis
Last Revised	5/10/2023		
Next Review	5/9/2026		

Durable Power of Attorney for Health Care (MO-1)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL Commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services

II. PURPOSE:

This policy enhances the existing Region X DNR/POLST policy and clarifies the role of the durable power of attorney for health care

III. PROCEDURE

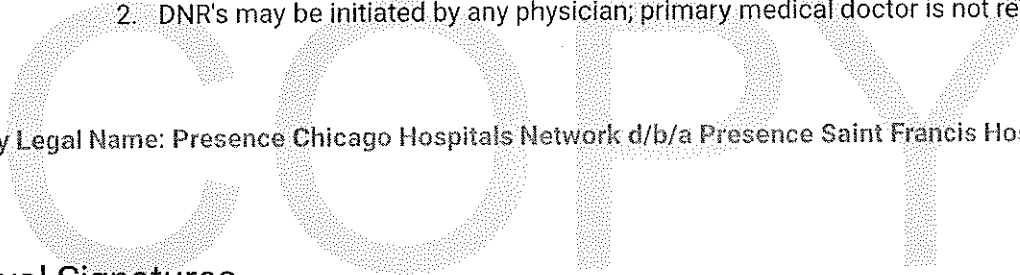
- A. There are other persons who may be entitled by law, with proper documentation present, to make health care decisions on behalf of an incompetent patient, such as:
 - A health care power of attorney agent
 - A surrogate decision maker appointed under the Health Care Surrogate Act
 - Legal guardian
 - Parent for minor patient
1. DNR Applications: These individuals may sign DNR/POLST orders, along with the physician, in order to completely comply with the Region X DNR/POLST Policy. However, pre-hospital personnel cannot honor a verbal DNR request from a health care power of attorney agent.

2. Other Patient Choice Issues: The above listed individuals can make verbal requests of pre-hospital care providers regarding other patient choice issues such as:
 - a. Hospital preference
 - b. Refusal of treatment
3. Spouses or relatives on the scene have no independent legal authority to give or withhold consent on behalf of a patient.
4. Surrogate Decision Maker
 - a. This person is one who is identified by a patient's physician, and only can express decisions regarding the foregoing of life-sustaining treatments on behalf of a patient who lacks decisional capacity and suffers from a qualifying condition.
 - b. The surrogate decision maker can only sign a DNR order written by the physician. This may be accepted by pre-hospital care personnel.

B. Points to Remember

1. Always contact Medical Control and verify these requests. Document all discussions on the ambulance run report.
2. DNR's may be initiated by any physician; primary medical doctor is not required.

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital



Approval Signatures

Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp: Mgr- Emergency Svcs	5/10/2023

Applicability

Ascension Saint Francis

Status **Active** PolicyStat ID **13638788**

Origination	5/1/1983	Owner	Sara Van Dusseldorp: Mgr- Emergency Svcs
Last Approved	5/10/2023	Policy Area	Emergency Medical Services (EMS)
Effective	5/10/2023	Applicability	Ascension Saint Francis
Last Revised	5/10/2023		
Next Review	5/9/2026		

Release of Medical Control at the Scene, Physician/Nurse on the Scene (MO-2)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy describes the circumstances under which the release of Medical Control may take place.

III. PROCEDURE

- A. Emergency pre-hospital patient care in the State of Illinois occurs under the medical license of the EMS Medical Director in any given EMS System.
- B. The EMS Medical Director is responsible for designating a physician to supervise the System in their absence.
- C. The pre-hospital care of a given patient may be enhanced by direction at the scene from a licensed physician, in attendance with direct observation of clinical condition and response to therapy unhindered by telemetry.
 1. Formal release of Medical Control by the EMS Medical Director or designee occurs only when the physician on the scene is willing to accept responsibility of ongoing pre-hospital care, including the continued medical direction during transportation via

ambulance to hospital.

2. Adequate identification of the "licensed physician" must be conveyed to the paramedic and subsequently to the hospital before "release" can occur.
 3. The EMS Medical Director or designee is the sole determinator of the appropriateness of any "release". Such release when indicated must be documented on recorded telemetry communication.
 4. A nurse cannot assume or accept this responsibility.
- D. Participation is encouraged for **any** qualified medical personnel (PA, NP, RN, Paramedic, EMT, etc) at the scene of sick or injured, and in assisting of pre-hospital care paramedics if it is in the best interest of patient care as determined by the paramedics. This assistance does not constitute release of Medical Control.
- E. Telemetry medical direction by the monitoring hospital and legal control of patient care is maintained by the EMS Medical Director or designee unless otherwise specified.

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Approval Signatures

Step Description

Approver

Date

EMS System Coordinator

Sara Van Dusseldorp: Mgr-
Emergency Svcs

5/10/2023

Applicability

Ascension Saint Francis

Status **Active** PolicyStat ID **14113243**

Origination	1/1/1994	Owner	Sara Van Dusseldorp: Mgr-Emergency Svcs
Last Approved	7/31/2023	Policy Area	Emergency Medical Services (EMS)
Effective	7/31/2023	Applicability	Ascension Saint Francis
Last Revised	7/31/2023		
Next Review	7/30/2026		

Refusal of Service-Competent / Incompetent Patient / Minor Patients (MO-3)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services

II. PURPOSE:

This policy establishes that a competent patient may agree to be transported, but has the legal right to refuse some or all of the treatment intended. Situations involving minors are also addressed within this policy

III. DEFINITIONS

- A. Minor Patient: Definition - In Illinois, any person under the age of 18, unless legally emancipated, pregnancy/parent, in the military or married .
 1. If the minor's parent is less than 18 years of age, the parent can still give consent for treatment of their child.

IV. PROCEDURE

In the occurrence of patient refusal of service, document the treatment refused and have the patient sign the release statement for refusal of said treatment. Any "Refusal of Service" call which is questionable,

confusing and/or complex will be called in and documented with Medical Control while on the scene.

A. Competent Patient – In every situation when a competent patient refuses medical assistance or transportation, employ the following guidelines.

1. Advise the patient of their medical condition and explain why the care is necessary. Continue to encourage consent if the patient is undecided or if you believe they may change their mind, as many people who initially refuse emergency medical service are in need of such care.
2. Inform the patient of the risks of refusal and document your attempts to do so.
3. All questionable, confusing, and/or complex "refusal of service" calls will be called in and documented with Medical Control while on the scene.
4. Any patient that receives ALS level care and then refuses care must be called to medical control.
5. Have the patient sign the applicable release statement. There should be two witnesses to the release form, if possible. One witness should be the paramedic assigned to the ambulance and the other should be a family member or bystander (e.g., police officer, etc.).
6. Any patient who refuses to sign the refusal form should have this witnessed and signed by a family member, police, or bystander, if possible.
7. There must be detailed, written documentation that the patient appears mentally capable to refuse treatment and/or transportation.
8. EMS personnel should advise patients of the need for treatment and/or transport, and should resort to release statements only as a mechanism for documenting steadfast refusal of treatment and/or transport by conscious, competent adults.
9. In the interest of assuring that the patient is transported to an appropriate medical facility rather than receive no care at all, deviations from the Policy Manual and SOPs may be necessary; consult with Medical Control while on the scene.

B. Incompetent Patient

1. If the behavior and/or the medical condition of the patient suggest that the patient is mentally incompetent to refuse medical treatment and/or transport, efforts should be made to explain to the patient the seriousness of their condition and the potential consequences of refusing treatment. The incompetent patient (whether chronic or caused by an acute process) will not be allowed to make health care decisions.
 - a. If all such efforts are unsuccessful, the patient is uncooperative or combative, see policy - Uncooperative Impaired Patient Behavioral Emergencies and policy - Use of Restraints. Contact Medical Control immediately.
2. The incompetent patient is to be transported to the closest appropriate hospital as approved by Medical Control.
3. Special request of a guardian or family member will be considered on a case by case basis, based on the patient's medical stability and the potential harm which could be incurred due to prolonged transport to other than the closest appropriate hospital.

This decision will be made by Medical Control.

- a. See Durable Power of Attorney for Health Care (MO-1).
- C. MINOR PATIENT - BLS care, including airway maintenance and CPR as required, should always be immediately instituted on all minors prior to contacting the Medical Control, unless criteria for not beginning CPR are present as described in that policy.
1. If the minor is age 12 or older and may have come into contact with any venereal disease or may be determined to be an addict, an alcoholic or an intoxicated person, the minor can give consent for certain types of medical treatment. Paramedics and EMTs faced with this type of patient should immediately contact Medical Control for instructions and orders. Provisions of the Alcoholism and other Drug Dependency Act come into play and Medical Control is in the best position to give advice and instructions.
 2. Parent or guardian not present, care refused by minor - In any situation where a minor refuses evaluation, treatment or transportation and a parent or guardian is not available to give consent the following must be completed and documented:
 - a. Advise patient of their illness or injury and explain the need for further evaluation of the condition by a physician.
 - b. Minors cannot refuse transport.
 3. Contact Medical Control immediately and inform them of the situation from the scene.
 4. If the patient is in obvious need of care, administer appropriate care, and if necessary, request police assistance in placing the child under protective custody and expediting transport; request that the officer place the child under protective custody and assist with transport. (See policies Uncooperative Impaired Patient/ Behavioral Emergencies, Use of Restraints (MO-4.)
 5. Parent or guardian grants consent, minor refuses care; minors cannot refuse.
 6. Parent or guardian refuses to consent to evaluation, treatment, and/or transportation see Region X SOP Child Abuse/Neglect
- D. In all situations, the paramedic (EMT) should attempt to solicit a responsible adult to accompany the minor.
- E. If the patient refuses to cooperate, remember that in questions of competency to grant or refuse treatment, a person who legally is not competent to grant consent is also legally not competent to refuse consent.

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Approval Signatures

Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp: Mgr- Emergency Svcs	7/31/2023

Applicability

Ascension Saint Francis

COPY

Status Active PolicyStat ID 14145439

Origination	1/1/1994	Owner	Sara Van Dusseldorp: Mgr-Emergency Svcs
Last Approved	8/4/2023		
Effective	8/4/2023	Policy Area	Emergency Medical Services (EMS)
Last Revised	5/10/2023		
Next Review	8/3/2026	Applicability	Ascension Saint Francis

Uncooperative or Impaired Patient/Behavioral Emergency (MO-4)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy establishes that the following guidelines have been established to aid pre-hospital personnel in the management and treatment of such patients when encountered in the field.

III. SPECIAL INSTRUCTIONS:

At all times pre-hospital personnel should avoid placing themselves in danger; at times this may mean a delay in the initiation of treatment until the personal safety of the pre-hospital personnel is assured.

IV. 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 causes of behavioral problems. (Initiate treatment as required). Examples include:
 - Hypoxia

- Hypotension
 - Hypoglycemia
 - Trauma (e.g., Head Injury)
 - Alcohol/Drug Intoxication or Reaction
 - Stroke/CVA
 - Postictal states/seizures
 - Electrolyte Imbalance
 - Infections
 - Dementia (i.e., acute or chronic organic brain syndrome)
- C. Assess competency and potential danger to yourself or others by observation, direct exam, and reports from bystanders.
- D. Contact Medical Control, Police, and/or Fire Department backup as appropriate.
- E. If the patient is judged to be either:
1. Suicidal, homicidal, or clearly incompetent and dangerous to self or others, pre-hospital providers should carry out treatment and transport in the interest of the patient's welfare, employing the following guidelines.
 - a. At all times pre-hospital personnel should avoid placing themselves in danger; at times this may mean a delay in the initiation of treatment until the personal safety of the pre-hospital personnel is assured.
 - b. Try to obtain cooperation through conventional means.
 - c. If the patient resists, reasonable force may be used to restrain the patient from doing further harm to self or others (see policy – Use of Restraints MO-5).
 - d. Police shall be notified prior to all involuntary removals, excluding institutionalized patients.
 2. In an uncooperative patient, the requirement to initiate assessment and full ALS service may be waived in favor of assuring that the patient is transported to an appropriate medical facility. Document clearly all the reasons ALS care was aborted.
- F. Contact Medical Control for explicit directions.

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Approval Signatures

Step Description	Approver	Date
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Status Active PolicyStat ID 15353940

Origination	1/1/1994	Owner	Sara Van Dusseldorp: Mgr- Emergency Svcs
Last Approved	3/1/2024		
Effective	3/1/2024	Policy Area	Emergency Medical Services (EMS)
Last Revised	3/1/2024		
Next Review	3/1/2027	Applicability	Ascension Saint Francis

Use of Restraints (MO-5)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy establishes the following guidelines to govern the use of restraints in the pre-hospital setting.

III. PROCEDURE

At times, the use of restraints may be necessary to protect the patient from harming self or others. The following guidelines have been established to govern the use of restraints in the pre-hospital setting.

- A. **At no point should paramedics (EMTs) place themselves in danger. Additional manpower should be requested as needed.**
- B. If able, Paramedics (EMTs) should contact Medical Control before restraining the patient; however if unable, restraints may be applied for the patient's and paramedic's (EMTs) safety prior to contact.
- C. When in the paramedic's (EMTs) judgment, active restraining of the patient becomes necessary, force (minimum required) can be applied to neutralize the amount of force exerted by the patient. All attempts **MUST** be made to avoid injury to the patient and paramedic (EMTs).

- D. Restraints shall be applied in a manner that will not compromise the patient's ability to breath, occlude circulation or further aggravate any injuries or illness.
- E. **Patients placed in restraints should be assessed every 5 minutes, along with all extremities checked for capillary refill, circulation and abrasion. Document findings on PCR.**
- F. The paramedics (EMTs) must clearly document the patient's behavior that led to the conclusion restraints were necessary.
- G. Handcuffs are to be applied by **POLICE OFFICERS ONLY**. When the transportation of a victim/patient who is required to be handcuffed, the police officer with the handcuff key **MUST** accompany patient in the back of the ambulance.
- H. Patients **MUST** be restrained in the supine position, unless medically contraindicated.

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Approval Signatures

Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp: Mgr- Emergency Svcs	3/1/2024

Applicability

Ascension Saint Francis

Status Active PolicyStat ID 13639652

Origination	1/1/1994	Owner	Sara Van Dusseldorp: Mgr- Emergency Svcs
Last Approved	5/10/2023		
Effective	5/10/2023	Policy Area	Emergency Medical Services (EMS)
Last Revised	5/10/2023		
Next Review	5/9/2026	Applicability	Ascension Saint Francis

Pre-Hospital Deaths/Medical Examiner Case (MO-6)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy establishes procedural guidelines for pre-hospital providers when presented with a death or DNR, and to assure preservation of possible evidence.

III. PROCEDURE

- A. In situations where indications are conclusive that death has occurred, (i.e., decomposition, decapitation, murder/suicide scene, rigor mortis, lividity, injuries that are incompatible with life etc.), EMS providers shall call Medical Control to document such cases and receive acknowledgment for their actions.
 1. If paramedics are citing injuries incompatible with life, you **MUST** call Medical Control for consult.
 - a. If Medical Control advises it is not necessary to initiate resuscitative measures the pre-hospital provider will notify the proper authority.
 - b. If Medical Control advises to initiate resuscitative measures, the pre-hospital provider will do so in accordance with the Region X Standard Operating Procedures and transport to the receiving facility.

- B. In an attempt to assure preservation of possible evidence, the pre-hospital provider should avoid unnecessarily disturbing the scene, or abandoning the body or scene until proper authorities arrive. (see policy-Preservation of Evidence/Crime Scene – Law Enforcement MO-7).
- C. The hospital will be responsible for notifying the Medical Examiner for any patients received in the Emergency Department.
- D. An Ambulance Run Report form must be completed on all patient contacts. This form is an official document which must indicate all treatment and/or assessments regardless of whether or not transportation occurs.
- E. If the body remains at the scene, it is the responsibility of the provider to assure that the proper authority will notify the Medical Examiner.

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Approval Signatures

Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp: Mgr- Emergency Svcs	5/10/2023

Applicability

Ascension Saint Francis

Status Active PolicyStat ID 14145402

Origination	1/1/1994	Owner	Sara Van Dusseldorp: Mgr- Emergency Svcs
Last Approved	8/4/2023	Policy Area	Emergency Medical Services (EMS)
Effective	8/4/2023	Applicability	Ascension Saint Francis
Last Revised	8/4/2023		
Next Review	8/3/2026		

Interaction with Law Enforcement/Evidence Protection/ Reporting Suspected Crimes (MO-7)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy establishes guidelines for interacting with and maintaining the integrity of a crime scene.

III. PROCEDURE

- A. It is recognized that the primary paramedic duty at the crime scene is to render medical assistance to the victim(s).

More often than not, rescue personnel interact with police at the scene of rescue operations. This occurs because of overlapping needs of rescue and investigative agencies who respond to the scene of violent incidents and other situations that involve injury to patients. This dual response raises a potential for conflict between police and rescue personnel, who may interpret their roles as conflicting.

The circumstances surrounding many rescue calls require a detailed investigative effort, which is the responsibility of police agencies. Paramedics should adhere to the advice and direction

of police on the scene in all matters relevant to evidence collection, unless doing so directly compromises patient care. **If access to the patient is prohibited, immediately notify medical control.**

Sensitivity to each other's needs can allow police and rescue personnel to carry out their primary responsibilities without the need for conflict. The following list of procedures for crime scene operations have been developed in an effort to allow proper patient care to be performed along with proper preservation of the crime scene.

1. Do not enter violent situation without police protection. Always assess the scene for your safety first.
2. **Call for police assistance at the first indication that violence or crime is or may be involved. Secure the scene and all evidence until the arrival of the police.**
3. Observe the scene/victim situation before touching or moving anything. Note observations in detail in your report.
4. Render appropriate patient care without unnecessarily moving or touching anything. If necessity requires the alteration of the scene for the purpose of aiding the victim, advise the police. Also, note this information in your report.
5. Anything carried onto the scene in the way of dressings, wrappings or packages should be removed by the medical team when they evacuate the scene. DO NOT remove anything from the scene other than those items.
6. If it is necessary to cut through the clothing of the victim/patient, avoid cutting through tears, bullet holes, or other damaged or stained areas of clothing.
7. Do not wash or clean the victim/patient's hands or areas which have sustained bullet wounds.
8. In gunshot cases, please be aware that expended bullets can be found in the clothing of the victim/patient (especially when heavy winter clothing is worn). These items of evidence may be lost during examination and/or transportation. Check your vehicle and stretcher after transport. Any items of evidence found must be turned over to the police and documented on the run sheet.
9. In hanging or asphyxiation cases, avoid cutting through or untying knots in the hanging device or other material unless necessary to free the airway. If rope or other item constricting the neck need to be cut, do so at least 4 inches from the knot.
10. In stabbing cases, any impaled object will be left in place for both medical reasons and evidence collection.
11. In cases of suspected Human Trafficking treat patient per protocols and transport. Report all incidents of Human Trafficking to the Local Police.

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Status Active PolicyStat ID 13639971

Origination	1/1/1994	Owner	Sara Van Dusseldorp: Mgr- Emergency Svcs
Last Approved	5/10/2023		
Effective	5/10/2023	Policy Area	Emergency Medical Services (EMS)
Last Revised	5/10/2023		
Next Review	5/9/2026	Applicability	Ascension Saint Francis

Patient Abandonment (MO-8)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy establishes that patient abandonment occurs when the level of medical care being given to a patient is reduced without the patient's informed consent.

III. PROCEDURE

A. The following rules apply to all System Participants.

1. Pre-Hospital situations which might involve a reduction in the level of care:

- a. Students: Students will not be left alone with patients, regardless of base level of student.
- b. ALS Patient: General Rule – If a patient is receiving ALS care, the patient must be:
 - i. Transported to a hospital
 - ii. In an ALS ambulance or specialized ALS vehicle
 - iii. Under the care of at least one Paramedic at all times

- c. Patient Requests: If a patient is receiving ALS or BLS care and the patient requests a reduction in the level of care or requests transportation that will in fact reduce the level of care to the patient, the patient must be advised of the risks. If the patient still insists on a reduction in the level of care, then the patient is refusing appropriate medical treatment and the procedures of patient refusal of medical treatment shall be followed by the provider crew.
 - d. Notification of Medical Control – In all cases where a reduction in the level of care may occur, Medical Control will be notified and advised of the facts of the situation. The emergency physician will then issue any orders they feels appropriate.
2. Patient refusal of all treatments – If a patient refuses medical treatment, personnel must realize that if a proper medical release form is not executed by the patient, the provider will be abandoning the patient when the provider leaves.
 3. Disaster situations – Providers should refer to the Region X Multiple Patient Management Plan.

B. Transfer of Responsibility for Patient Care; "Patient Hand-Off"

1. Patient hand-off in the Emergency Department: When a patient is transported to an emergency department, the transporting crew shall not leave the patient unattended in the department. Care that is initiated on the scene and in the ambulance will be continued to the beside of the receiving facility. The transporting crew must wait for a Registered Nurse or Emergency Physician to accept responsibility for the patient. To document this fact, the crew must have the signature of the nurse or physician on the run report form.
2. Patient hand-off in other hospital departments or other medical facilities (e.g., nursing homes, MRI Centers, etc.): When a patient is transported to a location in a hospital other than the Emergency Department or to a nursing home or other health care facility, the ambulance crew shall remain with the patient until a registered nurse or physician accepts responsibility for the patient. To document this fact, the crew must have the signature of the nurse or physician on the run report form.
3. Patient hand-off to another pre-hospital care provider: When the care for a patient is going to be transferred to another pre-hospital care provider, the ambulance crew shall remain with the patient until the second care provider arrives and accepts responsibility for the care of the patient. Each provider should clearly document the details of the hand-off in the patient care report. The second provider shall not accept responsibility for the patient until the report is given.
4. If a patient is refusing transport by a municipal departments and a refusal has been signed, the municipal provider will remain on scene with the patient as long as possible to ensure patient safety and hand-off to the incoming crew.
5. These terms are not applicable during incidents that require activation of the Region X Multiple Patient Management Plan.

C. Inter-Hospital Transfer – If a patient is receiving medications or is connected to medical equipment, the use and training of which are not taught to this System's paramedics, a CCT

paramedic, nurse or physician must be present during the transfer. A provider is prohibited from transferring such a patient without a CCT paramedic, nurse or physician present during the transfer.

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Approval Signatures

Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp: Mgr- Emergency Svcs	5/10/2023

Applicability

Ascension Saint Francis

COPY

Status Active PolicyStat ID 13640033

Origination	1/1/1994	Owner	Sara Van Dusseldorp: Mgr- Emergency Svcs
Last Approved	5/10/2023		
Effective	5/10/2023	Policy Area	Emergency Medical Services (EMS)
Last Revised	5/10/2023		
Next Review	5/9/2026	Applicability	Ascension Saint Francis

Patient Confidentiality / Release of Medical Information (MO-9)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy establishes guidelines for the safeguarding of confidential patient information, the proper release of medical information and the use of social media.

III. PROCEDURE

The confidentiality of information pertaining to a patient must be safeguarded. The information obtained by EMS while treating patients is confidential and generally cannot be released without the consent of the patient. This applies not only to medical information written on a patient care report, but also medical information written on other department forms, note sheets, etc., including the identity of the patient. In addition, other information observed by or told to EMS during the treatment of a patient may also be confidential, if EMS uses that information in considering how to treat the patient or if EMS relays that information to the hospital. For example, the presence of drug paraphernalia on the person of a patient with a possible drug overdose could be considered confidential.

A. Confidentiality

1. Providers and their personnel are prohibited from discussing any aspect of an emergency ambulance call with any person whatsoever, unless it is necessary for current or future medical treatment of the patient, or for peer review purposes at an official meeting called by the Resource Hospital.
2. The ambulance run report form is considered part of the patient's medical record. The ambulance run report is NOT considered "public record", and may not be released to the press or any such organization.

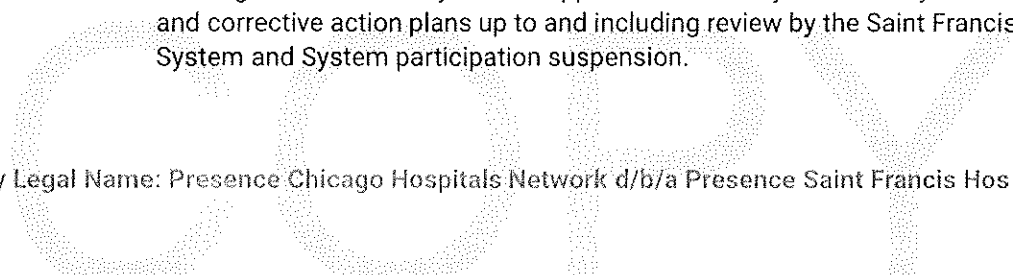
B. Release of Medical Information

1. General Rule – providers are prohibited from distributing copies of any ambulance run report to any person other than the patient himself/herself. Providers should refer to their department's policy related to release of patient care information.
2. Patient request – if a patient requests a copy of his or her run sheet, request to see picture identification and release the copy.
3. Subpoena – if the provider receives a subpoena for a copy of the run sheet, or a notarized request from the patient, that request shall be honored according to provider departmental policy.
4. Individuals requesting copies of ambulance run sheets at a hospital or EMS Office are to be directed to the transporting provider who holds the original copy.
5. Except as provided by law, no information may be released concerning the patient to any EMS System participant following the release or admission of the patient. The patient may release information as he/she so desires.
6. In the event a family member requests a copy of their deceased relatives run report, the following steps are to be taken:
 - a. Ensure through all reasonable means that the person requesting the run report is indeed whom they claim to be. The best proof is based upon presentation of the deceased's Death Certificate, along with photo identification of the relative requesting the run sheet record. Records may be released to the next of kin in the following order:
 - Spouse
 - Child
 - Parent
 - b. One other proof of relationship that the next of kin may present is a "Letter of Office" from the State.
7. Whenever in doubt to release or not to release the run report sheet, contact your village or company attorney for counsel.

- C. Emerging social networking mediums such as Facebook, Twitter, Instagram, Blogs or other similar sites are becoming common places for the public to share information. When using such mediums, Saint Francis EMS System (SFEMSS) participants must adhere to their professional obligations and patient privacy laws concerning Protected Health Information (PHI). Compliance with System and Provider Agency policies is mandatory. The following actions, while not exhaustive, are prohibited:

1. Sharing of PHI is prohibited. PHI includes, but is not limited to the patient's name, address, age, race, extent or nature of illness or injury, hospital destination and Provider Agency or crew member's names.
2. The use of personal cameras or other electronic recording devices shall not be used as it relates to the potential compromise of PHI. Only the use of SFEMSS or provider agency issued electronic devices are permitted. The posting of photos, videos, or images of any kind whether or not they identify patients, addresses, vehicle license plate numbers, or any other PHI is prohibited.
3. Sharing confidential or proprietary information concerning the SFEMSS without the expressed written consent of the SFEMSS is prohibited. This includes, but is not limited to photos, videos, logos, letterheads, policies and or SOPs.
4. If a participant of the SFEMSS indicates in any public format any opinion on a SFEMSS related issue, then that participant shall state that the views and opinions expressed are the participant's personal views and not those of the SFEMSS or their Provider Agency.
5. The SFEMSS reserves the right to investigate reported activity that violates this or the Provider Agency policy with regard to social networking or blogging. Investigation results may include application of the System Quality Assurance Policy and corrective action plans up to and including review by the Saint Francis EMS System and System participation suspension.

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital



Approval Signatures

Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp: Mgr-Emergency Svcs	5/10/2023

Applicability

Ascension Saint Francis

Status Active PolicyStat ID 13640167

Origination	1/1/1994	Owner	Sara Van Dusseldorp: Mgr- Emergency Svcs
Last Approved	5/10/2023		
Effective	5/10/2023	Policy Area	Emergency Medical Services (EMS)
Last Revised	5/10/2023		
Next Review	5/9/2026	Applicability	Ascension Saint Francis

Patient Transport: Closest Hospital/Patient Preference (MO-10)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy sets forth the System's requirements for transporting patients to the closest hospital and diversion of patients when they prefer to go to a different hospital rather than the closest.

III. PROCEDURE

A. Closest Hospital Policy

1. Generally, patient preference will determine to which hospital the patient is transported by a provider.
2. In the event that Medical Control determines that the patient's condition does not warrant the added transport time to the hospital of the patient's choice, the physician will order the ambulance to transport the patient to the closest hospital. A competent patient may disagree and sign a release to be transported to a more distant hospital.
3. Trauma patients will be transported in accordance with requirements of the Regional Trauma

Plan.

B. Obstetrical Patients

1. All pregnant patients greater than 20 weeks gestation regardless of complaint are to be transported to the closest hospital designated as an appropriate perinatal facility for obstetrical patients. (see Attachment 1)
2. In rare and unusual circumstances, at the EMS personnel's discretion, in consultation with medical control, the patient may be transported to the closest appropriate facility for stabilization.

C. Patient Preference

1. Unless Medical Control determines otherwise, a patient's preference to be transported to a hospital other than the closest shall be honored, if the provider transports to the requested facility. Each Municipality or District has the right to limit to which hospitals they will transport either by village ordinance or departmental policy.
2. If a patient, or an individual who is either a guardian or has durable power of attorney, does not have a preference, the patient will be transported to the closest appropriate facility.
3. In the event a patient desires to be transported to a hospital outside the provider's jurisdiction, Medical Control shall determine if the patient's condition warrants such a transport. If Medical Control feels, that the patient should be transported to a closer hospital, this shall be told to the patient. Should the patient refuse transport to a closer hospital, and is medically competent to refuse the physician's order, a "refusal of transport to the closest hospital" release MUST be completed by the patient. All information relating to the refusal must be documented on the ambulance run report and over telemetry with Medical Control. (See policy Patient Abandonment MO-8)

IV. REFERENCES:

LUMC EMSC Regional Pediatric Resource Directory
https://www.luriechildrens.org/globalassets/documents/emsc/home-page/regionalpediatricresourcedirectory_july_2020.pdf

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Attachments

1: Patient Transport: Closest Hospital/Patient Preference

Status Active PolicyStat ID 13640255

Origination	2/1/1998	Owner	Sara Van Dusseldorp: Mgr- Emergency Svcs
Last Approved	5/10/2023		
Effective	5/10/2023	Policy Area	Emergency Medical Services (EMS)
Last Revised	5/10/2023		
Next Review	5/9/2026	Applicability	Ascension Saint Francis

Patient Release Form (MO-11)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy establishes that this System approved form may be used for individuals who are not ill or injured and who did not request EMS service.

III. PROCEDURE

Any Patient Release Form that was approved by the Saint Francis EMS System may be used in place of the Ambulance Run Report Form or Transport Provider Release Form when encountering a victim who is not ill or injured, did not request EMS, and does not want assistance. If the patient is refusing transport after any medical intervention has taken place, a patient care report MUST be completed.

- A. Complete all blank fields on the form.
- B. Each victim is required to sign their name on the signature line following the personal information. In the event the victim is a minor, only a parent or adult guardian may sign the release unless instructed otherwise by Medical Control.
- C. Two witnesses to the signatures are required. One must be the responding Paramedic. The second witness can be a police officer, fire department representative or a family member. Any

family member witnessing a refusal for treatment must be in clear mental status and has heard the discussion regarding the risks of refusing care. Medical control should be contacted if there are **any** questions regarding the victims' ability to sign or the situation at hand.

- D. The originating department must maintain the original copy for ten (10) years in the case of an adult. In the case of a minor, the form must be maintained until age eighteen (18), plus seven (7) years.

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Approval Signatures

Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp: Mgr- Emergency Svcs	5/10/2023

Applicability

Ascension Saint Francis

Status Active PolicyStat ID 14096798

Origination	10/1/1999	Owner	Sara Van Dusseldorp: Mgr- Emergency Svcs
Last Approved	7/26/2023		
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Last Revised	7/26/2023		
Next Review	7/25/2026	Applicability	Ascension Saint Francis

Medical Communications-Hospital and Field (MO-12)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy outlines the essential principles governing equipment, its use and control.

III. PROCEDURE

- A. The Resource Hospital and all Associate Hospitals and Participating Hospitals must have MERCI radio communication available for field to hospital and hospital to hospital use (frequencies 155.340, 155.400 and 155.280).
- B. The Resource Hospital and its Associates must have at least one dedicated phone number connected at the hospital telemetry console for the purpose of field to hospital communication using cellular or landline telephone.
- C. Calls to Medical Control received on CarePoint Radio consoles MUST be recorded and an EMS System Communication Log form completed. All call must be saved for at least 365 days.
- D. The EMS Medical Director, delegates to the EMS Physician at the Associate Hospital, the responsibility to monitor CarePoint Radio calls. This agreement takes place upon the Associate Hospital signing participation papers with the Resource Hospital of the EMS System.

- E. The resource hospital will monitor all calls that are received through the CarePoint System, as well as all Merci calls.
- F. Radio/cellular transmission information specifics are contained within the Standard Operating Procedures for Medical Orders.
- G. Calls to Medical Control (UHF, VHF or Cellular) for orders MUST be answered by an Emergency Communications Registered Nurse (ECRN), Emergency Department Resident Physician or Emergency Department Attending Physician. For calls that pose a difficult scenario, require diversion, confirmation of death, cessation of ALS activity, signing of releases or have extenuating circumstances, the ECRN or resident physician shall seek the assistance of the Emergency Department Medical Director or their designee.
- H. Medical Control is established by the Provider to the hospital (in-system) where the patient is expected to be transported. If the desired hospital is out-of-system, then the Provider's Resource Hospital or one of the Associate Hospitals should be contacted. If contact can not be made with the Provider's Resource Hospital or one of the Associate Hospitals, the provider can contact any Region X Resource or Associate Hospital for medical control.
- I. Cellular/telephone calls have an alarm mechanism to alert the Emergency Department of a call.
- J. When receiving orders from Medical Control, acknowledge transmission and repeat orders to Medical Control for confirmation before implementation.
- K. All radio communication is FCC monitored; therefore, a professional, calm and CONCISE communication is essential.
- L. Problems with communications MUST be addressed immediately. (See Telemetry Equipment Failure Policy PHO-1.)

IV. FORMS AND OTHER DOCUMENTS

- A. EMS System Communications Log

V. REFERENCES

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Approval Signatures

Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp: Mgr- Emergency Svcs	7/26/2023

Status Active PolicyStat ID 14107072

Origination	10/1/1999	Owner	Sara Van Dusseldorp: Mgr-Emergency Svcs
Last Approved	7/28/2023		
Effective	7/28/2023	Policy Area	Emergency Medical Services (EMS)
Last Revised	7/28/2023		
Next Review	7/27/2026	Applicability	Ascension Saint Francis

Ambulance Licensing and Equipment (MO-13)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

A. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

B. PURPOSE:

This policy establishes that System ambulances must carry all Illinois Department of Public Health required equipment.

C. PROCEDURE

Each new vehicle used as an ambulance shall comply with the current criteria established by nationally recognized standards such as National Fire Protection Association, Ground Vehicle Standards for Ambulances, the federal Specifications for the Star of Life Ambulance, or the Commission on Accreditation of Ambulance Services (CAAS) Ground Vehicle Standard for Ambulances.

BLS Ambulance

- A. The Saint Francis EMS System has adopted the State of Illinois, Department of Public Health Ambulance Equipment List as the **minimum** for compliance with BLS equipment requirements.
- B. All BLS ambulances must carry the additional BLS equipment required by the Saint Francis EMS System. This equipment and medications are based on the IDPH approved Regions X

SOPs.

- C. Additional equipment, upon written request from the Provider, may be stocked with written permission from the Resource Hospital after providing documentation of training and competencies.
- D. Items which produce a hardship and do not affect the standard of care may be altered by submitting a waiver request to the Resource Hospital. The Resource Hospital will petition IDPH in agreement with the request. This would also apply to the BLS Non-Transport Provider who is seeking equipment modifications with regard to their particular mode of service and delivery of care.

ALS Ambulance

- A. All ALS ambulances must carry the additional ALS equipment required by the Saint Francis EMS System in addition to the IDPH required equipment. This equipment and medications are based on the IDPH approved Regions X SOPs.

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Approval Signatures

Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp: Mgr- Emergency Svcs	7/28/2023

Applicability

Ascension Saint Francis

Status Active PolicyStat ID 13640498

Origination	12/1/2000	Owner	Sara Van Dusseldorp: Mgr- Emergency Svcs
Last Approved	5/10/2023		
Effective	5/10/2023	Policy Area	Emergency Medical Services (EMS)
Last Revised	5/10/2023		
Next Review	5/9/2026	Applicability	Ascension Saint Francis

State of Illinois Uniform Do-Not-Resuscitate (DNR) Advance Directive /Practitioner Orders for Life-Sustaining Treatment (POLST) Form (MO-14)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy establishes that a valid DNR/POLST order shall be written on a form provided by the Illinois Department of Public Health.

III. PROCEDURE

- A. The current form for Do Not Resuscitate Orders and other medical interventions is the Illinois Department of Public Health Uniform Do-Not-Resuscitate (DNR) Advance Directive/Practitioner Orders for Life-Sustaining Treatment (POLST) Form.
 1. Patient Information- **This section must be completed.** Top portion of form must contain:
 - a. Patient name
 - b. Date of birth

- c. Home Address
 - 2. Section A: Cardiopulmonary Resuscitation-**This section must be completed**
 - a. To be used if the patient has no pulse and/or is not breathing (check one)
 - i. Attempt Resuscitation/CPR
 - ii. Do not attempt Resuscitation/DNR
 - 3. Section B: Medical Interventions (**optional**)
 - a. To be used if patient has pulse and/or is breathing (check one)
 - i. Full treatment
 - ii. Selective treatment
 - iii. Comfort-focused treatment
 - 4. Section C: Optional Additional orders
 - 5. Section D: Artificially Administered Nutrition (**optional**)
 - a. Not referred to by EMS
 - 6. Section E: Signature of patient or Legal Representative
 - a. Patient Name
 - b. Patient Signature
 - c. Date
 - 7. Section F: Signature of Qualified Health Care Practitioner: **This section must be completed**
 - a. Requires practitioner name, signature and date to be considered valid.
 - 8. Page 2.
 - a. Used for informational purposes only.
 - 9. Provider may choose to reproduce this form. May accept copies and digital images of the POLST Form.
- B. Previous versions of the DNR form may be used if valid.
- 1. Signature of witness(es)
 - a. Forms dated 12/31/2009 or earlier require the signature of 2 witnesses
 - b. Forms dated 1/1/2010 or later require the signature of 1 witness
 - 2. DNR requests prepared before July 1, 2001 should be recognized and honored providing that all the required data elements are present.
- C. If possible, verify the patient's identity by identification bracelets, photo ID, or other reliable means.
- D. When responding to a call involving an expired DNR status patient, call Medical Control to verify the situation.

- E. Once a DNR Form is prepared, it does not have an expiration date and is in force until voided by the patient or legal representative.
- F. This policy is an amendment to the EMS Trauma Region X Policy entitled: Withholding or Withdrawing Resuscitative Efforts and in accordance with the provisions of Section 515.380 of the State of Illinois Emergency Medical Services and Trauma Center Code [77 Ill. Adm. Code 515.380].
- G. All EMS System Participants are to encourage and partake in education programs to instruct pre-hospital facilities in the use of this new DNR Form.

IV. FORMS AND OTHER DOCUMENTS

1. Illinois Department of Public Health Uniform Do-Not-Resuscitate (DNR) Advance Directive/ Practitioner Orders for Life-Sustaining Treatment (POLST)

V. REFERENCES

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Approval Signatures			
C	O	P	Y
Step Description	Approver	Date	
EMS System Coordinator	Sara Van Dusseldorp: Mgr- Emergency Svcs	5/10/2023	

Applicability

Ascension Saint Francis



State of Illinois
Department of Public Health

**IDPH UNIFORM PRACTITIONER ORDER FOR
LIFE-SUSTAINING TREATMENT (POLST) FORM**

For patients: Use of this form is completely voluntary. If desired, have someone you trust with you when discussing a POLST form with a health care professional. **For health care providers:** Complete this form only after a conversation with the patient or the patient's representative. The POLST decision-making process is for patients who are at risk for a life-threatening clinical event because they have a serious life-limiting medical condition, which may include advanced frailty. With significant change in condition, new orders may need to be written.

PATIENT INFORMATION. For patients: Use of this form is completely voluntary.		
Patient Last Name		Patient First Name
Date of Birth (mm/dd/yyyy)		MI
Address (street/city/state/ZIP code)		
A Required to Select One	ORDERS FOR PATIENT IN CARDIAC ARREST. Follow if patient has NO pulse.	
	<input type="checkbox"/> YES CPR: Attempt cardiopulmonary resuscitation (CPR). Utilize all indicated modalities per standard medical protocol. (Requires choosing Full Treatment in Section B.)	<input type="checkbox"/> NO CPR: Do Not Attempt Resuscitation (DNAR).
B Section may be Left Blank	ORDERS FOR PATIENT NOT IN CARDIAC ARREST. Follow if patient has a pulse. Maximizing comfort is a goal regardless of which treatment option is selected. (When no option selected, follow Full Treatment.)	
	<input type="checkbox"/> Full Treatment: Primary goal is attempting to prevent cardiac arrest by using all indicated treatments. Utilize intubation, mechanical ventilation, cardioversion, and all other treatments as indicated.	
	<input type="checkbox"/> Selective Treatment: Primary goal is treating medical conditions with limited medical measures. Do not intubate or use invasive mechanical ventilation. May use non-invasive forms of positive airway pressure, including CPAP and BiPAP. May use IV fluids, antibiotics, vasopressors, and antiarrhythmics as indicated. Transfer to the hospital if indicated.	
<input type="checkbox"/> Comfort-Focused Treatment: Primary goal is maximizing comfort through symptom management. Allow natural death. Use medication by any route as needed. Use oxygen, suctioning and manual treatment of airway obstruction. Do not use treatments listed in Full and Selective Treatment unless consistent with comfort goal. Transfer to hospital only if comfort cannot be achieved in current setting.		
C Section may be Left Blank	Additional Orders or Instructions. These orders are in addition to those above (e.g., withhold blood products; no dialysis). [EMS protocols may limit emergency responder ability to act on orders in this section.]	
D Section may be Left Blank	ORDERS FOR MEDICALLY ADMINISTERED NUTRITION. Offer food by mouth if tolerated. (When no selection made, provide standard of care.)	
	<input type="checkbox"/> Provide artificial nutrition and hydration by any means, including new or existing surgically-placed tubes.	
	<input type="checkbox"/> Trial period for artificial nutrition and hydration but NO surgically-placed tubes. <input type="checkbox"/> No artificial nutrition or hydration desired.	
E Required	Signature of Patient or Legal Representative. (eSigned documents are valid.)	
	<input checked="" type="checkbox"/> Printed Name (required)	Date
	Signature (required) I have discussed treatment options and goals for care with a health care professional. If signing as legal representative, to the best of my knowledge and belief, the treatments selected are consistent with the patient's preferences.	
	<input checked="" type="checkbox"/>	
Relationship of Signee to Patient:		
<input type="checkbox"/> Patient	<input type="checkbox"/> Agent under Power of Attorney for Health Care	<input type="checkbox"/> Health care surrogate decision maker (See Page 2 for priority list)
<input type="checkbox"/> Parent of minor		
F Required	Qualified Health Care Practitioner. Physician, licensed resident (second year or higher), advanced practice nurse, or physician assistant. (eSigned documents are valid.)	
	<input checked="" type="checkbox"/> Printed Authorized Practitioner Name (required)	Phone
	Signature of Authorized Practitioner (required) To the best of my knowledge and belief, these orders are consistent with the patient's medical condition and preferences.	
	Date (required)	
<input checked="" type="checkbox"/>		

THIS PAGE IS OPTIONAL – use for informational purposes		
Patient Last Name	Patient First Name	MI
<p><i>Use of the Illinois Department of Public Health (IDPH) Practitioner Orders for Life-Sustaining Treatment (POLST) Form is always voluntary. This order records a patient's wishes for medical treatment in their current state of health. The patient or patient representative and a health care provider should reassess and discuss interventions regularly to ensure treatments are meeting patient's care goals. This form can be changed to reflect new wishes at any time.</i></p> <p><i>No form can address all the medical treatment decisions that may need to be made. The Power of Attorney for Health Care Advance Directive (POAHC) is recommended for all capable adults, regardless of their health status. A POAHC allows a person to document, in detail, future health care instructions and name a Legal Representative to speak on their behalf if they are unable to speak for themselves.</i></p>		
Advance Directives available for patient at time of this form completion		
<input type="checkbox"/> Power of Attorney for Health Care	<input type="checkbox"/> Living Will Declaration	<input type="checkbox"/> Declaration for Mental Health Treatment
		<input type="checkbox"/> None Available
Health Care Professional Information		
Preparer Name		Phone Number
Preparer Title		Date Prepared

Completing the IDPH POLST Form

- The completion of a POLST form is always voluntary, cannot be mandated, and may be changed at any time.
- A POLST should reflect current preferences of persons completing the POLST Form; encourage completion of a POAHC.
- Verbal/phone consent by the patient or legal representative are acceptable.
- Verbal/phone orders are acceptable with follow-up signature by authorized practitioner in accordance with facility/community policy.
- Use of the original form is encouraged. Digital copies and photocopies, including faxes, on ANY COLOR paper are legal and valid.
- Forms with eSignatures are legal and valid.
- A qualified health care practitioner may be licensed in Illinois or the state where the patient is being treated.

Reviewing a POLST Form

This POLST form should be reviewed periodically and in light of the patient's ongoing needs and desires. These include:

- transfers from one care setting or care level to another;
- changes in the patient's health status or use of implantable devices (e.g., ICDs/cerebral stimulators);
- the patient's ongoing treatment and preferences; and
- a change in the patient's primary care professional.

Voiding or revoking a POLST Form

- A patient with capacity can void or revoke the form, and/or request alternative treatment.
- Changing, modifying, or revising a POLST form requires completion of a new POLST form.
- Draw line through sections A through E and write "VOID" across page if any POLST form is replaced or becomes invalid.
- Beneath the written "VOID" write in the date of change and re-sign.
- If included in an electronic medical record, follow all voiding procedures of facility.

Illinois Health Care Surrogate Act (755 ILCS 40/25) Priority Order

- | | |
|--|--|
| 1. Patient's guardian of person | 5. Adult siblings |
| 2. Patient's spouse or partner of a registered civil union | 6. Adult grandchildren |
| 3. Adult children | 7. A close friend of the patient |
| 4. Parents | 8. The patient's guardian of the estate |
| | 9. The patient's temporary custodian appointed under subsection (2) of Section 2-10 of the Juvenile Court Act of 1987 if the court has entered an order granting such authority pursuant to subsection (12) of Section 2-10 of the Juvenile Court Act of 1987. |

For more information, visit the IDPH Statement of Illinois law at <http://dph.illinois.gov/topics-services/health-care-regulation/nursing-homes/advance-directives>

**HIPAA (HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT of 1996)
PERMITS DISCLOSURE TO HEALTH CARE PROFESSIONALS AS NECESSARY FOR TREATMENT**

Status Active PolicyStat ID 13640541

Origination	7/19/2018	Owner	Sara Van Dusseldorp: Mgr- Emergency Svcs
Last Approved	5/10/2023		
Effective	5/10/2023	Policy Area	Emergency Medical Services (EMS)
Last Revised	5/10/2023		
Next Review	5/9/2026	Applicability	Ascension Saint Francis

Non-Impaired Individual with Admitted Consumption/Odor of Alcohol on Breath or Any substance Abuse Wishing Refusal of Medical Care and Transport (MO-15)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE

The purpose of this policy is to specify the requirements for members of the Saint Francis EMS System in managing patients that appear non-impaired but had admitted to consumption of a substance, or that have the odor of alcohol on their breath that wish to refuse medical care or transport by an EMS provider.

III. DEFINITIONS

As used in this policy:

Policy-Specific Definitions

- A. **Impaired** - deterioration of an individual's judgment and decrease in their physical ability. Used primarily in criminal law; driving under the influence of alcohol or disability law in regards to a person's physical or mental impairment

IV. REQUIRED PROCEDURES

- A. Upon arrival to an EMS call, members of the Saint Francis EMS System will assess patients for possible use of alcohol or other substances leading to potential impairment.
- B. If a non-impaired individual admits to consumption or has alcohol on his breath and wishes to refuse medical care or transport the EMS personnel will follow the attached algorithm as a guideline to determine if treatment or transport are required.
- C. For questions or issues related to determination of impairment status, or need to transport, contact Medical Control.
- D. Refusal of any step of determination algorithm, patient will be transported to the Emergency Department.
- E. Contact Medical Control after completion of attached algorithm for release of patient.

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Attachments

Impaired Individual with Admitted Consumption-Algorithm.docx

Approval Signatures

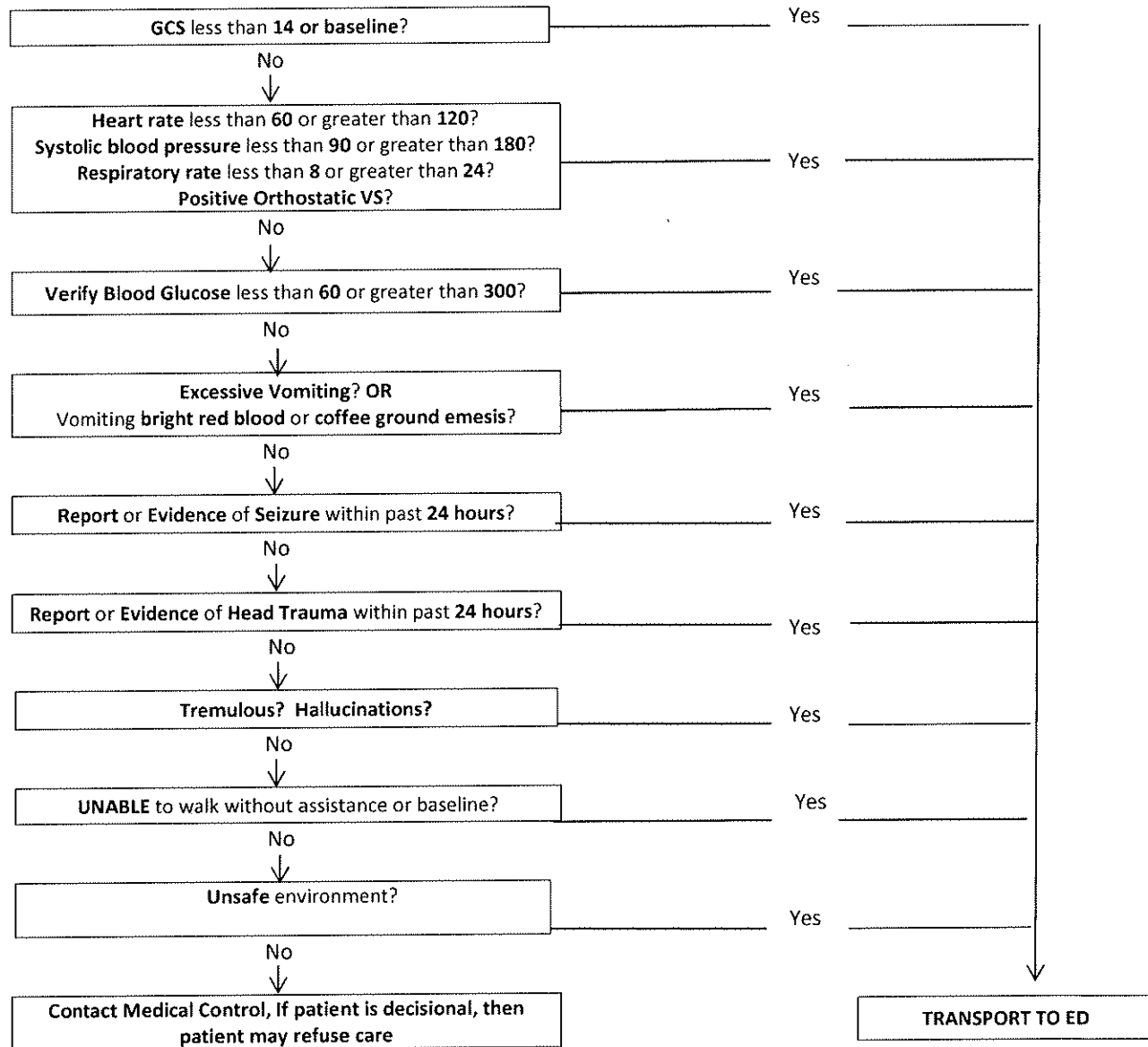
Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp: Mgr- Emergency Svcs	5/10/2023

Applicability

Ascension Saint Francis

Non-Impaired Individual with Admitted Consumption/ Odor of Alcohol on Breath or Any Substance Abuse Wishing Refusal of Medical Care and Transport

History:	Signs and Symptoms:	Assessment Considerations:
<ul style="list-style-type: none"> ➤ Medical History ➤ Quantity/Duration of ETOH Use ➤ Medications (Rx or Recreational) 	<ul style="list-style-type: none"> ➤ Level of consciousness ➤ Vomiting ➤ Staggered gait ➤ Slurred speech ➤ Blurred vision 	<ul style="list-style-type: none"> ➤ Diabetic ➤ Psychiatric ➤ Overdose ➤ Stroke/Neuro ➤ Any Altered Mental Status



<p>Pearls:</p> <ul style="list-style-type: none"> ➤ Exam: Mental Status, Neuro, Vital Signs ➤ Serious medical conditions can present as inebriation. It is the pre-hospital provider's responsibility to rule out other causes. ➤ Unsafe environment means a place where physical injury (trauma or hypo/hyperthermia) is probable.
<p>Disposition:</p> <p>EMS Transport: Abnormal VS, GCS, glucose, possible hemorrhage, possible seizure</p>

Status Active PolicyStat ID 14107824

Origination	7/28/2023	Owner	Sara Van Dusseldorp: Mgr-Emergency Svcs
Last Approved	7/28/2023		
Effective	7/28/2023	Policy Area	Emergency Medical Services (EMS)
Last Revised	7/28/2023		
Next Review	7/27/2025	Applicability	Ascension Saint Francis

Mandatory Reporting (MO-16)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy establishes procedural guidelines for pre-hospital mandatory reporting and available resources.

III. PROCEDURE

A. Suspected Child Abuse

1. Department of Children and Family Services must be notified at (800)-25-ABUSE (24 hour phone line). When contacting DCFS, identify self as a State Mandated Reporter to expedite the process. Written confirmation of the verbal report must be filed with DCFS within 48 hours.

B. Suspected Elder Abuse

1. Adult Abuse: refers to mistreatment to any resident age 18-59 living with a disability and any adult 60 years of age or older who live in a domestic setting.
2. "Abuse" means physical, sexual or emotional maltreatment or willful confinement.
3. Neglect: the failure of a caregiver to provide an adult with the necessities of life,

including, but not limited to food, clothing, shelter or medical care. Neglect may be either passive (non-malicious) or willful.

4. Abuse and/or neglect of elderly patients may occur in the non-institutional or nursing home setting.
5. It is mandated by the State of Illinois to report suspected abuse cases to the Abuse Hot Line: Elder Abuse 24-hour Hotline (866) 800 1409.
6. The prehospital provider must accurately and completely document any physical findings on the PCR and relay such findings to the Emergency Department Staff upon transfer to the hospital.

C. Domestic Violence

1. Definition: Domestic Violence is the MOST common form of violence and the least reported. Domestic Violence is the act of attacking, threatening, harassing or interfering with the personal liberty of any family or household member by any other family or household member, excluding any reasonable discipline of a minor child by a parent or guardian of such minor child.
 - a. BE NON JUDGMENTAL AND NON THREATENING
 - b. Respect and take the patient seriously.
 - c. Maintain privacy. The patient should be interviewed and examined alone.
 - d. Questions should be asked when household members are not within hearing distance.
 - e. The patient must be asked directly if their injuries are a result of physical attack.
 - f. Have a high index of suspicion; battered patients rarely admit the source of their injury.
 - g. Aside from the typical injuries (trauma to head, neck, face, arms or back) look for
 - Suicide attempts
 - Depression
 - Substance abuse
 - Hysterics
 - Multiple vague somatic complaints
 - Anxiety
 - Miscarriage
2. Saint Francis Hospital Ambulances will have information regarding area services available to victims of abuse or any person suspected to be a victim of domestic abuse.

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Status Active PolicyStat ID 14117096

Origination	7/31/2023	Owner	Sara Van Dusseldorp: Mgr- Emergency Svcs
Last Approved	7/31/2023		
Effective	7/31/2023	Policy Area	Emergency Medical Services (EMS)
Last Revised	7/31/2023		
Next Review	7/30/2025	Applicability	Ascension Saint Francis

K9 Police Service Dog Treat and Transport (MO-17)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT;

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE

This policy will authorize medical support services to law enforcement agencies who utilize canine officers. It is the intent to support the entire team, including the K9 officers. This support would include a K-9 being used for search and rescue, a K-9 being used as an accelerant detection animal, an ordinance scent trained dog and a K-9 for protection and service to the Police agency. EMS providers are encouraged to reach out to the local Emergency Veterinary clinic and establish a procedure of notification of a potential arrival of a K-9 patient to the facility prior to the need for assistance.

III. SPECIAL INSTRUCTIONS

A. OVERALL GUIDELINES AND PARAMEDIC SAFETY

1. SFH EMSS' primary mission remains the treatment and transport of sick and injured humans. If on a scene both a working dog and a human need treatment and transport, the human always is treated and transported first, even if their injury is comparatively minor to the K-9 officer.
2. Most injury and illness to a working dog is appropriate to be transported exclusively by their dog handler's police vehicle. In a few critical situations, transport by ambulance is authorized to allow

better ability to treat the animal in transit.

3. Police working dogs are trained to be capable of inflicting significant injury, and an injured animal can react unpredictably. Except in the circumstance of a dog being fully unconscious or in severe respiratory distress, the animal is to be placed in a muzzle for the duration of care. The K9 handler officer must also ride in back of the ambulance with the animal for the entire duration of ambulance transport.

4. Agencies will not transport civilian dogs to the Emergency Vet for any reason. As in the past, ambulance crews and firefighters are welcome to render oxygen aid on a fire-ground scene to an animal emerging from a structure fire, but such animals must then be transported by their owners if they wish to seek veterinary care.

5. Care should be taken to assure the patient compartment of the ambulance is cleaned and made ready for the next patient after transporting the K-9 just like any other patient that is transported.

IV. DEFINITIONS

A police dog, commonly known as a "K-9" or "K9", is a dog that is specifically trained to assist police and other law-enforcement personnel. Their duties include searching for drugs and explosives, locating missing people, finding crime scene evidence, and attacking people targeted by the police.

V. REQUIRED PROCEDURES

A. Treatment

It is not our intent, or training scope, to provide comprehensive veterinary technician care.

EMS staff will focus on a few treatable critical conditions, where simple intervention can save the life of the animal prior to arrival to the veterinarian.

B. Opioid Overdose

Police dog breeds are at the same risk as humans from inadvertent inhalation or ingestion of opioids.

Naloxone (Narcan) has the same mechanism of action and safety profile in dogs. Dogs should receive the full 2 mg dose, either intranasal or intramuscular. The appropriate injection site for intramuscular in a canine is the outer side of a rear thigh.

C. Records

No standard patient report sheet needs to be written. A verbal care report to the receiving veterinarian is required on arrival to their facility, and a one-paragraph summary of the incident and care rendered should be emailed after the call to the Resource Hospital EMS Coordinator for the System's records.

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Status Active PolicyStat ID 13678432

Origination	3/1/1998	Owner	Sara Van Dusseldorp: Mgr-Emergency Svcs
Last Approved	5/17/2023		
Effective	5/17/2023	Policy Area	Emergency Medical Services (EMS)
Last Revised	5/17/2023		
Next Review	5/16/2026	Applicability	Ascension Saint Francis

Telemetry Equipment Failure (PHO-1)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy establishes a process to provide restoration of radio telemetry equipment as soon as possible so as to provide the patient with optimal pre-hospital care

III. SPECIAL INSTRUCTIONS:

The Saint Francis EMS System and IDPH require multiple forms of communications between the hospital and pre-hospital providers. These forms of communications include cell phone and MERCI 400 radio

IV. PROCEDURE

In the event of telemetry equipment failure, either at the hospital or field level, it is important to restore the equipment, as soon as possible, to maintain at least a minimal level of communication between pre-hospital personnel and Medical Control.

A. Field Unit Failure

1. Upon discovery of equipment failure one should follow department policy regarding the problem. Department policy shall make provisions for swift restoration of the

equipment.

2. If there is to be a lengthy delay in correction of the difficulty and a loaner is not available, the EMS Department at Saint Francis Hospital should be contacted for possible assistance and decision making.
3. In the event equipment failure occurs during a call, the Saint Francis Standard Operating Procedure makes provisions for carrying on with the patient's care in the absence of radio communication.
4. If the said equipment should not be able to be repaired for a long period of time, mutual aid assistance shall be used in addition to your original basic response. Begin your care with the Standard Operating Procedures and transport with the assistance of mutual aid that arrives. After repair of the equipment is complete, please notify the EMS Department.

B. Individual Hospital Console Failure or Base Station Failure

1. Upon discovery of equipment failure one should ascertain the degree of failure and act accordingly. If the failure constitutes full shut down of one telemetry communications or MERCI 400 communications, the EMS Resource Hospital should be notified immediately.
 - a. If during the week and at normal working hours, call the EMS Office at Saint Francis Hospital (847-316-6117).
 - b. During all other hours, notify the hospital operator at 847-316-4000, to page the EMS System Coordinator via "long-range" pager.
 - c. The EMS System Coordinator will provide you with further direction regarding the situation.
2. Every attempt should be made to restore the equipment swiftly.
3. After repair has been completed, again notify the EMS Resource Hospital and the EMS System Coordinator.

- C. Patient care should not be affected. Each patient should continue to receive advanced life support measures that are deemed safe and necessary while provisions are being made for mutual aid assistance.

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Approval Signatures

Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp: Mgr- Emergency Svcs	5/17/2023

Status Active PolicyStat ID 13678559

Origination	1/1/1994	Owner	Sara Van Dusseldorp: Mgr-Emergency Svcs
Last Approved	5/17/2023		
Effective	5/17/2023	Policy Area	Emergency Medical Services (EMS)
Last Revised	5/17/2023		
Next Review	5/16/2026	Applicability	Ascension Saint Francis

Resource Hospital Override (PHO-2)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

- I. This policy establishes that the Resource Hospital, according to IDPH Rules and Regulations governing EMS Systems, may override telemetry calls of its associate hospitals in an effort to ensure the quality of patient care.

III. PROCEDURE

- A. An EMS provider may request the Resource Hospital to override communication between the field crew and the Associate Hospital if they feel the orders which they are receiving do not reflect current Standard Operating Procedures.
- B. If the Resource Hospital is the facility that the field provider wants to override, one of the other Resource Hospitals in Region X are to be contacted.
- C. Following this communication, the EMS Medical Director or the EMS System Coordinator is to be immediately notified. The Resource Hospital Override Report form is to be completed immediately and emailed to the EMS System Coordinator for review with the EMS Medical Director.
- D. The Resource Hospital EMS Medical Director and the EMS System Coordinator will review the

circumstances for the override with all involved individuals including the Associate Hospital EMS Medical Director and EMS Coordinator in a timely fashion.

IV. ATTACHMENTS

A. Resource Hospital Override Form

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Attachments

A: Resource Hospital Override Form

Approval Signatures

Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp: Mgr- Emergency Svcs	5/17/2023

Applicability

Ascension Saint Francis

SAINT FRANCIS EMS SYSTEM
RESOURCE HOSPITAL OVERRIDE FORM

DATE OF OCCURRENCE: _____

TIME OF OCCURRENCE: _____

NAME OF INDIVIDUAL
INITIATING OVERRIDE: _____

ASSOCIATE HOSPITAL
WHERE CALL ORIGINATED: _____

ASSOCIATE HOSPITAL
ECRN AND/OR PHYSICIAN: _____

AMBULANCE PROVIDER: _____

ASSOCIATE HOSPITAL
LOG NUMBER: _____

RESOURCE HOSPITAL
LOG NUMBER: _____

RESOURCE HOSPITAL
ECRN AND/OR PHYSICIAN: _____

DESCRIPTION OF NEED FOR OVERRIDE: _____

DESCRIPTION OF RESOURCE HOSPITAL'S COMPLETION OF CALL:

COMMENTS: _____

EMS Medical Director Contacted: _____ Time _____

EMS Coordinator Contacted: _____ Time _____

**THIS FORM IS TO BE FAXED IMMEDIATELY TO THE EMS SYSTEM
COORDINATOR FOR FOLLOW-UP. (FAX NUMBER 847-316-4114)**

RESOLUTION: _____

SIGNATURE EMS MEDICAL DIRECTOR AND/OR EMS SYSTEM COORDINATOR

DATE: _____

Status Active PolicyStat ID 13679661

Origination	10/1/1999	Owner	Sara Van Dusseldorp: Mgr- Emergency Svcs
Last Approved	5/17/2023		
Effective	5/17/2023	Policy Area	Emergency Medical Services (EMS)
Last Revised	5/17/2023		
Next Review	5/16/2026	Applicability	Ascension Saint Francis

Hospital Requesting Bypass Status; Procedure to Follow (PHO-3)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. DEFINITIONS

- A. "Hospital Bypass" is defined as: a critical condition exists when, in the perception of the Emergency Department Attending Physician and Hospital Administration (or designee), to accept any further patients could result in deleterious patient management. This type of condition would exist when:
- Lack of an essential resource for a given type or class of patient (i.e. Stroke, STEMI, etc.)
 - All cardiac monitoring abilities have been exhausted
 - No critical care/monitor beds are available within the hospital and Emergency Department (this is to include unstaffed beds)
 - Internal disaster

For the following limitations, see the Region X EMS/Trauma policy and procedure:

- No available operating room for trauma patients

- CAT scan not available for patients requiring this diagnostic services

III. PROCEDURE

- A. ALS and TRAUMA Telemetry calls must continue to be answered by Medical Control at the hospital on "Bypass Status". Diversion of these levels of patients must be completed by Medical Control to the responding provider. Ask the provider to tell you who is their next closest open hospital. Divert the provider accordingly. You may not bypass the patient if three or more hospitals in the geographic area are on bypass or transport time by an ambulance to the nearest facility exceeds 15 minutes.
- B. Due to the proximity of Cardiac Cath Labs to Ascension Saint Francis Hospital, in the event of catastrophic failure of both Cardiac Cath Labs, STEMI patients will be diverted to the closest STEMI facility. Those facilities would be Evanston Hospital, and Swedish Covenant Hospital.
- C. If you need BLS level calls diverted, inform the local Providers to directly divert this level call to the next closest open hospital **without** telemetry radio communication to the hospital on "Bypass Status".
- D. In the event that a patient has a life-threatening condition, then the hospital on bypass must accept that patient, stabilize, and transfer out when acceptable.
- E. Notification Procedure
 1. Notify the EMS System Coordinator (or designee) to contact IDPH for approval of bypass. Diversion Check Sheet must be filled by the house supervisor and emailed to the EMS System Coordinator (or designee).
 2. Immediate notification to IDPH must be done by the EMSC and EmResource must be updated. This is located on the computer between the 2 Carepoint radios. EmResource must be updated when the hospital goes on bypass, as well as when it comes off bypass.
 3. When a System hospital determines the need for bypass, **all** System hospitals and geographic selected others, as well as System EMS Providers must be notified. The information which must be communicated is as follows:
 - a. Type (level) of bypass
 - b. Reason for bypass (ED full, etc.)
 - c. Estimated time down
 4. When notifying hospital emergency departments, request to speak with the charge nurse and communicate your status to that individual. Current phone numbers are located on the Saint Francis - EMS Associate and Participating Hospital Roster.
 5. When notifying providers, communicate your status to the officer in charge for municipal/district agencies and the dispatch center for private ambulance providers. Current phone numbers are located on the Saint Francis - EMS System Provider Roster.
 6. Maintain a written or electronic record of all phone notifications. This shall be retained for 3 years.
 7. When Bypass Status is no longer needed, notify the same personnel as previously

called.

IV. FORMS AND OTHER DOCUMENTS

- A. Documentation Form: Transient Limitation or Bypass Reporting
- B. Bypass Notification Form
- C. Bypass checklist

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Attachments

B: Bypass Notification Form
Bypass checklist.docx

Approval Signatures

Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp: Mgr- Emergency Svcs	5/17/2023

Applicability

Ascension Saint Francis

Bypass/Diversion Procedure for Hospitals- Case by Case Events
Checklist

Name of person completing form: _____

Date of form completion: _____

Time: _____:_____ AM / PM

Resource Limitation

(check all that apply)

CT scanner status out of service

Operating suites at capacity

Date and time of resource limitation:

All critical care beds unavailable

All monitored beds unavailable

_____:_____ AM / PM

Active internal disaster

Type: _____

Inadequate number of available staff despite attempts, per protocol, to call in additional staff
(be prepared to provide call logs)

Determination Checklist

At time of bypass determination:

_____ Number of critical care beds

_____ Number of critical care beds unstaffed

_____ Number of monitored beds

_____ Number of monitored beds unstaffed

_____ Number of staff

EmResource reflects current status

Hospitals in the area on bypass:

Date of "Peak Census" policy activation: _____

Time of "Peak Census" policy activation: _____:_____ AM / PM

(must be 3 hours prior to request of bypass)

_____ Number of hours for in-patient holds waiting for bed assignments

_____ Number of patients in the Emergency Department waiting room

_____ Longest number hour hours wait time in the Emergency Department

_____ In-house open beds that are not able to be staffed

_____ Number of beds occupied by in-patient holds

_____ Number of potential in-patient discharges

_____ Number of open ICU beds

E-mail completed form to Sara Van Dusseldorp at sara.van.dusseldorp@ascension.org

Origination	12/1/1989	Owner	Sara Van Dusseldorp: Mgr-Emergency Svcs
Last Approved	1/24/2024		
Effective	1/24/2024	Policy Area	Emergency Medical Services (EMS)
Last Revised	1/24/2024		
Next Review	1/23/2027	Applicability	Ascension Saint Francis

Ambulance Staffing (PHO-4)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy establishes processes to ensure appropriate staffing on all ALS and BLS level Saint Francis EMS System vehicles.

III. PROCEDURE

A. ALS Level Vehicles

1. Appropriate staffing of an Advanced Life Support (ALS) ambulance providing 911 support shall include two (2) paramedics throughout each twenty-four (24) hour period, every day of the year.
 - a. In the event of a staffing shortage, 911 services may use 1 paramedic and 1 EMT to fulfill the ambulance staffing requirements.
 - b. Each EMS provider must have at least 1 year of experience at the their current level to be eligible to fill the above role.
 - c. If a 911 service needs to use the alternative staffing model, the medical officer or chief must request permission from the EMS System

Coordinator. A copy of the daily staffing roster must be submitted to the EMS System Coordinator at the time of the request.

2. Providers participating in inter-facility transports and not providing 911 responses, may staff ALS ambulances with 1 paramedic and 1 EMT. Both personnel must be members of the Saint Francis EMS System for a minimum of 3 months and be licensed as a Paramedic or EMT for a minimum of 6 months. This also applies to ALS Ambulances functioning as Special Event units.
 - a. All EMTs must complete a paramedic assist program provided by their EMS agency prior to working 1 on 1.
3. Refer to Region X Standard Operating Procedures for skills and medications that can be administered by EMTs.
 - a. Providers are responsible for training and competency testing of EMTs in skills and medication administration.
 - b. EMT Provider Form must be turned into the EMS office prior to an EMT being allowed to function within the SFH EMS System.
4. The highest level of care must assess the patient and make the determination the level of care needed. If the patient requires a lower level of care then contact Medical Control to downgrade the patient. The appropriate level of EMS provider must be with the patient at all times based on the patient's presentation and level of care needed.
5. New personnel must open a paramedic file and be oriented by the Resource Hospital and EMS Agency before active participation in the system may begin.

B. BLS Level Vehicles

1. Appropriate staffing of a BLS ambulance shall include a minimum of two (2) EMTs throughout each twenty-four (24) hour period, every day of the year.
 - a. For certain types of calls as outlined in the staffing waiver, BLS ambulance staffing may be an EMT and an EMR with the EMT having at least 1 years of experience. EMS Agency must have staffing waiver filed and approved by the EMS System and IDPH.
2. Refer to Region X Standard Operating Procedures for skills and medications that can be administered by EMTs.
 - a. Providers are responsible for training and competency testing of EMTs in skills and medication administration.
 - b. Training outlines and documentation of completed training will be provided to the EMS System.

C. ILS Level Vehicles: There are no ILS ambulances within the Saint Francis EMS System.

D. Level of Care

1. If a BLS provider identifies that ALS care is indicated, the BLS providers shall call 911/their dispatch to request an ALS ambulance from the local municipal EMS agency or if the initial responders are a private provider and can provide an ALS

ambulance on-scene within six (6) minutes. If the BLS crew is able to transport to the nearest hospital faster than ALS can arrive, the BLS crew should contact OLMC, seeking authorization to transport providing BLS care.

2. BLS personnel shall allow ALS personnel access to patients to determine if ALS care is needed. If ALS personnel determines ALS care is required, BLS personnel shall transfer patient care to ALS personnel.
3. If ALS determines that ALS care is not needed and will not jeopardized the patient's condition, the ALS provider shall contact OLMC for authorization to downgrade the level of care to BLS. Transfer of care from ALS to BLS should only occur with the authorization of OLMC.

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Approval Signatures

Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp: Mgr- Emergency Svcs	1/24/2024

Applicability

Ascension Saint Francis

Status Active PolicyStat ID 14121287

Origination	12/1/1989	Owner	Sara Van
Last Approved	8/1/2023		Dusseldorp: Mgr- Emergency Svcs
Effective	8/1/2023	Policy Area	Emergency Medical Services (EMS)
Last Revised	8/1/2023		
Next Review	7/31/2026	Applicability	Ascension Saint Francis

Ambulance Documentation Requirements (PHO-5)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy mandates that an approved Saint Francis EMS System ambulance run report form shall be completed in full for each patient encountered.

III. PROCEDURE

This form is an official document and must be reviewed and signed by the attending provider crew.

A. Electronic Patient Care Reports

1. A patient care run report shall be completed by each Illinois-licensed transport vehicle service provider for every inter-hospital transport and pre-hospital emergency call regardless of the outcome or disposition of the call.
2. Copies of electronic patient care reports (ePCR) must be faxed or printed and left with Emergency Department staff prior to returning to duty. If the EMS agency has calls holding, the EMS provider may submit by fax a copy of the ePCR within 2 hours.
3. If the EMS provider is unable to complete the ePCR prior to leaving then the approved Saint Francis EMS Abbreviated PCR must be completed and left at the

destination.

4. ePCRs should have signatures both the provider crew and accepting hospital personnel.
5. Copies of ePCR will be left for EMS Coordinators for quality assurance review.

B. Deliberate failure to document accurately and honestly is considered a severe offense. Altering or falsifying these documents can compromise their credibility, patient care and your integrity. To alter or falsify such documents is a severe offense whereby appropriate action, such as suspension, can be taken against those whose names appear on the report.

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Attachments

[temp pcr.docx](#)

Approval Signatures

Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp: Mgr- Emergency Svcs	8/1/2023

Applicability

Ascension Saint Francis

Saint Francis EMS Abbreviated PCR

This form is to be used only during a declared emergency. This form is to be completed and left with the patient at the facility at the time of patient transfer. This form is not intended to become a part of the patient's medical record.

Date:	Provider:	Incident #:	Vehicle #:					
PATIENT DEMOGRAPHICS								
Patient Name:								
Address:		City:	State:					
Phone Number:								
DOB:	Age:	Male	Female					
HEALTH INFORMATION								
Patient Chief Complaint:								
Onset:		Allergies:						
PMH: None COPD Asthma Cardiac Stroke DM HTN Seizure Other: _____								
Medications:								
VITAL SIGNS								
TIME	BP	PULSE	RESP	TEMP	SpO2	GLUCOSE	EtCO2	GCS
MEDICATIONS ADMINISTERED								
Time:	Medication:	Dose:	Route:					
PROEDURES PERFORMED								
Time:	Procedure:	Attempts:	Successful Y or N:					
NARRATIVE								

Status Active PolicyStat ID 15107294

Origination	1/1/2000	Owner	Sara Van Dusseldorp: Mgr-Emergency Svcs
Last Approved	1/25/2024		
Effective	1/25/2024	Policy Area	Emergency Medical Services (EMS)
Last Revised	1/25/2024		
Next Review	1/24/2027	Applicability	Ascension Saint Francis

Drug and Equipment Exchange, Return of Clean Provider Equipment (PHO-6)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy establishes guidelines to ensure providers have all the necessary drugs and equipment with which to deliver pre-hospital care.

III. PROCEDURE

- A. Used equipment must be cleaned appropriately to facilitate infection control.
- B. Medications
 1. Specific drugs, dose/concentration, and mode of packaging are clearly defined in the Saint Francis EMS System Equipment List. A sufficient quantity of these drugs is to be maintained at all times by Associate and Participating Hospitals.
 2. In the event a hospital incurs a "back order" situation, an appropriate alternative may be substituted with the approval of the EMS Resource Hospital.
 3. Outdated or broken drugs from the provider's stock are to be exchanged by the provider's Resource Hospital or primary receiving hospital. The only exception to this

rule is for **broken** or **missing** controlled substances which may be replaced **only** by the Resource Hospital. Outdated drugs are exchanged only upon expiration, not before.

4. In the event a patient is not transported to a hospital, medication restocking would be done at the facility that the patient would have been transported to. A completed run report is required to be presented to obtain medications for these patients.

C. Equipment Exchange

1. All pre-hospital care equipment must be available for replacement in both adult and pediatric sizes. A listing of those supplies may be obtained from the EMS Office. All EMS Products exchanged at the hospitals must be LATEX-FREE.

D. Return of Provider Equipment

1. Each provider has purchased pre-hospital care equipment to meet their needs, and fulfill System guidelines. Providers go to great lengths to purchase quality equipment, which they must clearly label with their department name. Equipment may be left at the receiving hospital because it is still in use for patient care:
2. The hospital will attempt to safeguard provider department equipment for a period of 72 hours.
3. Pre-hospital issues by nature are difficult to predict. While hospital personnel will make every attempt to clean equipment left behind, it may be necessary for both parties to work together to insure clean equipment.
4. If the equipment is returned to the provider **before** they leave the receiving hospital, then it is the providers' responsibility to clean their own equipment.
5. Should a receiving hospital lose a piece of a provider's equipment, before the 72-hour safeguarding period, the provider has the authority to bill the receiving hospital for the replacement cost of the item.

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Approval Signatures

Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp: Mgr- Emergency Svcs	1/25/2024

Applicability

Ascension Saint Francis

Origination	1/1/1994	Owner	Sara Van Dusseldorp: Mgr- Emergency Svcs
Last Approved	8/1/2023		
Effective	8/1/2023	Policy Area	Emergency Medical Services (EMS)
Last Revised	8/1/2023		
Next Review	7/31/2026	Applicability	Ascension Saint Francis

Controlled Substances Daily Counts and Re-Stocking (PHO-7)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy establishes the following procedure for restocking and to ensure accountability for controlled substances.

III. DEFINITIONS

- A. The controlled substances in Region X are Midazolam (Versed) and Fentanyl (Sublimaze), Ketamine (Ketalar).

IV. PROCEDURE

- A. Responsibilities of Paramedics
 1. Each ambulance crew must perform a daily inventory and sign an inventory form for the amount of controlled substances in the ambulance at the beginning of each shift.

V. FORMS AND OTHER DOCUMENTS

- A. Saint Francis EMS System Narcotic Count and Usage Report
- B. Non-routine Replacement of Controlled Substances Form

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Attachments

- A: [Saint Francis EMS System Narcotic Count and Usage Report](#)
- B: [Non-routine Replacement of Controlled Substances Form](#)

Approval Signatures

Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp: Mgr- Emergency Svcs	8/1/2023

Applicability

Ascension Saint Francis



Ascension Saint Francis

SAINT FRANCIS EMS SYSTEM

NON-ROUTINE REPLACEMENT OF CONTROLLED SUBSTANCES

**NON-ROUTINE REPLACEMENT OF CONTROLLED SUBSTANCES MUST BE DONE
AT SAINT FRANCIS HOSPITAL**

***A copy of this form must be left in the EMS Office at the time of replacement or
place a copy in the black box outside the EMS Office after hours.***

PARAMEDIC'S NAME _____

DEPARTMENT _____ DATE OF OCCURRENCE _____

ALS INCIDENT NUMBER (if applicable) _____

PLEASE WRITE A DETAILED DESCRIPTION OF CIRCUMSTANCES REQUIRING
REPLACEMENT OF CONTROLLED SUBSTANCE.

SENT FOR ASSAY YES NO

Date Of Replacement

Signature of EMS System Coordinator

Signature Of Paramedic Accepting Replacement

CC: EMS Office
 Medical Officer

Saint Francis EMS System

Narcotic Count and Usage Report

Provider: _____

Vehicle: _____

Month/Year: _____

Narcotic Count Report

Date	Signature 1	Signature 2	Tag number	Replacement tag number
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
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31				

Saint Francis EMS System

Narcotic Usage Report

Date	Run Number	Medication	Lot #	Amount given	Amount Wasted	Signatures of personnel witnessing waste (2 signatures)

Instructions: For all narcotic medications given, record date, patient name, medication and lot number. All medications must document amount given and wasted. If wasting narcotics, person wasting medication and person witnessing waste must sign form.

Status Active PolicyStat ID 13680375

Origination	1/1/1994	Owner	Sara Van
Last Approved	5/17/2023		Dusseldorp: Mgr- Emergency Svcs
Effective	5/17/2023	Policy Area	Emergency Medical Services (EMS)
Last Revised	5/17/2023		
Next Review	5/16/2026	Applicability	Ascension Saint Francis

Crisis Intervention Stress Management (CISM) - (PHO-8)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy establishes that the Saint Francis EMS System supports and encourages the use of CISM for any System provider personnel who may have been involved in the care of a patient(s), or scene, which could or did have an impact on the emotional well-being of these personnel.

III. PROCEDURE

- A. Any member of the EMS System may activate the CISM. If activation of CISM is intended for any EMS agency, please follow your individual agencies policy.
- B. If a hospital emergency department activates the CISM team for its own personnel and feels provider personnel may benefit from their session, the Emergency Department Manager must contact the EMS System Coordinator.
 1. No hospital personnel are to contact individual members of any EMS agency directly. All communication must be routed through the Fire Chief/Administrator or highest ranking officer on duty.
 2. Should hospital personnel suspect or witness signs of provider stress related to a specific incident, they are to notify the EMS System Coordinator of their

observations.

- C. EMS providers feeling the need for personal CISM shall communicate this need directly to the Fire Chief/Administrator.
- D. In the event of an incident which required a multiple provider response, the provider agency in charge of the incident shall coordinate the need for activation of the CISM team.
- E. The phone number to activate the CISM team in our area is: 1-800-225-2473.

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Approval Signatures

Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp: Mgr- Emergency Svcs	5/17/2023

Applicability

Ascension Saint Francis

Status Active PolicyStat ID 13788383

Origination	1/1/1994	Owner	Sara Van Dusseldorf: Mgr- Emergency Svcs
Last Approved	6/7/2023		
Effective	6/7/2023	Policy Area	Emergency Medical Services (EMS)
Last Revised	6/7/2023		
Next Review	6/6/2026	Applicability	Ascension Saint Francis

Exposure Control Plan for Pre-Hospital Providers (PHO-9)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy establishes that all pre-hospital providers who render emergency care to patients will be aware of how to safeguard themselves from acquiring a communicable disease.

III. PROCEDURE

This policy applies to all providers of pre-hospital care.

- A. Gloves are to be worn whenever dealing with blood or bodily fluids.
- B. Gowns, to protect clothing, will be worn when there is the likelihood that soiling from blood or body fluids may occur.
- C. Wash hands immediately if they are potentially contaminated with blood or body fluids. If soap and water are not immediately accessible, waterless skin sanitizer is to be used. Hand washing is an essential part of any infection control program and must be done after caring for any patient and before touching another.
- D. Protective goggles **MUST** be worn for intubation or whenever it is likely that body fluids may come in contact with the provider's face.

- E. Surgical face masks must be worn when caring for patients with suspected communicable respiratory diseases, and should also be applied to the patient, if possible, as a further precaution. In addition, if the provider rendering care has signs and symptoms of a respiratory illness they must wear a mask when tending to the patient. Masks also must be worn when there is a likelihood that blood and/or body fluids may splash (i.e. endotracheal intubation, suctioning).
- F. It is the providers responsibility to make sure that all of their providers have been fit tested for a N95 mask. N95 masks must be used with all patients suspected of having a communicable disease.
- G. Extreme care must be employed concerning needles, scalpels and other sharp instruments that could cause injuries:
 - 1. Never attempt to cut, bend or break used needles.
 - 2. Do not stick needles in mattresses or padded surfaces.
 - 3. Needles must be disposed of in a puncture-resistant "sharps" container. When filled, these containers are to be left at the hospital emergency department for disposal, and replaced with a new container.
 - 4. When the cap covers the needle, use your other hand (from behind your back) to firmly secure the cap to the needle.
 - 5. Dispose of the entire unit in the sharps container.
 - 6. Never pass used, exposed needles from one person to another.
- H. Soiled linens of contagious patients must be bagged in red bags according to receiving hospital policy. Check with the charge nurse for directions. Any disposable equipment containing blood and/or body fluids will also be disposed of as directed by Emergency Department personnel.
- I. Cleaning of used equipment shall be done after every patient encounter. Use of broad spectrum cleaning solution, according to manufacturer recommendations. Gloves shall be worn when cleaning.
- J. Providers are urged to have all appropriate immunizations or have evidence of immunity. This shall be monitored by the employer. (See Attachment II)
- K. The Saint Francis EMS System endorses and strongly recommends that all providers be immunized against Hepatitis B.
- L. According to the Saint Francis EMS System Policy "Pre-hospital Provider Communicable Disease Inquiry", all significant exposures are to be reported immediately to the receiving hospital, and in writing to the EMS office at the Resource Hospital. The emergency physician on duty will advise the appropriate medical follow-up, or need for consultation with the provider's private medical doctor. Follow-up fees are the responsibility of the provider. If emergency department care is rendered to the provider in question, that individual will be formally "signed in" at the receiving hospital's Emergency Department. This procedure shall guarantee proper documentation of care rendered.
- M. Receiving Hospitals in the State of Illinois are required to notify ambulance providers if a patient has been diagnosed as actively contagious (see Attachment I). The patient's name shall never appear on the Hospital reporting form in order to maintain patient confidentiality.

This notification must be completed with 72 hours after diagnosis of the infection. (See policy PHO-11)

IV. FORMS AND OTHER DOCUMENTS

- A. Saint Francis EMS System list of contagious diseases
- B. Saint Francis EMS System Immunization Form

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Attachments

[Exposure Control Plan for Pre-Hospital Providers-Attachments 1.doc](#)

Approval Signatures

Step Description

Approver

Date

EMS System Coordinator

Sara Van Dusseldorp: Mgr-
Emergency Svcs

6/7/2023

Applicability

Ascension Saint Francis

PHO-9 Attachment I

For purposes of the Saint Francis EMS System, a communicable or infectious disease includes the following:

(+) HTLV-III (HIV) AB, including A.R.C. and A.I.D.S.

COVID

Chicken Pox/Shingles (Varicella - Zoster Virus)

Hepatitis A

Hepatitis B

Hepatitis C, D, & E

Meningitis caused by Nesseria Meningitidis

Monkey Pox

Mumps

Tuberculosis

Salmonellosis

Shingellosis

Measles

Diphtheria

Plague

Polio

Rabies

Encephalitis

Rubella

Pertussis

Scabies

Syphilis

Other communicable or infectious diseases deemed necessary by hospital infection control departments.

Status Active PolicyStat ID 13789048

Origination	1/1/1994	Owner	Sara Van Dusseldorp: Mgr- Emergency Svcs
Last Approved	6/7/2023		
Effective	6/7/2023	Policy Area	Emergency Medical Services (EMS)
Last Revised	6/7/2023		
Next Review	6/6/2026	Applicability	Ascension Saint Francis

Prehospital Provider Communicable Disease Inquiry and Related Form (PHO-10)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy establishes a process to generate communication between prehospital care providers and the EMS System Coordinator when prehospital care providers suspect they may have been exposed to a communicable disease. This will enable the EMS System Coordinator to oversee investigation into the case and assure a report back to the provider. All results are to be maintained confidential.

III. DEFINITIONS

- A. Significant exposure: blood and/or body fluids which have come in contact with mucous membranes, non-intact skin or from a penetrating injury such as a needle stick or the like. "Center for Disease Control"

IV. PROCEDURE

- A. For your protection, if at any time you stick yourself with a dirty needle, cut yourself, or have a SIGNIFICANT Exposure to blood and/or body fluids, report this exposure to the Emergency

Department charge nurse and attending Emergency Department physician immediately so proper precautions can be taken. Make sure to check the box on the ambulance run report sheet that documents this fact. A "Communicable or Infectious Disease Exposure Form" must be completed.

1. In the event the Significant Exposure takes place during a cardiac arrest, that patient shall not be a candidate for withdrawal of care. The patient shall be transported to the closest appropriate hospital to provide for care of the patient and first responder.
 2. When seeking treatment, it is always best to obtain treatment from the same emergency facility to which you brought the patient. However, please check with your Department for their specific protocol.
- B. If you have had an exposure from the patient to whom you rendered emergency services you shall complete a "Prehospital Provider Communicable Disease Inquiry Form".
1. In addition to this form, you shall notify your Department officer and place a call to the EMS System Coordinator at Saint Francis Hospital. If after hours or on a weekend, leave a message on the voice mail with your information. Additionally, notify the EMS Coordinator at the receiving hospital.
 2. Email the completed Communicable or Infectious Disease Exposure Form to the EMS System Coordinator at Saint Francis Hospital. Please enclose a copy of the ambulance run sheet.
- C. The DICO (Designated Infectious Control Officer) or the EMS System Coordinator shall oversee the exposure investigation and report back to you or DICO.
- D. Patient confidentiality is to be maintained at all times.
- E. Not all communicable or infectious diseases have prophylactic treatment available for after the fact exposure. Therefore, "protection is your best prevention".
- F. A communicable or infectious disease is defined on Attachment 1 of the Exposure Control Plan Policy (see policy PHO-9).

*If at any time you are unsure of what to do, or feel that you need the intervention of the EMS System Coordinator to facilitate your care, call 847-316-4000 and have the hospital operator page the EMS System Coordinator. The Coordinator will return your call at the number given.

V. FORMS AND OTHER DOCUMENTS

- A. Prehospital Provider Communicable Disease Inquiry Form

VI. REFERENCES

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Attachments

PREHOSPITAL PROVIDER COMMUNICABLE DISEASE INQUIRY FORM

*Each exposed individual needs to complete his or her own form.

NAME _____ PROVIDER AGENCY _____

DATE OF EXPOSURE _____ DATE OF FORM COMPLETION _____

Describe incident of exposure and any treatment that has been initiated. List name of receiving hospital.

Follow these steps:

1. If appropriate, clean the area of exposure immediately.
2. Seek Medical Attention immediately upon delivery of the patient by informing the Charge Nurse and Attending ED MD. (Check with Department protocol.)
3. Inform your superior officer or department head.
4. Complete this form within 24 hours of incident.
5. Call the EMS System Coordinator at Saint Francis Hospital and communicate the above information. If after hours or on a weekend, please leave a message on Voice Mail (847-316-6117). If you need immediate assistance, call 847-316-4000 and have the EMS System Coordinator paged.
6. Email this form with a copy of the ambulance run report form to the EMS System Coordinator.

Receiving Facility contacted Resource Hospital with information on the following date _____

Discussed case with _____

Results of investigation _____

Was follow-up care/testing recommended? _____ Yes _____ No

If yes, describe _____

Did Receiving Hospital notify DICO? _____ Yes _____ No

If yes, DICO notified _____ Date _____

If no, explain what action has been taken by Resource Hospital _____

This completed copy shall be filed at the Resource Hospital along with the Receiving Hospital's Communicable Disease Report Form (completed), and copies of any other existing documentation sent to the Provider.

It is the Provider's responsibility to make sure all their personnel who may have come into contact with the patient are duly notified.

Status Active PolicyStat ID 13789399

Origination	1/1/1994	Owner	Sara Van Dusseldorp: Mgr- Emergency Svcs
Last Approved	6/7/2023		
Effective	6/7/2023	Policy Area	Emergency Medical Services (EMS)
Last Revised	6/7/2023		
Next Review	6/6/2026	Applicability	Ascension Saint Francis

Communicable Disease Reporting/Infection Control Hospital Reporting (PHO-11)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy establishes a process to comply with the amendment to the Illinois Hospital Licensing Act, which requires hospitals to notify emergency personnel if they have had contact with a patient who is proven to have a communicable disease.

III. SPECIAL INSTRUCTIONS:

Applies to all providers of pre-hospital care in the Saint Francis EMS System. Reporting must be done by the Resource and Associate Hospitals in the Saint Francis EMS System.

IV. PROCEDURE

- A. The Resource, Associate or Participating hospital will provide notification and/or information to all pre-hospital providers who either:
 1. Have delivered care to a patient who is subsequently diagnosed as having a reportable communicable or infectious disease or;

2. Have reported a significant exposure. To provide for complete documentation of every exposure which will be kept on file by the Saint Francis EMS Department.
- B. The process of reporting treatment or significant exposure of a patient with a communicable disease is as follows:
1. Upon diagnosis of a patient (either Emergency Department or inpatient) with a communicable or infectious disease who was transported by pre-hospital providers to its facility, the Emergency Department nurse or the Infection Control nurse will notify (by phone) the department DICO.
 2. The Emergency Department nurse, EMS Coordinator or Infection Control Nurse shall generate a "Communicable Disease Exposure Form". This form will recommend any necessary testing and/or follow-up care.
 - a. A copy of this form shall be forwarded to both the provider agency and to the EMS Coordinator at Ascension Saint Francis Hospital. A copy shall be kept on file at the hospital which originated it. Any test results of a specific provider shall remain confidential.
- C. It is the responsibility of the pre-hospital care provider to obtain the necessary treatment after notification has been made.
- D. It is the responsibility of the pre-hospital provider agency to notify all individuals exposed in a particular incident.
- E. All exposures that occur when performing invasive procedures, or significant blood or body fluid contacts which are reported by pre-hospital personnel to the Emergency Department staff, also must have the "Communicable Disease Exposure Report" completed.
- F. Patient confidentiality is to be maintained. This confidentiality is both for the source patient and the provider.
- G. A communicable/infectious disease is defined in Attachment 1 of the policy PHO-9
- H. Not all communicable/infectious diseases have prophylactic treatment available for post-exposure treatment. Therefore, "protection is the best prevention".

V. FORMS AND OTHER DOCUMENTS

- A. Hospital Generated Form For Communicable Disease Exposure Report

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Attachments

[HOSPITAL GENERATED FORM FOR COMMUNICABLE DISEASE EXPOSURE REPORT.docx](#)

**HOSPITAL GENERATED FORM FOR
COMMUNICABLE DISEASE EXPOSURE REPORT**

Depending upon the type of exposure (significant field exposure or hospital-discovered communicable disease) this form must be generated by:

- Emergency Department Staff
- EMS Coordinator
- Infection Control Department Staff

Report generated by: _____ date: _____

Generic information regarding patient:

Age & sex _____ Admission date _____

Diagnosis _____

Transported to hospital by _____

Factors which contribute to exposure/contamination of EMS personnel _____

Follow-up care/testing recommended: _____ no _____ yes
If yes, describe _____

Care recommended by _____

Treatment already provided _____

Notification to provider & department (as applicable):
Who has been notified and when? _____

Attach any documentation sent.

Email a copy of this form to the EMS System Coordinator at the Resource Hospital upon completion.

Origination	3/1/1998	Owner	Sara Van Dusseldorp: Mgr- Emergency Svcs
Last Approved	6/7/2023		
Effective	6/7/2023	Policy Area	Emergency Medical Services (EMS)
Last Revised	6/7/2023		
Next Review	6/6/2026	Applicability	Ascension Saint Francis

Procedure for Informing Callers Who Request an Emergency Vehicle that the ETA is Estimated to be Greater than Six Minutes (PHO-12)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy establishes a process to comply with Section 515.330 (h) of the IDPH System Program Plan.

III. PROCEDURE

- A. Municipal and District Fire Service Providers: In the event that a dispatcher receives a request for emergency medical service, and the dispatcher has reason to believe that the response time for an emergency vehicle will exceed six (6) minutes, the dispatcher is to advise the caller of the estimated time of arrival. In keeping with existing protocols, dispatchers will utilize alternative service delivery mechanisms such as automatic aid and mutual aid to minimize the response time.
- B. Private Industry Ambulance Providers: In the event that a call is received in their dispatch center which they determine to be emergent, and they are unable to respond with an ambulance that will arrive within six minutes, they should contact the local Fire/Rescue agency

responsible for that area to handle the call via 911 service.

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Approval Signatures

Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp; Mgr- Emergency Svcs	6/7/2023

Applicability

Ascension Saint Francis

Status Active PolicyStat ID 14117176

Origination	7/31/2023	Owner	Sara Van
Last Approved	7/31/2023		Dusseldorp: Mgr- Emergency Svcs
Effective	7/31/2023	Policy Area	Emergency Medical Services (EMS)
Last Revised	7/31/2023		
Next Review	7/30/2025	Applicability	Ascension Saint Francis

FEMA Deployment (PHO-13)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE

In compliance with IDPH Rules regarding FEMA deployment for disaster relief the following must be submitted to Saint Francis Hospital EMSS and IDPH prior to deployment

III. SPECIAL INSTRUCTIONS

When providers are notified of stand by status by FEMA, EMS agency coordinator will plan for vehicle and staff to be deployed and will gather documents below.

IV. REQUIRED PROCEDURES

- A. Upon receiving orders to deploy by FEMA, the EMS agency coordinator will submit documents to SFH EMSS Office as outlined below.
- B. An IDPH System Modification form will be completed with required agency information.
- C. Information to be completed:
 1. Vehicle License Number

2. Complete VIN
3. Request to "Other"
4. Provider/Vehicle "Vehicle"
5. Provider Type "Transport"
6. Current Level "CCT/ALS or BLS"
7. Leave requested Level blank

License Number	VIN#	Request To:	Provider/Vehicle	Provider Type	Current Level	Requested Level
1234-01	1FD23456789	Other	Vehicle	Transport	ALS	

D. In the comment box indicate:

1. The vehicle being deployed
2. Where you are being deployed
3. Why you are being deployed
4. Names, level of license, and license number of staff deploying
5. Anticipation length of deployment

E. Submit to SFH EMSS Office:

1. Completed system modification
2. FEMA Deployment orders (redact financial information)
3. Staff roster (Names, license level, and license number)
4. Map of rally point

F. Notify ASMH EMSS upon the return of vehicle and staff.

1. Submit an IDPH System Modification form to ASMH EMSS office

License Number	VIN#	Request To:	Provider/Vehicle	Provider Type	Current Level	Requested Level
1234-01	1FD23456789	Other	Vehicle	Transport	ALS	

G. In the comments box indicate:

1. What vehicle was deployed
2. Where you were deployed
3. Why were you deployed
4. Name and license numbers of crew deployed
5. Date you initially deployed
6. Any unfavorable conditions to the vehicle

H. Submit IDPH ambulance self-inspection to SFH EMSS Office

I. Submit ASMH EMSS ambulance self-inspection SFH EMSS Office

V. IMPLEMENTATION FORMS AND OTHER DOCUMENTS

IDPH Request to Modify/Amend Approved System Plan

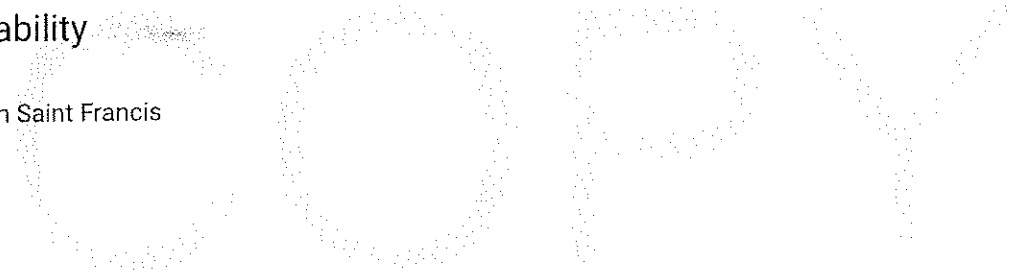
Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Approval Signatures

Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp: Mgr- Emergency Svcs	7/31/2023

Applicability

Ascension Saint Francis



Status Active PolicyStat ID 14120899

Origination	8/1/2023	Owner	Sara Van Dusseldorp; Mgr- Emergency Svcs
Last Approved	8/1/2023		
Effective	8/1/2023	Policy Area	Emergency Medical Services (EMS)
Last Revised	8/1/2023		
Next Review	7/31/2025	Applicability	Ascension Saint Francis

Service Animal Policy (PHO-14)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. PURPOSE

To support and comply with the Americans with Disabilities Act, as amended, (ADA), and the Department of Justice's regulation Section 504 of the Rehabilitation Act of 1973, as amended.

II. POLICY

It is the policy of Ascension IL to permit the same access to an individual with disability using a service animal as that afforded to the public in general.

III. DEFINITIONS

- A. **Disability** – An "individual with disability" means a person who has a physical, mental or intellectual impairment that substantially limits one or more major life activities, including, but not limited to, a physical, sensory, psychiatric, intellectual or other mental disability.
- B. **Service Animal** – A "service animal" means any dog, or in certain circumstances a miniature horse that is individually trained to do work or perform tasks for the benefit of an individual with disability. The work or tasks for which the service animal has been individually trained must be directly related to the person's disability. Examples of such work or tasks include, but are not limited to, the following:
 - 1. Guiding a person who is blind;
 - 2. Alerting a person who is deaf or hard of hearing;

3. Carrying or retrieving objects for a person with mobility impairment(s);
 4. Pulling a wheelchair;
 5. Alerting and protecting a person who is having a seizure;
 6. Calming a person with Post Traumatic Stress Disorder (PTSD) during an anxiety attack;
 7. Reminding a person with mental illness to take prescribed medications.
- C. **Handler** – A "handler" means any individual designated to control a service animal and provide the service animal with necessary care such as food, water, shelter, and clean-up. This individual may be a family member, friend, or accompanying person of an individual with disability.
- D. **Direct Threat** – A "direct threat" means a significant risk to the health or safety of others that cannot be eliminated or mitigated by a modification of policies, practices, or procedures, or by the provision of auxiliary aids or services. Direct threat determination will be made on a case by case basis after considering the following factors:
1. The nature, duration, and severity of the risk;
 2. The probability that the potential injury will actually occur; and
 3. Whether reasonable modifications of policies, practices, or procedures or the provision of auxiliary aids or services will mitigate the risk

IV. PROCEDURES

A. Service Animal Access

1. A service animal shall be permitted with the patient provided the animal does not pose a direct threat to the health or safety of others.

B. Service Animal Status and Staff Responsibilities

1. A service animal is a working animal and is not considered a pet.
2. There is no specialized training or certification from an official training program required for a service animal.
3. A service animal is not required to wear identifying markers.
4. A service animal must be harnessed, leashed or tethered unless these devices interfere with the service animal's work or the individual's disability prevents using these devices. In such cases, the individual with disability and/or handler must maintain control of the service animal through voice, signal, or other effective controls.

C. When it is not obvious what service a service animal provides, **providers may ask only two (2) questions:**

1. **IS THE ANIMAL REQUIRED BECAUSE OF A DISABILITY; AND**
2. **WHAT WORK OR TASK HAS THE ANIMAL BEEN TRAINED TO PERFORM.**
Providers may not ask about the person's disability, require medical documentation, require a special identification card, training documentation or proof that the service

animal has been certified, trained or licensed, or ask that the service animal demonstrate its ability to perform the work or task.

3. Allergies and fear of service animals are not valid reasons for denying access or refusing service to an individual with disability using a service animal.
4. An individual with disability cannot be asked to remove their service animal from the ambulance unless: (1) the service animal is out of control and the individual with disability and/or handler does not take effective action to control the service animal; (2) the service animal exhibits behavior that becomes a direct threat to the health or safety of others and that cannot be eliminated or mitigated by modification of policies, practices, or procedures, or by the provision of auxiliary aids or services; or (3) the service animal is not housebroken. When there is a legitimate reason to ask that a service animal be removed from the ambulance, providers must offer the individual with disability the opportunity receive care without the service animal's presence. A request to remove a service animal from the ambulance shall be an individualized assessment based on reasonable judgment.
5. Use of a service animal should be documented in the patient's PCR including information and reasons regarding areas from which the service animal has been restricted, and any issues of control, care, supervision, and threat or risk to the health or safety of others. Examples of unacceptable behavior for a service animal may include uncontrolled barking, jumping on other people, or running away from the individual with disability and/or handler.

D. Patient and/or Handler's Responsibilities

1. The service animal must be under the control of the individual with disability and/or handler at all times.
2. The care and supervision of a service animal is solely the responsibility of the individual with disability and/or handler. Such care and supervision includes making arrangements for food, toileting, and any other care needs for the service animal.
3. A patient who uses a service animal may designate a family member or friend to be the handler to care for the service animal.
4. If there is no family member, friend, or other responsible party available, the providers may assist with contacting a local animal shelter or welfare/humane society to assist the patient with temporary care and shelter for the service animal.

E. Other Considerations

1. **Allergies and Phobia** – In the event a provider is allergic to or has a phobia about animals, the department shall modify its policies, practices, and procedures to accommodate both the patient or provider and the person with the service animal.
2. **Infection Control**
 - a. Decontamination of the ambulance after the call is required.

REFERENCES:

- American with Disabilities Act, 42 U.S.C. 12101, *et seq.*

- Illinois Human Rights Act, 775 ILCS 5/1, *et seq.*
- Service Animal Access Act, 720 ILCS 5/48-8
- White Cane Law, 775 ILCS 30, *et seq.*

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Approval Signatures

Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp: Mgr- Emergency Svcs	8/1/2023

Applicability

Ascension Saint Francis

IV. REFERENCES

NAEMT Code of Ethics

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Approval Signatures

Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp: Mgr- Emergency Svcs	8/4/2023

Applicability

Ascension Saint Francis

COPY

Status Active PolicyStat ID 14145046

Origination	8/4/2023	Owner	Sara Van Dusseldorp: Mgr-Emergency Svcs
Last Approved	8/4/2023		
Effective	8/4/2023	Policy Area	Emergency Medical Services (EMS)
Last Revised	8/4/2023		
Next Review	8/3/2025	Applicability	Ascension Saint Francis

Weapon Securement (PHO-15)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE

It is the policy of the Saint Francis Hospital EMS System to ensure the safe and secure transport of patients while considering the presence of weapons. This policy establishes guidelines for EMS personnel to follow when encountering a situation involving the presence of weapons during patient transport.

III. PROCEDURE

A. Scene Assessment:

1. Upon arrival at the scene, EMS personnel should prioritize scene safety and conduct a thorough assessment, including evaluating the presence of weapons.
2. If weapons are observed, EMS personnel must prioritize their own safety and take appropriate measures to secure the scene before initiating patient care.

B. Communication and Coordination:

1. EMS personnel should maintain effective communication with law enforcement agencies or the appropriate authorities on scene regarding the presence of weapons.
2. If law enforcement is not already present, EMS personnel should contact them immediately to request assistance and inform them of the situation.

C. Patient Assessment and Management:

1. While providing patient care, EMS personnel must remain vigilant for the presence of weapons that may pose a threat to patient and provider safety.
2. If a weapon is discovered on the patient or within close proximity, EMS personnel should prioritize securing the weapon to minimize any potential risk to all individuals involved.
3. EMS personnel should avoid unnecessary handling or manipulation of the weapon unless immediate safety concerns arise.

D. Securing Weapons:

1. EMS personnel must follow established procedures to safely secure any discovered weapons.
2. Whenever possible, EMS personnel should request assistance from law enforcement or the appropriate authorities to handle and secure the weapon.
3. If law enforcement is unavailable, EMS personnel shall utilize their professional judgment to determine the safest method of securing a weapon. The utmost care shall be exercised to prevent accidental discharge or harm to any individuals involved.
4. Firearm should be placed in a metal box and stored in an outside compartment of the ambulance.

E. Documentation and Reporting:

1. EMS personnel must document the presence of weapons, actions taken to secure them, and any communication with law enforcement or authorities regarding the situation.
2. This information should be included in the patient care report or any other relevant documentation required by the EMS Department.

F. Note: This policy should be tailored to the specific requirements and considerations of the EMS Agency, taking into account local laws, regulations, and protocols related to the handling of weapons in the given jurisdiction.

Status Active PolicyStat ID 14145275

Origination	8/4/2023	Owner	Sara Van Dusseldorp: Mgr- Emergency Svcs
Last Approved	8/4/2023		
Effective	8/4/2023	Policy Area	Emergency Medical Services (EMS)
Last Revised	8/4/2023		
Next Review	8/3/2025	Applicability	Ascension Saint Francis

Relinquished Newborn (PHO-16)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE

Under the Abandoned Newborn Infant Protection Act (PA 92-0432), a parent may relinquish a newborn infant, defined as a child who a licensed physician reasonably believes is 30 days old or less at the time of the relinquishment and who is not an abused or neglected child, to a hospital, fire station, or emergency medical facility. The Act provides a "safe haven" alternative to a parent who may be considering abandonment of the infant. The parent may remain anonymous and is immune from liability, as long as the infant is unharmed. The complete text of the Act is available at <http://ilga.gov/legislation/publicacts/pubact92/acts/92-0432.html> (325 ILCS 2/1 et seq).

III. PROCEDURE

- A. The facility must provide appropriate and adequate medical care necessary to ensure the safety of the child.
- B. If there are any signs of abuse or neglect or if the child is presumed to be more than 30 days old, EMS providers must report that information to the Department of Children and Family

Services (DCFS). It may be in the best interest of the child to accept them. Contact MEDICAL CONTROL and local law enforcement.

- C. Ask the relinquishing parent for the infant's name and date of birth, utilize a patient care record for documentation.
- D. EMS personnel who accept the infant must provide an information packet to the relinquishing person, which contains information on the Adoption Registry and Medical Exchange, written notice of the process to terminate parental rights, and a resource list of counselors, including grief counseling, pregnancy counseling, and counseling regarding adoption, and other available options. Each EMS agency should develop a list of local providers of these services. The information packet must include written notice of the following:
 - 1. No sooner than 60 days following the date of the initial relinquishment, the child-placing agency or the Department of Children and Family Services will commence proceedings for the termination of parental rights and placement of the infant for adoption.
 - 2. Failure of a parent of the infant to contact the Department of Children and Family Services and petition for the return of custody of the infant before termination of parental rights bars any further action asserting legal rights and respect to that infant.
- E. EMS personnel who accept the infant must inform the relinquishing person that they may remain anonymous and acceptance of the information packet is voluntary.
- F. The infant should be transported to the closest appropriate hospital for further medical evaluation.
- G. If the parent or relinquishing person of the infant returns to reclaim the child within 72 hours after the relinquishment, personnel must inform that person of the name and location of the hospital to which the infant was transported.

IV. REFERENCES

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Approval Signatures

Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp: Mgr- Emergency Svcs	8/4/2023

Status Active PolicyStat ID 15104523

Origination	1/24/2024	Owner	Sara Van Dusseldorp: Mgr- Emergency Svcs
Last Approved	1/24/2024		
Effective	1/24/2024	Policy Area	Emergency Medical Services (EMS)
Last Revised	1/24/2024		
Next Review	1/23/2026	Applicability	Ascension Saint Francis

System Notification (PHO-17)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy establishes processes to ensure proper system notification

III. PROCEDURE

A. Required System Notification

1. Must notify the EMS System and IDPH with change of address within 30 days.
2. Must notify the EMS System with a change of name. The EMS System will require legal court documents with the name change in order to process the EMS license.
3. Employment Change i.e. change of department, leaving Region X, or retiring
4. If a provider has an exposure. See PHO-9, PHO-10. PHO-11.
5. If a patient is injured while in the care of a provider.
6. If a patient elopes from the ambulance.
7. Control substance discrepancies
8. If an ambulance is involved in an accident with a patient on board.

B. Line of Duty Death

1. Upon learning about the death of a SFH EMS System crew member in the line of duty, the EMS agency shall notify the EMS System before the end of the next business day.
2. The EMS agency shall provide accurate and detailed information regarding the incident, including the date, time, location, and circumstances surrounding the crew member's death.
3. Upon receiving notification of an EMS crew member fatality, the SFH EMS System shall acknowledge the report and initiate the appropriate response and support mechanisms.
4. Upon receiving notification of an EMS crew member fatality, the SFH EMS System shall fulfill its responsibility to promptly notify the IDPH or any other relevant governing body before the end of the next business day.
5. The SFH EMS System shall provide accurate and timely information to IDPH, including the details of the incident, the identity of the deceased crew member, and any additional documentation or reports as required by regulatory guidelines.
6. The SFH EMS System shall collaborate with IDPH and cooperate fully with any investigation or review processes initiated by the regulatory agency.
7. All information related to the EMS crew member fatality shall be treated with the utmost confidentiality and privacy, following applicable laws and regulations.

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Approval Signatures

Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp: Mgr- Emergency Svcs	1/24/2024

Applicability

Ascension Saint Francis

Status Active PolicyStat ID 15480814

Origination	12/1/1999	Owner	Sara Van
Last Approved	3/20/2024		Dusseldorp: Mgr- Emergency Svcs
Effective	3/20/2024	Policy Area	Emergency Medical Services (EMS)
Last Revised	3/20/2024		
Next Review	3/20/2027	Applicability	Ascension Saint Francis

IDPH / National Registry Re-licensure; Paramedic or EMT (P-1)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy establishes that personnel licensed by IDPH in the Saint Francis EMS System shall comply with the Rules and Regulations, Section (515.330 l)1)D) of the EMS Act for re-licensure, as well as the specific policies of the System.

III. PROCEDURE

A. In order to be re-licensed as a Paramedic or EMT:

1. This is the individual's responsibility to complete all steps in the renewal process.
2. The individual will receive from the IDPH a Renewal Notice/Child Support/Personal History Statement with an assigned PIN. This PIN is required for the renewal process. If IDPH does not have your current mailing address they will NOT forward any correspondence .
3. The individual will then complete all required information on the IDPH website (<https://emslc.dph.illinois.gov/glsuiteweb/clients/ildohems/private/shared/>)

onlineservices.aspx).

4. **Saint Francis EMS System ID number is required (1011).**
5. Upon on-line completion, a confirmation page is provided for printing. A copy of this form should be submitted to the Saint Francis EMS System office to complete the renewal process.
6. If all the material is in order and there is no disciplinary action pending against the applicant, IDPH will renew the license.
7. It is the sole responsibility of the EMT or Paramedic to immediately inform their EMS System of any change of address.

B. National Registry Affiliation and Renewal

1. In order to align with Saint Francis EMS System you must go to the NR website and change your affiliation to SFH EMS. Once this has been done you will need to contact the EMS System Coordinator to ask for approval for the alignment.
2. You will be required to upload all your CE hours onto the NR website. If you are due to be renewed you will need to contact the EMS System Coordinator and ask for them to approve your renewal for your NR Certificate.

C. System Policy for Paramedic Re-Licensure

1. Paramedics and PHRNs shall have a minimum of 100 approved CE hours as described in the Saint Francis EMS System Policy (E-4), the Continuing Education Policy for the EMS Provider.
2. A current CPR certification
3. 1 hour of approved dementia training
4. The Saint Francis Hospital EMS System provides twenty four (24) hours of didactic CE per calendar year. See the Continuing Education Policy for EMS Provider.

D. System Policy for EMT Re-Licensure

1. EMTs shall have a minimum of 60 approved CE hours.
2. A current CPR certification
3. 1 hour of approved dementia training
4. All records kept on file by the provider are subject to Resource Hospital review at any time.

E. It is the EMT and Paramedic's responsibility to be aware of their accumulated CE hours, and to schedule CE hours accordingly, in order to maintain compliance with both System and State (IDPH) policies.

1. Hour distribution is recommended by IDPH. See State of Illinois EMS CE Hour Distribution 7/25/2015.
2. All EMS providers must follow SFH EMS policy E-4 Continuing Education for the EMS Provider.
3. To address individual needs, specific clinical and/or didactic experience may be

mandated by the EMS Medical Director as additional education.

F. Denial of Recommendation for Re-Certification by EMS Medical Director

1. Paramedics or EMTs, who have not met all requirements and/or have not submitted the appropriate documentation to allow the EMS System to complete the renewal process, will not be recommended for re-licensure.
2. The license of a Paramedic or EMT who has failed to file an application for renewal, or whose application for renewal has been denied by the EMS System or IDPH, shall terminate patient care on the day following the expiration date shown on the license.
3. EMS Personnel whose licenses have expired may, within 60 days after licenses expiration, submit all re-licensure requirements and submit the required re-licensure fees, including a late fee. If all re-licensure requirements have been met, and no disciplinary actions are pending against the EMS Provider, the EMS System and IDPH will relicense the EMS Provider.
4. A Paramedic or EMT whose application for re-licensure is denied by IDPH, or whose license has been revoked by IDPH, shall be required to retake the paramedic course and tests (as dictated by IDPH), and pay the fees as required for initial licensure, in order to be re-licensed.

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Approval Signatures

Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp: Mgr- Emergency Svcs	3/20/2024

Applicability

Ascension Saint Francis

Status Active PolicyStat ID 14096686

Origination	7/24/2023	Owner	Sara Van
Last Approved	7/26/2023		Dusseldorp: Mgr- Emergency Svcs
Effective	7/26/2023	Policy Area	Emergency Medical Services (EMS)
Last Revised	7/26/2023		
Next Review	7/25/2025	Applicability	Ascension Saint Francis

Lead Instructor - (P-2)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy ensures compliance with the EMS System Act (210 ILCS 50/1) Section 515.700, to address Lead Instructor education, approval and re-approval.

III. PROCEDURE

Any provider requesting relicensure for Lead Instructor must be currently teaching in the Saint Francis EMS System.

A. Initial Lead Instructor Licensure:

1. Be in the Saint Francis EMS System for at least 6 months.
2. Must be teaching or will be teaching within the Saint Francis EMS System.
3. A current Illinois license as an EMT, Paramedic, RN or physician.
4. Complete an approved Lead Instructor Course within 1 year of applying for Lead Instructor Licensure.
5. Meet the IDPH Lead Instructor Requirements.

- a. Have a minimum of four years of experience in EMS or Emergency care.
- b. Have at least 2 years of documented teaching experience.
- c. Letter of Recommendation from a licensed Lead Instructor or EMS MD, documenting EMS classroom teaching experience.

B. Relicensure for Lead Instructor

- 1. Documentation of at least 40 hours of continuing education, of which 20 hours shall be related to the development, delivery and evaluation of education programs.
- 2. Documentation of attendance at a Department-approved national EMS education standards update course.
- 3. Must be currently teaching in the Saint Francis EMS System.

C. Affiliation of Lead Instructor License

- 1. Must provide a Letter of Good Standing from previous EMS System stating that you have been teaching to the national education standards and you were in good standing.
- 2. Lead Instructors teaching EMR, EMT or Paramedic must maintain a 70% pass rate. Failure to maintain this pass rate will result in an action plan for future classes.
- 3. If the outlined action plan is not achieved, the lead instructor will be ineligible to teach in the Saint Francis EMS System.

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Approval Signatures

Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp: Mgr-Emergency Svcs	7/26/2023

Applicability

Ascension Saint Francis

Status Active PolicyStat ID 14788445

Origination	12/1/2000	Owner	Sara Van
Last Approved	11/28/2023		Dusseldorp: Mgr- Emergency Svcs
Effective	11/28/2023	Policy Area	Emergency Medical Services (EMS)
Last Revised	11/28/2023		
Next Review	11/27/2026	Applicability	Ascension Saint Francis

System Entry for EMS Providers (P-3)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy describes the requirements necessary for an Illinois licensed EMS Provider to function in the Saint Francis EMS System (SFEMSS).

III. PROCEDURE:

All providers operating in the EMS System must have an Illinois license. SFH EMSS will not honor provisional EMS providers. A licensed EMS provider may function in the Saint Francis EMS System upon fulfilling the requirements as listed in the following procedure.

Paramedic

- A. System Entry classes are held on a monthly basis. The Medical Officer must register any paramedic for the class.
 1. See policy Administrative Fees (A-11).
- B. The following documentation MUST be brought to the System Entry class:
 1. Current Illinois Paramedic license

2. Current CPR card
 3. Current ACLS, PHTLS, PALS card, if applicable
 4. Skills Verification Forms
 5. Request a letter of good-standing from current primary EMS System be sent to the Saint Francis EMS System Coordinator.
- C. Attend System Entry Class; bring required paperwork.
1. Any individual who is greater than 15 minutes late will not be allowed to attend the class.
- D. All System documents will be provided during this class.
1. Electronic versions of the SOPs will be included in the notification memo sent out to the Medical Officers prior to the class.
- E. After completion of System Entry Class, the paramedic must take the Region X SOP Exam and Region X Multiple Patient Management Plan (MPMP) Quiz.
1. Successful completion of the Region X SOP Exam is 80% or better.
 - a. You may only take the exam three (3) times. Failure to pass after three (3) attempts will require you to go through the system entry process again in 3 months. During this time you may operate as an EMT in the SFH EMS System.
 - b. If unsuccessful with attempt 1, the provider must wait 7 (seven) days to retake the SOP test. An additional \$25 will be required to take the exam a second time.
 - c. If unsuccessful with attempt 2, the provider must seek remediation with the EMS System prior to the 3rd attempt. An additional \$40 will be required to take the 3rd attempt.
 2. Successful completion of the Region X MPMP Quiz is 80% or better. Y
 3. If a paramedic is entering the SFEMSS from another Region X EMS System, they will not need to take the Region X SOP test as long as their score is included with the letter of good standing or complete a Working Clinical with the EMS MD.
- F. Upon successful completion of the Region X SOP exam, the Region X MPMP quiz and submission of required documentation, you may schedule a four hour Working Clinical Interview (WCI) with the EMS Medical Director or designee. Call the EMS office to schedule.
1. Successful completion of the WCI is determined by the EMS Medical Director or designee. Failure to pass after two (2) attempts means that you will be denied entry into the SFH EMS System.
 2. Incomplete Working Clinical Interview documents (including signatures) will not be accepted.
 3. A practical examination will be administered at the discretion of the EMS Medical Director.
- G. After all of the above requirements have been successfully met, the EMS office will notify the

Medical Officer that the Paramedic has successfully completed the system entry process. BLS activity is permitted while completing System Entry requirements.

- H. All Licensed Paramedics entering the EMS System are required to have completed a background check by their employer.
- I. Continuing Education credit hours will be awarded for completion of the Working Clinical.
- J. System Entry participants will have 30 days to finish the System Entry process. Failure to complete within 30 days, the provider will be required to repeat the System Entry Class.

EMT and EMR

- A. System Entry classes are held at the EMS Agency.
- B. The following documentation MUST be submitted to the EMS Agency:
 - 1. Current Illinois EMT / EMR license
 - 2. Current AHA CPR card
- C. An EMS provider must complete the Provider Data Form, be credentialed on the selected skills and pass the SOP test with a minimum of 80%. Failure to pass after three (3) attempts means that you will be denied entry into the SFH EMS System.
- D. The EMS Agency must email the Provider Data Form to the EMS Office prior to the individual working on a Saint Francis EMS Ambulance.
- E. All licensed EMR / EMT's entering the EMS System are required to have completed a background check by their employer.

IV. FORMS AND OTHER DOCUMENTS

V. REFERENCES

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Approval Signatures

Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp: Mgr- Emergency Svcs	11/28/2023

Applicability

Ascension Saint Francis

Status Active PolicyStat ID 13832458

Origination	12/1/2000	Owner	Sara Van Dusseldorp: Mgr- Emergency Svcs
Last Approved	6/14/2023		
Effective	6/14/2023	Policy Area	Emergency Medical Services (EMS)
Last Revised	6/14/2023		
Next Review	6/13/2026	Applicability	Ascension Saint Francis

Dual System Participation (P-4)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy establishes the procedure for how an EMS Provider functioning in another IDPH approved EMS System can request concurrent function within the Saint Francis EMS System.

III. PROCEDURE

The paramedic must complete the requirements as listed in the following procedure for concurrent function within the Saint Francis EMS System.

- A. The EMS Provider must complete all requirements as listed in the policy entitled "System Entry for EMS Providers" (P-3).
- B. The EMS Provider must state which EMS System will be their "Primary" System.
 1. When the Saint Francis EMS System is declared as either Primary or Secondary, the EMS Providers agrees to comply with all System policies, including the In-Station Continuing Education Policy (E-3)
 - a. The EMS Provider shall successfully complete any mandatory CE session and SOP revisions.

- C. The Primary EMS System of an EMS Provider is responsible for re-licensure.
- D. Any disciplinary action will be reported to the EMS Provider's other EMS Systems.
- E. Requests for Letters of Good Standing must be submitted on the "Letter of Good Standing Request Form". Payments and the form must be submitted by mail or in person. Letters of Good Standing will not be done for providers that are no longer in the system or not primary within the SFH EMSS.

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Attachments

[Request for LoGS 2019.docx](#)

Approval Signatures

Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp: Mgr- Emergency Svcs	6/14/2023

Applicability

Ascension Saint Francis

Status Active PolicyStat ID 14095985

Origination	12/1/2000	Owner	Sara Van Dusseldorp: Mgr- Emergency Svcs
Last Approved	7/26/2023		
Effective	7/26/2023	Policy Area	Emergency Medical Services (EMS)
Last Revised	7/26/2023		
Next Review	7/25/2026	Applicability	Ascension Saint Francis

EMS Inactive Status(All Levels) (P-5)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy mandates that the Saint Francis EMS System shall adhere to the EMS Act Rule and Regulation which addresses EMS Inactive Status.

III. PROCEDURE

- A. Prior to license expiration, an EMS provider can ask for his license be placed on inactive status. This request shall be made, in writing, to the EMS Medical Director at least thirty (30) days prior to the expiration date. The EMS provider must have all re-licensure requirements completed and be in good standing as of the date of the request, unless extenuating circumstances exist. If the EMS Medical Director approves the request, information will be submitted to the Illinois Department of Public Health by the EMS System Coordinator.

1. Information required in the EMS provider's request is as follows:
 - Name and contact information.
 - Applicant' current original license
 - License level and license leve.

- Expiration date of license and ID number on license.
 - Circumstances requiring inactive status.
 - A statement that re-licensure requirements have been met.
- B. Applicant must also complete the IDPH EMS Inactivate/Reactivation Application
 - C. The applicant shall surrender his/her EMS provider license wallet card and wall certificate at the time of application. If the EMS provider is unable to surrender same, they must explain, in writing, the reason(s).
 - D. The IDPH will review requests for inactive status. They will notify, in writing, the EMS Medical Director and the applicant of their decision.
 - E. EMS Personnel whose inactive status period exceeds 48 months must pass the approved IDPH licensing exam
 - F. In order for the EMS provider to return to active status, the EMS provider must make that request, in writing, to the EMS Medical Director.
 1. The EMS Medical Director and the EMS Coordinator will review the EMS provider records, and determine what continuing education (CE) requirements are necessary prior to the return to active status. Complete re-education at that level may be required depending on how long the individual was inactive.
 2. Upon completion of the required CE, the EMS Medical Director will apply to IDPH for reinstatement to active status. The IDPH EMS Inactivate/Reactivation Application must include a statement that the EMS provider has been examined (physically and mentally), and found capable of functioning within the EMS System.
 3. If the inactive status was based on a temporary disability, the EMS Medical Director shall also verify that the disability has ceased.
 - G. Following review, IDPH may reinstate the EMS provider to active status, and establish a new license period.
 - H. The fee for reactivation will be determined on a case-by-case basis.
 - I. **During "Inactive Status", the EMS provider shall not function as an EMS Provider.**

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Approval Signatures

Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp: Mgr- Emergency Svcs	7/26/2023

Status Active PolicyStat ID 14920336

Origination	1/1/1994	Owner	Sara Van
Last Approved	12/20/2023		Dusseldorp: Mgr- Emergency Svcs
Effective	12/20/2023	Policy Area	Emergency Medical Services (EMS)
Last Revised	12/20/2023		
Next Review	12/19/2026	Applicability	Ascension Saint Francis

Change of Level of Licensure (P-6)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy establishes the procedure for EMS personnel to change the category of their IDPH license.

III. PROCEDURE

- A. At any time prior to the expiration date of the current license, a Paramedic may revert to the EMT status for the remainder of the license period, or may terminate their Paramedic license. The Paramedic who reverts to EMT status may no longer perform ALS level skills. This request will apply to downgrade in EMT level and voluntary termination of licenses.
 1. The Paramedic must make the request, in writing, to the EMS Medical Director, and send it to the EMS System Coordinator. The request must contain the following:
 - Name and identification number of Paramedic
 - Date of license expiration
 - Nature of request
 - A statement indicating that this is a voluntary request, and that the Paramedic waives the right to a hearing

2. Surrender original license for return to Illinois Department of Public Health (IDPH) by the Resource Hospital.
- B. If the Paramedic is a municipal employee (i.e., fire department), the request must be accompanied by written approval of the Fire Chief for the requested action.
 - C. The EMS System Coordinator shall process the request, and forward it to the IDPH along with the individual's original license. All changes will be processed using an IDPH-approved transaction card.
 - D. Illinois Department of Public Health shall complete the request.
 1. IDPH will mail the appropriate license to the applicant's home address.
 - E. Upgrading EMT License to original license level - this would apply to any provider that downgraded their Paramedic/AEMT/EMT-I License to an EMT license.
 1. In order for the EMS MD to consider recommending the license upgrade the following must be completed:
 - a. Competency testing for paramedic skills
 - i. Intubation/Airway Management
 - ii. IV/IO & Medication administration
 - iii. Needle Decompression and other trauma skills as recommended
 - iv. Cardiac and 12 lead
 - b. Clinical hours in the Emergency Department
 - c. Complete 2 (two) live intubation in the OR
 - d. Pass the Paramedic Program Final Exam
 - e. Attend and complete System Entry
 2. Once requirements are complete the EMT must submit the IDPH Child Support form to the EMS office
 3. The provider must pay the IDPH fees
 4. The upgrade process may require additional fees as set by the EMS System.

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Approval Signatures

Step Description	Approver	Date
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Status Active PolicyStat ID 14096171

Origination	1/1/2000	Owner	Sara Van
Last Approved	7/26/2023		Dusseldorf: Mgr- Emergency Svcs
Effective	7/26/2023	Policy Area	Emergency Medical Services (EMS)
Last Revised	7/26/2023		
Next Review	7/25/2026	Applicability	Ascension Saint Francis

Reinstatement of EMS License (P-7)

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Ascension IL commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:

This policy describes the process for an EMT who has previously been licensed at the Paramedic level and desires to be reinstated to Paramedic level.

III. PROCEDURE

- A. Each request shall be handled on a case-by-case basis taking into consideration the reason for the original downgrade and time elapsed since the downgrade.
 1. The EMT shall petition the EMS Medical Director in writing for level of reinstatement.
 2. The EMS Medical Director shall, in turn, render a decision based on:
 - a. Reason for original downgrade
 - b. Reason for reinstatement
 - c. Time elapsed (max of 36 month) If time lapse is greater than 36 month, the EMT/paramedic program must be repeated.
 - d. Clinical skill level

- e. Must take EMT/Paramedic National Registry Exam.
 - f. Retraining and education completed as deemed necessary by the EMS Medical Director.
- B. Acceptance or denial of the request will be made, in writing, to the applicant.
- C. If accepted for reinstatement, the EMS Medical Director will notify Illinois Department of Public Health.
- D. The fees for completion of this activity shall be determined on a case-by-case basis, and made payable to the Resource Hospital.

Facility Legal Name: Presence Chicago Hospitals Network d/b/a Presence Saint Francis Hospital

Approval Signatures

Step Description	Approver	Date
EMS System Coordinator	Sara Van Dusseldorp: Mgr- Emergency Svcs	7/26/2023

Applicability

Ascension Saint Francis

END OF POLICY MANUAL

