SAINT FRANCIS EMS SYSTEM

POLICY & PROCEDURE MANUAL

Updated December 2017
December 14, 2017

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.

The EMS Medical Director and/or his designee reserves the right to add, amend delete or deviate for any policy stated herein at any time.

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

Attested by:

Justin Yee, MD
EMS Medical Director
Saint Francis EMS System
Evanston, IL
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12/14/2017
SECTION A

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

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Presence Health 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 system provider must have a policy and procedure in place at all times to deal with personnel who are suspected of violating this policy.

C. At any time the System feels there is a reasonable suspicion of impairment, it's the responsibility of the provider to immediately investigate and confidentially provide, verbal and written evidence to the EMS System.

D. The EMS Medical Director may suspend 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 paramedic 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.

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I. POLICY STATEMENT:

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

II. PURPOSE:

This policy delineates two documents for the communication of incidents. Depending upon the situation, these documents are used to properly record incidents that require quality assurance review. These documents are also used to initiate conversation when experiencing a problem with a specific provider, allowing us to ensure that action is taken and quality patient care will prevail.

III. PROCEDURE

A. Request for Clarification

1. This form is one which may be used by any System participant. 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:
      i. Policy
      ii. Procedure
      iii. Equipment
      iv. 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 System participant will be notified via email that a request for clarification has been received or generated by the EMS System. This email may also be sent to the Medical Officer/Chief/Owner and will be kept on file by the EMS Department. An investigation will take place.

4. Results of the investigation will be sent to the individual (as appropriate) who initiated the report and
the individual with the agency that was notified of the request for clarification.

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 delivered to our communities.

B. Incident Reporting

1. An incident is an occurrence which is not consistent with the routine operation of pre-hospital care, or the routine pre-hospital care of a particular patient.

2. The use of an Incident Report form is to be used for problems which are more serious in nature.

3. 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.

4. 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 must be routed through appropriate administration levels of the system participant originating the Incident Report Form.
      i. 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 and discuss the reported incident.
   e. The EMS System Coordinator and/or the EMS Medical Director will conduct a full investigation of the alleged complaint.
   f. 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.
   g. Follow-up on the report is the responsibility of the EMS System Coordinator and/or the EMS Medical Director.
   h. All aspects of confidentiality will be adhered to as appropriate.
      i. The original Incident Report Form will be filed in the EMS Office files at the Resource Hospital.
   j. Anytime an Incident Report is created, that the originator individual will be notified within 24 hours.

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 at this semi-informal level 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. Information gained through this process which directly affects the quality of this EMS System will be dealt with through the Quality Assessment Program of this System.

2. 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. Presence Saint Francis EMS System Request For Clarification Form
2. Presence Saint Francis EMS System Incident Report

Attachments:

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<th>Request for Clarification and Incident Report Form</th>
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PRESENCE SAINT FRANCIS EMS SYSTEM
REQUEST FOR CLARIFICATION

PURPOSE: To improve communication and understanding between hospital personnel and providers in the interest of better patient care. (Confidential, peer review use only.)

Date of Occurrence ________________________  Time ________________________
Ambulance Run Report # ____________________  Department ____________________

HOSPITAL _______________________________________________________________________

Personnel (hospital and/or provider) involved and/or reporting __________________________________________

I request clarification of the following episode:
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Signature of person preparing report ____________________________

Date report prepared _____________________________________________

Submit to the EMS System Coordinator at the Resource Hospital. It will be reviewed, investigated, commented upon and returned.

Comments of EMS System Coordinator: ____________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Comments of EMS Medical Director (if indicated): ______________________________________________________________________
______________________________________________________________________________________

PLEASE NOTE: THE BACK OF THIS FORM MAY BE USED IF NEEDED.

REVISED: 12/2013
Resource Hospital. 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 his/her file. A copy of these requirements will be sent to the provider's Owner/Chief and Medical Officer.

D. Trends shall be studied in depth and Continuing Education applied system-wide as needed to insure quality patient care.

E. Refusal by an individual to attend a Performance Improvement Plan may result in immediate system suspension as well as notification of the individual Medical Officer.

F. Performance Improvement Plan will take place as soon as possible after system knowledge of the event.

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System Suspensions and Immediate Suspension (A-4)

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Presence Health 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 system considered not meeting the standards or adhering to the policies and procedures of the system.

III. PROCEDURE

A. Any individual, provider or other participant within the system, who is suspended from participation by the Medical Director or the Alternative Medical Director, shall have the opportunity of a hearing before the 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).

C. Grounds for such suspension shall include but not be limited to the following:

1. Failure to meet the initial, continuing education 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. Violation of the standards of performance and conduct as prescribed by the Department or failure to comply with provisions by the System's program plan as approved by the Department.

5. During the provision of medical services, engaged in dishonorable, unethcical 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).
6. Intentional falsification of any medical reports or orders, or making misrepresentations involving patient care.

7. Abandoning or neglecting a patient requiring emergency care.

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

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

10. 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.

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

12. Violation of the system's standards of care.

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

14. Mental impairment of an EMT 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 EMT is on inactive status.

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

1. Within twenty-four (24) hours following the commencement of the suspension, the EMS Medical Director shall deliver to the 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 the EMT or provider.

2. Within twenty-four (24) hours following the commencement of the suspension, the suspended EMT or provider may deliver to the department, by messenger, email or fax, a written response to the suspension order and copies of any written materials which the EMT or provider feels relate to that response.

3. Within twenty-four (24) hours following the receipt of the EMS Medical Director's suspension order or the EMT 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 EMT's 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 EMT or provider. The suspension shall remain in effect during this period of review by the Medical Director or the Medical Director's designee.

IV. REFERENCES:

Illinois Department of Public Health Division of Emergency Services and Highway Safety Administrative Code,
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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, 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 order of an individual, 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, 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 EMT or provider 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, and the Saint Francis EMS Paramedic Program Handbook.

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I. POLICY STATEMENT:

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

II. PURPOSE:

This policy establishes that only the Illinois Department of Public Health, Division of EMS and Highway Safety may revoke a license, or refuse to re-license any person as an EMT (after a formal recommendation is made to the state by the EMS Medical Director).

III. PROCEDURE:

When the system identifies a problem, as described in the System Suspensions and Immediate Suspension Policy, the following steps occur:

A. A Request for Clarification or Incident Report denotes a potential problem exists, or a system participant fails to uphold the State standards or System standards denoted in this policy manual.

B. An investigation occurs.

C. Results of that investigation are revealed to the necessary parties.

D. The decision of the EMS Medical Director is given, according to policy, to the provider.

E. The provider has the right to appeal to the System Review Board.

F. 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 he or she may pursue re-licensure on their own.

G. 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.

IV. REFERENCES:

Illinois Department of Public Health Division of Emergency Services and Highway Safety Administrative Code, Part 515
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Waiver Provision (A-7)

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Presence Health 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 the 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. If applicant is a System Participant, a written recommendation or opposition statement from the EMS Medical Director as the waiver may not or may reduce the standards of medical care.

B. The petition, if from a system participant, should be sent electronically and mailed to the EMS Medical Director 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. EMTs 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 EMT has not established a pattern of seeking extensions.

E. For an applicant other than an EMT:
   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.
   3. The IDPH finds that the hardship preventing compliance with the particular regulation is not an ongoing nature.

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

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I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Presence Health 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 EMT-P course and student records will be retained in accordance with the rules and regulations of the EMS Act.

III. PROCEDURE

A. Licensed EMT-P

1. Records shall be retained a minimum of 7 years. For EMT-P’s whose primary EMS system is not Saint Francis, annual letters of good standing from the primary EMS system and a copy of their current license shall be retained for a minimum of 7 years.

2. The following documents shall be retained at least 7 years:
   a. Personnel record, copy of CPR card and current license
   b. Student records, as required and noted above if individual is a graduate of the PSFH course.
   c. System entry paperwork, if applicable (including written test, clinical interview by EMSMDS, letter of good standing and record of current continuing education hours form current EMS System)
   d. System ID number memo (as applicable)
   e. Signature form for verification of receipt of SOPs and Policy and Procedure Manual (current edition)
   f. Proof of completion of system orientation and system entry requirements, if applicable
   g. Letter of authorization to practice in PSFH System, if applicable
   h. Continuing education documents relative to the current licensure period. May be purged upon re-licensure.
   i. Commendation letters
j. Suspension/reinstatement letters only if noted to be permanent
k. Additional records/documents per discretion of EMS Coordinator or EMS Medical Director.
l. Anecdotal notes to file

B. Inactive EMT-P

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

C. Other

1. EMT-P's with category change, dropped license, or moving out of system.
   a. File contents shall be retained for a student or a licensed EMT-P, whichever applies, according to the Rules and Regulations of the EMS Act.

2. ECRN and Lead Instructor
   a. The following documents shall be retained a minimum of 7 years:
      i. Personnel record, copy of CPR card and current license
      ii. SOP Exam
      iii. Continuing education documents relative to the current licensure period. May be purged upon re-licensure.
      iv. Additional records/documents per discretion of EMS Coordinator or EMS Medical Director.
      v. Anecdotal notes to file

D. ECRN Course/Student

1. Class and student records shall be maintained for seven (7) years.

2. ECRN Courses held at an Associate Hospital
   a. The EMS Coordinator at the Associate Hospital shall forward to the Resource Hospital:
      i. A lecture schedule
      ii. Class roster
      iii. Attendance and final grade report
      iv. Verification of completion of ALS field experience and radio/telemetry orientation
         • A letter of verification is sufficient.

E. EMT-P Course File

1. After the seven-year retention period review the file. The following documents shall be retained:
   a. IDPH program approvals
   b. Class and exam rosters
   c. Student handbook
   d. Clinical orientation information
   e. Lecture and lab session schedules
   f. Practical Exam schedules
   g. State Exam scores
h. Graduation information

F. Student File

1. After the seven-year retention period review the file. The following documents shall be retained:
   a. Application form, EMT-B certificate, CPR card
   b. Final average report
   c. Summary of Clinical Experience
   d. Practical Exam Summary Report and any attachments
   e. EMT-P State Exam report if submitted by student
   f. System ID number memo (as applicable)
   g. Proof of completion of required elements for licensure (as of 1998)
   h. Letters of recommendation for initial licensure
   i. Record of HBV vaccination or declination; health information
   j. Anecdotal notes to file

IV. REFERENCES:

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

Attachments:  

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I. POLICY STATEMENT:
Patient Services Policies are intended to describe the Presence Health 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 his or her 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 his or her 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 he/she is 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 his/her return.

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

Attachments: No Attachments

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I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Presence Health 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 by electronic and/or paper means. The participant will sign for acceptance of the Manual and this form will be maintained in his/her file.

B. Additional paper copies will be provided, for a fee. An electronic version of the System Policy and Procedure Manual will be available on the EMS internet page (http://www.presencehealth.org/presence-saint-francie-hospital-evanston-paramedic-emt-and-emergency-medicine-training) 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 providers. 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 medical 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 provider's Chief/CEO and/or Medical Officer and EMS Coordinators at all Associate and Provider Hospitals for rapid communication to all system participants.
I. POLICY STATEMENT:
Patient Services Policies are intended to describe the Presence Health 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. A billing statement will be sent to each provider by the Saint Francis EMS Office.
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 Presence Saint Francis Paramedic course entrance exam will be required to pay a $50.00 administrative fee.
C. Paramedic State Exam Fee
   1. Refer to policy "EMT-P State of Illinois 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. The provider department/company will be billed for this fee.
   3. Any paramedic failing the SOP test during system entry will be assessed a $25 retesting fee for the 1st retest.
   4. 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.

5. Retests will not be administered without payment from the paramedic or a letter accepting billing from the provider.

E. Letters/Reports

1. A fee of $10.00 is assessed 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
   - EMT-P course grade report
   - Request for extension to complete licensure requirements

2. Allow two weeks for requested letters/reports to be processed. For requests with a 3 business day or less turn-around time, a $25 fee will be assessed.

3. Payment must be submitted with your written request for the letter/report to be processed.

F. File Maintenance – Non-Affiliated Paramedics

1. An annual fee is assessed for maintenance of the file, C.E. record, and licensure requirements of every Paramedic who does not have a provider affiliation within the Saint Francis EMS System, yet wishes to maintain an active file.

2. A single billing statement will be sent to the Paramedic during the 4th quarter of each year, for the following year.

3. Payment is due by December 31st.

4. No reminder statements will be sent.

5. The Paramedic is responsible for paying this fee, even if a billing statement is not received (lost in mail, address change, etc.)

6. If maintenance fee is overdue by six (6) months or more, that individual's file will be closed.
   a. A letter of notification will be sent to the individual.
   b. License renewal will be the individual's responsibility.


1. One copy of the SOP and Policy and Procedure Manual is provided to each system member electronically or in paper format.
   - A fee of $5.00 is assessed for the hard copy replacement of either of these items.

2. A student handbook is given to each Paramedic student in the Paramedic Course.
   - A fee of $5.00 is assessed for a replacement, or for anyone who wishes to have a copy.

H. EMT Reinstatement to AEMT or Paramedic; Reactivation of Inactive Paramedic, Reinstatement of expired EMS license
   - A minimum fee of $150 will be assessed
I. Continuing Education (CE) Tape Rental at Presence Saint Francis Hospital
   1. Videotapes are available for make-up continuing education credits to non-affiliated members of the Saint Francis EMS System.
   2. A fee of $1.00 per day/per tape will be assessed.
   3. A $10.00 deposit will be charged for CE tape rentals.
   4. Maximum rental time per tape is limited to seven days.

J. New Provider Entry into the Saint Francis EMS System
   1. A fee is to be determined on a case-by-case basis.

K. Tutoring Fees
   1. Tutoring for those students requesting to take the state exam for the 4th time will be charged at $50/hour.

L. Saint Francis EMS System Associate Hospital Level Members
   1. In order to maintain the common equipment (Antenna Site Fee) for the radio-telemetry base stations, each Associate Hospital shall pay an equal percentage of the annual fee.
   2. The Saint Francis EMS Office shall issue a billing statement at the end of each calendar year.
   3. Payment will be due upon receipt of the statement.

M. 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”, EXCEPT for State of Illinois exam fees.

Attachments: No Attachments

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Quality Improvement Monitoring/Problem Identification and Improvement Education (A-13)

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Resurrection Health Care 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 fed back 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

   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 EMT 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 in the Emergency Medical Services office.

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 may be submitted to the Associate EMS Coordinator or 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.
      iv. All RFCs/IRs of a major nature must be forwarded to the Resource Hospital for action.

2. Occasional Focus Studies on a specific EMS issue or skill.

3. Review of Data sent back to the EMS System on a quarterly basis.

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 Education RNs 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.

Attachments: No Attachments

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Emergency Medical Dispatch (A-14)

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Presence Health 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) and
   b. Proof of current continuing education as required.
   c. Completed Child Support/felony Statement form
   d. Copy of a current CPR card
   e. Cashier's check or money order made out to IDPH (amount to be provided by IDPH).

2. An individual who is registered as an Emergency Medical Dispatcher on February 1, 2003, and meets the qualifications of this Section shall be certified as an Emergency Medical Dispatcher.

3. 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. An individual who is certified or re-
certified by a national certification agency shall be certified as an Emergency Medical Dispatcher if he/she meets the requirements of this Section.

4. The certification shall be valid for a period of four years.

5. A certified EMD shall notify the Department within 30 days after any changes in name, address or employer. Notification may be in person or by mail, phone, fax or electronic mail.

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 certified by the Department as an Emergency Medical Dispatcher. (Section 3.70(b)(11) of the Act)

B. EMD Recertification

1. To apply for recertification, the EMD shall submit the following to IDPH at least 30 days prior to the certification 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. Current CPR Card (System Requirement)
   d. Proof of completion of at least 12 hours annually of medical dispatch CE.

2. An EMD who has not been recommended for recertification by the EMSMD shall independently submit to IDPH an application for recertification. 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 form is attached which may be used as an EMD Agency’s Roster or as an example to complete a computerized form of your own. This 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 attached Agency Affiliation Letter to complete the System Entry process.

3. A copy of each person’s State of Illinois IDPH EMD license and current 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. A form letter is attached which may be used as an example.

5. Additions shall include the EMD’s name, address, phone, DOB, primary system choice and a copy of their current EMD license and CPR card.

6. Deletions need only state that the EMD is no longer working at that agency.
   a. System orientation: The EMD Performance Appraisal Form is to be completed by the shift supervisor monthly for the first 3 months and submitted to the EMS office.

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 EMO 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, EMO may be provided at the discretion of the dispatcher or call taker depending on the workload 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 or South Lake County 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, EMT-Ps and EMT-Bs).

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-B or EMT-P 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-B or EMT-P 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 and/or South Lake County 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

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SAINT FRANCIS EMERGENCY MEDICAL SERVICES SYSTEM
EMERGENCY MEDICAL DISPATCH
AGENCY AFFILIATION LETTER

(PLACE THIS FORM ON YOUR AGENCY LETTERHEAD)

Date: ___/___/_____

Scott French, MD, FACEP
Saint Francis EMS System
355 Ridge Ave
Evanston, IL 60202

Dr. French,

I verify that (EMD full name) ____________________________,
EMD has been properly trained and is utilizing the pre-arrival medical instructions
(EMDPRS) that you approved for our agency. Should the EMD cease affiliation with this
agency, we will notify the System in writing immediately. Attached are copies of this EMD’s
current EMD license and CPR card. Below is the information you require on System Entry
EMD’s.

EMD’s Home Address: _______________________________________________________

City: ___________________________ State: _______ Zip Code: _______________

Home Phone: (___) ___________ County: _______ Date of Birth: __________

Social Security Number: _____-____-______ Driver’s License Number: _____-____-_____

IDPH EMD License # and expiration date: _______________________________________

Primary System: __________________________ Secondary System: ___________________
SAINT FRANCIS EMERGENCY MEDICAL SERVICES SYSTEM

EMERGENCY MEDICAL DISPATCH AGENCY ROSTER

AGENCY NAME:__________________________________________________________

AGENCY ADDRESS:_____________________________________________________

AGENCY REP:_________________________ PHONE:__________________________

EMD PERSONNEL

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<tr>
<th>NAME</th>
<th>STREET ADDRESS, CITY, STATE, ZIP</th>
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<th>PRIMARY SYSTEM</th>
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You may substitute your computer print out for this form as long as it contains the same information.

ATTACH A COPY OF EACH PERSON’S CURRENT EMD LICENSE AND CPR CARD

6/2015
SAINT FRANCIS EMS SYSTEM

EMD INCIDENT REPORT

Date of Occurrence ___________________ Time ___________________

Department: __________________________

Description of incident by the person directly involved (please be specific as to names, times, etc.):

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

(Signature of Person Preparing the Report, Department Name and Title)

__________________________________________________________________________

Submit this report to the Dispatch Center's Supervisor, who will forward it to the EMS Medical Director or EMS System Coordinator. It will be reviewed, commented upon and returned to you through the Dispatch Center Supervisor.

COMMENTS OF EMS MEDICAL DIRECTOR: __________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Signature of EMS Medical Director: _____________________________________________
**ORIENTATION-EMD PERFORMANCE APPRAISAL**

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<th>Provider/Service One</th>
<th>Date</th>
<th>Appraisal # (Circle)</th>
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Instructions: The evaluator is responsible for the accuracy of the report. Each block across is assigned a numerical factor beginning with one (1) as the lowest score and five (5) as the highest score reading from left to right. Place a mark next to the statement which best applies to the paramedic’s capabilities/performances.

**RATING FACTORS - HOW THIS PROVISIONAL EMD IS PERFORMING ON THE JOB**

**A. Cognitive Skills: Knowledge of medical principles and concepts**

<table>
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<tr>
<th>Not Observed</th>
<th>Has gaps in fundamental knowledge</th>
<th>Has satisfactory knowledge for routine phases of job</th>
<th>Well informed on most medical concepts</th>
<th>Has excellent knowledge of all medical concepts</th>
<th>Exceptional understanding of medical concepts/Resource persons for other shift members</th>
</tr>
</thead>
<tbody>
<tr>
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Comments: ____________________________________________________________

**B. Job Accomplishment**

<table>
<thead>
<tr>
<th>Not Observed</th>
<th>Quality of work does not always meet job requirements</th>
<th>Performance is barely adequate to meet job requirements</th>
<th>Quality and quantity are satisfactory</th>
<th>Performance is above normal expectations</th>
<th>Quality and quantity are clearly superior</th>
</tr>
</thead>
<tbody>
<tr>
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Comments: ____________________________________________________________

__________________________________________________________
C. **Affective Skills**

1. **Judgment**

<table>
<thead>
<tr>
<th>Not Observed</th>
<th>Decisions often wrong or ineffective</th>
<th>Judgment usually sound, but makes occasional errors</th>
<th>Shows satisfactory judgment resulting from sound evaluation of most factors</th>
<th>Sound, logical thinker. Reaches accurate decisions on routine patients.</th>
<th>Consistently arrives at right decision even on complex patients</th>
</tr>
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</table>

2. **Adaptability - performance in stressful or unusual circumstances**

<table>
<thead>
<tr>
<th>Not Observed</th>
<th>Unable to perform adequately in other than routine situations</th>
<th>Performance declines under stress or in other than routine situations</th>
<th>Performs satisfactorily under stress or in unusual situations</th>
<th>Performs well under stress or in unusual situations</th>
<th>Outstanding performance under extreme stress - meets challenge of difficulty</th>
</tr>
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<tr>
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</table>

3. **Human Relations - effectiveness in working with others/relying to patients**

<table>
<thead>
<tr>
<th>Not Observed</th>
<th>Does not get along well with other people - hinders his/her effectiveness</th>
<th>Has difficulty relating to peers, superiors and/or patients (indicate which)</th>
<th>Has average skill in establishing and maintaining good human relations</th>
<th>Works in harmony with others. Very good team worker</th>
<th>Extremely successful in working with others. Outstanding skills increase his/her effectiveness</th>
</tr>
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4. **Motivation**

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</table>

5. **Timeliness**

<table>
<thead>
<tr>
<th>Frequently late, Rarely notifies appropriate supervisors</th>
<th>Frequently late, but notifies appropriate supervisor</th>
<th>Occasionally late, but always notifies appropriate supervisor</th>
<th>Rarely late and is always on time</th>
</tr>
</thead>
<tbody>
<tr>
<td># of times</td>
<td># of times</td>
<td># of times</td>
<td># of times</td>
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</table>

6. **Dependability**

<table>
<thead>
<tr>
<th>Never follows-up with responsibilities</th>
<th>Rarely does follow through with responsibilities</th>
<th>Occasionally follows through with responsibilities</th>
<th>Is conscientious about duties about duties</th>
</tr>
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Comments:
### D. COMMUNICATIVE SKILLS - WRITING ABILITY AND ORAL EXPRESSION

1. **Written (call documentation)**

<table>
<thead>
<tr>
<th>Unable to express thoughts</th>
<th>Expresses thoughts satisfactorily on routine patients</th>
<th>Usually expresses thoughts clearly and concisely</th>
<th>Consistently able to express ideas clearly</th>
<th>Outstanding ability to organize and communicate ideas to others. Reports neat and thorough</th>
</tr>
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</table>

2. **Oral**

<table>
<thead>
<tr>
<th>Unable to express thoughts</th>
<th>Expresses thoughts satisfactorily on routine patients</th>
<th>Usually expresses thoughts clearly and concisely</th>
<th>Consistently able to express ideas clearly</th>
<th>Outstanding ability to organize and communicate ideas to others</th>
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**COMMENTS:**

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### E. PROFESSIONALISM

1. **Appearance**

<table>
<thead>
<tr>
<th>Not Observed</th>
<th>Appearance and behavior seriously interfere with his/her effectiveness</th>
<th>Careless grooming and/or behavior Detracts with from his/her effectiveness</th>
<th>Appearance and behavior create a good impression</th>
<th>Above average grooming and behavior create a very favorable impression</th>
<th>Grooming and behavior are outstanding. Exemplifies top professional standards</th>
</tr>
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<tbody>
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</table>

2. **Ethics**

<table>
<thead>
<tr>
<th>Can't be trusted and does not respect rights of patients or others</th>
<th>Not able to be trusted, but respects patient's privacy rights</th>
<th>Rarely able to be trusted with confidential information-respects rights of patients and others</th>
<th>Usually can be trusted with confidential information -respects rights and property of all patients and others</th>
<th>Can always be trusted with confidential information</th>
</tr>
</thead>
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</table>

**COMMENTS:**

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### F. WORK ORGANIZATION

<table>
<thead>
<tr>
<th>Fails to decide what care is most important to patient</th>
<th>Occasionally able to prioritize care</th>
<th>Satisfactorily prioritizes care of patients</th>
<th>Frequently able to prioritize care</th>
<th>Always efficiently sets up priorities for care</th>
</tr>
</thead>
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</table>

**COMMENTS:**


**Preceptor’s Signature**

**Date**

**Preceptor Name – Please Print**

EMD Orientation Performance Appraisal: 07/15
SECTION E

EDUCATION
I. POLICY STATEMENT:
Patient Services Policies are intended to describe the Presence Health commitment to a holistic, customer-centered approach to care provided throughout the continuum of clinical services.

II. PURPOSE:
This Policy describes the process through which Paramedic students receive information regarding the Paramedic Course.

III. PROCEDURE
This information has been gathered together for the purpose of Paramedic student orientation.

A. Each student shall receive a copy of the Saint Francis Hospital EMS student handbook on the first day of class. The student will sign a statement indicating he/she has read the handbook and understands its content. Each Provider that has students enrolled in the program will receive a copy of the handbook at the beginning of class.

B. Anyone else who desires a copy of the current PSFH EMS STUDENT HANDBOOK may request a copy. A written request must be mailed to the EMS office, and then a copy of the most current handbook will be mailed out to the requesting individual, subject to a fee.

C. The Saint Francis Hospital EMS STUDENT HANDBOOK is reviewed and/or revised annually.

Attachments: No Attachments

Approval Signatures

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I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Presence Health 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 or EMT-I 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. (See student handbook.)

E. There is an entrance exam for the course. This entrance exam consists of computer based and hands on testing.
   1. Prospective students that are employed by providers in the SFEMSS are exempt from the entrance exam if they have taken the Civil Service Exam.
      a. There is an administration fee for the entrance exam. To be determined prior to the exam with all personnel taking the exam being notified prior to signing up for the exam.
   2. Candidates not employed by an ambulance provider shall interview with the EMS Coordinator and other EMS program personnel after completion of the entrance exam with a minimum score to be determined by EMS staff annually.
a. Private providers in the SFEMSS will select students that they will sponsor, with final approval by the SFEMSS.

F. A completed application form, required documentation and documentation of immunizations shall be submitted by the date specified. All dates will be provided to prospective students at least 2 weeks prior to any deadline.

G. The candidate shall be in good general health; immunizations must be up-to-date. A statement regarding this issue must be signed by the applicant. Any diagnosed learning disabilities that may affect the students' success must be disclosed with entrance application.

Attachments: No Attachments

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</table>
EMT Education and Continuing Education (E-3)

I. POLICY STATEMENT:

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

II. PURPOSE:

This policy establishes how EMT education shall be available to all Saint Francis Hospital EMS system participants.

III. DEFINITIONS

A. SFEMSS-Saint Francis Emergency Medical Services System

IV. PROCEDURE

A. EMT Primary education

1. Agencies that conduct EMT education in the system that include Oakton Community College, Elite Ambulance and Superior Ambulance. Personnel can be referred to other organizations for EMT education based on employer and location of residence.
   
a. Inquiries regarding EMT-Basic Education and Continuing Education received at the Resource Hospital are forwarded to Oakton Community College, Elite Ambulance and Superior Ambulance

2. All requests for courses presented are reviewed by the Resource Hospital, signed by the EMS Medical Director and forwarded to the Illinois Department of Public Health for Site Code Approval.
   
a. Complete Content and Currricula are on file at Oakton Community College, Elite Ambulance, Superior Ambulance and the Resource Hospital.

3. Information regarding entry requirements, course content and applications are available upon request at Oakton Community College, Elite Ambulance, and Superior Ambulance

B. EMT-B Continuing Education:

1. All SFEMSS EMTs will be eligible to attend all CE provided by the system.

2. Numbers of hours presented to EMT-Bs will be determined on a month by month basis, to be based on of
V. FORMS AND OTHER DOCUMENTS

VI. REFERENCES

Attachments: No Attachments

Approval Signatures

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Paramedic Preceptor (E-4)

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Presence Health 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).
2. Participation with instruction of continuing education programs.
3. To facilitate the entry of new licensed EMTs into the Saint Francis EMS system.

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. All Continuing Education requirements consistently up-to-date.
6. Endorsement for preceptor is done by agreement of:
a. EMS Medical Director
b. EMS System Coordinator and/or the EMS Coordinator
c. Provider Chief and/or Medical Officer

7. 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. BTLS or PHTLS Certification
   4. PALS Certification
   5. Teaching experience in prehospital health care delivery (e.g., CPR, ACLS, EMT-P and EMT-B classes)
   6. Lead Instructor Certification

D. The preceptor program will offer the paramedic an alternate means of accruing clinical continuing education hours. Up to 12 hours per year of clinical continuing education may be accrued by this method and applied towards "elective hours" needed. Time accrued shall be documented in letter form, and co-signed by the Medical Officer before submitting the letter to the EMS Office at Saint Francis for approval.

E. Time accrued must be actual time spent on calls, time involved in a critique session with the student paramedic and other education performed at the provider facility. Dates and time spent must be documented in a letter which is to be submitted on an every six months basis.

   1. The letter will be acknowledged by the EMS Office, approval granted and returned to the Medical Officer and you for purposes of record keeping.

   2. Hours of activity will be prorated according to the number of documented hours of supervision completed and/or instruction participation as follows:
      • 25 hours = 2 hours continuing education credit
      • 50 hours = 4 hours continuing education credit
      • 100 hours = 6 hours continuing education credit
      • 200 hours = 10 hours continuing education credit
      • 300 hours = 12 hours continuing education credit

F. 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.

G. Any preceptor who fails to maintain the standards herein this policy is subject to review and dismissal from the Paramedic Preceptor Program.

Attachments: No Attachments
## Approval Signatures

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</table>
I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Presence Health 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 EMT-Ps.

III. PROCEDURE

A. The content of the C.E. program shall conform to the Sate of Illinois CE Hour Distribution Curriculum, Illinois Scope of Practice Standards and other nationally accepted standards of care (ACLS, BTLS, etc.). This program shall be conducted "in-station" (at the provider agency's quarters), in a classroom setting conducive to education. This C.E. program is mandatory for system provider agencies and their Paramedics. Classes will be presented as three-hour modules and shall be conducted eight (8) times per year on each of the three (3) duty shifts. Provider agencies will be assessed an annual fee for this program.

1. Requirements

   a. Paramedics with Saint Francis EMS System as their primary EMS system will be required to attend all 8 CE sessions offered.

   b. Paramedics with Saint Francis EMS System as the secondary EMS System will only be required to attend that years mandatory CE session(s).

   c. CCTRN and PHRN will be required to attend up to 4 CE sessions per year. Required sessions will be determined by EMS System Coordinator and EMS Medical Director.

   d. All Continuing Education modules will include a quiz.

      i. Quiz questions will cover material presented in the educational session, as well as material presented at the previous month's CE session.

      ii. A score of 70% is considered a passing score.

      iii. Anyone who scores less than 70% will need to retake the quiz to get credit for the CE
iv. Retakes will be given and graded by the Medical Officer and sent to the EMS office to be recorded.

v. Paramedics will have 90 days to retake a quiz.

e. SOP quiz for secondary paramedics

i. Paramedics secondary to the Saint Francis EMS System will be required to take a SOP quiz during the November CE session

ii. The SOP quiz will include questions from the SOPs covered during the previous month's CE sessions

iii. Medical Officers will be notified during October of the SOPs to be included in the quiz.

iv. A 70% score is required for passage of the SOP quiz

v. Personnel that have attended all CE session during the year, or have taken the Region X SOP exam that year will not need to take the SOP quiz.

f. Non-affiliated paramedics will not be required to attend any CE sessions.

g. Continuing Education Make-up

i. Sessions of Continuing Education that are made up by watching a video tape of the session and the completion of the Continuing Education Evaluation Form. Upon completion, the paramedic will be given a quiz that requires a score of 70%.

ii. The quiz and Continuing Education Evaluation Form will be signed by the Department/Company Medical Officer and submitted to the EMS Office.

iii. Paramedics that do not make-up Continuing Education sessions within 90 days of the end of the month scheduled will be eligible for suspension from the Saint Francis EMS System.

iv. Chiefs/CEOs and Medical Officers will be notified at least 30 days prior to any suspension activities are initiated.

v. Requests for extension for submission of make-up continuing education will be handled on a case by case basis and must be submitted in writing to the EMS System coordinator prior to the submission deadline.

2. Personnel: Presence Saint Francis Hospital – EMS Department shall be responsible for maintaining sufficient staff for this program; as well as for orientation, training, review and evaluation of staff. Provider costs may be incurred in extreme cases.

a. The person conducting this C.E. program shall:

i. Be referred to as "In-Field C.E. Instructors".

ii. Be a Registered Professional Nurse or Paramedic licensed in the State of Illinois.

iii. Registered Nurses conducting the training will be trained and knowledgeable in dysrhythmia identification and treatment, and have experience in critical care and/or emergency nursing.

iv. 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 their Department/Company Administrator.
3. Responsibilities/Duties:

   a. Presence Saint Francis Hospital – EMS Department shall assume overall administrative responsibility for the C.E. program, including:

      i. Curriculum plan for each calendar year.

      ii. Preparation of a "Learning Packet" for each module with the participation of the Infield Educator and Medical Officer, which will contain an outline, goals/objectives, statement of the evaluation tool, and any additional printed material as needed.

      iii. Preparation with the participation of the Infield Educator and Medical Officer, the evaluation tool, either a written test or skill evaluation criteria.

      iv. Provision of printed materials in a quality sufficient for all In-field Instructors and Paramedics. Notify In-field C.E. Instructors when materials are ready for distribution at the monthly meetings.

      v. Recording of completed C.E. hours and retention of written/practical test results in Paramedics files.

      vi. Quality Assurance and modification of program according to need.

      vii. Invoice provider agencies annually for the C.E. program fee.

      viii. Prepare check requests for payment of In-field C.E. Instructors.

      ix. Schedule meetings as necessary with In-field C.E. Instructors.

      x. Maintaining a master schedule of C.E. sessions being held in the System for each module.

   b. In-field C.E. Instructors shall be responsible for:

      i. Scheduling (with the medical officer) and presenting a three-hour C.E. module on each of the three (3) duty shifts at the assigned department(s). (This includes written and/or practical testing).

      ii. Obtaining materials needed for each module from Saint Francis Hospital – EMS Department and/or Associate Hospital.

      iii. Maintaining accurate records of attendance and test results; submission of attendance rosters and written/practical test sheets to the EMS Department upon completion.

      iv. Provide department liaison with any Learning Packets and/or test material for any EMT-P who has not attended a "live" session of a mandatory module.

      v. Making provisions (with Medical Officer or EMS Department) to have required equipment available for each module, such as A-V equipment, etc.

      vi. Keeping both the Medical Officer and the EMS Department apprised of the progress of the C.E. program, or of problems which may arise.

      vii. Submitting a record of hours accrued in teaching or scheduled meetings for purposes of payment. (This does not apply to instructors designated by an Associate Hospital).

      viii. Attendance at scheduled instructors’ meetings.

      ix. Notifying the EMS Department of the dates of their scheduled C.E. sessions as soon as dates are confirmed, so that a master schedule may be maintained.

   c. Provider agencies shall be responsible for:
i. Designating a liaison (usually the medical Officer) to coordinate department C.E. activities with the In-field C.E. Instructor. The liaison shall be responsible for:

- Scheduling the C.E. modules for each duty shift with the In-field Instructor.
- Obtaining equipment/supplies (such as A-V equipment, manikins, etc.) needed for C.E. modules.
- Providing the Infield Educator, each month, the Infield Continuing Education Roster listing in alphabetical order, all department Paramedics.
- Scheduling of Paramedics who were unable to attend a C.E. module at their own department at another provider’s C.E. session.
- Scheduling and supervision of the videotape viewing of C.E. modules for Paramedics who have been unable to attend a “live” session, or who have failed the testing process.
- Administration and strict supervision of written and/or practical testing and/or retesting of Paramedics as needed.
- Keeping post-tests and answer sheets in a secure area in order to avoid compromising the post-test.
- Providing written verification of videotape attendance and test/retest results to the EMS Office at Saint Francis.

ii. Recording a videotape of one of the three C.E. modules conducted per the policy Continuing Education for the Field Paramedic.

iii. Providing a classroom for each session, preferably within the department. If a suitable classroom is not available on the premises, class may be conducted in a location agreed upon by the provider and the instructor.

iv. Payment of an annual fee for this C.E. program.

Attachments:  No Attachments

Approval Signatures

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Continuing Education for the Field Paramedic (E-6)

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Presence Health Care 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 of continuing education per four-year period, and various ways paramedics can be awarded those hours.

III. MISSION / VALUES RATIONALE:

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

IV. SPECIAL INSTRUCTIONS:

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

V. DEFINITIONS

a. Elective activities indicate that the Paramedic has a choice of how he/she wishes to accomplish the required number of hours needed for re-licensure.

VI. PROCEDURE

The following plan has been constructed to ensure that the Paramedic completes the necessary IDPH requirement:

a. The SFH/EMS System requires twenty-five (25) hours per year:
   1. Continuing education hours must fit into IDPH limits per area of Core Content as shown below.
Hours show are for paramedics per 4 year period. EMT should multiply the Paramedic requirement by 0.6 to determine their requirements. Visit the IDPH website for further information related to these categories.

a. Preparatory  8 hours
b. Airway management and ventilation  12 hours
c. Patient Assessment  8 hours
d. Trauma  12 hours
e. Cardiac  16 hours
f. Medical  20 hours
g. Special Considerations  16 hours
h. Geriatrics  4 hours
i. Operations  4 hours

2. Elective Activity = 1 Hour

3. Listed below are acceptable elective activities:

a. Clinical Time
   i. Working in the Emergency Department with a nurse or physician preceptor.
   ii. Follow through care of a particular patient to whom you have rendered prehospital care (When documenting this type of practice, a CE form must be completed at that time, and signed by the hospital representative).
   iii. Rotation to a specialty unit such as Labor & Delivery, Respiratory Care, Central Telemetry, Cardiac Cath Lab and OR at Saint Francis to practice the skill of endotracheal intubation will receive hour for hour credit to a maximum of 5 hours. Other clinical areas may be considered; please contact the EMS office at Presence Saint Francis Hospital to have other areas pre-approved BEFORE attending. Some Associate Hospitals offer specialty unit clinical time. Check with the EMS Nurse Coordinator at the hospital where you would like to complete those hours. Immunization requirements are mandatory before attending clinical sessions in most hospitals.

b. Outside seminars, workshops, conferences, etc. If you are unsure as to the acceptable status of these hours, contact the EMS Office at Presence Saint Francis Hospital.

c. Participation in Mass Casualty Drills (as a victim or provider).

d. Mini-Skill Reviews as run by the Medical Officer from the Department: All review sessions must be documented to the EMS Office at Presence Saint Francis Hospital, and pre-approved before the program is offered for credit hours.

e. CPR (if accepted by EMS System), ATLS, BTLS, ACLS, PALS, PHTLS etc.

f. Formal documentation from a volunteer organization, where you practice PREHOSPITAL skills. These hours are subject to careful scrutiny by the EMS Office prior to approval or disapproval for credit hours, and will be considered on a case by case basis.

g. 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.
h. Labor and Delivery: Credit will be given for attendance at the labor and delivery of a spouse or significant other (or self, in the case of a female EMT or Paramedic) to a maximum of 5 hours. Verification signed by the physician, CNMW, or RN, regarding the number of hours in attendance must be submitted to the EMS Office.

i. 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, english composition, etc.) will receive 8 hours of EMS CE credit per college credit hour.

j. Commercial videotapes, journal articles (less than 5 years old, submit with CE request), webinars and on-line modules will be accepted for hour/hour credit in meeting with IDPH limitations.

k. No more than twenty percent (20%) of total hours per subject area can be obtained in any modality (except live EMS System provided CE).

l. Other as pre-approved by the SFH-EMS Office.

m. Anyone requesting to complete clinical hours must provide proof of liability insurance, if insurance is not provided by the employer.

b. Documentation

i. In-station continuing education will be documented by the appointed Infield C.E. Instructor. In the event you have missed the class held on your duty day, communicate with your Medical Officer for direction as to how to make up the class. Most classes can be made-up by completing the assignment noted in Appendix A. Please see item IV of this policy for details. If the class is to be made up via videotape review, the Department Medical Officer must document your attendance and forward it to the EMS Office at Saint Francis Hospital. If the class is being made up at another Department, that in-field instructor will document your participation. Whenever in doubt, contact your Medical Officer first.

ii. Elective activity must be accurately documented and submitted to the Saint Francis Hospital EMS Office in a timely fashion. Please submit all elective CE activity to your Medical Officer who will verify it and submit the documentation to the EMS Office. (Private Industry personnel and non-affiliated persons may submit hours directly to the EMS Office).

iii. Submission of this documentation should occur upon completion to the EMS Office, as the Medical Officer approves it throughout the year.

iv. Please use the approved clinical form or request for "Outside CE" hours form to document and verify your hours for record keeping. Originals must be sent to the EMS Office. Copies should be kept by the individual and/or his/her department.

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

i. The in-station program is a mandatory continuing education program for all primary Saint Francis EMS System paramedics. Twenty four (24) hours are required for each calendar year.

ii. Licensed paramedics within the Saint Francis EMS System must complete the entire program.

iii. Licensed paramedics entering the Saint Francis EMS System will be given a prorated number of hours to complete, based on hours already completed in the EMS System from which they transferred.

iv. Licensed paramedics who are secondary within the Saint Francis EMS System must complete only
"MANDATORY" scheduled classes. Verification of C.E. hours for annual accrual must be documented to the Saint Francis EMS Office from the paramedics primary EMS System (see policy Dual Licensure).

v. 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 video 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 Medical Officer must then forward the assignment papers and documentation letter to the EMS Office at Saint Francis Hospital.

4. The Education Coordinator will then credit the participant with the CE hours.

d. Make-Up Classes

i. Missed sessions may be made up by:

1. Attending class at another provider department, signing their roster and noting what department you are from. Call the department you wish to attend for permission to attend and schedule.

2. View the video of the CE session; complete the CE Evaluation form and the quiz for that CE session. Submit the Evaluation form and the quiz to the Medical Officer for grading who will then submit documentation to the EMS Office.

VII. FORMS AND OTHER DOCUMENTS

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R = PREVIOUSLY RECORDED CE SESSION
MO = MEDICAL OFFICER ASSISTANCE

I. ALL EIGHT (8) LECTURES ARE MANDATORY FOR PRIMARY SAINT FRANCIS HOSPITAL EMS SYSTEM MEMBERS
II. SECONDARY SAINT FRANCIS HOSPITAL EMS SYSTEM MEMBERS MUST ATTEND THOSE MARKED WITH AN *
III. ALL SKILLS MAKE UPS ARE TO BE COMPLETED WITH THE DEPARTMENT/COMPANY MEDICAL OFFICER. DOCUMENTATION OF SKILL COMPLETION IS TO BE NOTED ON THE CONTINUING EDUCATION EVALUATION FORM.
IV. CURRENT CPR CERTIFICATION IS REQUIRED OF ALL SFH EMSS MEMBERS.
I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Presence Health 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 his/her compliance to the Saint Francis EMS System Policies and Procedures, Saint Francis EMS Standard Operating Procedures (Medical Orders) and all Illinois Department of Public Health Rules and Regulations which relate to the EMS Act.

D. This form shall be maintained on file at the hospital where the physician practices and available to the EMS Medical Director or IDPH upon request.

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Emergency Communications Registered Nurse (ECRN) - (E-8)

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Presence Health 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 RN and Saint Francis EMS system-approved ECRN.

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 IL Nursing Act of 1987

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 his/her designee; (See attached ECRN Candidate Progress Report).
      i. Review with 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 ninety (90) days. If unable to complete, a waiver must be filed with the system. (see Policy A-7)

e. Complete eight (8) hours of field experience, and observe a minimum of one (1) ALS call with a System-approved ALS vehicle or maximum of sixteen (16) hours of ride time without ALS call.

f. Associate hospital EMS Coordinators shall provide verification of completion of #3, 4, and 5 (above), initiate the information for electronic transaction card(s) for their hospital’s ECRN candidates and forward these to the Resource Hospital of the applicant.

g. The EMS MD shall approve candidates who have met the requirements for four (4) years.

h. The Resource Hospital shall forward the electronic transaction card and supporting documentation to IDPH, then forward payment to IDPH.

i. IDPH will send the original ECRN approval 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. Specifically, eight (8) hours per year is encouraged by using Saint Francis Hospital EMS ECRN CE modules.

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 his/her EMS Coordinator of any change of address.

C. Inactive Status

1. Prior to the expiration of the current approval, the ECRN may request to be placed on inactive status. The request shall be made in writing to the EMS Medical Director and shall contain the following information:

   a. Name of individual

   b. Date of approval

   c. Circumstances requiring inactive status

   d. A statement that re-approval requirements have been met by the date of the application for inactive status.

2. The request shall first be submitted to the Associate EMS Coordinator. The Coordinator shall forward the request, with the ECRN’s transaction card to the Resource Hospital EMS Coordinator and
verification that re-approval requirements have been met to date.

3. The EMS Medical Director will review and grant or deny requests for inactive status.

4. For the ECRN to return to active status, the EMS Medical Director must document that the ECRN has been examined (physically and mentally) and found capable of functioning within the EMS System, that the ECRN's knowledge and clinical skills are at the active ECRN level, and that the ECRN has completed any refresher training deemed necessary by the EMS System. If the inactive status was based on a temporary disability, the EMS System shall also verify that the disability has ceased.

5. During inactive status, the individual shall not function as an ECRN.

6. The EMS Medical Director shall notify the Department in writing of the ECRN's approval, re-approval, or granting or denying inactive status within ten (10) days after any change in an ECRN's approval status.

D. Any ECRN who displays difficulty with his/her 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.

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I. POLICY STATEMENT:

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

II. PURPOSE:

This policy establishes that a candidate who successfully completes a program of instruction must submit a fee to the Illinois Department of Public Health prior to sitting for the state exam.

III. PROCEDURE

A. The candidate must complete the course of instruction per Student Handbook regulations for the level of training taken.

B. The candidate must be eighteen (18) years of age or older and shall supply a copy of his/her driver's license or birth certificate as proof.

C. Testing fees are determined by IDPH and are available on the IDPH website. Fees for licensure examination will be submitted electronically and are not refundable.

D. Testing rosters are to be completed electronically and submitted by the training program to the Resource Hospital upon completion of the class.

E. Students are to schedule his/her testing for licensure, utilizing the process described by their class. Failure to appear for the examination on the scheduled date shall result in the forfeiture of the examination fee. This fee is the responsibility of the candidate.

F. If a candidate does not achieve a passing grade on the written examination, the fee for the retest is the same as for initial examination and will be paid by the candidate.

G. Students must register and complete their first attempt within 90 days from submission of the roster. Each attempt must be taken within 90 day of the last attempt. Failure to complete the first attempt within 90 days will be evaluated on a case by case review, but could result in having to complete program again. Failure to complete the test within 90 days of registration will result in forfeiture of the registration fee.

H. The candidate shall retake the training program if he/she fails to achieve a passing grade on three successive examinations within 12 months after sitting for the examination for the first time.
I. Candidates who elect to take the National Registry of Emergency Medical Technicians examination in lieu of the State examination process shall be totally responsible for making their own arrangements with the National Registry.

J. When a candidate elects to take the State examination or the National Registry’s examinations, the candidate must pass that particular testing procedure. A candidate will not be allowed to take the alternate examination after failure to achieve a passing grade.

K. Tuition records are maintained at each school.

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SECTION MO

MEDICAL OPERATIONS
I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Presence Health 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.

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

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Presence Health 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 his/her 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. Usual 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.

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

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Presence Health 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, e.g., a pregnant female, a married male/ female. If the minor’s parent is less than 18 years of age, the parent can still give consent for treatment of his or her child.

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.

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 his/her medical condition and explain why the care is necessary. Continue to encourage consent if the patient is undecided or if you believe he or she may change his/her 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 release statement which applies. 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 attempt to convince such 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 his/her 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 also the policy entitled, Durable Power of Attorney for Health Care.

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. 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 his or her illness or injury and explain the need for further evaluation of the condition by a physician.
b. Minors cannot refuse transport.

2. Contact Medical Control immediately and inform them of the situation from the scene. Medical Control now assumes the responsibility for the minor and is in control of further intervention.

3. 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.)

4. Parent or guardian grants consent, minor refuses care; minors cannot refuse.

5. Parent or guardian refuses to consent to evaluation, treatment, and/or transportation; see SOP - Child Abuse and 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.

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I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Presence Health 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:

Potential Danger

- To Self
  - Suicide
  - Inability for Self-Care

- To Others
  - Homicide
  - Physical Abuse (e.g. child/spouse abuse)

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
   2. 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).
      d. Police shall be notified prior to all involuntary removals. Excluding institutionalized patients.
   3. 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. As always, when in doubt contact Medical Control for explicit directions.

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<td>Adam Greenberg: EMS/SO/RN Mgr.</td>
<td>12/7/2017</td>
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Use of Restraints (MO-5)

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Presence Health 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. Paramedics (EMTs) should contact Medical Control before restraining the patient; 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 have vital signs checked every 15 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 handcuffed is required, the police officer who has the key to the handcuffs MUST accompany in the ambulance.

H. Patients MUST be restrained in the supine position, unless medically contraindicated.

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I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Presence Health 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 gross indications are conclusive that death has occurred, (i.e., decomposition, decapitation, murder/suicide scene, rigor mortis, lividity, injuries that are incompatible with life etc.), the pre-hospital 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 Standard Operating Procedures and transport to the receiving facility.

B. Whenever presented with a "Do Not Resuscitate (DNR)" order, always begin BLS assessment while simultaneously contacting Medical Control to have the DNR order reviewed and approved by the telemetry physician.

C. 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).

D. The hospital will be responsible for notifying the Medical Examiner for any patients received in the Emergency Department.

E. 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.

F. 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.

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

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Presence Health 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 though 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.

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Patient Abandonment (MO-8)

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Presence Health 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 EMT-P 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 he or she 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.

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I. POLICY STATEMENT:

Patient Services Policies are intended to describe Presence Health 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 EMTs 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 EMTs during the treatment of a patient may also be confidential, if the EMT uses that information in considering how to treat the patient or if the EMT 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.

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

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Presence Health 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. See Patient Preference Policy below.

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 with obstetrical related emergencies such as, but not limited to: abdominal pain, contractions, vaginal bleeding, ruptured membranes, or immediately postpartum 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 also the policy concerning Abandonment)

IV. REFERENCES:

LUMC EMSC Regional Pediatric Resource Directory
http://www.lumc.edu/depts/emsc/allregionalgrids.pd

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Patient Transport: Closest Hospital/Patient Preference: Attachment 1

Hospitals with NO Obstetrical Facilities

Region 10
Midwestern Regional Medical Center
Skokie Hospital
Glenbrook Hospital
Vista Medical Center West

Region 8
Rush Oak Park Hospital

Region 9
Centegra Hospital Woodstock
Mercy Harvard Hospital
Presence Saint Joseph-Elgin

Region 11
Community First Medical Center
Lorretto Hospital
Methodist Hospital of Chicago
Presence Saint Elizabeth’s Hospital
Provident hospital of Cook County
South Shore Hospital
Thorek Hospital
Weiss Memorial Hospital

Updated December 2017
Source: LUMC EMSC Regional Pediatric Resource Directory
I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Presence Health 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

The Patient Release Form as 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 his/her 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 EMT-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 victim’s ability to sign or the situation at hand.

D. No carbon copies are required.

E. 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.

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Medical Communications-Hospital and Field (MO-12)

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Presence Health 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 UHF Radios/Console for Med Channels 2 and 5. These frequencies must be connected to the base station at the Resource Hospital for the purpose of frequency monitoring.

C. 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.

D. Calls to Medical Control received on UHF or cellular/telephone connection to the Emergency Department Base Station consoles MUST be taped and an EMS System Communication Log sheet completed.

E. The EMS Medical Director, delegates to the EMS Physician at the Associate Hospital, the responsibility to monitor cellular base station calls. This agreement takes place upon the Associate Hospital signing participation papers with the Resource Hospital of the EMS System.

F. The resource hospital will monitor all Med Channel 2 and 5 calls that are received through the CarePoint System, as well as all Merci calls.

G. Radio/cellular transmission information specifics are contained within the Standard Operating Procedures for Medical Orders.

H. 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.

I. 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 cannot be made with the Provider's Resource Hospital or one of the Associate Hospitals, the provider can contact ant Region X Resource or Associate hospital for medical control.

J. UHF and VHF radio frequencies are voice-activated at hospital Emergency Department consoles. Cellular/telephone calls have an alarm mechanism to alert the Emergency Department of a call.

K. When receiving orders from Medical Control, acknowledge transmission and repeat orders to Medical Control for confirmation before implementation.

L. All radio communication is FCC monitored; therefore, a professional, calm and CONCISE communication is essential.

M. Problems with communications MUST be addressed immediately. (See Telemetry Equipment Failure Policy.)

IV. FORMS AND OTHER DOCUMENTS

A. EMS System Communications Log

V. REFERENCES

Attachments: 

EMS System Communication Log

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* Place EKG Strip on back *
BLS Ambulance Equipment (MO-13)

I. POLICY STATEMENT:

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

II. PURPOSE:

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

III. PROCEDURE

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. 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.

C. 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 EMT-B level Non-Transport Provider who is seeking equipment modifications with regard to their particular mode of service and delivery of care.

Attachments: No Attachments

Approval Signatures

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<td>12/8/2017</td>
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</table>
State of Illinois Uniform Do-Not-Resuscitate (DNR) Advance Directive /Physician Orders for Life-Sustaining Treatment (POLST) Form (MO-14)

I. POLICY STATEMENT:

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

II. PURPOSE:

This policy establishes that beginning January 1, 2010, a valid DNR 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/Physician 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. Gender
   d. 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

iv. Optional Additional orders

4. Section C: Artificially Administered Nutrition (optional)
   a. Not referred to by EMS

5. Section D: Documentation of Discussion-This section must be completed
   a. Who discussed with
   b. Signature of patient or legal guardian
   c. Signature of witness to consent

6. Section E: Signature of Attending Physician-This section must be completed
   a. Must be completed.
   b. Requires practitioner name, signature and date to be considered valid.

   a. Used for informational purposes only.

8. Provider may choose to reproduce this 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 revoked by the patient.

F. This policy is an amendment to the EMS Trauma Region X Policy entitled: Withholding or Withdrawing Resuscitative Efforts (January 2012) 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/Physician Orders for Life-Sustaining Treatment (POLST)

V. REFERENCES
### Approval Signatures

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<td>12/8/2017</td>
</tr>
</tbody>
</table>
IDPH UNIFORM PRACTITIONER ORDER FOR LIFE-SUSTAINING TREATMENT (POLST) FORM

For patients, use of this form is completely voluntary. Follow these orders until changed. These medical orders are based on the patient's medical condition and preferences. Any section not completed does not invalidate the form and implies initiating all treatment for that section. With significant change of condition, new orders may need to be written.

Patient Last Name | Patient First Name | MI

Date of Birth (mm/dd/yy) | Gender: ☐ M ☐ F

Address (street/city/state/ZIP code)

A CARDIOPULMONARY RESUSCITATION (CPR) If patient has no pulse and is not breathing.

☐ Attempt Resuscitation/CPR
(Selecting CPR means Full Treatment in Section B is selected)

☐ Do Not Attempt Resuscitation/DNR

When not in cardiopulmonary arrest, follow orders B and C.

B MEDICAL INTERVENTIONS If patient is found with a pulse and/or is breathing.

☐ Full Treatment: Primary goal of sustaining life by medically indicated means. In addition to treatment described in Selective Treatment and Comfort-Focused Treatment, use intubation, mechanical ventilation and cardioversion as indicated. Transfer to hospital and/or intensive care unit if indicated.

☐ Selective Treatment: Primary goal of treating medical conditions with selected medical measures. In addition to treatment described in Comfort-Focused Treatment, use medical treatment, IV fluids and IV medications (may include antibiotics and vasopressors), as medically appropriate and consistent with patient preference. Do Not Intubate. May consider less invasive airway support (e.g., CPAP, BiPAP). Transfer to hospital, if indicated. Generally avoid the intensive care unit.

☐ Comfort-Focused Treatment: Primary goal of maximizing comfort. Relieve pain and suffering through the use of 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. Request transfer to hospital only if comfort needs cannot be met in current location.

Optional Additional Orders

C MEDICALLY ADMINISTERED NUTRITION (if medically indicated) Offer food by mouth, if feasible and as desired.

☐ Long-term medically administered nutrition, including feeding tubes.

☐ Trial period of medically administered nutrition, including feeding tubes.

☐ No medically administered means of nutrition, including feeding tubes.

Additional Instructions (e.g., length of trial period)

D DOCUMENTATION OF DISCUSSION (Check all appropriate boxes below)

☐ Patient

☐ Agent under health care power of attorney

☐ Parent of minor

☐ Health care surrogate decision maker (See Page 2 for priority list)

Signature of Patient or Legal Representative

Signature (required) | Name (print) | Date

Signature of Witness to Consent (Witness required for a valid form)

I am 18 years of age or older and acknowledge the above person has had an opportunity to read this form and have witnessed the giving of consent by the above person or the above person has acknowledged his/her signature or mark on this form in my presence.

Signature (required) | Name (print) | Date

Signature of Authorized Practitioner (physician, licensed resident (second year or higher), advanced practice nurse or physician assistant)

My signature below indicates to the best of my knowledge and belief that these orders are consistent with the patient's medical condition and preferences.

Print Authorized Practitioner Name (required)

Authorized Practitioner Signature (required) | Date (required)

Page 1

Form Revision Date - May 2017

(Prior form versions are also valid.)
Use of the Illinois Department of Public Health (IDPH) Practitioner Orders for Life-Sustaining Treatment (POLST) Form is always voluntary. This order records your wishes for medical treatment in your current state of health. Once initial medical treatment is begun and the risks and benefits of further therapy are clear, your treatment wishes may change. Your medical care and this form can be changed to reflect your new wishes at any time. However, 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 you to document, in detail, your future health care instructions and name a Legal Representative to speak for you if you are unable to speak for yourself.

### Advance Directive Information

- I also have the following advance directives (OPTIONAL)
  - ☐ Health Care Power of Attorney
  - ☐ Living Will Declaration
  - ☐ Mental Health Treatment Preference Declaration

<table>
<thead>
<tr>
<th>Contact Person Name</th>
<th>Contact Phone Number</th>
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### Health Care Professional Information

<table>
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<tr>
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<th>Preparer Title</th>
<th>Phone Number</th>
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</tr>
</thead>
<tbody>
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### 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 orders are acceptable with follow-up signature by authorized practitioner in accordance with facility/community policy.
- Use of original form is encouraged. Photocopies and faxes on any color of paper also are legal and valid forms.

### 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
2. Patient's spouse or partner of a registered civil union
3. Adult child
4. Parent
5. Adult sibling
6. Adult grandchild
7. A close friend of the patient
8. The patient's guardian of the estate

For more information, visit the IDPH Statement of Illinois law at http://dph.illinois.gov/topics-services/health-care-regulation/nursing-homes/advance-directives
Cardiac Arrest Scene Time Management (MO-15)

I. POLICY STATEMENT

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

II. PURPOSE

This policy is to set forth the guidelines for how long to stay on scene with a cardiac arrest patient.

III. DEFINITIONS

A. Cardiac Arrest: a sudden stop in effective blood circulation due to the failure of the heart to contract effectively or at all

B. OHCA: Out of hospital cardiac arrest

IV. PROCEDURE

A. Medical management of a cardiac arrest patient will be based on Region X SOPs

B. OHCA patients will be managed at the site of the cardiac arrest for a minimum of 20 minutes unless the patient regains a pulse.

1. Scene safety where personnel are at risk of physical injury may allow the patient to be transferred to the ambulance for treatment

C. After 20 minutes of cardiac arrest management, contact the appropriate medical facility for further orders

D. 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.

E. This policy does not pertain to traumatic arrest patients.

V. REFERENCES

A. Region X Standard Operating Procedures - 2017

B. ACLS Provider Manual-2015

C. AHA Guidelines for CPR and ECC-2015
D. Randomized, Controlled Comparison of CPR Performed on Floor and on a Moving Ambulance Stretcher, Kim, J., et. al. Prehospital Emergency Care 2006;10:68-70

**Attachments:**

<table>
<thead>
<tr>
<th>Approval Signatures</th>
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<tr>
<td><strong>Approver</strong></td>
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<tr>
<td>Jeffrey Murphy: DNP [KW]</td>
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<td>Adam Greenberg: EMS/SO/RN Mgr.</td>
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SECTION PHO

PRE-HOSPITAL OPERATIONS
Telemetry Equipment Failure (PHO-1)

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Presence Health 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, Med channels 2 and 5 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 "on-call" 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.

Attachments: No Attachments

Approval Signatures

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Resource Hospital Override (PHO-2)

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Presence Health 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 State 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. A provider participant may request the Resource Hospital to override communication between the field crew and the Associate Hospital if he or she feels the orders which they are receiving do not reflect current Standard Operating Procedures. This is especially true when communication occurs over cellular lines.

B. If the Resource Hospital is the facility that the field provider wants to override, one of the other resource Hospitals in Region X should 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 faxed 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

Attachments: A: Resource Hospital Override Form
# Approval Signatures

<table>
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<td>12/8/2017</td>
</tr>
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</table>
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: ____________________________
Hospital Requesting Bypass Status; Procedure to Follow (PHO-3)

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Presence Health 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, to accept any further patients could result in deleterious patient management. This type of condition would exist when:

   - All cardiac monitoring abilities have been exhausted
   - No critical care/monitor beds are available within the hospital and Emergency Department
   - Internal disaster

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

   - No available operating room for trauma patients
   - CT 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 and transport time by an ambulance to the nearest facility exceeds 15 minutes.

B. Due to the proximity of Cardiac Cath Labs to Presence 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, Skokie 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. Immediate notification of IDPH is done by updating EMResource. System. 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.

2. 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

3. 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.

4. 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.

5. Maintain a written or electronic record of all phone notifications. This shall be retained for 3 years.

6. When Bypass Status is no longer needed, notify the same personnel as previously called.

7. Update EMResource upon initiation and when coming off bypass.

IV. FORMS AND OTHER DOCUMENTS

A. Documentation Form: Transient Limitation or Bypass Reporting

B. Bypass Notification Form

Attachments:

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

Approval Signatures

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</table>
DOCUMENTATION FORM
TRANSIENT LIMITATION OR BYPASS REPORTING

DATE & TIME OF LIMITATION OR BYPASS: ________________________________

TYPE OF LIMITATION OR BYPASS: (Check One)
☐ TRANSIENT LIMITATION ☐ PARTIAL BYPASS ☐ FULL BYPASS

REASON FOR LIMITATION OR BYPASS: __________________________________________

__________________________________________________________________________

PHYSICIAN AUTHORIZING LIMITATION OR BYPASS: ____________________________

ED STAFF ON DUTY: # RN _______ # MD __________

ED PATIENT POPULATION: # CRITICAL PTS _______ # TOTAL PTS __________

ED MONITORS: # IN USE __________ TOTAL AVAILABLE __________

BEDS IN EMERGENCY DEPARTMENT: # TOTAL __________ # IN USE ______

DATE & TIME OF CANCELLATION OF LIMITATION OR BYPASS:

__________________________________________________________________________

PHYSICIAN AUTHORIZING CANCELLATION: ________________________________

TOTAL TIME ON LIMITATION STATUS OR BYPASS: ______________________________

AMBULANCE(S) DIVERTED AND TO WHOM DURING LIMITATION/BYPASS PERIOD:
Please give specific information regarding ambulance provider and patient condition
at time of diversion.

__________________________________________________________________________

__________________________________________________________________________

REPORTING PARTY (Print and Sign) __________________________________________

* ATTACH TO THIS FORM A COPY OF YOUR TELEPHONE NOTIFICATION
DOCUMENTATION WORKSHEET OF ALL HOSPITALS AND PROVIDERS
WHOM YOU NOTIFIED.

This form must be faxed to IDPH and the Region X Bypass Secretary within
24 hours following the limitation or bypass decision.
IDPH SPRINGFIELD FAX # 217-524-0966
FAX #: 847-316-4114
regxrep
## TELEPHONE NUMBERS
### FOR BYPASS NOTIFICATION IN THE SAINT FRANCIS EMS SYSTEM

<table>
<thead>
<tr>
<th>PROVIDERS</th>
<th>PROVIDER #’S</th>
<th>ON</th>
<th>OFF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elite Ambulance</td>
<td>708-478-8880</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evanston Fire Department</td>
<td>847 866-5095/4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lincolnwood Fire Department</td>
<td>847 673-1545</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northfield Fire/Rescue Department</td>
<td>847 446-2131</td>
<td></td>
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</tr>
<tr>
<td>Skokie Fire Department</td>
<td>847 982-5300</td>
<td></td>
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<tr>
<td>Superior Ambulance</td>
<td>630 832-2000</td>
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</tr>
<tr>
<td>Wilmette Fire Department</td>
<td>847 251-1101</td>
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<tr>
<td>Red Center</td>
<td>847 724-5700</td>
<td></td>
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<tr>
<td>Winnetka Fire Department</td>
<td>847 904-4151</td>
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<tr>
<td>Dispatch</td>
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<tr>
<td>Wheeling Fire Department</td>
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</table>

### HOSPITALS - You must notify all in the EMS System (Speak with Charge Nurse Only)

<table>
<thead>
<tr>
<th>HOSPITALS</th>
<th>HOSPITAL #’S</th>
<th>ON</th>
<th>OFF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evanston Hospital</td>
<td>847 570-2111</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glenbrook Hospital</td>
<td>847 657-5632</td>
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<td>Lutheran General Hospital</td>
<td>847 723-5154</td>
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<tr>
<td>Resurrection Medical Center</td>
<td>773 774-8455</td>
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<td>Skokie Hospital</td>
<td>847 933-6950</td>
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<td>Saint Francis Hospital</td>
<td>847 316-2764</td>
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<tr>
<td>IMMC Telemetry</td>
<td>773 525-2387</td>
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<tr>
<td>(IMMC Backup number if other number does not work)</td>
<td>773 525-2433</td>
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<tr>
<td>Highland Park Hospital</td>
<td>847 432-2294</td>
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**Reminder:** At the end of your bypass event you must fax to the resource hospital your completed report within 24 hours. Fax number: 847 316-4114

Provider bypass notification form/emsdoc/word

Updated 12/14
Ambulance Staffing (PHO-4)

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Presence Health 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.

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.

3. Refer to Region X Standard Operating Procedures (2017) 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 upon request.

4. A licensed paramedic must accompany the patient in the patient compartment at all times.

5. Student paramedics may be substituted for 1 licensed paramedic only with the approval of the EMS Medical Director. This does not apply to vehicles participating in one paramedic/one EMT staffing pattern.

6. In the event of an emergency hardship (e.g., major fire, all companies out, "call-back" brings in one (1) licensed EMT-P and one (1) licensed EMT-B), the reserve ambulance may be manned with one (1) licensed Paramedic and one (1) licensed EMT to ensure ambulance service to the community. If
the ambulance responds to active duty, with emergency minimum staffing, the Fire Chief or CEO shall notify the EMS Medical Director. The EMS Medical Director will review the waiver petition, and return his decision to the provider.

7. New personnel must open a paramedic file and be oriented by the Resource Hospital and provider 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) EMT-Bs throughout each twenty-four (24) hour period, every day of the year.

2. If a BLS vehicle is approved for automatic external defibrillation, then one (1) EMT-B must be AED approved.

3. Refer to Region X Standard Operating Procedures (2017) 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 upon request.

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

D. Exceptions: If a provider wishes to alter these requirements in anyway, they must petition the EMS Medical Director using the Waiver Provision Policy.

Attachments: No Attachments

Approval Signatures

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I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Presence Health 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. Hand Written reports:

1. The original copy is to be permanently retained by the ambulance provider (white copy), in accordance with state guidelines for all patient contacts.

2. The pink copy is to be completed, in full, and left at the receiving hospital with the patient. It is intended for the patient’s medical record at the receiving facility.

3. If using written reports and care is transferred to another ambulance provider, the completed receiving hospital copy (pink) is to be relinquished to the accepting provider. Please remember to meet patient hand-off guidelines (see policy Patient Abandonment).

4. If the patient is not transported, the pink copy may be disposed of as the provider wishes.

5. This document is not for public record, and is considered a protected patient medical record. (See policy Patient Confidentiality/Release of Medical Information)

B. Electronic Patient Care Reports

1. Copies of electronic patient care reports (ePCR) must be printed and left with Emergency Department staff prior to return to duty.

2. ePCRs should have signatures both the provider crew and accepting hospital personnel.

3. Copies of ePCR will be left for EMS Coordinators for quality assurance review.
C. 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.

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

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Presence Health 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 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 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 (e.g., cervical collars, armboards, etc.) and/or exchange (e.g., MAST, KED, Hare Traction), in both adult and pediatric sizes. A listing of those supplies may be obtained from the EMS Office.
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. The same holds true for the provider who loses a piece of exchange equipment belonging to a hospital.

Attachments: No Attachments

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

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Presence Health 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. Controlled substances in Region X are defined as Morphine Sulfate, Diazepam (Valium), Midazolam (Versed) and Fentanyl (Sublimaze)

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.

2. Daily narcotics checks should be done on the Saint Francis EMS System Narcotic Count and Usage Report (Attachment 1). This form can be modified to each department's needs; however, all forms must contain the minimum fields as shown in the Narcotic Count and Usage Report.

3. Any missing doses or suspected tampering must be brought immediately to the attention of the Fire Chief/Administrator and the EMS System Coordinator at the Resource Hospital.

   a. If any missing doses or suspected tampering are discovered, an Incident Report Form shall be completed and acted upon.

4. The EMS System Coordinator shall make unannounced visits at Provider departments for the purpose of checking drug inventories and assuring quality control.

B. Responsibilities of Receiving Hospitals

1. All Receiving Hospitals in Region X will accept any residual controlled substances from ambulance
personnel and dispose of it according to existing hospital and DEA policy. Upon proof of use, each hospital will then replace the controlled substance used for the patient from the transporting ambulance.

2. Cases of breakage or expired drugs shall also be handled at the providers primary receiving hospital.

3. Situations involving missing substances or leaking or suspected tampered-with substances must be handled at the Resource Hospital only. The crew should be directed to contact their Chief, Administrator or highest-ranking officer for purposes of reporting and receiving permission to come to Saint Francis Hospital for replacement.

C. Loss or Suspected Tampering of a Controlled Substance

1. If a controlled substance is unaccounted for, or it has become apparent that the drug has been tampered with, the Resource Hospital EMS System Coordinator must be notified immediately by the ambulance provider.

2. Personnel who discover the loss or suspect tampering must complete an Incident Report and immediately FAX it to the EMS System Coordinator. A police report may/may not have to be generated, based on the provider's investigations.

3. The Provider Administrator shall investigate the incident, with the EMS System Coordinator and EMS Medical Director being updated on the investigation.

4. The EMS System Coordinator shall issue a replacement so as not to keep the vehicle out of service.

D. Problems encountered will be handled on a case-by-case basis with administration from agencies involved.

E. Upon termination of an ALS Provider from the System, the provider will return all drugs to the EMS Office within forty-eight (48) hours of termination.

V. FORMS AND OTHER DOCUMENTS

A. Saint Francis EMS System Narcotic Count and Usage Report

B. Non-routine Replacement of Controlled Substances Form

Attachments:

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

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Saint Francis EMS System
Narcotic Count and Usage Report

Provider: _______________________
Vehicle: _______________________
Month/Year: ___________________

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<tr>
<th>Date</th>
<th>Signature 1</th>
<th>Signature 2</th>
<th>Tag number</th>
<th>Replacement tag number</th>
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### Saint Francis EMS System

#### Narcotic Usage Report

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<th>Lot #</th>
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<th>Amount Wasted</th>
<th>Signatures of personnel witnessing waste (2 signatures)</th>
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**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.

SFEMSS 7/1/16
SAINT FRANCIS EMS SYSTEM
RESOURCE HOSPITAL

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

NON-ROUTINE REPLACEMENT OF CONTROLLED SUBSTANCES

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:  SFH Pharmacy, if sent for assay
      EMS Medical Director
      EMS File
      Medical Officer
      Chief/Administrator (Provider Service)

PH07:10/2000
Reviewed 12/2014
I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Presence Health 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 CISD 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 System may activate the CISD. If activation of CISD is intended for a fire department or private ambulance company, please follow your individual department's policy.

B. If a hospital emergency department activates the CISD team for its own personnel and feels provider personnel may benefit from their session, the Emergency Department Manager must contact the Fire Chief/CEO and/or the EMS System Coordinator.

1. No hospital personnel are to contact individual members of any System Provider 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 provider's Fire Chief/Administrator, highest ranking officer on duty and/or the EMS System Coordinator of their observations.

C. System personnel feeling the need for personal CISD 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 CISD team.

E. Should concerns arise related directly to the actual delivery of pre-hospital care by field personnel, a "Request for Clarification" form shall be completed and sent to the EMS System Coordinator. Discussions revolving around care provided (or not provided), will continue to be held at the Resource Hospital level.

F. The phone number to activate the CISD team in our area is: 1-800-225-CISD (2473).
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I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Presence Health 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. Disposable 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 he/she 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. Pocket masks with one-way valves shall be readily available for use to replace direct mouth-to-mouth resuscitation methods until ambu-bags are available.

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. Field blood draws for Emergency Department use is not allowed.
I. 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.
J. 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.
K. Providers are urged to have all appropriate immunizations or have evidence of immunity. This shall be monitored by the employer. (See Attachment II)
L. The Saint Francis EMS System endorses and strongly recommends that all providers be immunized against Hepatitis B. A system plan to aid provider agencies is available and details can be given by the EMS office at Presence Saint Francis Hospital.
M. 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.
N. 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

| Attachments: | Saint Francis EMS System List of Contagious Diseases |
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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.
Chicken Pox/Shingles (Varicella - Zoster Virus)
Hepatitis A
Hepatitis B
Hepatitis C, D, & E
Meningitis caused by Nesseria Meningitidis
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.
**Attachment II**

**Saint Francis EMS System**
**Recommended Immunizations**

This is a list of common childhood diseases for which we recommend you survey your personnel.

<table>
<thead>
<tr>
<th>CHILDHOOD DISEASE</th>
<th>LAB VERIFICATION OR HAD DISEASE</th>
<th>IMMUNIZED</th>
<th>NEITHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chickenpox</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubella</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This is a list of communicable diseases for which immunization is available.

<table>
<thead>
<tr>
<th>DISEASE</th>
<th>IMMUNIZED</th>
<th>LAB VERIFICATION OR HAD DISEASE</th>
<th>NEITHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pertussis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Polio</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Answers to survey should be recorded with the approximate date of when the individual had the disease or date of immunization against the disease.

Results of this survey should be maintained in your department files.

10/99
Prehospital Provider Communicable Disease Inquiry and Related Form (PHO-10)

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Presence Health 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 Presence 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. Mail the completed Communicable or Infectious Disease Exposure Form to the EMS System Coordinator at Presence Saint Francis Hospital. Please enclose a copy of the ambulance run sheet.

C. The Provider Medical officer and/or the EMS System Coordinator shall oversee the exposure investigation and report back to you and/or your Department Chief/CEO all relevant information. PERSONAL INFORMATION WILL REMAIN CONFIDENTIAL.

D. This procedure shall be accomplished in a timely fashion.

E. Patient confidentiality is to be maintained at all times.

F. Not all communicable or infectious diseases have prophylactic treatment available for after the fact exposure. Therefore, “protection is your best prevention”.

G. 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

<table>
<thead>
<tr>
<th>Attachments:</th>
<th>I: Prehospital Provider Communicable Disease Inquiry Form</th>
</tr>
</thead>
</table>

**Approval Signatures**

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<td>12/8/2017</td>
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</table>
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 ______

State the reasons as to why you feel you may have been exposed to a communicable disease. Be specific. Describe any treatment that has already been initiated. List name of receiving hospital, time, and name of physician and nurse to whom you spoke.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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 and the EMS Coordinator at the receiving hospital.
4. Complete this form.
5. Place a telephone call to the EMS System Coordinator at Saint Francis Hospital and communicate above information. If after hours or on a weekend, please leave a message on Voice Mail (847-316-6117).
6. Mail this form with a copy of the ambulance run report form to:
   EMS System Coordinator
   Presence Saint Francis Hospital
   355 Ridge Avenue
   Evanston, Illinois  60202

If at any time you are unsure 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 "on-call". The Coordinator will return your call at the number given.
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 Provider Authority?  

_____ Yes  _____ No

If yes, Authority notified  


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.

Revised: October 1999
Reviewed: December 2016
Communicable Disease Reporting/Infection Control Hospital Reporting (PHO-11)

I. POLICY STATEMENT:
Patient Services Policies are intended to describe the Presence Health 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 permanent 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 highest ranking officer/manager of the provider department.
   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 Presence 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

Attachments:

<table>
<thead>
<tr>
<th>Approval Signatures</th>
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<tbody>
<tr>
<td><strong>A: Hospital Generated Form for Communicable Disease Exposure Report</strong></td>
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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.

PERSON RESPONSIBLE FOR NOTIFICATION OF PROVIDER DEPARTMENT PERSONNEL
AND IMPLEMENTATION OF FOLLOW-UP CARE (TO BE ASKED OF CHIEF/CEO WHEN
YOU COMPLETE YOUR NOTIFICATION PER PHONE) _______________________

FORWARD A COPY OF THIS FORM TO THE RESOURCE
HOSPITAL UPON COMPLETION:
EMS System Coordinator
Presence Saint Francis Hospital
355 Ridge Avenue
Evanston, Illinois 60202

REVISED: OCTOBER 2014
Procedure for Informing Callers Who Request an Emergency Vehicle that the ETA is Estimated to be Greater than Six Minutes (PHO-12)

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Presence Health 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, the following statements have been developed by System Participants.

III. PROCEDURE

A. Municipal and District Fire Services 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.

Attachments: No Attachments

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SECTION P

PERSONNEL
I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Presence Health 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 I)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 an 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.

3. The individual will then complete all required information on the IDPH website (www.IDPH.state.il.us/ems). Saint Francis EMS System ID number is required (1011).

4. Upon on-line completion, a confirmation page is provided for printing. A copy of this form should be submitted to your Medical Officer and to the Saint Francis EMS System office to complete the renewal process.

5. If all the material is in order and there is no disciplinary action pending against the applicant, IDPH will reinstate the license.

6. It is the sole responsibility of the EMT or paramedic to immediately inform his/her EMS System of any change of address.

B. System Policy for EMT-P Re-Licensure

1. A minimum of twenty five (25) hours of continuing education (CE) in each of the last four (4) years as described in the Saint Francis EMS System Policy (E-6), the Continuing Education Policy for the Field Paramedics.

2. A current CPR certification
3. The Saint Francis Hospital EMS System requires paramedics to attend, and successfully complete, each module of the In-Station C.E. Program. This program provides for twenty four (24) hours of didactic CE per calendar year. In addition, one (1) hour of elective C.E. must be completed per calendar year (See the Continuing Education Policy for Field Paramedic).

4. The Saint Francis Hospital EMS System requires paramedics to attend, and successfully complete, each module of the In-Station C.E. Program. This program provides for twenty four (24) hours of didactic C.E. per calendar year. In addition, one (1) hour of elective C.E. must be completed per calendar year (See the Continuing Education Policy for Field Paramedic).

C. System Policy for EMT Re-Licensure

1. A minimum of fifteen (15) hours of continuing education (CE) in each of the last four (4) years is required. No more than 25% may be in the same subject area.

2. All records kept on file by the provider are subject to Resource Hospital review at any time.

3. A current CPR certification

D. It is both the EMT and the Paramedic's responsibility to be aware of his/her 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 mandated by IDPH. See State of Illinois EMS CE Hour Distribution 7/25/2015

2. To address individual needs, specific clinical and/or didactic experience may be mandated by the EMS Medical Director as additional education.

E. 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.

   a. Upon denial of recommendation for re-licensure, the EMS Medical Director must submit all reasons for denial, in writing, to both the paramedic and IDPH.

   b. It is the individual's responsibility to complete the IDPH on-line renewal process.

   c. 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 IDPH, shall terminate patient care on the day following the expiration date shown on the license.

   d. A Paramedic or EMT who either fails to apply for re-licensure prior to the expiration date of his/her license (or extension), 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.
### Approval Signatures

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</tr>
<tr>
<td>Activity</td>
<td>Comment</td>
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<td>----------</td>
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</tr>
<tr>
<td>EG1</td>
<td>EG2</td>
</tr>
</tbody>
</table>

Education above the minimum requirements outlined in Illinois EMS Administrative Code, Section 516.590 (565/10.10.05.012) does not count towards the continuing education requirements for EMT-I, AEMT, or EMS Intern. All hours earned must be approved by the EMS Medical Director. workshops that are not approved may need the prior approval of EMS Medical Director. When/where applicable, contact the Illinois Department of Public Health for more information. This Continuing Education (CE) is NOT intended to be prescriptive and should be considered a recommendation. Only a variety of educational programs, seminars, online offerings, and

**Continuing Education Requirements**

**Residency Requirements**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Comment</th>
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<tr>
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**Emergency Medical Systems**

Illinois Department of Public Health
<table>
<thead>
<tr>
<th>Activity</th>
<th>Recommended</th>
<th>Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Comment**: Any additional comments or notes related to the activity.
- **Recommended**: The recommended hours or documentation required for the activity.
- **Documentation**: The specific forms or supporting materials needed to verify completion.

**Guidelines**

- Hours to max contact: Indicates the maximum number of hours that can be counted towards the activity.
- Standard documentation: The standard forms or records that must be submitted to confirm completion.

**Examples**

- **In-service training**
  - **Activity**: In-service training on new policies.
  - **Recommended**: 10 hours.
  - **Documentation**: Signed letter from EPH.

- **Conference**
  - **Activity**: Conference on public health policy.
  - **Recommended**: 4 hours.
  - **Documentation**: Copy of agenda/program.

**Other Activities**

- **Community health education**
- **Clinical practice of evaluators**
- **Emergency preparedness**
- **College courses**
- **CHDA meeting**

**Additional Notes**

- Hours must be part of an approved educational experience or include direct educational contact.
- Hours must be for any topics in EPH education standards.
- ENS personnel must be able to document an active participation during the performances.

**References**

- [Link to additional resources or policies related to the activities.]
<table>
<thead>
<tr>
<th>100 Hours in 4 Years</th>
<th>TOTAL</th>
<th>16 Hours in 4 Years</th>
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</thead>
<tbody>
<tr>
<td>4 hours in 4 years</td>
<td>Core Content</td>
<td>12 hours in 4 years</td>
</tr>
<tr>
<td>4 hours in 4 years</td>
<td></td>
<td>8 hours in 4 years</td>
</tr>
<tr>
<td>16 hours in 4 years</td>
<td></td>
<td>12 hours in 4 years</td>
</tr>
<tr>
<td>20 hours in 4 years</td>
<td></td>
<td>8 hours in 4 years</td>
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**Core Content**

The below table outlines Illinois' recommendations for Core Content identified during each renewal period for Paramedics (hours for EMT-I and EMT-T should be calculated accordingly).

**Note:** EMT-I and II must complete 100 hours of continuing education above the minimum requirements as outlined in Illinois EMS Administrative Code, Section 515.300 (EMT I and I licenses renewed).

Name: [Name]

Position: [Position]
# EMS Lead Instructor Initial Licensure and Re-Licensure (P-2)

## I. POLICY STATEMENT:

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

## II. PURPOSE:

This policy establishes the requirements and for initial EMS Lead Instructor approval and re-licensure for a period of four (4) years.

## III. PROCEDURE

This approval is reviewed and granted or denied by the State based upon compliance with the following requirements:

### A. Initial license application

1. A candidate must have complied with all protocols and teaching curriculum prescribed by the Act.

2. All documents listed are to be submitted to the EMS System Coordinator for review.
   
   a. Complete an IDPH sponsored or other nationally recognized Lead Instructor class.
   
   b. Submit documentation to the EMS Medical Director showing:
      
      i. 2 years of documented teaching experience, to include classroom teaching experience
      
      ii. IDPH requires 4 years of teaching experience prior to Lead Instructor licensure.

   c. Complete the IDPH Child Support/Felony Declaration form.

   d. Copies of the applicant's professional license (MD, RN, Paramedic and/or EMT), CPR card and driver's license.

   e. Payment (Cashiers Check or Money Order), made out to IDPH.

   f. The EMS Medical Director will complete the Lead Instructor Initial/Renewal- EMS Medical Director Authorization that will be submitted with all applicant documentation.
B. Lead Instructor re-licensure

1. To renew for another four (4) year period, the EMS Medical Director will complete the Lead Instructor Initial/Renewal - EMS Medical Director Authorization indicating that the candidate has satisfactorily coordinated programs for the EMS System during the four (4) year period. If the candidate has not met this requirement, the EMS Medical Director will deny the candidate’s request for a letter, and:

2. The Lead Instructor must also have completed at least ten (10) hours of continuing education annually. Failure to complete this requirement and show proof of attendance will also result in cancellation of the EMS Lead Instructor approval.

3. Minimally, sixty (60) days prior to approval expiration, the Lead Instructor will provide the EMS Medical Director with proof of coordination of classes within the previous four (4) years. The Medical Director will review the submission and determine whether the requirements have been met. If approved, the Medical Director will issue a letter of recommendation. If the required proof is not produced, the Medical Director will deny the request for a letter of recommendation.

4. All Lead instructor re-licensurees will be done electronically. Please refer the Paramedic Re-licensure Policy (P-1) for the process.

Attachments: Lead Instructor-EMS MD Authorization (2).pdf

Approval Signatures

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Entry of Licensed Paramedic into the Saint Francis EMS System (P-3)

I. POLICY STATEMENT:

Patient Services Policies are intended to describe Presence Health 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 a State of Illinois licensed Paramedic to function in the Saint Francis EMS System (SFEMSS).

III. PROCEDURE:

A State of Illinois licensed Paramedic may function in the Saint Francis EMS System upon fulfilling the requirements as listed in the following procedure.

A. Any paramedic working full time for a municipal fire department in the Saint Francis EMS System will be considered primary in the Saint Francis EMS System. Extraordinary situations will be handled on a case by case basis.

B. The Medical Officer for the Paramedic will call the Saint Francis EMS Office to determine when the next System Entry Orientation class will be held and register for the class.

C. The following documentation should be brought to the System Entry class:

1. Current Paramedic license
2. Current CPR card
3. Current ACLS, BTLS, PALS card, if applicable
4. Request of your current primary EMS System a letter of good-standing and continuing education hours to be sent to the EMS System Coordinator at Saint Francis

D. Attend System Orientation Class; bring required paperwork.

E. All System documents (P&P Manual, SOPs) will be provided during this class.

1. Electronic versions of the SOPs and P & P Manual will be included in the notification memo sent out to the Medical Officers prior to the class.
F. After completion of System Orientation Class the paramedic may take the Region X SOP Exam and Region X Multiple Patient Management Plan (MPMP) Quiz, if not already successfully completed.

1. Successful completion of the Region X SOP Exam is 80% or better. You may only take the exam three (3) times. Failure to pass after three (3) attempts means that you will be denied entry into the SFH-EMS System.

2. Successful completion of the Region X MPMP Quiz is 70% or better. You may only take the quiz three (3) times. Failure to pass after three (3) attempts means that you will be denied entry into the SFH-EMS System.

3. If a paramedic is entering the SFEMSS from another Region X EMS System, they will not need to take the Region X MPMP quiz.

G. 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. WCI Interview documents that are not completed by the Paramedic (to include signatures) will not be accepted. Paramedics will have 2 weeks to complete the documentation or the WCI will need to be redone.

3. A practical examination will be administered at the discretion of the EMS Medical Director.

H. After all of the above requirements have been successfully met, the Paramedic may begin to function on an ALS vehicle. BLS activity is permitted while completing System Entry requirements.

I. Continuing Education credit hours will be awarded for participation in System Entry Class and WCI.

J. The EMS Office will document completion of activities and/or deficiencies.

K. System Entry participants will have 30 days to finish the System Entry process.

IV. FORMS AND OTHER DOCUMENTS

A. Saint Francis EMS System-System Entry Agreement

V. REFERENCES

Attachments:

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I, (PRINT NAME) ___________________________ agree to complete the Saint Francis EMS System Entry requirements within 30 days. If I fail to complete the required process in 30 days, my file will be closed in the Saint Francis EMS System.

I understand that I am responsible for reading and understanding this agreement.

Signature ___________________________ Date ____________

I Work For: ___________________________

System Entry Agreement: 02/2014
I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Presence Health 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 a Paramedic functioning in another State 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 Paramedic must complete all requirements as listed in the policy entitled "Entry of Licensed Paramedic into the Saint Francis EMS System".

B. The Paramedic must state which EMS System will be his/her "Primary" System.
   1. When the Saint Francis EMS System is declared as "Primary", the Paramedic agrees to comply with all System policies, including the In-Station Continuing Education Policy (E-5)
   2. When the Saint Francis EMS System is not declared as the "primary" System, the Paramedic agrees to comply with all System policies when functioning within the System, including the In-Station C.E. policy.
      a. The Paramedic shall attend any C.E. program which is denoted as a mandatory program by the EMS Medical Director and on tests of the Standard Operating Procedures or new or revised policies.

C. For Paramedics that are Primary in the Saint Francis EMS System recommendation for re-licensure will be made by the EMS Medical Director. Paramedics that are Secondary in the Saint Francis EMS System will be re-licensed by their Primary system.

D. The EMSS Coordinator will send information regarding the Paramedic's standing within the Saint Francis EMS System as requested by other EMS Systems of which the Paramedic is a member of, or seeking entry into. This must be requested in writing and accompanied by the appropriate fee. Indicate the following items in your letter:
1. Your name and current address.
2. Name and address to whom you wish the information sent.
3. What you are requesting.
4. Who is your primary EMS System.
5. Indicate if you wish to have your file closed or remain open.
6. Provider for whom you will work in the new system.

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

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Presence Health 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 EMT 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 complete address.
   - Date of licensure and type (level).
   - 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, he/she 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. 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.

F. Following review, IDPH may reinstate the EMS provider to active status, and establish a new license period.

G. The fee for reactivation will be determined on a case-by-case basis.

H. During "Inactive Status", the EMS provider shall not function as an EMS at any level.

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Paramedic Voluntary Change of Category to EMT or EMT-I /or EMT-I to EMT, Paramedic Voluntary Termination of License (P-6)

I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Presence Health 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 his/her 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. Submit original license for return to Illinois Department of Public Health (IDPH) by the Resource Hospital.

B. If the EMT (any level) 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 implement the request.
   1. In the case of a category change to EMT or EMT-I/A, IDPH will mail the appropriate license to the applicant's home address.
   2. In the case of termination of a license, neither the applicant nor the EMS Department will receive any notification from the IDPH.

E. Other License Levels
   1. The same shall apply for an EMT-I to EMT.
   2. The same shall apply for a Paramedic to EMT-I.

**Attachments:**

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I. POLICY STATEMENT:

Patient Services Policies are intended to describe the Presence Health 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 EMT-I or Paramedic level and desires to be reinstated to Paramedic.

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
   d. Clinical skill level
   e. Academic level per testing
   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.

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Renewal of any Level EMT License Expired Less than 60 Days (P-8)

I. POLICY STATEMENT:

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

II. PURPOSE:

This policy describes the process for the renewal of EMT licenses (any level) which have expired for a period of less than 60 days.

III. PROCEDURE

A. Personnel shall not work at any level of EMS from the time the license expires until it is renewed.

B. Renewal of the EMS license is an individual's responsibility.

C. 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.

D. The individual will then complete all required information on the IDPH website (www.IDPH.state.il.us/ems). Saint Francis EMS System ID number is required (1011).

E. All fees including late fees are to be paid online at the IDPH website or by submission of a certified check or money order to IDPH. Instructions for payment are included in the paramedic re-licensure information from IDPH.

F. Upon on-line completion, a confirmation page is provided for printing. A copy of this form should be submitted to your Medical Officer and to the Saint Francis EMS System office to complete the renewal process.

G. If all the material is in order and there is no disciplinary action pending against the applicant, IDPH will reinstate the license.

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I. POLICY STATEMENT:

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

II. PURPOSE:

This policy describes the continuing education and re-licensure procedure for an Paramedic without a Provider within the Saint Francis EMS System.

III. PROCEDURE

The Paramedic who is currently without a provider and/or was a Saint Francis EMS system member in the past 90 days, may choose to maintain an open file in the Saint Francis EMS system. The individual acknowledges his/her personal responsibility to submit verification of continuing education and all other requirements for re-licensure to the EMS office annually. A fee shall be charged annually for file maintenance.

A. Continuing Education and Re-Licensure

1. In accordance with the Rules and Regulations of the EMS Act, section 515.590, the EMT-P shall complete 100 hours of Continuing Education, and have a current CPR card in order to be re-licensed.
   a. Twenty five (25) hours of C.E. shall be completed annually
      i. The non-affiliated Paramedic may participate in the annual Saint Francis C.E. program.
      ii. It is the EMT-P's responsibility to ascertain the C.E. schedule from the EMS Office.
   b. It is the Paramedics responsibility to submit written verification of completed C.E. hours to the EMS Office on a timely basis.

2. It is the EMT-P's responsibility to notify the EMS Office, in writing, of an address change within 30 days of that change.

B. With verification that State and System requirements for re-licensure have been met, the EMS Office shall submit the application for license renewal for the Paramedic.

1. Absent verification of completed requirements, the licensee must submit independently to the IDPH for renewal,
2. Non-affiliated Paramedics will perform their portion of the re-licensure process prior to the EMS office completion of the process. (See Policy P-1).

C. A fee is assessed annually for file maintenance. (See Policy A-13).

D. The Paramedic's file shall be closed if the maintenance fee is 6 months or more in arrears.

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EMT Choosing to Revert Status to First Responder for Remainder of Licensed Period / Subsequent Re-Registration (P-10)

I. POLICY STATEMENT:

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

II. PURPOSE:

This policy establishes that at any time prior to the expiration of the current license, an EMT may revert to First Responder status for the remainder of the license.

III. PROCEDURE

The EMT must make this request in writing to the department. To re-register as a first responder, the individual must meet the requirement for first responder registration. [Section 515.590 j] of the EMS trauma code.

A. The EMT 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:
   1. Name and identification number of EMT
   2. Date of license expiration
   3. Nature of request
   4. A statement indicating that this is a voluntary request, and that the EMT waives the right to a hearing

B. Submit original license for return to Illinois Department of Public Health (IDPH) by the Resource Hospital.

C. If the EMT (any level) is a municipal employee (i.e., fire department), the request must be accompanied by written approval of the Fire Chief for the requested action.

D. 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.

E. Illinois Department of Public Health shall implement the request and mail a copy of the First Responder certificate to the applicant's home address.

To re-register as a First Responder the individual must meet the IDPH requirements for First Responder
registration.

A. A completed First Responder registration form prescribed by the Department, which shall include, but not be limited to the First Responder's name, address, EMS System in which he or she participates as a First Responder, and the employer and supervisor when the individual is acting as a First Responder. (Section 3-60(b) of the Act)

B. Documentation of current training requirements in accordance with the National Standard Curriculum for First Responders or equivalent and training in cardiopulmonary resuscitation.

C. Verification that the equipment listed below will be immediately available to the individual when he or she is acting as a First Responder.

1. As a minimum, when acting as a First Responder, an individual shall have the following equipment immediately available:
   - triangular bandage;
   - roller type bandage;
   - universal dressing;
   - gauze pad;
   - occlusive dressing;
   - bandage scissors;
   - adhesive tape;
   - stick (for impaled object/tourniquet);
   - blanket;
   - upper extremity splint;
   - lower extremity splint (set);
   - oxygen equipment and masks (adult and pediatric);
   - a resuscitation device as specified by EMS System;
   - oropharyngeal airway (adult, child and infant).

D. A First Responder shall notify the Department, in writing, within 10 days after any changes in:

1. EMS System participation;
2. The First Responder's employer or supervisor; and
3. Name or address.

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First Responder-AED (P-11)

I. POLICY STATEMENT:

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

II. PURPOSE:

This policy describes the prerequisites necessary for a First Responder to utilize an Automated External Defibrillator (AED).

III. PROCEDURE

A. A person currently approved as a First Responder may utilize an Automated External Defibrillator (AED) if the first responder:

1. Has successfully completed an Illinois Department of Public Health (IDPH) approved course in automated defibrillator operation, and
2. Is functioning within an IDPH approved EMS System providing first response services as verified by the EMS MD. (Section 3.55 (A-5) of the Act)

B. Continuing education classes, seminars, clinical time, workshops or other types of programs shall be approved by the IDPH before being offered to First Responder - AEDs. An application for approval shall be submitted to the IDPH on a form prescribed, prepared and furnished by the IDPH at least 60 days prior to the scheduled event. This step is completed by first contacting the EMS System Resource Hospital.

1. Approval will be granted provided the application is complete and the content of the program is based on topics or materials from the United States Department of Transportation National Standard Curriculum for First Responder - AEDs. Upon approval, the IDPH will issue a site code to the class, seminar, workshop or program.

C. A First Responder - AED shall be responsible for submitting written proof of continuing education attendance to the EMS System Coordinator or the IDPH Regional EMS Coordinator. The EMS System Coordinator or IDPH Regional EMS Coordinator shall be solely responsible for verifying whether specific continuing education hours have been earned by the First Responder - AED.

1. A First Responder - AED shall be responsible for maintaining copies of all documentation concerning continuing education programs that he or she has completed.
D. A First Responder - AED certification shall be valid for a period of four years. To be re-registered as a First Responder - AED, the First Responder - AED shall file an application for renewal with the IDPH, on a form prescribed by the IDPH, at least 30 days prior to the license expiration date.

1. The submission of a transaction card by the EMS Medical Director will satisfy the renewal application requirement for a First Responder - AED who has been recommended for re-registration by the EMS Medical Director (EMSMD).

2. A First Responder - AED who has not been recommended for re-registration by the EMS Medical Director must independently submit to the IDPH an application for renewal. The EMS Medical Director shall provide the First Responder - AED with a copy of the appropriate form to be completed.

3. A written recommendation signed by the EMSMD must be provided to the IDPH regarding completion of the following requirements:
   a. Twenty-four hours of continuing education every four (4) years. The Saint Francis EMS System requires the First Responder - AED to accrue six (6) hours per year.
   b. A current CPR completion card that covers:
      - Adult one-rescuer CPR
      - Adult foreign body airway obstruction management,
      - Pediatric one rescuer CPR,
      - Pediatric foreign body airway obstruction management, and
      - Adult two-rescuer CPR.

E. At any time prior to the expiration of the current registration, a First Responder - AED may revert to First Responder status for the remainder of the registration period. The First Responder must make this request in writing to the IDPH. To re-register at the First Responder - AED level, the individual must meet the First Responder - AED requirements for re-registration.

F. A First Responder - AED who has reverted to First Responder status may be subsequently re-registered as a First Responder - AED, upon recommendation of an EMS Medical Director who has verified that the individual’s knowledge and clinical skills are at an active First Responder - AED level, and that the individual has completed any retraining, education or testing deemed necessary by the EMSMD for resuming First Responder - AED activities.

G. Any First Responder - AED whose registration has expired for a period of more than 60 days shall be required to reapply for registration, complete the training program and pass the test.

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