



Loyola EMS System ♦ Paramedic ♦ System Entry Requirements

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

- _____ Letter of Good Standing from you current primary system
- _____ Photocopy of Current Illinois Paramedic License
- _____ Photocopy of Current Illinois Driver's License
- _____ Photocopy of Current **Healthcare Provider** CPR Card
- _____ Completed *Personnel Data* Form
- _____ Completed *Background Check Verification* Form signed by EMS Chief or Coordinator
- _____ System Entry Application Fee of \$30.00
(*cash, credit card, cashier's check or money order payable to Loyola EMS – personal checks are not accepted*)

The Paramedic system entry written exam consists of 75 questions concerning issues that are specific to the Loyola EMS System. After successfully completing the written exam with a score of 80% or better, applicants will undergo an oral exam that will test their knowledge of appropriate ALS patient care based on Region VIII SOPs.

The following *System Entry Study Guide* should be utilized to help you prepare for the written exam. It is recommended that you print the guide and refer to it as you read through the "**Standard Operating Procedures**" and the "**Loyola Policies and Procedures**" on line. All exam questions are based on these two documents.

System Entry testing is offered in our EMS office several times a month. You must schedule an appointment to take the exam. Failure to notify our office that you are unable to keep your appointment will be recorded as a system entry failure.

Should your first attempt at system entry be unsuccessful, you may schedule one retest. **A second fee of \$30.00 will be required.** A second unsuccessful system entry testing session will result in a mandatory waiting period of three months before a third test may be scheduled.

Please call the EMS office at **708-327-2547** to schedule an appointment or if you have any questions or concerns.



Loyola EMS System ♦ Paramedic ♦ System Entry Study Guide

Standard Operating Procedures (SOPs) (Located on loyolaems.com)

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Loyola EMS System ♦ Paramedic ♦ System Entry Study Guide

Loyola Policies and Procedures

(Located on loyolaems.com)

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Treatment of Minors	200.9
Consent / Refusal of Treatment / Non-Impaired Person	200.10
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Loyola Emergency Medical Services System

EMS Personnel Data Form

Submit form with a copy of: EMT License Illinois Drivers License CPR Card

Update: Name Address Employer

Date of Request _____

Mailing Address: 2160 South First Avenue, Building 110 LL Maywood, IL 60153

Phone Number: 708.327.2547 Fax Number: 708.327.2548

Personal Information			
Loyola System Number	IDPH License Number	Expiration Date	
Social Security Number	Driver's License Number	Expiration Date	
Name		Date of Birth	
Address			
City	State	Zip	County
Home Phone	Pager/Cell Phone	E-Mail	
Loyola System Employer			

Personal Background		
Have you ever had any disciplinary action taken against you, or have you ever been suspended in ANY EMS system that you have worked in?	Yes	No
Have you ever had your license or certification suspended, removed or revoked?	Yes	No
Have you ever been convicted of a Disqualifying Offense as listed in IDPH Administrative Code 955.160 http://www.idph.state.il.us ?	Yes	No
Have you ever functioned as a EMT-P or EMT in another state? If yes, what state (s)?	Yes	No
If you answered YES to any of the above questions, please explain below, giving dates, details and dispositions.		

System Status
My primary system will be:
My secondary system will be:

LEMSS Office use only:
<input type="checkbox"/> SE Letter mailed <input type="checkbox"/> File updated Date _____ Initials _____ SF _____ BF _____

EMS Personnel Data Form





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

EMS Personnel Responsibilities
<ul style="list-style-type: none"> ▪ <i>I agree to abide by the Loyola EMS System Policies and Procedures and the current Loyola EMS System Standard Operating Procedures (SOPs) while functioning as a member of the Loyola EMS System.</i> ▪ <i>I understand that I must notify the Loyola EMS System of any changes in name, address, employer or licensing/certification within ten (10) days, as stated in the Loyola EMS System Policies and Procedures Manual.</i> ▪ <i>When Loyola EMS is designated as my Primary Resource Hospital, I understand that I will be responsible for meeting all continuing education requirements as required by the IDPH Emergency Medical Services Act. I will submit documentation of continuing education done outside the Loyola System to be added to my CE record.</i> ▪ <i>When Loyola EMS is designated as my secondary system, I understand that I will be responsible for passing the monthly tests and attending any mandatory training required by the Loyola EMS System.</i> ▪ <i>I understand that falsification, misrepresentation, or omission of information on this application is grounds for denial into or removal from the Loyola EMS System.</i>
<i>Signature</i> _____ <i>Date</i> _____

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

AUTHORIZATION AND RELEASE

I understand and acknowledge that, as an applicant for acceptance into the Loyola EMS System, it is my responsibility to provide sufficient information upon which a proper evaluation can be undertaken of my current license/certification, relevant training and/or experience, current competence, health status, character, ethics and any other criteria adopted by the Loyola EMS System.

I hereby authorize all individuals, institutions and entities, including but not limited to previous employers, administrators, EMS medical directors, and EMS coordinators with which I have been associated, government agencies and all professional liability insurers with which I have had or currently have professional liability insurance (including but not limited to claims history/loss run information), etc., who have knowledge concerning information requested in my application, to consult with and release relevant information to the EMS medical director, EMS administrative director, and EMS coordinator of the Loyola EMS System. Such information shall be privileged to the fullest extent permitted by law and the privilege shall extend to the EMS medical director, EMS administrative director, and EMS coordinator of the Loyola EMS System and their authorized representatives.

I hereby fully, absolutely, and unconditionally release from liability the Loyola EMS System, its staff, its agents, and all other individuals, institutions, and entities providing information in accordance with the authorizations contained herein for all their acts performed in good faith and without malice in connection with the investigation of my application and the release and of information authorized above. Such acts include but are not limited to the acts of preparing or completing any verifications, evaluations, recommendations, information requests, or forms that are provided by myself or the Loyola EMS System. This release shall be in addition to any other applicable immunities provided by law for peer review activities.

All information provided by me in conjunction with my application for system entry is true and complete to the best of my knowledge and belief. I understand and agree that any material misstatement in or omission may constitute grounds for denial of system entry or for summary dismissal from the Loyola EMS System.

I further acknowledge that I have read and understand the foregoing Authorization and Release.

A photocopy of this Authorization and Release shall be as effective as the original.

Name: _____
(Please Print)

Signature: _____

Please provide the following information which is necessary to secure the required history:

IDPH ID #: _____

1/2013





CRIMINAL BACKGROUND CHECK VERIFICATION

Final acceptance into the Loyola University Medical Center (LUMC) EMS System is contingent upon a completed criminal background check.

Last Name (please print): _____

First Name: _____ Middle Initial _____

Maiden Name: _____

Date of Birth: _____

Social Security Number: _____

TO BE COMPLETED BY AUTHORIZING AGENT FOR MUNICIPALITY OR PRIVATE AMBULANCE AGENCY

Signature of authorizing agent verifies that the above individual has undergone a criminal background check and has no conviction of a Disqualifying Offense as listed in IDPH Administrative Code 955.160 www.idph.state.il.us

Print name: _____

Title: _____

Department: _____

Signature: _____

Date: _____

TITLE:	Use of Restraints	NUMBER:	200.8
SECTION:	Medical-Legal		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	1/1/16

POLICY: Use of restraints for behavioral health reasons is limited to emergencies in which there is imminent risk of an individual physically harming himself or herself, prehospital providers, or others, and non-physical interventions are not effective.

DEFINITIONS: Physical Restraint

Any manual method, physical, or mechanical device, material or equipment that immobilizes or reduces the ability of a patient to freely move his or her arms, legs, body or head.
(CMS, Hospital Conditions of Participation, 42 C.F.R. § 482.13(e).)

Chemical Restraint

A drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition.
(CMS, Hospital Conditions of Participation, 42 C.F.R. § 482.13(e).)

Emergency Situation

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

ASSESSMENT:

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

PROCEDURE: Restraints Application

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

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

GUIDELINES AND CARE OF PATIENTS IN RESTRAINTS:

1. Always offer the patient a chance to stop the behavior leading to the use of restraints.
2. Communicate clearly what behaviors will lead to the use of restraints.
3. Ensure that there are sufficient numbers of prehospital providers available to restrain patient.
4. Avoid restraining only one limb; restrain both hands, alternate or four point restraints.
5. **Do not restrain a patient face down.** Keep patient in semi-Fowler's position.
6. Make sure circulation to the restrained extremities is not impaired. Check and document circulation, motor and sensation every 15 minutes.
7. Re-assess patient frequently and re-evaluate the need for use of restraints.
8. Always document the reason for restraints, what less restrictive interventions were unsuccessfully attempted, the patient's response to restraints, and assessment of continued need for restraints.
9. The goal is to decrease agitation and violent behavior.
10. Use of additional manpower should be utilized as needed. Handcuffs are only to be applied by and at the discretion of law enforcement officers. When transportation is required of a victim/patient who is handcuffed, the prehospital provider should request that the law enforcement officer in possession of the handcuff key accompany the patient.

TITLE:	Treatment of Minors	NUMBER:	200.9
SECTION:	Medical-Legal		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	1/1/16

PURPOSE: To insure the wellbeing of any minor in need of medical care when the consent for treatment of the minor's legal guardian is not available.

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

This principle does not apply in the following situations:

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

Special Circumstances:

1. A pregnant minor and minors who are married are qualified to consent on their own behalf.
2. Minor parents may consent to treatment of their minor child and for themselves. (2015 Illinois law change)
3. Emancipated minors are mature minors (between 16 years of age and under 18 years of age) who have demonstrated the ability and capacity to manage their own affairs and live, wholly or partially, independent of parents or guardians.
4. Minors 12 years of age or older who:
 - a. have come into contact with a venereal disease
 - b. are suffering from the use of depressant or stimulant drugs
 - c. suspected to be under the influence of alcohol or drugs

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

5. Guardianship is a legally determined role. Official court documents are issued to identify the legal guardian(s).
6. Babysitters and day care providers are not legally empowered to provide consent unless written parental consent is provided; however, in all cases, the minor child's condition should be the deciding factor in providing care. If in doubt, contact Medical Control.

Document all of the circumstances and assessment on the Ambulance Run Report and communicate with Medical Control.

TITLE:	Consent/Refusal of Treatment	NUMBER:	200.10
SECTION:	Medical-Legal		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	1/1/16

PURPOSE: To define consultation and documentation with Medical Control for all prehospital refusals of service for any minor emancipated minor, or adult when EMS has been called, and established patient contact.

DEFINITIONS: Minor

A minor is any person under the age of 18.

Emancipated Minor

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

Competent Adult

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

Incompetent Adult

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

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

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

- a. Parents may not withhold consent for life-saving treatment.
- b. When suspicion of abuse and/or neglect exists.
- c. Life or limb threatening illness or injury.
- d. Incompetent adult guardian.

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

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

Multiple Patient Release Form (MPR)

Two (2) or more patients at a scene/call refusing treatment and or transport.

PROCEDURE: Documentation of Refusal of Treatment for a Competent Patient

1. Complete the Ambulance Run Report.
2. Document chief complaint and patient assessment including mental status exam, i.e. orientation to person, place and time.
3. Document that the patient/parent(s) was/were INFORMED and UNDERSTAND(S) the consequences of his/her own refusal for medical attention and/or transport.
4. Notify Medical Control for refusal of care prior to leaving the scene. All refusals of care must be communicated to Medical Control prior to allowing the refusal.
5. Document ECRN/ED physician approving refusal.
6. Obtain patient's signature and signature of a witness of refusal (preferably family member) prior to communication with Medical Control and prior to leaving the scene.

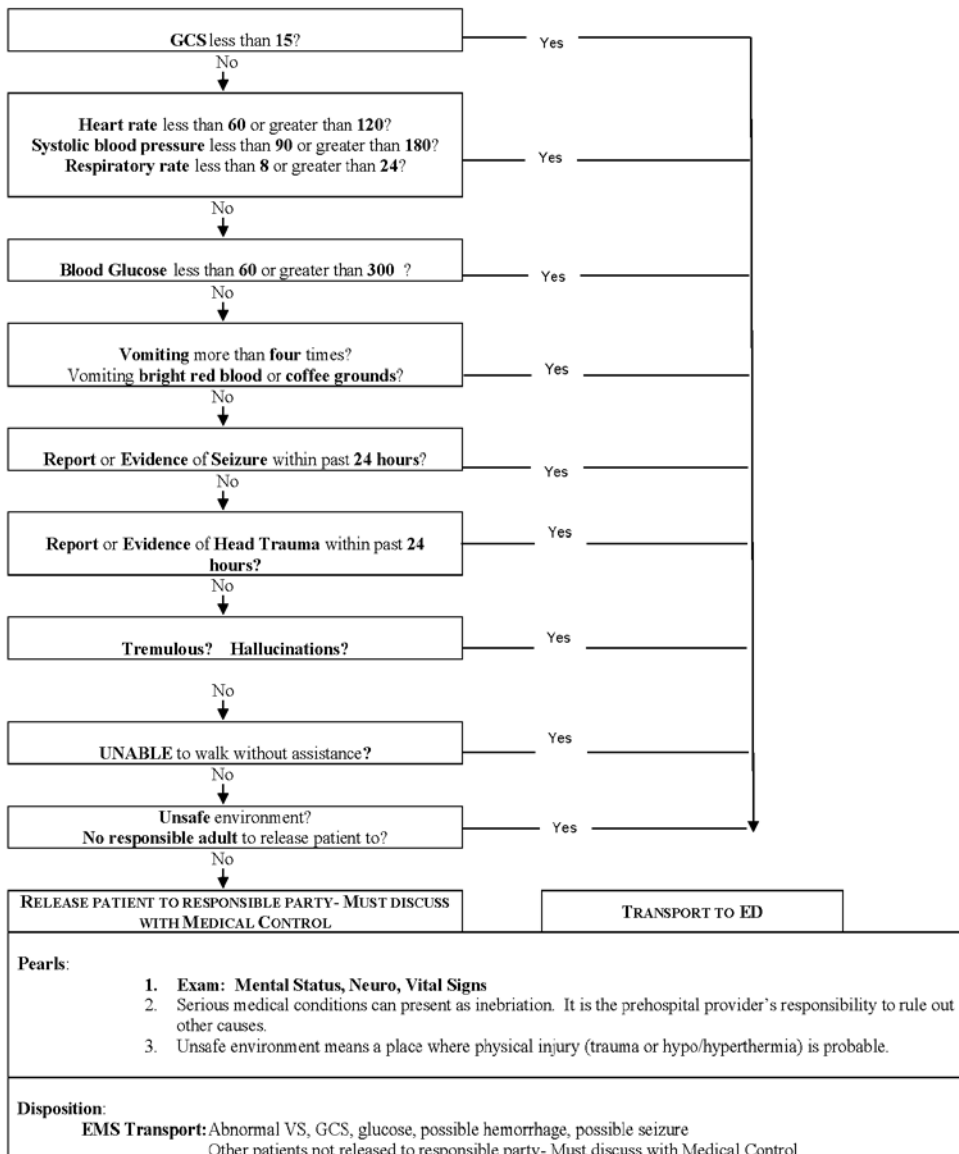
7. If patient is not willing to sign a refusal of care and/or transport, it should be documented as outlined in items 1-5.
8. MPR form may be utilized for two or more patients at a scene whom are refusing care. The procedure for documentation of refusal of treatment for the competent patient remains the same when utilizing the MPR form. (As listed above, under procedure 1-7).

PROCEDURE: Documentation of Refusal of Treatment for the Non-Impaired Individual with Admitted Consumption of Alcohol

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

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

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



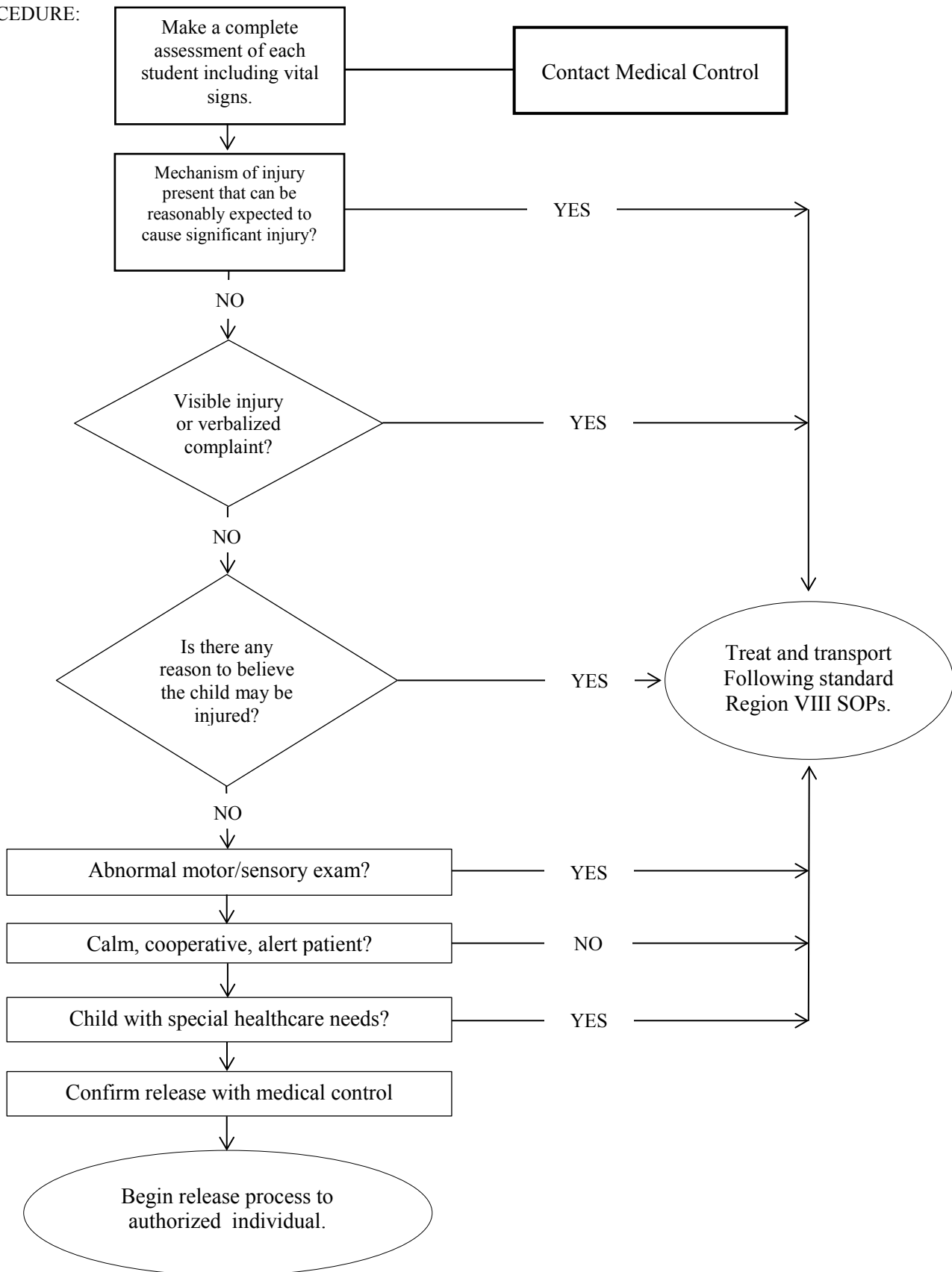
TITLE:	Release of Uninjured Students from School Bus Crash Scenes	NUMBER:	200.10a
SECTION:	Medical-Legal		
EFFECTIVE:	8/1/98	REVISED/REVIEWED:	1/1/16

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

POLICY:

1. This policy does not apply to crashes in which any child suffers any type of significant injury. Neither shall this policy apply if there is a mechanism of injury that can be reasonably expected to cause significant injury.
2. It is possible that uninjured children may be released in the field while children from the same bus having minor injuries are transported.
3. Any child with any injuries should be transported. Only uninjured children may be released in the field.
4. It remains the responsibility of the prehospital providers on the scene to evaluate each patient to assure absence of injury.
5. Children may be released only to their permanent legal guardian or to appropriate school or school district officials who have documentation from legal guardian allowing them to refuse treatment and transport. Children may not be released to bus drivers.
6. Children with special healthcare needs should not be released in the field.
7. It is recommended that EMS agencies contact the school districts in their coverage areas discuss with them the implementation of this policy.
8. Decisions regarding releasing any child should be done in consultation with online Medical Control. If the assessment done by prehospital providers on the scene indicates that that any child should be further assessed or treated at the hospital the child should be transported according to System policy.

PROCEDURE:



TITLE:	Physician/Nurse on the Scene/Use of Medications	NUMBER:	200.11
SECTION:	Medical-Legal		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	1/1/16

PURPOSE: To define the role and responsibilities of the physician/nurse on the scene.
To identify the procedure for use of medications by the physician/nurse on the scene.

PROCEDURE: Physician/Nurse on the Scene

1. In order for physician/nurse on the scene to assume patient care, he/she must provide their State of Illinois medical license/registered professional nurse license and State-issued picture identification.
2. The prehospital provider will immediately contact the hospital via online Medical Control and the hospital shall be notified of the patient's present status and the presence of a physician/nurse on the scene.
3. If the physician/nurse on the scene decides to become involved directly in the patient's care, he/she should be informed that he/she must accompany the patient to the hospital and sign the Ambulance Run Report.
 - a. It is imperative that physician-to-physician communication be established from the scene to the communicating hospital. If the physician on the scene insists on deviating from the Region VIII SOPs, he/she should be requested to personally carry out all orders.
 - b. The nurse assisting at the scene must follow Region VIII protocols or provide treatment as directed by Medical Control.

PROCEDURE: Use of Medications

1. Medications the physician has in his/her possession can be administered to the patient by the physician only. Use of these medications must be communicated to the communicating hospital.
2. Medications from the ambulance ALS drug box can be administered to the patient by the physician/nurse within the guidelines established by Region VIII SOPs. Again, use must be communicated to the communicating hospital.
3. In both of the above situations, usual information such as time given, route, dosage and the person who administers the drug must be documented on the Ambulance Run Report.

TITLE:	Ambulance Run Reports	NUMBER:	200.19
SECTION:	Medical-Legal		
EFFECTIVE:	1/1/97	REVISED/REVIEWED:	1/1/16

PURPOSE: To collect data to facilitate the tracking of case outcomes for purposes of quality control and for activities related to the improvement of prehospital care.

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

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

“Data Collection and Submission

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

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

- b) All non-transport vehicle providers shall document all medical care provided and shall submit the documentation to the EMS System within 24 hours. The Resource Hospital shall review all medical care provided by non-transport vehicles and shall provide a report to the Department upon request.”

TITLE:	Illinois Abandoned Newborn Infant Protection Act	NUMBER:	200.21
SECTION:	Medical-Legal		
EFFECTIVE:	11/1/02	REVISED/REVIEWED:	1/1/16

PURPOSE: The intent of the procedure is to establish a consistent method of action associated with the receipt of newborn infants who, under the Abandoned Newborn Infant Protection Act, 325 Ill. Comp. Stat. § 2/1 *et seq.*, may be legally relinquished to the care and custody of a hospital, manned fire station or other emergency medical facility.

DEFINITIONS: Newborn

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

Relinquish

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

Emergency medical facility

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

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

PROCEDURE:

1. The facilities must provide appropriate and adequate medical care necessary to ensure the safety of the child.
2. If there is suspected child abuse or neglect, not based solely on the infant's relinquishment, Loyola EMS System prehospital providers and hospital personnel must report that to the DCFS Central Registry (1-800-25-ABUSE), using the current Standard Operating Procedures for making such a report.
3. The personnel of the Loyola EMS System provider agency must provide an information packet to the relinquishing person, which contains information on the Adoption Registry and Medical Exchange, written notice of the process to terminate parental rights, and a resource list of counselors, including grief counseling, pregnancy counseling and counseling regarding adoption, and other available options. (Each agency should develop its own list of local providers of these services.) The information packet must include written notice of the following:
 - a. "No sooner than 60 days following the date of the initial relinquishing of the infant to a hospital, manned fire station or emergency medical facility, the child placing agency or the Department of Children and Family Services (DCFS) will commence proceedings for the termination of parental rights and placement of the infant for adoption."
 - b. "Failure of a parent of the infant to contact the Department of Children and Family Services (DCFS) and petition for the return of custody of the infant before termination of parental rights bars any further action asserting legal rights and respect to that infant."
4. Loyola EMS System personnel who accept a child must inform the relinquishing person that they may relinquish the child anonymously and acceptance of the information packet is completely voluntary.
5. Loyola EMS System personnel may inquire about the maternal/child medical history, but the relinquishing person is under no obligation to provide any information.
6. If the relinquishing person declines the information packet, the relinquishing person must be verbally informed that by relinquishing the infant anonymously, he or she will have to petition the court to prevent the termination of parental rights and retain custody.
7. Loyola EMS System personnel at a manned fire station or emergency medical facility is responsible for transporting the child to the closest, most appropriate hospital for further medical evaluation in compliance with established EMS System procedures. After being evaluated at a hospital, the infant will be placed with the Department of Children and Family Services who will then transfer the baby to an adoption agency. The birth mother has 60 days to reconsider relinquishing her baby.

TITLE:	Illinois Abandoned Newborn Infant Protection Act (continued)	NUMBER:	200.21
SECTION:	Medical-Legal		
EFFECTIVE:	11/1/02	REVISED/REVIEWED:	1/1/16

8. The Loyola EMS System hospital must further examine the infant and call the State Central Registry (1-800-25-ABUSE) to report the relinquished infant within 12 hours of acceptance of the child.
9. If the parent or relinquishing person of a newborn infant returns to reclaim the child within 72 hours after relinquishing the child to a manned fire station or emergency medical facility, personnel must inform the parent or relinquishing person of the name and location of the hospital to which the infant was transported.

ASSUMPTIONS:

- The hospital, manned fire station or emergency medical services facility is deemed to have temporary protective custody until DCFS or a licensed child-placing agency takes physical custody of the infant.
- DCFS will contact law enforcement agencies so that an investigation may proceed to ensure that the relinquished newborn infant is not a missing child.

TITLE:	Medication Exchange	NUMBER:	300.3
SECTION:	Medication & Equipment		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	1/1/16

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

POLICY: 1:1 Exchange

1. All medications utilized in prehospital patient care will be exchanged on a 1:1 basis. An Ambulance Run Report is required to replace or exchange any drugs or equipment.
2. To replace all medications utilized in prehospital patient care, the provider should request assistance from an emergency department nurse. The following information is required:
 - a. Prehospital provider
 - b. Completed Ambulance Run Report
 - c. Type and amount of supplies used

Soon-to-be Expired/Damaged Medications

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

A Drug Exchange Record form must be completed to exchange soon-to-be-expired or damaged medications thru the Loyola University Medical Center Pharmacy, Monday through Friday, 0800-1530. Drugs must be exchanged at least 60 days prior to the expiration date.

Expired Medications

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

Refusal of Service

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

1. Submit a copy of the Ambulance Run Report to the receiving hospital indicating the medications used.
2. Medications may be exchanged on a 1:1 basis at the expense of the prehospital provider department.

All fluids and medication are to be maintained in a temperature controlled environment so that fluids and drugs are not exposed to extreme hot or cold temperatures. All drugs and fluids are to be secured at all times.

TITLE:	Prehospital Provider Relicensure Requirements	NUMBER:	400.7
SECTION:	Education		
EFFECTIVE:	7/1/07	REVISED/REVIEWED:	1/1/16

PURPOSE: To outline the mandated requirements for continuing education and the documentation needed for prehospital provider relicensure in the Loyola EMS System.

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

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

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

FEE TYPE	EMT-B	EMT-I	EMT-P	TNS	ECRN	EMD	PHRN	LI	FRD
Examination Fee	\$20	\$30	\$40	\$25					
Initial Licensure Fee*	\$45*	\$45*	\$60*	\$50*	\$55*	\$30*	\$30*	\$40*	\$55*
Renewal Fee	\$20	\$30	\$40	\$25	\$20	\$20	\$20	\$20	\$20
Reinstatement Fee	\$45	\$45	\$60						
Reciprocity Fee	\$50	\$50	\$50						
Duplicate License Fee	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10

Fees subject to change per Illinois Department of Public Health.

TITLE:	Provider Continuing Education Requirements	NUMBER:	400.10
SECTION:	Education		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	1/1/16

PURPOSE: To outline the continuing education (CE) requirements for providers who are primary in the Loyola EMS System.

POLICY: A total of 120 hours is mandated by the Department during each four-year licensure period for EMTs and Paramedics and during each four-year licensure period for PHRNs. It is required that 30 hours be completed within each year.

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

1. Loyola System CE – 28 hours are offered per year (3.5 hours per live CE session); Loyola System CE may also be completed online (1.5 hours per online CE session).
2. Loyola EMS System providers must successfully complete the CE quiz with a minimum passing score of 80%.
3. Additional training deemed mandatory by the System (e.g. policy, medication, SOP changes/updates); CE time will be awarded on an hour-for-hour basis.

Monthly Continuing Education Quizzes

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

1. Passing Criteria: The written quizzes must be successfully completed. Quiz results will be recorded as Pass/Fail.
2. Quiz Content:
 - a. Quizzes will be conducted monthly as part of the continuing education process
 - b. All questions will be referenced to knowledge objectives found in the continuing education handouts.
3. If a provider fails to attend their department's monthly CE session, they are still responsible for successfully completing the monthly CE quiz. The process for making up an quiz is as follows:
 - a. Attend CE session at another department.
 - b. Make arrangements with their department CE facilitator or associate hospital coordinator to make up the quiz.
 - c. Take the quiz online at www.loyolaems.com.
 - d. Schedule an appointment to take the quiz at the Loyola EMS System office.
4. Providers will be required to pay \$10.00 per quiz to make up monthly CE prior to the one year available online. Payment must be in the form of cashier's check, money order credit card or cash only (no personal checks).

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

NOTE: When Loyola EMS System is designated as a secondary system, providers will be responsible for successfully completing Loyola EMS System monthly CE quizzes. Individuals will also be responsible for any additional training deemed mandatory by the System in order to remain in good standing.

5. The system has the option to suspend any provider who is 60 days or more behind in their monthly continuing education.
6. If it has been determined that a provider has neglected to complete any continuing education for one year from date of audit, may be subject to having their system file closed without notification.
7. Minimum of 48 hours of continuing education is required per 4 year licensure period for EMD's. It is required that 12 are completed each calendar year.
8. A minimum of 10 hours each year must be from the Loyola EMS System.
9. Loyola EMD CE will supply 12 hours each year (2 hours each session)
10. Loyola EMD providers must successfully complete the CE quiz with a minimum passing score of 80%.
11. Additional training may be mandated by the system. CE will be awarded on an hour per hour basis.

TITLE:	Personal Record Request	NUMBER:	500.5
SECTION:	LEMSS Personnel		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	1/1/16

PURPOSE: To provide a mechanism by which personal record information (e.g. educational records/transcripts) can be individually requested and **confidentially processed from the Loyola EMS office to another EMS System or agency.**

POLICY:

1. The request for this information will only be honored when requested by the System provider.
2. Complete and sign the System Request for Letter of Good Standing form authorizing release of information on file. Records/transcripts will not be released without this form or a written request authorizing release of information on file. Verbal requests will not be honored. **Request for Letter of Good Standing forms can be obtained through the Loyola EMS System office and online at www.loyolaems.com.**
3. Once the appropriate form is completed and signed, the requested records will be forwarded from the Loyola EMS System office within five business days of the request. Urgent requests for release of information will be considered on an individual basis and a \$10.00 administrative fee will be assessed for the processing of the request.
4. Identify agency, contact person, address and phone number where requested information is to be sent. Generic letters will not be issued under any circumstances.
5. Records and/or transcripts will be sent via fax and/or first class mail only. Any special mailing needs must be paid by the requester, in cash only (e.g. overnight express, etc.). **At no time will records be allowed to be hand carried by the individual provider.**
6. Copies of all correspondence will be placed in the requester's file and kept in the Loyola EMS System office for the current licensure/certification period.

TITLE:	Exposure Notification Plan	NUMBER:	700.2
SECTION:	Infection Control		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	1/1/16

PURPOSE: To provide any system prehospital emergency services first responder (ambulance personnel, firefighters and police) involved in prehospital care activities while on duty that expose them to blood or body fluids of another person, an access to appropriate care and follow up as by 77 Ill. Adm. Code § 250.725.

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

1. The person receiving the exposure may complete a Loyola EMS System Communicable Disease Exposure Form that is part of the Exposure Carepak.
2. A person receiving exposure should report directly to the charge nurse of the emergency department. A copy of the exposure form should be forwarded to the EMS office for follow up.
3. The events surrounding when the exposure occurred should be reviewed by the physician in the emergency department on duty at the time of the incident. Decisions if the source and the person exposed will require HIV and HB Ag levels to be drawn should be made at this time.

PROCEDURE:

1. The exposed person will register into the emergency department to be seen by a physician.
2. Exposures sustained from a needle stick or percutaneous exposure to serum or other potentially infectious body fluids should receive appropriate wound care and tetanus prophylaxis if needed. Persons that have not received a tetanus booster within the last five years should be given 0.5 mL Diphtheria/Tetanus Toxoid (DT) intramuscularly.
3. Initiate source testing if needed or deemed appropriate by an ED physician or nurse practitioner.
4. Post exposure prophylaxis for Hepatitis (recommendations only)
 - a. Known Source (Positive HB Ag):
 - i. If prehospital care provider has previously received a complete series of Hepatitis B vaccine, no prophylaxis is required in the Emergency Department. Though titers decline over time to undetectable levels, a person is still protected due to immunological memory.
 - ii. If the exposed has not received the Hepatitis vaccine, the first of three doses should be administered in the ED. Recombivax HB (1 mL) intramuscularly. The completion of the vaccine will be done through the employee/employer agreement. The exposed should also receive Hepatitis B immune globulin (HBIG) 0.06 mL/kg or 5 mL intramuscularly.
 - b. Known Source (Unknown HB Ag status):
 - i. If the exposed has received the hepatitis vaccine in the past nothing further is needed.
 - c. Unknown Source:
 - i. Follow as above for therapy to be initiated in the ED at the time of the exposure in Known Source (D.1 .a.).
 - d. Post exposure prophylaxis for HIV, Known and Unknown Source:
 - i. Source and person exposed should have the HIV testing initiated in the ED at the time of the exposure.
 - ii. Test results will be forwarded by confidential mail to the ordering physician. For all prehospital exposures the EMS Medical Director's name should be used. According to CDC guidelines, the source must be known to be HIV positive in order for an infectious disease consult to be done.

5. Follow Up Care

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

6. Notification Procedure

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

TITLE:	System Participation Suspension	NUMBER:	900.1
SECTION:	System Participation Suspension		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	1/1/16

POLICY: The following policy is based on provisions of the Emergency Medical Services (EMS) Systems Act and Rules of the Illinois Department of Public Health. It is only an interpretation of these laws and rules, and the actual statute and rules should be consulted. In the event of a conflict between the terms of this policy and the statute of rules, the statute of rules shall control.

1. General Rule

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

- a. Failure to meet the education and training requirements prescribed by the Department in the Rules and Regulations of the Illinois Department of Public Health, 77 Ill. Adm. Code §§ 515.520, 515.500, 515.560, 515.580, or by the EMSMD. The education and training requirements of the EMSMD are contained in the System policy and procedure manual, the System medical protocols and the System continuing education programs.
- b. Violation of the Act, Rules and Regulations.
- c. Failure to maintain proficiency in the provision of basic or advanced life support services.
- d. Failure to comply with the provisions of the System's Program Plan approved by the Department.
- e. Intoxication or personal misuse of any drugs or the use of intoxicating liquors, narcotics, controlled substances, or other drugs or stimulants in such manner as to adversely affect the delivery, performance or activities in the care of patients requiring medical care (for the purposes of this subsection, adversely affect means anything which could harm the patient or treatment that is administered improperly).
- f. Intentional falsification of any medical reports or orders, or making misrepresentations involving patient care.
- g. Abandoning or neglecting a patient requiring emergency care.
- h. Unauthorized use or removal of narcotics, drugs, supplies or equipment from any ambulance, health care facility, institution or other workplace location.
- i. Performing or attempting emergency care, techniques or procedures without proper permission, licensure, education or supervision.
- j. Discrimination in rendering emergency care because of race, sex, creed, religion, national origin, medical status, or ability to pay.
- k. Medical misconduct or incompetence, or a pattern of continued or repeated medical misconduct or incompetence in the provision of emergency care.
- l. Violation of System's standards of care, including conduct and behavior unbecoming or unprofessional directed toward the EMS System Coordinator/Medical Director.
- m. Physical impairment of an prehospital provider to the extent that he or she cannot physically perform the emergency care and life support functions for which he or she is licensed, as verified by a physician, unless the prehospital provider is on inactive status pursuant to the Part.
- n. Mental impairment of an prehospital provider to the extent that he or she cannot exercise the appropriate judgment, skill and safety for performing the emergency care and life support functions for which he or she is licensed, as verified by a physician, unless the prehospital provider is on inactive status to this Part.

TITLE: System Participation Suspension (continued)
SECTION: System Participation Suspension
EFFECTIVE: 9/1/99

NUMBER: 900.1
REVISED/REVIEWED: 1/1/16

2. 210 Ill. Comp. Stat. § 50/3.40 EMS System Participation Suspensions and Due Process

- a. The EMSMD may suspend from participation within the System any individual, individual provider or other participant considered not to be meeting the requirements of the Program Plan of that approved EMS System.
- b. Prior to suspending an EMT or other provider, an EMS Medical Director shall provide the EMT or provider with the opportunity for a hearing before the local System review board in accordance with 210 Ill. Comp. Stat. § 50/3.40(f) and the rules promulgated by the Department.
 - i. If the local System review board affirms or modifies the EMS Medical Director's suspension order, the EMT or provider shall have the opportunity for a review of the local board's decision by the State EMS Disciplinary Review Board, pursuant to 210 Ill. Comp. Stat. § 50/3.45.
 - ii. If the local System review board reverses or modifies the EMS Medical Director's suspension order, the EMS Medical Director shall have the opportunity for a review of the local board's decision by the State EMS Disciplinary Review Board, pursuant to 210 Ill. Comp. Stat. § 50/3.45.
 - iii. The suspension shall commence only upon the occurrence of one of the following:
 1. The EMT or provider has waived the opportunity for a hearing before the local System review board; or
 2. The suspension order has been affirmed for modified by the local board and the EMT or provider has waived the opportunity for review by the State Board; or
 3. The suspension order has been affirmed or modified by the local board, and the local board's decision has been affirmed or modified by the State Board.
 - i. An EMS Medical Director may immediately suspend an EMT or other provider if he or she finds that the information in his or her possession indicates that the continuation in practice by an EMT or other provider would constitute an imminent danger to the public. The suspended EMT or other provider shall be issued an immediate verbal notification followed by a written suspension order to the EMT or other provider by the EMS Medical Director which states the length, terms and basis for the suspension.
 4. Within 24 hours following the commencement of the suspension, the EMS Medical Director shall deliver to the Department, by messenger or telefax, a copy of the suspension order and copies of any written materials which relate to the EMS Medical Director's decision to suspend the EMT or provider.
 5. Within 24 hours following the commencement of the suspension, the suspended EMT or provider may deliver to the Department, by messenger or telefax, a written response to the suspension order and copies of any written materials which the EMT or provider feels relate to that response.
 6. Within 24 hours following receipt of the EMS Medical Director's suspension order or the EMT or provider's written response, whichever is later, the Director or the Director's designee shall determine whether the suspension should be stayed pending the EMT's or provider's opportunity for hearing or review in accordance with this Act, or whether the suspension should continue during the course of that hearing or review. The Director or the Director's designee shall issue this determination to the EMS Medical Director, who shall immediately notify the suspended EMT or provider. The suspension shall remain in effect during this period of review by the Director or the Director's designee.
 - i. Upon issuance of a suspension order for reasons directly related to medical care, the EMS Medical Director shall also provide the EMT or provider with the opportunity for a hearing before the local System review board, in accordance with 210 Ill. Comp. Stat. § 5/3.40(f) and the rules promulgated by the Department.

TITLE: System Participation Suspension (continued)
SECTION: System Participation Suspension
EFFECTIVE: 9/1/99

NUMBER: 900.1
REVISED/REVIEWED: 1/1/16

7. If the local System review board affirms or modifies the EMS Medical Director's suspension order, the EMT or provider shall have the opportunity for a review of the local board's decision by the State EMS Disciplinary Review Board, pursuant to 210 Ill. Comp. Stat. § 5/3.45.
8. If the local System review board reverses or modifies the EMS Medical Director's suspension order, the EMS Medical Director shall have the opportunity for a review of the local board's decision by the State EMS Disciplinary Review Board, pursuant to 210 Ill. Comp. Stat. § 5/3.45.
9. The EMT or provider may elect to bypass the local System review board and seek direct review of the EMS Medical Director's suspension order by the State EMS Disciplinary Review Board.
 - i. The Resource Hospital shall designate a local System review board in accordance with the rules of the Department, for the purpose of providing a hearing to any individual or individual provider participating within the System who is suspended from participation by the EMS Medical Director. The EMS Medical Director shall arrange for a certified shorthand reporter to make a stenographic record of that hearing and thereafter prepare a transcript of the proceedings. The transcript, all documents or materials received as evidence during the hearing and the local System review board's written decision shall be retained in the custody of the EMS System. The System shall implement a decision of the local System review board unless that decision has been appealed to the State Emergency Medical Services Disciplinary Review Board in accordance with this Act and the rules of the Department.
 - ii. The Resource Hospital shall implement a decision of the State Emergency Medical Services Disciplinary Review Board which has been rendered in accordance with this Act and the rules of the Department.

3. System Suspension for Students Dismissed from Paramedic Program

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

Disciplinary actions for violations of the Paramedic Program Standards of Conduct are based on the seriousness of the incident, and the student's level of responsibility for the incident.