

Loyola Emergency Medical Services System



Policies and Procedures

TABLE OF CONTENTS

Code of Ethics	Page
Ethical Standards and Behavioral Expectations	5

Section 100: General Policies	Policy Number	Page
Definition of Prehospital Healthcare	100.1	6
Requirements of Community Commitment	100.2	7
Backup Ambulance Coverage	100.3	9
Resource Hospital Override	100.4	10
Ambulance Inspections	100.5	11
Staffing of ALS Vehicles	100.6	13
Staffing of ALS Vehicles – One-to-One Waiver Request	100.6a	14
Staffing of Critical Care Transport Vehicles	100.6b	16
Staffing of BLS Vehicles	100.7	20
Staffing of BLS Vehicles - One-to-One Waiver Request	100.7a	21
EMS Quality Control Communication Report	100.8	22
Just Culture	100.8a	24
Implementation of Standing Medical Orders (SMOs)	100.9	26
Initiation of ALS Care	100.10	27
Advanced EMTs (AEMTs)/EMT-Intermediates (EMT-Is)	100.11	29

Section 200: Medical-Legal	Policy Number	Page
Falsification of Prehospital Care Reports	200.1	30
Confidentiality of Medical Records	200.2	31
Confidentiality of Medical Records: Prehospital Care Reports (PCRs)	200.2a	33
Confidentiality of Medical Records: Prehospital Communications	200.2b	34
Continuity of Care/Abandonment	200.3	36
Continuity of Care/Abandonment – Transport Destinations	200.3a	38
Personal Immunity from Liability	200.4	40
Reportable Incidents	200.5	41
Crime Scene Response	200.6	42
Care for Survivors of Rape or Sexual Assault	200.6a	44
Behavioral Emergencies: Care of Uncooperative or Impaired Patients	200.7	46
Uncooperative Patient without Law Enforcement Assistance	200.7a	48
Use of Restraints	200.8	50
Treatment of Minors	200.9	53
Consent/Refusal of Treatment	200.10	55
Release of Uninjured Students from School Bus Crash Scenes	200.10a	57
Non-Impaired Refusal of Care with Admitted Alcohol Consumption	200.10b	61
Physician/Nurse on the Scene/Use of Medications	200.11	63
Transport to Other than the Closest, Most Appropriate Hospital	200.12	64
Hospital Emergency Department Bypass	200.13	65
Do Not Resuscitate/ Withholding/ Withdrawing of Resuscitative Efforts	200.14	70
Pronouncement of Death in the Pre-hospital Setting	200.15	75
Medical Examiner Cases	200.16	76
Abuse of Mind-Altering Substances by System Participants	200.17	78
Victims of Abuse	200.18	79
Prehospital Care Reports	200.19	82
System-Wide Crisis Response	200.20	84
Illinois Abandoned Newborn Infant Protection Act	200.21	90
Email, internet and Other Social Media Service usage	200.22	92
Concealed Carry and Open Carry/Patients with Weapons	200.23	96
Interaction with Law Enforcement Personnel	200.24	98
Treatment/Transport of Police Service Dogs	200.29	101
Guidelines for Use of Service Animals	200.30	103

TABLE OF CONTENTS (continued)

Section 300: Medication and Equipment	Policy Number	Page
<u>System Accountability of Controlled Substances</u>	300.1	105
<u>Storage and Security of Medications</u>	300.1a	106
<u>Documentation of Controlled Substance Usage</u>	300.2	107
<u>Medication Exchange</u>	300.3	109
<u>Prehospital Provider Disposable Supplies Exchange</u>	300.4	111
<u>Non-Disposable Equipment Hospital Storage/Replacement</u>	300.5	112
<u>Medications for New Ambulances</u>	300.6	113
<u>Latex-Containing Supplies</u>	300.7	114

Section 400: Education	Policy Number	Page
<u>Paramedic Academy Admission Requirements</u>	400.1	115
<u>Paramedic Academy Education Standards</u>	400.2	116
<u>Clinical Preceptor</u>	400.3	118
<u>EMT Program Admission Requirements</u>	400.4	120
<u>EMT Program Education Standards</u>	400.5	121
<u>Prehospital Provider Relicensure Requirements</u>	400.7	123
<u>Out of System Continuing Medical Education</u>	400.8	124
<u>Prehospital Provider Continuing Education Requirements</u>	400.10	125
<u>Program Tuition and Course Payment</u>	400.11	127
<u>EMS Lead Instructor Initial Licensure</u>	400.12	128
<u>EMS Lead Instructor Relicensure</u>	400.13	129
<u>Site Code Application</u>	400.13a	131
<u>EMS Assistance Fund</u>	400.14	132
<u>First Responder/First Responder – AED</u>	400.15	133
<u>National Registry Recertification</u>	400.16	135

Section 500: Loyola Emergency Medical Services System Personnel	Policy Number	Page
<u>System Entry for Prehospital Provider</u>	500.1	137
<u>Reinstatement of Expired Provider License</u>	500.1a	139
<u>Provisional Licensure</u>	500.2	140
<u>Personnel File Information Update</u>	500.3	141
<u>Prehospital Provider Licensure/Certification and Continuing Education Requirements</u>	500.4	142
<u>Secondary Status</u>	500.4a	147
<u>Personnel Record Request</u>	500.5	148
<u>System Department Coordinator</u>	500.6	149
<u>Inactive Status</u>	500.7	151
<u>Voluntary Status Reduction</u>	500.7a	152
<u>Reactivation from Inactive Status</u>	500.8	153
<u>Emergency Communications Registered Nurse (ECRN)</u>	500.9	154
<u>Entry of a Licensed ECRN</u>	500.9a	157
<u>ECRN Approval for Relicensure</u>	500.10	158
<u>Transport RN</u>	500.11	160
<u>Assistance from Non-EMS Personnel During Transports</u>	500.11a	161
<u>MERCI Radio</u>	500.12	163
<u>Pre-Hospital RN, Advance Practice RN, Physician Assistant/(PHRN/PHAPN/PHPA)</u>	500.13	164
<u>Emergency Medical Dispatcher (EMD)</u>	500.14	165
<u>EMD Recertification</u>	500.15	169
<u>EMD Agency Application</u>	500.16	170
<u>EMD Agency Recertification</u>	500.17	171
<u>Continuing Education Facilitators</u>	500.18	172

TABLE OF CONTENTS (continued)

Section 600: Resource/Associate Hospital	Policy Number	Page
Emergency Medical Services System Coordinator	600.1	173
Emergency Medical Services System Administration	600.1a	175
Associate Hospital Emergency Medical Services Coordinator	600.2	176
Associate Hospital Emergency Medical Services Director	600.3	179
Online Medical Direction	600.4	180

Section 700: Infection Control	Policy Number	Page
**Exposure Control Plan for Prehospital Providers	700.1	181
**Exposure Notification Plan	700.2	190
Emerging Infectious Diseases (EIDs)	700.3	199

Section 800: Quality Improvement	Policy Number	Page
Quality Improvement Responsibilities	800.1	201

Section 900: System Participation Suspension	Policy Number	Page
System Participation Suspension	900.1	203
System Participation Suspension - Notification of Other EMS Systems	900.1a	206
Workplace Violence/Harassment	900.2	207

Section 1000: Transportation/Communication	Policy Number	Page
Aeromedical Transport	1000.1	210
Hospital Medical Control: Telephone/MERCI/Starcom Communications	1000.2	212
Invalid Assistance/Service Calls	1000.3	216
Special Procedures – Mass Casualty Incident/Disaster (MCI)	1000.4	217
Special Procedures – Multiple Victim Incident (MVI)	1000.5	223
Special Procedures – EMAC and NAC Response	1000.6	226

Section 1100: Provider Well-being/Critical Incidents	Policy Number	Page
Critical Incident Stress Management (CISM)	1100.1	228
Patient Follow-Ups	1100.2	231
Death/Serious Injury of a First Responder/Line of Duty Death (LODD)	1100.3	232

Section 1200: Electronic Patient Care Reporting	Policy Number	Page
Definitions Relating to Electronic Patient Care Report (e-PCR)	1200.1	234
EMS Agency Acquisition of ePCR Software/Program	1200.2	235
ePCR Equipment and ePCR Software/Program Access	1200.3	236
Use of ePCR Charting Software/Program and Equipment	1200.4	238
ePCR Training	1200.5	239
Security and Confidentiality	1200.6	240
Completion of ePCR Forms	1200.7	241
ePCR Addenda	1200.8	243
Submission of the ePCR	1200.9	244
Storage of ePCRs	1200.10	245
ePCR Program/Software System Downtime/Failure	1200.11	246
Personnel Changes	1200.12	247
Allowable ePCR Modifications	1200.13	248
Email/Network Requirements for ePCR Usage and Official Correspondence	1200.14	249

This is an updated version of the Loyola Emergency Medical Services System Policy and Procedure Manual. This document supersedes the original and subsequent revisions. This document is current as of August 1st, 2023. Future revisions shall be documented below.

Date	Description of Revision
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Mark E. Cichon, DO, FACOEP, FACEP
Professor and Chair
Department of Emergency Medicine
EMS Medical Director
Loyola University Medical Center

Robert Franciere, DNP, RN, CEN, TNS, PHRN
Manager, Emergency Medical Services
EMS System Coordinator
Loyola University Medical Center

TITLE: Ethical Standards and Behavioral Expectations
SECTION: Code of Ethics
EFFECTIVE: 8/1/2023

REVISED/REVIEWED: 8/1/2023

PURPOSE: To establish ethical standards and behavioral expectations of all EMS Providers in the Loyola EMS System.

POLICY: Through the act of entering the Loyola EMS System, the Loyola EMS provider makes a commitment to abide by established and current ethical standards, and agrees to conduct themselves with respect, integrity, and benevolence in all of their capacities as an EMS Provider. The Loyola EMS System expects each of its EMS Providers to adhere to the code of professional ethics established by the National Association of EMTs (NAEMT), which are as follows:

- To conserve life, alleviate suffering, promote health, do no harm, and encourage the quality and equal availability of emergency medical care
- To provide services based on human need, with compassion and respect for human dignity, unrestricted by consideration of nationality, race, creed, color, or status; to not judge the merits of the patient's request for service, nor allow the patient's socioeconomic status to influence our demeanor or the care that we provide.
- To not use professional knowledge and skills in any enterprise detrimental to the public well being
- To respect and hold in confidence all information of a confidential nature obtained in the course of professional service unless required by law to divulge such information
- To use social media in a responsible and professional manner that does not discredit, dishonor, or embarrass an EMS organization, co-workers, other health care practitioners, patients, individuals or the community at large.
- To maintain professional competence, striving always for clinical excellence in the delivery of patient care
- To assume responsibility in upholding standards of professional practice and education
- To assume responsibility for individual professional actions and judgment, both in dependent and independent emergency functions, and to know and uphold the laws which affect the practice of EMS
- To be aware of and participate in matters of legislation and regulation affecting EMS
- To work cooperatively with EMS associates and other allied healthcare professionals in the best interest of our patients
- To refuse participation in unethical procedures, and assume the responsibility to expose incompetence or unethical conduct of others to the appropriate authority in a proper and professional manner

The Loyola EMS System additionally expects complete honesty and transparency from each of its EMS Providers regarding any EMS-related issue or concern, and will maintain a non-punitive, Just Culture environment for the confidential reporting of any EMS-related issues or concerns by any and all of its EMS Providers.

TITLE:	Definition of Prehospital Healthcare	NUMBER:	100.1
SECTION:	General Policies		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: To define emergency medical services rendered to a patient on the scene and during transport prior to initiation of in-hospital patient care.

To define basic life support (BLS) care, advanced life support (ALS) care, and critical care transport (CCT).

DEFINITIONS: Prehospital Care

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

Inter-hospital care

Inter-hospital care means those medical services rendered to patients for analytic, resuscitative, stabilizing, or preventive purposes, during transportation of such patients from one hospital to another hospital.

Basic Life Support

Basic life support services means the rendering of basic level of pre-hospital and inter-hospital emergency care, and non-emergency medical services that includes airway management, cardiopulmonary resuscitation (CPR), control of shock and bleeding and splinting of fractures, as outlined in the provisions of the National EMS Education Standards relating Basic Life Support and any modifications to that curriculum specified in rules 210ILCS 50/EMS. That care shall be initiated, where authorized by the EMS Medical Director in a an IDPH-approved EMS System, under the written or verbal direction of a physician licensed to practice medicine in all of its branches or under the verbal direction of an Emergency Communications Registered Nurse.

Advanced Life Support

Advanced life support means an advanced level of pre-hospital and inter-hospital emergency care and non-emergency medical services that includes basic life support functions, cardiac monitoring, cardiac defibrillation, electrocardiography, intravenous therapy, administration of medications, drugs and solutions, use of adjunctive medical devices, trauma care and other authorized techniques and procedures, as outlined in the provisions of the National EMS Education Standards relating to Advanced Life Support and any modifications to that curriculum specified in rules adopted by the Illinois Department of Public Health. That care shall be initiated as authorized by the EMS Medical Director in a an IDPH-approved advanced life support EMS system, under the written or verbal direction of a physician licensed to practice medicine in all of its branches or under the verbal direction of an Emergency Communications Registered Nurse.

Critical Care Transport

Critical Care transport means the pre-hospital or inter-hospital transportation of a critically injured or ill patient by vehicle service provider, including the provisions of medically necessary supplies and services, at a level of service beyond the scope of the paramedic. When medically indicated for a patient, as determined by a physician licensed to practice medicine in all of its branches, an advanced practice nurse, or a physician assistant, in compliance with the EMS System Act 201 ILCS 50/EMS Act, section 3.155.

TITLE:	Requirements of Community Commitment	NUMBER:	100.2
SECTION:	General Policies		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: To delineate requirements of participating providers in the Loyola Emergency Medical Services System.

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

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

1. For each EMS vehicle participating within the System:
 - a. The year, model, make and vehicle identification number
 - b. The license plate number
 - c. The IDPH license number
 - d. The base location address
 - e. The level of service (advanced or basic)
2. A description of its role as documented in the System commitment papers in providing advanced life support, basic life support, and patient transport services within the System.
3. Definitions of the primary, secondary, and outlying areas of response for each EMS vehicle in the System.
4. A map or maps indicating the base locations of each EMS vehicle, and of the primary, secondary and outlying areas of response for each EMS vehicle used within the System.
5. A commitment to optimum response times of up to six minutes in primary coverage areas, six to 15 minutes in secondary coverage areas, and 15 to 20 minutes in outlying coverage areas.
6. A commitment to 24-hour coverage.
7. A commitment that within one year after IDPH approval of the EMS System, each ambulance at the scene of an emergency and during transport of emergency patients to and between hospitals will be staffed in accordance with the requirements of 77 Ill. Adm. Code § 515.830(g).
8. Copies of written mutual aid agreements with other providers, and/or a description of the provider's own backup system which details how adequate coverage will be ensured when an EMS vehicle is responding to a call and a simultaneous call is received for service within that vehicle's coverage area.
9. A statement that emergency services which an EMS vehicle is authorized to provide shall not be denied on the basis of the patient's inability to pay for such services.
10. An agreement to file an appropriate System-approved Prehospital Care Report for each emergency call as required by the System.
11. An agreement to notify the EMS Medical Director or designee of any changes in personnel.
12. A copy of its current FCC license(s). Each provider is responsible for maintaining their MERCI license.
13. A description of the mechanism and specific procedures used to access and dispatch the EMS vehicles within their respective services areas.
14. A list of all personnel providing prehospital care, their license numbers, expiration dates and levels of licensure (EMT (all levels), PHRN/PHAPN/PHPA or physician status).
15. A commitment that the EMS system will be notified immediately regarding any arrest, pending conviction or conviction in regards to possession, use, or sale of drugs, controlled substances, narcotics or any other types of criminal activities by the personnel providing services
16. An agreement to allow Illinois Department of Public Health access to all records, equipment and vehicles relating to the System during any IDPH inspection, investigation, or site survey.

TITLE: Requirements of Community Commitment (Continued)
SECTION: General Policies
EFFECTIVE: 9/1/99

NUMBER: 100.2
REVISED/REVIEWED: 8/1/2023

17. Provide proof and documentation of Certificate of Liability Insurance
18. An agreement to allow the EMS Medical Director or designee access to all records, equipment, and vehicles relating to the System during any inspection or investigation by the EMS Medical Director or designee to determine compliance with the System Plan.
19. Documentation that its communication capabilities meet the requirements of 77 Ill. Adm. Code § 515.410.
20. Documentation that each EMS vehicle meets design, equipment, and extrication criteria as provided in 77 Ill. Adm. Code § 515.830(a)-(b).
21. An agreement that the community agency providing life support services petition and sign a waiver for all equipment and/or drugs to be used in addition to or deleted from the System requirements.
22. An agreement to participate in the Loyola University Medical Center EMS educational programs or courses in any or all of the following:
 - a. EMT, Paramedic, PHRN/PHAPN/PHPA, and ECRN student ambulance ride time/field internship
 - b. Other field related clinical experiences as requested by the EMS Medical Director/EMS System Coordinator

TITLE:	Backup Ambulance Coverage	NUMBER:	100.3
SECTION:	General Policies		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

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

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

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

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

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

2. ALS Response—Non-transporting service:

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

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

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

4. Providers are encouraged to periodically evaluate their backup coverage protocols to determine the efficacy of patient care. Modifications to protocols must have prior approval from the EMS Medical Director or may require a change to the System Program.

TITLE:	Resource Hospital Override	NUMBER:	100.4
SECTION:	General Policies		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: As a means of quality assurance, and as a means of facilitating the best patient care by prehospital providers, the Resource Hospital has the authority to monitor telemetry calls of its Associate Hospitals. The Resource Hospital may also override any orders given by its Associate Hospitals when necessary to ensure safe and appropriate patient care.

PROCEDURE:

1. In the event the Resource Hospital believes the care being directed over the telemetry by the Associate Hospital is not in the best interest of patient care and/or the safety of the crew, the Resource Hospital will directly take over telemetry communications. This may occur during the Resource Hospital's monitoring of the Associate Hospital's telemetry calls, or at the request of a Loyola EMS System Provider who believes that an order given by an Associate Hospital's Medical Control is inappropriate or questionable. In the event that this occurs, the Resource Hospital will have ultimate authority in any online medical direction provided.
2. Following a Resource Hospital override, the EMS Medical Director and the EMS System Coordinator of the Resource Hospital are to be notified.
3. The EMS Medical Director and the EMS System Coordinator will review the circumstances for the override with all involved individuals within five working days of the occurrence.

TITLE:	Ambulance Inspections	NUMBER:	100.5
SECTION:	General Policies		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: As a means of quality assurance, the Loyola EMS System staff will conduct inspection visits for each department in conjunction with IDPH inspections, or if the Loyola EMS System otherwise deems an inspection necessary.

POLICY: **Transport Vehicle Inspections:** An inspection may be conducted by the Loyola EMS System Coordinator or any member of the Loyola EMS System office staff designated by the Loyola EMS System Coordinator, and must satisfy the following criteria:

1. Medications: Minimum number, standard packaging, required doses, and expiration dates.
 - a. Audit of Controlled Substances records to ensure compliance with Loyola EMS System policies 300.1 (System Accountability of Controlled Substances) and 300.2 (Documentation of Controlled Substances).
2. Equipment: Minimum recommended by IDPH and in working order.
3. On-duty, licensed prehospital providers must be knowledgeable regarding location of equipment and ~~drugs~~ medications, use of equipment and medications, and System policies and procedures.
4. Vehicle compliance as per Illinois Department of Public Health standards set forth in 77 Ill. Adm. Code § 515.830: An ambulance inspection form approved by the Illinois Department of Public Health will be completed for every inspection. A copy will be placed in the EMS System office files.
 - a. A licensed vehicle shall be exempt from subsequent vehicle design standards or specifications required by the Department [IDPH] in this Part, as long as the vehicle is continuously in compliance with the vehicle design standards and specifications originally applicable to that vehicle, or until the vehicle's title of ownership is transferred. (Section 3.85(b)(8) of the Act.
 - b. Each new vehicle used as an ambulance shall comply with the current criteria established by nationally recognized standards such as the National Fire Protection Association, Ground Vehicle Standards for Ambulances, and Federal Specifications for the Star of Life Ambulance, or the Commission on Accreditation of Ambulance Services (CAAS) Ground Vehicle Standard for Ambulances.

Critical Care Transport Vehicle Inspections: An inspection may be conducted by the Loyola EMS System Coordinator or any member of the Loyola EMS System office staff designated by the Loyola EMS System Coordinator, and must satisfy the following criteria:

1. Equipment: Minimum recommended by IDPH and in working order
2. Medications: Non-expired and well-maintained
3. On-duty, licensed prehospital provider must be knowledgeable regarding location of equipment and medications, use of equipment and medications, and System policies and procedures.
4. Vehicle compliance as per Illinois Department of Public Health standards set forth in 77 Ill. Adm. Code § 515.830 (Ambulance Licensing Requirements), 77 Ill. Adm. Code § 515.860 (Critical Care Transport), 77 Ill. Adm. Code § 515.900 (Licensure of SEMSV Programs - General), and 77 Ill. Adm. Code § 515.920 (SEMSV Program Licensure Requirements for All Vehicles): An ambulance inspection form approved by the Illinois Department of Public Health will be completed for every inspection. A copy will be placed in the EMS System office files.

TITLE: Ambulance Inspections (continued)
SECTION: General Policies
EFFECTIVE: 9/1/99

NUMBER: 100.5
REVISED/REVIEWED: 8/1/2023

Non-transport Vehicle Inspections: With the approval of the Loyola EMS System, inspections of non-transport vehicles may be completed by the EMS Agency/Department EMS Coordinator or equivalent representative, and must satisfy the following criteria:

1. Per IDPH regulations, non-transport vehicle inspections of Region VIII EMS Providers must be completed annually during the month of August.
2. Equipment: Minimum recommended by IDPH and in working order
3. Medications: Non-expired and well-maintained
4. Properly completed Non-Transport Inspection Forms are to be remitted to the Loyola EMS System Office no later than August 15th.
5. Vehicle compliance as per Illinois Department of Public Health standards set forth in 77 Ill. Adm. Code § 515.825: An ambulance inspection form approved by the Illinois Department of Public Health will be completed for every inspection. A copy will be placed in the EMS System office files.

TITLE:	Staffing of ALS Vehicles	NUMBER:	100.6
SECTION:	General Policies		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: To provide standardized and adequate staffing for ALS vehicles.

POLICY: As the standard of advanced life support care, all ALS vehicles will be staffed with a minimum of two licensed Paramedics who will function at the scene of the emergency and en route to the hospital.

An ALS ambulance may be staffed with a minimum of one paramedic and one EMT-basic ONLY after a formal written request has been submitted to the Loyola EMS System and approval has been granted, per Loyola EMS System Policy 100.6a (Staffing of ALS Vehicles: One-to-One Waiver Request).

TITLE:	Staffing of ALS Vehicles – One-to-One Waiver Request	NUMBER:	100.6a
SECTION:	General Policies		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: To identify the conditions and procedure for consideration of one-to-one staffing for ALS services.

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

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

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

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

The Paramedic on the ambulance must:

- Have current American Heart Association BLS (CPR) Healthcare Provider certification
- Have current American Heart Association Advanced Cardiovascular Life Support provider certification
- Have current American Heart Association/American Academy of Pediatrics Pediatric Advanced Life Support provider or Pediatric Education for Prehospital Providers certification(s)
- Have current Pre-Hospital Trauma Life Support or International Trauma Life Support provider certification
- Be in good standing in the Loyola EMS System
- Have a minimum of 18 months of field experience within Region VIII

The EMT on the ambulance must:

- Have current American Heart Association BLS (CPR) Healthcare Provider certification
- Be capable of preparing IV setups and IV tubing for ALS providers
- Be capable of assisting ALS providers during the performance of advanced airway procedures
- Be in good standing in the Loyola EMS System
- Have a minimum of 12 months of field experience within Region VIII

The provider department must:

- Satisfy QA/QI requirements as deemed mandatory by the Loyola EMS System
- Provide a mechanism for Paramedic backup in situations that evidence based practice demonstrates improved patient outcomes in the field, such as:
 1. Cardiac arrest
 2. Severe respiratory distress
 3. Trauma with prolonged extrication
 4. Trauma with obvious multi-system injury

PROCEDURE:

1. The EMS Medical Director/EMS System Coordinator should be contacted as soon as possible to schedule a meeting.
2. A written request must be submitted to the Loyola EMS Medical Director/EMS System Coordinator. The written request must include the following:
 - a. Reason for the one-to-one staffing request
 - b. Anticipated duration of one-to-one staffing (as one-to-one staffing is a temporary process)
 - c. Current staffing patterns

TITLE:	Staffing of ALS Vehicles – One-to-One Waiver Request (continued)	NUMBER:	100.6a
SECTION:	General Policies		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

3. Once approved by the Loyola EMS System, the provider department will be notified in writing.
4. One-to-one staffing approval will be valid for a period no greater than one year in duration. The one-year interval begins on the day that approval is granted.
5. If the EMS agency wishes to maintain one-to-one staffing beyond the date on which their current One-to-One Waiver expires, another request must be submitted to the Medical Director/EMS System Coordinator per steps 1-3 described above.

TITLE:	Staffing of Critical Care Transport Vehicles	NUMBER:	100.6b
SECTION:	General Policies		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: To provide standardized and adequate staffing requirements for Critical Care Transport vehicles.

POLICY: **Per 77 Ill. Adm. Code § 515.860:**

(a) When medically indicated for a patient, as determined by a physician licensed to practice medicine in all its branches, an advanced practice registered nurse, or a physician assistant, in compliance with subsections (b) and (c) of Section 3.155 of this Act, critical care transport may be provided by Department [IDPH] approved critical care transport providers, not owned or operated by a hospital, utilizing Paramedics with additional training, nurses, or other qualified health professionals.

(b) All critical care transport providers must function within a Department [IDPH] approved EMS System. Nothing in this Part shall restrict a hospital's ability to furnish personnel, equipment, and medical supplies to any vehicle service provider, including a critical care transport provider. (Section 3.10(g-5) of the Act)

(c) For the purposes of this Section, "expanded scope of practice" includes the accepted national curriculum plus additional education, experience and equipment (see Section 515.360) as approved by the Department [IDPH] pursuant to Section 3.55 of the Act. Tier I transports are considered "expanded scope of practice".

(d) For the purposes of this Section, CCT plans are defined in three tiers of care. Tier II and Tier III are considered Critical Care Transports.

(e) Tier I

Tier I provides a level of care for patients who require care beyond the Department [IDPH] approved Paramedic scope of practice, up to but not including the requirements of Tiers II and III. Tier I transport includes the use of a ventilator, the use of infusion pumps with administration of medication drips, and maintenance of chest tubes.

1) Personnel Staffing and Licensure

a) Licensure

- i) Licensed Illinois Paramedic, PHRN, PHPA or PHAPN
- ii) Scope of practice more comprehensive than the national EMS scope of practice model approved by the Department [IDPH] in accordance with the EMS System plan (see Sections 515.310 and 515.330); and
- iii) Approved to practice by the Department [IDPH] in accordance with the EMS System plan.

b) Minimum Staffing

- i) System authorized EMT, A-EMT, EMT-I, Paramedic, PHRN, PHPA or PHAPN as driver; and
- ii) System authorized expanded scope of practice Paramedic, PHRN, PHPA, PHAPN or physician who shall remain with the patient at all times.

2) Education, Certification and Experience

a) Initial Education. Documentation of initial education and demonstrated competencies of expanded scope of practice knowledge and skills as required by Tier I Level of Care and approved by the Department [IDPH] in accordance with the EMS System plan.

b) CE Requirements

- i) Annual competencies of expanded scope of practice knowledge, equipment and procedures shall be completed; and
- ii) The EMS vehicle service provider shall maintain documentation of competencies and provide documentation to the EMS Resource Hospital upon request.

- c) Certifications. Tier I personnel shall maintain all of the following renewable certifications and credentials in active status:
 - i) Advanced Cardiac Life Support (ACLS);
 - ii) Pediatric Education for Pre-Hospital Professionals (PEPP) or Pediatric Advanced Life Support (PALS);
 - iii) International Trauma Life Support (ITLS) or Pre-Hospital Trauma Life Support (PHTLS); and
 - iv) Any additional educational course work or certifications required by the EMS MD.
- d) Experience
 - i) Minimum of one year of experience functioning in the field at an ALS level or as a physician in an emergency department; and
 - ii) Documentation of education and demonstrated competencies of expanded scope of practice knowledge and skills required for Tier I Level of Care, approved by the Department [IDPH] and included in the EMS System plan.

(f) Tier II

Tier II provides a level of care for patients who require care beyond the Department [IDPH] approved national EMS scope of practice model and expanded scope of practice ALS (Paramedic) transport program, and who require formal advanced education for ALS Paramedic staff. Tier II transport includes the use of a ventilator, infusion pumps with administration of medication drips, maintenance of chest tubes, and other equipment necessary in providing care to the patient receiving treatment with advanced equipment and medications.

- 1) Personnel Staffing and Licensure
 - a) Licensure
 - i) Expanded scope of practice more comprehensive than the national EMS scope of practice model and Tier I Level as approved by the Department [IDPH]; and
 - ii) Approved to practice by the EMS System and the Department [IDPH] in accordance with the EMS System plan.
 - b) Minimum Staffing
 - i) System authorized Paramedic, PHRN, PHPA or PHAPN; and
 - ii) System authorized Paramedic, PHRN, PHPA, PHAPN or physician who is critical care prepared and who shall remain with the patient at all times.
- 2) Education, Certification and Experience
 - a) Initial Advanced Formal Education.
 - i) At a minimum, 80 didactic hours of established higher collegiate education or equivalent critical care education based on nationally recognized program models; and
 - ii) Demonstrated competencies, as documented by the EMS MD or SEMSV MD and approved by the Department [IDPH].

- b) CE Requirements
 - i) The EMS System shall document and maintain annual competencies of expanded scope of practice knowledge, equipment and procedures;
 - ii) The following current credentials, as a minimum, shall be maintained: ACLS, PEPP or PALS, ITLS or PHTLS;
 - iii) A minimum of 40 hours of critical care level education shall be completed every four years;
 - iv) The EMS provider shall maintain documentation of compliance with subsections (f)(2)(B)(i) through (iii) and shall provide documentation to the EMS Resource Hospital upon request; and
 - v) Nationally recognized critical care certifications shall be maintained and renewed based on national recertification criteria.
- c) Experience. Minimum of two years experience functioning in the field at an ALS level for Paramedics and PHRN/PHAPN/PHPAs and one year experience in an emergency department for physicians.

(g) Tier III

Tier III provides the highest level of ground transport care for patients who require nursing level treatment modalities and interventions.

- 1) Minimum Personnel Staffing and Licensure
 - a) EMT, A-EMT, EMT-I or Paramedic (as driver); and
 - b) Two critical care prepared providers, who shall remain with the patient at all times:
 - i) Paramedic, PHRN, PHPA or PHAPN; and
 - ii) RN, PHRN, PHPA or PHAPN.
- 2) Education, Certification, and Experience: Paramedic, PHRN, PHPA or PHAPN
 - a) Initial Advanced Formal Education
 - i) Approval to practice by EMS System and the Department [IDPH] in accordance with the EMS program plan;
 - ii) At a minimum, 80 didactic hours of established higher collegiate education or equivalent critical care education nationally recognized program models;
 - iii) Demonstrated competencies, as documented by EMS MD and SEMSV MD and approved by the Department [IDPH]; and
 - iv) Expanded scope of practice more comprehensive than the national EMS scope of practice model and Tier II level as approved by the Department [IDPH].
 - b) CE Requirements
 - i) The EMS System shall document and maintain annual competencies of expanded scope of practice knowledge, equipment and procedures;
 - ii) The following valid credentials, at a minimum, shall be maintained: ACLS, PEPP or PALS, ITLS or PHTLS;
 - iii) A minimum of 40 hours of critical care level CE shall be completed every four years;
 - iv) The EMS provider shall maintain documentation of compliance with subsection (g)(2)(B)(i) and shall provide documentation to the EMS Resource Hospital upon request; and
 - v) Nationally recognized critical certifications shall be maintained and renewed based on national recertification criteria.

TITLE: Staffing of Critical Care Transport Vehicles (continued)
SECTION: General Policies
EFFECTIVE: 9/1/99

NUMBER: 100.6b
REVISED/REVIEWED: 8/1/2023

- c) Experience
 - i) Minimum of two years experience functioning in the field at an ALS Level;
 - ii) Documented demonstrated competencies; and
 - iii) Completion of annual competencies of expanded scope knowledge, equipment and procedures.
- 3) Education, Certification and Experience - Registered Professional Nurse
 - a) CE Requirements
 - i) A minimum of 48 hours of critical care level education shall be completed every four years;
 - ii) The EMS provider shall maintain documentation of compliance with subsection (g)(3)(A)(i) and shall provide documentation to the EMS Resource Hospital upon request; and
 - iii) Annual competencies of expanded scope of practice knowledge, equipment and procedures shall be completed.
 - b) Certifications - Tier III personnel shall maintain the following valid critical care certifications and credentials:
 - i) ACLS;
 - ii) PALS, PEPP or ENPC;
 - iii) ITLS, PHTLS, TNCC or TNS; and
 - iv) ECRN or equivalent.
 - c) Advanced Certifications Preferred but not Required
 - i) Certified Emergency Nurse (CEN);
 - ii) Critical Care Registered Nurse (CCRN);
 - iii) Critical Care Emergency Medical Technician-Paramedic (CCEMT-P);
 - iv) Certified Registered Flight Nurse (CFRN); and
 - v) Certified Transport Registered Nurse (CTRN).
 - d) Experience
 - i) Two years of experience with demonstrated competency in a critical care setting; and
 - ii) Documented demonstrated EMT System competencies.

TITLE:	Staffing of BLS Vehicles	NUMBER:	100.7
SECTION:	General Policies		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: To standardize staffing of basic life support (BLS) vehicles to provide optimal patient care.

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

All BLS services will utilize two licensed EMT-Bs trained in, but not limited to, airway management, basic cardiopulmonary resuscitation, control of shock, and bleeding and splinting of fractures, as outlined in the provisions of the National EMS Education Standards relating to basic life support and any modifications to that curriculum specified in rules adopted by the Illinois Department of Public Health.

TITLE:	Staffing of BLS Vehicles - One-to-One Waiver Request	NUMBER:	100.7a
SECTION:	General Policies		
EFFECTIVE:	8/1/2023	REVISED/REVIEWED:	8/1/2023

PURPOSE: To establish Loyola EMS System policy regarding alternative staffing of BLS vehicles with one EMT-B and one EMR/FR-AED.

POLICY: The Loyola EMS System will not consider any requests for one-to-one staffing of BLS vehicles with one EMT-B and one EMR/FR-AED.

All BLS vehicles operating in the Loyola EMS System must be staffed with a minimum of two licensed EMT-Basics, Per Loyola EMS System 100.7 (Staffing of BLS Vehicles).

TITLE:	EMS Quality Control Communication Report	NUMBER:	100.8
SECTION:	General Policies		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: To serve as a tool to improve the quality of patient care and the functioning of the EMS System.

To facilitate expedient resolutions to issues raised within the Loyola EMS System and provide feedback to all participants involved.

To facilitate communication amongst EMS System participants.

POLICY: Loyola EMS System prehospital providers or hospitals may initiate an EMS Quality Control Communication Report (EQCCR), formerly known as Request for Clarification (RFC), when any of the following occur:

1. When unusual circumstances are verbalized or documented on the Prehospital Care Report (PCR) or hospital log sheet or telemetry recording.
2. When there is an apparent discrepancy in prehospital treatment delivery and Medical Control orders, which may or may not constitute a violation of Standing Medical Orders (SMOs).
3. When Medical Control orders are not carried out by prehospital providers.
4. There is interference at the scene which impedes the prehospital providers' abilities to perform their duties.
5. There is any patient or provider injury sustained at the scene, during the course of treatment, or during transport.
6. There is a question or problem relating to errors in medication administration, missing medications, or difficulties encountered in obtaining exchange medications or equipment at a receiving hospital.
7. Any other action or event that seems out of the ordinary, and that the personnel involved believe should be reported.
8. Any equipment malfunctions.
9. Sentinel events: Any incident in which a patient dies, sustains permanent harm, or suffers severe temporary harm as a potential consequence of an EMS Provider's action(s) and/or inaction(s).

The Loyola EMS System shall report, on a monthly basis to the Illinois Department of Public Health (IDPH), any incident in which a patient experienced an adverse outcome as a direct result of a Loyola EMS System provider's action(s) or inaction(s), or any incident in which a Loyola EMS System provider's action(s) or inaction(s) had reasonable potential to adversely affect a patient's outcome (i.e. "near miss" events). In accordance with 77 Ill. Adm. Code § 515.330(g-4), the Loyola EMS System's monthly report to IDPH shall include the following information:

- A) Number of EMS patient care complaints, including a brief synopsis of the issue
- B) Outcome of the system investigation; and
- C) Names and licenses of the EMS personnel involved in sustained allegations.

PROCEDURE:

1. In the event of any of the circumstances described above, the EMS Coordinator representing the EMS agency/department involved, the EMS Coordinator of the Associate Hospital involved, ED Leadership of Loyola University Medical Center (LUMC), or the Loyola EMS System office may initiate an EQCCR.
 - a. EQCCRs initiated by the EMS agency/department involved should be submitted to either the Associate Hospital EMS Coordinator and/or the Loyola EMS System office for investigation and any necessary intervention/resolution.
 - b. EQCCRs initiated by the Associate Hospital EMS Coordinator should be submitted to the Loyola EMS System office for investigation and any necessary intervention/resolution.
 - c. EQCCRs initiated by either the Loyola EMS System or ED Leadership of Loyola University Medical Center will be investigated by the Loyola EMS System office, which will perform any necessary intervention/resolution.

TITLE: EMS Quality Control Communication Report (continued)
SECTION: General Policies
EFFECTIVE: 9/1/99

NUMBER: 100.8
REVISED/REVIEWED: 8/1/2023

2. All EQCCRs involving any of the following circumstances shall be submitted directly to the Loyola EMS System Office for investigation and intervention/resolution:
 - a. Any EQCCRs which directly involve the Associate Hospital EMS Coordinator or Associate Hospital EMS Medical Director.
 - b. All EQCCRs suggesting or alleging that care rendered by a prehospital provider, or lack thereof, contributed to or directly caused a poor patient outcome.
 - c. Any EQCCR alleging that the prehospital provider is/was impaired by drugs or alcohol while on duty.
 - d. Any EQCCR initially being handled by the Associate Hospital in which, after investigation, any party involved is dissatisfied-with the decision(s), recommendation(s), or intervention(s) by the Associate Hospital EMS staff.
 - e. Any EQCCR expressing concerns about the coordination of EMS-related efforts between two or more Associate Hospitals.
 - f. Any EQCCR involving out-of-System providers and/or hospitals.
 - g. Any EQCCR involving professional misconduct or inappropriate communication
 - h. Any EQCCR which requires more input or information than the Associate Hospital EMS Coordinator and/or agency/department EMS Coordinator can provide.

All other EQCCRs will be handled by the Associate Hospital.

3. The EMS Coordinator will conduct an investigation of the incident.
4. The EMS Coordinator will discuss the findings of the investigation with the EMS Medical Director.
5. The EMS Coordinator and/or EMS Medical Director will determine the resolution.
6. The EMS Coordinator will document findings/resolution and communicate that information to all involved participants.
7. The EMS Coordinator will report findings to the Loyola EMS System Office

UNDER NO CIRCUMSTANCES SHOULD A COMPLETED OR PARTIALLY COMPLETED EQCCR FORM BE COPIED, PHOTOGRAPHED, FAXED, OR EMAILED, NOR SHALL IT EVER BE REFERRED TO IN A PREHOSPITAL CARE REPORT.

TITLE:	Incident Reporting/Just Culture	NUMBER:	100.8a
SECTION:	General Policies		
EFFECTIVE:	8/1/2023	REVISED/REVIEWED:	8/1/2023

PURPOSE: To establish a culture in which Loyola EMS Providers are empowered to report errors, risks to patient safety, adverse events, and operational failures without fear of reprimand or retaliation. To promote safer and more effective care and operations by properly identifying the cause(s) of errors, risks, adverse events, and failures so that they may be promptly and effectively addressed and corrected.

POLICY: The Loyola EMS System recognizes that errors, near-misses, adverse events, and operational failures can occur despite the best efforts and good intentions of its EMS Providers. The Loyola EMS System additionally recognizes that punishment for mistakes and adverse outcomes not only discourages reporting, but is also counterproductive to the identification and correction of their underlying cause(s). As such, and in accordance with the recommendations of the National Association of EMTs (NAEMT) and the National EMS Safety Council, the Loyola EMS System supports a “Just Culture” approach in addressing any issues that are reported. Per the NAEMT Position Statement regarding Just Culture in EMS:

A Just Culture environment provides benefits for patients, EMS practitioners, EMS agencies, and the public at large:

Patients: When practitioner mistakes are recognized and not hidden through fear of punishment, a Just Culture environment allows individuals and organizations to learn from mistakes, thus promoting improved services and higher standards of patient care. This in turn leads to a safer system for both patient and practitioner.

Practitioners: Through the establishment of a just system that provides shared accountability, which is neither punitive nor blame-free, individual practitioners, EMS agencies, healthcare systems, and regulators learn how to improve the quality of care and minimize the impact of human error and undesirable behavioral choices.

EMS Agencies: By creating an environment of internal transparency around risk, system components and behavioral choices leading to increased risk are identified and managed more effectively. As adverse events occur, the agency has an objective framework for a fair and constructive response to human errors, behavioral choices, and events.

Public at Large: It is also reasonable to expect that systemic initiatives aimed at improving responder and patient safety, particularly those regarding EMS vehicle operations and operations on the public highways, will also result in improvements to the safety of the public at large.

Within the setting of a Just Culture environment, the Loyola EMS System expects all EMS Providers to report the following types of incidents and behaviors to their agency/department EMS Coordinator or equivalent representative, and/or their Associate Hospital EMS Coordinator, and/or the Loyola EMS System Office, as appropriate:

Adverse Event: A safety event that has caused unexpected illness and/or injury to any person, or damage to property or other assets. An event that resulted in patient harm.

Near Miss: A “close call.” An incident or unsafe condition with the potential for injury, damage, or harm that is resolved before having an actual impact.

Human Error: Inadvertent actions in which there is general agreement that the individual should have done something other than what they actually did, and the action(s) inadvertently caused or had significant potential to cause an undesirable outcome.

At-risk Behavior: Situations in which an individual makes a choice to engage in a behavior out of a belief that the risk is insignificant, or out of the mistaken belief that the behavior is otherwise justified.

Reckless Behavior: A conscious decision to disregard a substantial and unjustifiable risk.

Agency/department EMS Coordinators or their equivalent representatives and Associate Hospital EMS Coordinators shall report any of the above incidents/behaviors, in addition to those described in Loyola EMS System Policy 100.8 (EMS Quality Control Communication Report), to the Loyola EMS System Office.

TITLE:	Incident Reporting/Just Culture (continued)	NUMBER:	100.8a
SECTION:	General Policies		
EFFECTIVE:	8/1/2023	REVISED/REVIEWED:	8/1/2023

The Loyola EMS System's sole objective in seeking clarification for and/or addressing any error, near-miss, adverse event, risky/reckless behavior, or operational failure shall always be to identify and correct the underlying cause(s) and prevent the recurrence of the issue at hand. The Loyola EMS System shall not impose punitive measures or seek disciplinary action for any incident or behavior except for those established in the Loyola EMS System's Code of Ethics, Loyola EMS System Policy 900.1 (System Participation Suspension), and Loyola EMS System Policy 900.2 (Workplace Violence/Harassment).

TITLE:	Implementation of Standing Medical Orders (SMOs)	NUMBER:	100.9
SECTION:	General Policies		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: To outline the circumstances under which Standing Medical Orders (SMOs) may be utilized.

POLICY: Standing Medical Orders (SMOs) may be implemented as treatment modality guidelines for prehospital providers under the following circumstances:

1. When prehospital providers cannot establish online communications with a Loyola EMS System or Region VIII hospital.
2. When the patient's condition is life threatening, potentially life threatening, or may deteriorate before online communication can be established. In this instance, online communications should be established as soon as possible with a Loyola EMS System or Region VIII hospital.
3. Whenever prehospital providers cannot initiate online communications at the onset of a mass casualty incident/disaster (MCI) or a multiple victim incident (MVI).

Whenever Standing Medical Orders (SMOs) are implemented, it should be documented on the Prehospital Care Report (PCR) for quality assurance and reviewed by the Loyola EMS System office.

TITLE: Initiation of ALS Care
SECTION: General Policies
EFFECTIVE: 9/1/99

NUMBER: 100.10
REVISED/REVIEWED: 8/1/2023

PURPOSE: To standardize guidelines for the initiation of Advanced Life Support (ALS) care by Paramedics or PHRN/PHAPN/PHPAs who are operating in an ALS capacity.

POLICY: ALS care should be initiated according to the following guidelines:

1. Adult patients with abnormal vital signs
 - a. Pulse <60 or >130 BPM or irregular rhythm
 - b. Respiratory rate <10 or >28 breaths per minute, irregular rhythm, or abnormal effort
 - c. Systolic blood pressure <90 or >200 mmHg
2. Pediatric patients with abnormal vital signs

AGE	PULSE	SYSTOLIC BLOOD PRESSURE	RESPIRATORY RATE
Awake Neonate (0 – 30 days)	100 –205	60-84 mmHg	30 – 60
Asleep Neonate (0-30 days)	90-160	Same as awake	Same as awake
Awake Infant (31 days – < 1 yr)	100 –180	72-104 mmHg	30 –53
Asleep Infant (31 days - <1 yr)	90-160	Same as awake	Same as awake
Awake Toddler (1 yr – 2 yrs)	98-140	86-106 mmHg	22-37
Asleep Toddler (1 yr - 2 yrs)	80-120	Same as awake	Same as awake
Awake Pre-Schooler (3 yrs – 5 yrs)	80 –120	89-112mmHg	20-28
Asleep Preschooler (3yrs-5yrs)	65-100	Same as awake	Same as awake
Awake School Age (5 yrs – 12 yrs)	75-118	97-115mmHg	18-25
Asleep School Age (6yrs-12yrs)	58-90	Same as awake	Same as awake
Awake Adolescent (> 12 yrs)	60 – 100	110-131mmHg	12 – 20
Asleep Adolescent (>12 yrs)	50-90	Same as awake	Same as awake

The above chart reflects age appropriate parameters, per American Academy of Pediatrics 2020 Guidelines.

TITLE: Initiation of ALS Care (continued)
SECTION: General Policies
EFFECTIVE: 9/1/99

NUMBER: 100.10
REVISED/REVIEWED: 8/1/2023

3. Any patient with a potentially life-threatening or limb-threatening condition which either exists at the time of the ALS provider's arrival, or may reasonably be expected to develop prior to or during transport. Examples of situations in which ALS care is usually indicated include but are not limited to:
 - a. Altered mental status and/or unconsciousness
 - b. Chest pain, palpitations
 - c. Seizures
 - d. Neurologic deficit/stroke, syncope or near syncope, abdominal pain
 - e. Shortness of breath/difficulty breathing
 - f. Vaginal bleeding
 - g. Complications of pregnancy or emergency childbirth
 - h. GI bleeding
 - i. Trauma
 - j. Overdose/poisoning
 - k. Burns
 - l. Cyanosis
 - m. Failure of child to recognize parents
 - n. Child with fever and petechiae
 - o. Provider judgment
4. If the safety of the scene is uncertain, or if attempting to perform assessments or interventions could reasonably be expected to escalate an already uncooperative patient to the point of jeopardizing anyone's safety, these requirements may be waived to facilitate transport of the patient to the closest, most appropriate hospital. Any rationale for withholding an otherwise indicated assessment and/or intervention should be well-documented in the electronic Prehospital Care Report (ePCR).
5. ALS care should never be discontinued following its initiation without approval by online medical control.
6. Loyola EMS System Providers should always contact Medical Control if there are doubts about the appropriate course of action.

TITLE:	Advanced EMTs (AEMTs)/EMT-Intermediates (EMT-Is)	NUMBER:	100.11
SECTION:	General Policies		
EFFECTIVE:	8/1/2023	REVISED/REVIEWED:	8/1/2023

PURPOSE: To establish the approved scope of practice for Loyola EMS Providers who are licensed at the level of Advanced Emergency Medical Technician (AEMT) or Emergency Medical Technician - Intermediate (EMT-I) in the State of Illinois.

POLICY: Individuals who are licensed at the level of AEMT or EMT-I will be eligible to enter the Loyola EMS System and function at the level of EMT-Basic.

AEMTs or EMT-Is are not approved to perform any advanced life support (ALS) interventions in the Loyola EMS System.

TITLE:	Falsification of Prehospital Care Reports (PCRs)	NUMBER:	200.1
SECTION:	Medical-Legal		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: To clearly identify what constitutes falsification of patient information on a Prehospital Care Report (PCR).

POLICY: All documentation must be completed as accurately and as comprehensively possible. The thorough and accurate documentation of patient records is vitally important both to the continuity of patient care and for the preservation of information which may prove critical to any ensuing medical-legal affairs. Alterations or falsifications of any patient medical record, including but not limited to the Prehospital Care Report (PCR), can potentially compromise patient care, damage System credibility, and expose the EMS provider, their employer, and the Loyola EMS System to civil and/or criminal liability. Any deliberate act of documenting inaccurately or intentionally altering a record is considered an offense whereby appropriate disciplinary action can be taken against all personnel named on the Prehospital Care Report (PCR).

As taken from the Emergency Medical Services (EMS) Systems Act, 210 ILCS 50/3.170: No person shall fabricate any license or knowingly enter any false information on any application form, run sheet, record or other document required to be completed or submitted pursuant to this Act or any rule adopted pursuant to this Act, or knowingly submit any application form, run sheet, record or other document which contains false information.

TITLE:	Confidentiality of Medical Records	NUMBER:	200.2
SECTION:	Medical-Legal		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: In order to protect the patient's right to privacy, medical records must be kept confidential. Access to these records shall be conducted in accordance with the laws and regulations which govern the right to examine, copy, or release confidential medical information including but not limited to the Health Insurance Portability and Accountability Act (HIPAA).

POLICY: The Loyola EMS System Prehospital Care Report (PCR) is a medical-legal document, and its contents are considered to be protected health information. Likewise, the contents of all pre-hospital communications are also considered to be protected health information. Under no circumstances should a prehospital call be recorded on a personal device.

Prehospital records considered to contain protected health information include, but are not necessarily limited to:

- EMS Prehospital Care Report
- EMS Billing Documents
- Photographs taken by EMS providers which contain any part of a patient, the scene, or anything else which may be linked to a patient or reveal identifying information*
- Live or recorded audio or video of prearrival notifications, made by an in-field EMS Provider to a receiving hospital, regarding a patient being transported
- Live or recorded audio or video of requests for online medical direction, made by an in-field EMS Provider, pertaining to:
 - Appropriate transport destinations
 - Patient refusals of care and/or transport
 - Field pronouncements
 - Handling of uncooperative patients without law enforcement assistance
 - Telehealth services
 - Any other EMS-related patient-care situation which requires medical-legal guidance
- Live or recorded audio or video of communications between ECRNs and/or physicians functioning as Medical Control pertaining to a patient who was or is being cared for in the prehospital setting
- Any written documentation which corresponds with any audio or visual media described above

*NOTE: Loyola EMS Providers are permitted to obtain visual or audio recordings during a patient encounter for the **SOLE** purpose of facilitating patient care. In the rare circumstance that this is indicated, any photos, videos, or recordings must be stored and handled on secure devices and in a HIPAA-compliant manner at all times. Loyola EMS Providers should **NEVER** access or disseminate any documents, photos, or recordings obtained during a patient encounter unless it is for the purposes of facilitating patient care, performing formal quality assurance or quality improvement (QA/QI), or complying with legal obligation(s).

Modes of prehospital communication may include, but are not necessarily limited to:

- Secure calls to CarePoint or telemetry workstations
- Radio transmissions over MERCI channel
- Calls to unrecorded ED phone lines
- Transmission to iCloud or secure web program
- Transmission to secure fax
- Telehealth programs/services
- Prehospital notification software (e.g. E-Bridge from General Devices)

TITLE:	Confidentiality of Medical Records (continued)	NUMBER:	200.2
SECTION:	Medical-Legal		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

Prehospital Care Reports will be completed, stored, and accessed in accordance with Loyola EMS System Policies 200.2a (Confidentiality of Medical Records: Prehospital Care Reports) and 200.19 (Prehospital Care Reports).

Prehospital communications will be conducted, and any audio or visual recordings shall be stored and accessed, in accordance with Loyola EMS System Policy 200.2b (Confidentiality of Medical Records: Prehospital Communications).

All Loyola EMS System Providers are obligated to comply with the rules of HIPAA at all times. Unauthorized or unnecessary access of any Prehospital Care Report may constitute a HIPAA violation, the consequence(s) of which may include severe disciplinary action by the Loyola EMS System and/or legal liability.

TITLE:	Confidentiality of Medical Records: Prehospital Care Reports (PCRs)	NUMBER:	200.2a
SECTION:	Medical-Legal		
EFFECTIVE:	8/1/2023	REVISED/REVIEWED:	8/1/2023

PURPOSE: To describe processes through which Prehospital Care Reports (PCRs) are archived, and to provide acceptable reasons for their access, retrieval, and use.

POLICY: All PCRs completed prior to the Loyola EMS System transition to a web-based charting platform shall be archived and maintained by the Loyola EMS System office, and any record required by an EMS Agency shall be made available upon request made by the EMS Agency's EMS Coordinator or equivalent representative.

All PCRs completed subsequent to the Loyola EMS System transition to a web-based charting platform shall be accessible to each EMS Agency's EMS Coordinator or equivalent representative, as well as to the Loyola EMS System. Any required assistance in accessing charts archived on the web-based platform may be made to the Loyola EMS System office or the customer support services of the web-based vendor.

Completed Prehospital Care Reports may be accessed or retrieved for the following purposes:

- Replacement of missing, damaged, or illegible PCR in patient's medical record
- Addendum(s) to PCR by report's author(s)
- Quality Assurance/Quality Improvement (QA/QI) initiatives
- EMS Quality Control Communication Report (EQCCR)
- Billing
- Formal Legal Requests (e.g. Freedom of Information Act, subpoena, etc.)
- The patient or their legal guardian through a valid medical records release process

All Loyola EMS System Providers are obligated to comply with the rules of HIPAA at all times. Unauthorized or unnecessary access of any PCR may constitute a HIPAA violation, the consequence(s) of which may include severe disciplinary action by the Loyola EMS System and/or legal liability.

TITLE:	Confidentiality of Medical Records: Prehospital Communications	NUMBER:	200.2b
SECTION:	Medical-Legal		
EFFECTIVE:	8/1/2023	REVISED/REVIEWED:	8/1/2023

PURPOSE: To describe processes through which prehospital communications are conducted, and how any recorded media are stored and maintained. To provide acceptable reasons for access, retrieval, and use of recorded prehospital communications.

POLICY: All communications made through CarePoint or telemetry workstations should be recorded. Each Associate Hospital's EMS Coordinator is responsible for storing and maintaining the audio recordings of their facility's prehospital communications, and in a manner that ensures compliance to the rules of HIPAA. Per the requirements of 77 Ill. Adm. Code § 515.330(l), all online medical direction calls must be recorded for retrospective review and retained for at least 365 days, or for the duration of the institution's records retention policy, whichever is longer. Audio recordings may be stored indefinitely, though the Loyola EMS System recommends that hospitals retain each audio recording for a period of no less than seven years.

Release of Recordings of Prehospital Communications

Associate Hospital EMS Coordinators are obligated to provide any recordings of prehospital communications requested by the Loyola EMS System, though *only* to individuals in the following roles:

- Loyola EMS System Medical Director
- Loyola EMS System Manager/Coordinator
- Loyola EMS System Assistant Manager
- Loyola EMS System ECRN Coordinator

Hospital EMS Coordinators are permitted to provide recordings of prehospital communications to their ED Director or Manager, or appropriate officers from their institution's Risk Management, Compliance, or legal departments as needed for QA/QI and/or medical-legal situations. In these circumstances, the EMS Coordinator must ensure that the recordings are retrieved and provided to the appropriate individual in a HIPAA-compliant manner. Likewise, any approved individual to whom prehospital documents or recordings are provided is also responsible for maintaining the materials in a HIPAA-compliant manner.

Playback of Recordings of Prehospital Communications

If a playback feature is enabled on a CarePoint Workstation, the hospital EMS Coordinator, ECRN, or Attending ED Physician may play a recording of a call for the **SOLE** purpose of clarifying details of the call, as necessary to:

- Ensure the delivery of safe and effective patient care
- Ensure accurate communication of pertinent patient information to another facility for a relay call

The Associate Hospital EMS Coordinator may play recordings of prehospital communications to individuals other than those described above for the purposes of:

- Investigating an EMS Quality Control Communication Report (EQCCR)
 - In these cases, recordings should only be played for:
 - EMS Coordinators of the EMS Agency involved in the incident
 - Crewmember(s) on the call
 - ECRN on the call
- Addressing questions or concerns, specific to a patient's prehospital care, expressed by representatives of interdisciplinary hospital committees
 - In these cases, recordings should only be played for appropriate representative(s) of the QA/QI committee

Educational Use of Recordings

As previously stated, prehospital communications are considered to contain protected health information and should be kept confidential. Similarly, the identities of all parties involved in prehospital communications should be kept confidential to the extent possible in order to safeguard their security and wellbeing. Furthermore, the contents of prehospital communications may be the subject of ongoing litigation, which their inappropriate release may jeopardize.

As such, **UNDER NO CIRCUMSTANCES** should any recording of prehospital communications be used for educational purposes without the direct knowledge and unambiguous approval of the Loyola EMS System Office.

TITLE:	Continuity of Care/Abandonment	NUMBER:	200.3
SECTION:	Medical-Legal		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: To ensure that the continuity of appropriate medical care is provided for each patient.

POLICY: Abandonment occurs when the provider-patient relationship, once it has been established, is intentionally and inappropriately ended by the provider.

As it pertains to EMS Providers, the only acceptable manners in which a provider-patient relationship may end include:

- The patient with decisional capacity ends the relationship (see Policy 200.10 Consent/Refusal of Treatment)
- The patient's care is transferred to another qualified medical professional
- The continuation of the provider-patient relationship constitutes a clear danger to the provider's safety

Prehospital providers may not leave a patient if a need for continuing medical care exists. The only exceptions will be the presence and availability of individuals with comparable or higher licensure who may assume the responsibility for the care of the patient, or the existence of a clear and present danger to the provider's safety.

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

If a patient with decisional capacity, as defined by Loyola EMS System Policy 200.10 (Consent/Refusal of Treatment), refuses care and/or transportation to the hospital, the prehospital provider must establish online communication with a Loyola EMS System hospital prior to leaving the scene and document the patient's condition and refusal of care and/or transportation. The prehospital provider must inform the patient of the risks of not receiving emergency care and if the individual continues to refuse ALS/BLS intervention, have the individual sign a release of services on the Prehospital Care Report.

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

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

If both a BLS unit and an ALS unit are on the scene of an incident in which one or more patients require care, the ALS provider will assess the patient(s) and will determine if the assumption of care/transport by the ALS unit is indicated, or if continued care/transport by the BLS unit is appropriate. If an ALS provider which is available to transport a patient determines that the continuation of care by the BLS unit is appropriate, the ALS Provider must contact online Medical Control to gain approval for relinquishing patient care to the BLS unit.

TITLE: Continuity of Care/Abandonment (continued)
SECTION: Medical-Legal
EFFECTIVE: 9/1/99

NUMBER: 200.3
REVISED/REVIEWED: 8/1/2023

Per Ill. Admin Code tit. 77 § K app. D, neither the assessment nor the transfer of care can be initiated if it appears to jeopardize the patient's condition. BLS units shall not delay transport to await the arrival of, or treatment by an ALS unit if the wellbeing of the patient could be jeopardized by doing so. ALS units shall not relinquish the care of any patient who meets criteria for the initiation of ALS care, as defined by Loyola EMS System Policy 100.10 (Initiation of ALS Care), to a BLS unit.

Each EMS Provider should consult their individual department's policy regarding transportation of patients outside the response area. All calls between EMS providers and hospital ECRN are recorded. These recordings are the property of the Loyola EMS System.

TITLE:	Continuity of Care/Abandonment – Transport Destinations	NUMBER:	200.3a
SECTION:	Medical-Legal		
EFFECTIVE:	8/1/2023	REVISED/REVIEWED:	8/1/2023

PURPOSE: To define appropriate transport destinations and establish procedures for Loyola EMS System Providers.

POLICY: Per Loyola EMS System Policy 200.12 (Transport to Other than the Closest, Most Appropriate Hospital), when determining the transport destination of a patient, Loyola EMS System providers should select the closest, most appropriate facility whenever possible. Exceptions to this may include:

- A patient with full decision-making capacity refuses transport to the closest, most appropriate facility in preference of another appropriate facility.
- The verified Power of Attorney acting on behalf of a non-decisional patient refuses transport to the closest, most appropriate facility in preference of another appropriate facility.
- A physician or qualified physician’s assistant (PA) or nurse practitioner (NP, APN) has made arrangements for an interfacility transfer to be completed by a private EMS agency, and has provided all required documentation, including:
 - A completed a Physician Certification Statement (PCS) form
 - All pertinent medical records to be transported with patient and/or to the receiving facility

9-1-1 Providers

Loyola EMS System Providers who are functioning as 9-1-1 responders may ***ONLY*** transport patients to facilities with emergency departments that are currently designated as “comprehensive” or higher. Such facilities include:

- Level I Trauma Centers
- Level II Trauma Centers
- Comprehensive Emergency Departments

Loyola EMS System Providers who are functioning as 9-1-1 responders ***SHALL NOT*** transport any patient to any location which has not been designated as a “comprehensive” emergency department or higher. Such locations include, but are not necessarily limited to:

- Immediate Care Centers/Urgent Care Centers
- Free-standing Emergency Departments
- Licensed mental health care facilities
- Outpatient care destinations
 - Doctor’s offices
 - Outpatient mental health centers/offices
 - Addiction treatment centers
 - Dialysis centers
- Inpatient rehabilitation centers
- Birth centers
- Nursing homes
- Assisted care facilities
- Private residences
- Police Department jail/lock-up

Should a situation arise in which any individual is requesting transport to a location that is not designated as a comprehensive emergency department or higher, the Loyola EMS Provider functioning as a 9-1-1 responder should contact Medical Control, explain the situation, and follow any guidance given.

Private EMS Agency Providers

Loyola EMS Providers who are functioning within a private EMS agency shall transport their patient ***ONLY*** to the destination provided by the transferring facility or, if the patient is not on location of a transferring facility, an appropriate destination arranged for in a prescheduled appointment (e.g. home-to-dialysis, etc.). A patient may be transported to or from a private residence if either the pick-up location or the transport destination provide healthcare services. Such locations include, but are not necessarily limited to:

- Skilled nursing facilities
- Assisted care facilities
- Licensed mental health care facilities
- Outpatient care destinations
 - Doctor's offices
 - Outpatient mental health centers/offices
 - Addiction treatment centers
 - Dialysis centers
- Inpatient rehabilitation centers

During scheduled interfacility transports, the Loyola EMS Provider functioning within a private EMS agency shall ensure that all of the following criteria are satisfied ***BEFORE*** transport is initiated:

- The patient's identity has been verified with no fewer than two patient identifiers, to include at minimum:
 - Full name
 - Date of birth
- A Physician Certification Statement (PCS) form has been completed by an individual authorized to do so and has been given to the transporting EMS Provider
- If patient is to be transferred from an Emergency Department to another institution of equal or higher level of care, an EMTALA form has been completed by a clinician authorized to do so and has been given to the transporting EMS Provider
- All pertinent medical records have been given to the transporting EMS provider
- If patient is being transferred to an inpatient psychiatric institution:
 - A petition has been completed by an individual authorized to do so and has been given to the transporting EMS Provider
 - A certificate has been completed by an individual authorized to do so and has been given to the transporting EMS Provider
- All patient belongings have been transferred to the EMS Provider
- All patient complaints have been addressed ***OR*** any patient complaints can reasonably be expected to be adequately addressed by the receiving facility
- The scope of practice and capabilities of the transporting EMS Providers are adequate to address any reasonably foreseeable complications that could arise.

Loyola EMS Providers who are functioning within a private EMS agency who are responding to an unplanned incident (e.g. unexpected illness/injury on location at a healthcare facility, "walk-up" patients, etc.) ***SHALL NOT*** transport the patient to any location other than an Emergency Department designated as "comprehensive" or higher.

Should a situation arise in which any individual is requesting transport by a private EMS provider to a non-healthcare location or approved residence, the Loyola EMS Provider functioning within a private EMS agency should contact Medical Control, explain the situation, and follow any guidance given.

TITLE:	Personal Immunity from Liability	NUMBER:	200.4
SECTION:	Medical-Legal		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: To define immunity from liability for Loyola EMS System prehospital providers while providing infield patient medical assessment and life support services.

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

Immunity from civil liability.

- (a) Any person, agency or governmental body certified, licensed or authorized pursuant to this Act or rules thereunder, who in good faith provides emergency or non-emergency medical services during a Department [IDPH] approved training course, in the normal course of conducting their duties, or in an emergency, shall not be civilly liable as a result of their acts or omissions in providing such services unless such acts or omissions, including the bypassing of nearby hospitals or medical facilities in accordance with the protocols developed pursuant to this Act, constitute willful and wanton misconduct.
- (b) No person, including any private or governmental organization or institution that administers, sponsors, authorizes, supports, finances, educates or supervises the functions of emergency medical services personnel certified, licensed or authorized pursuant to this Act, including persons participating in a Department approved training program, shall be liable for any civil damages for any act or omission in connection with administration, sponsorship, authorization, support, finance, education or supervision of such emergency medical services personnel, where the act or omission occurs in connection with activities within the scope of this Act, unless the act or omission was the result of willful and wanton misconduct.
- (c) Exemption from civil liability for emergency care is as provided in the Good Samaritan Act.
- (d) No local agency, entity of State or local government, or other public or private organization, nor any officer, director, trustee, employee, consultant or agent of any such entity, which sponsors, authorizes, supports, finances, or supervises the training of persons in the use of cardiopulmonary resuscitation, automated external defibrillators, or first aid in a course which complies with generally recognized standards shall be liable for damages in any civil action based on the training of such persons unless an act or omission during the course of instruction constitutes willful and wanton misconduct.
- (e) No person who is certified to teach the use of cardiopulmonary resuscitation, automated external defibrillators, or first aid and who teaches a course of instruction which complies with generally recognized standards for the use of cardiopulmonary resuscitation, automated external defibrillators, or first aid shall be liable for damages in any civil action based on the acts or omissions of a person who received such instruction, unless an act or omission during the course of such instruction constitutes willful and wanton misconduct.
- (f) No member or alternate of the State Emergency Medical Services Disciplinary Review Board or a local System review board who in good faith exercises his responsibilities under this Act shall be liable for damages in any civil action based on such activities unless an act or omission during the course of such activities constitutes willful and wanton misconduct.
- (g) No EMS Medical Director who in good faith exercises his responsibilities under this Act shall be liable for damages in any civil action based on such activities unless an act or omission during the course of such activities constitutes willful and wanton misconduct.
- (h) Nothing in this Act shall be construed to create a cause of action or any civil liabilities.

TITLE:	Reportable Incidents	NUMBER:	200.5
SECTION:	Medical-Legal		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: To identify the responsibilities of prehospital providers to in the reporting of any incidents harmful to the public good discovered during patient care.

POLICY: All prehospital care providers, nurses, and physicians are obligated to report serious crimes. The nature of any injuries should be considered context of the reported history of the incident.

Examples of crimes or suspicious incidents:

1. Child abuse and/or neglect*
2. Elder abuse and/or neglect* (Patients 60 Y.O. or older)
3. Abused or neglected long-term care facility residents*
4. Abused or neglected patient with special healthcare needs
5. Sexual assault*
6. Human trafficking*
7. Domestic violence
8. Assault with weapon, battery, and/or injuries associated with violence
9. Motor vehicle crash
10. Suspicious deaths
11. Animal bites
12. Gunshot/stab wounds

The appropriate agencies must be notified. All known details related to the reportable incident should be communicated to the receiving ED Physician and ED Nurse, so that optimal care and all necessary follow-up can be achieved.

All EMS Providers caring for a patient who may be the victim of any of the above abuses, crimes, or suspicious incidents are required to file a report with the applicable agency. An exception to this requirement may be appropriate regarding nonelderly (younger than 60 years old), adult victims of domestic violence who have not sustained physical injuries, as reporting in some instances may worsen the danger of their situation. If domestic violence against an adult is suspected in a household where minors reside, the EMS Provider must report the incident to the Child Abuse Hotline even if there is no indication that physical violence toward a minor has occurred. Refer to Loyola EMS System Policy 200.18 (Victims of Abuse) for procedures regarding the reporting of incident(s).

*Appropriate hotlines for mandatory reporting:

Illinois Department of Children & Family Services Child Abuse Hotline

- 1-800-25-ABUSE (1-800-252-2873)

Illinois Department on Aging, Elder Abuse Hotline

- 24/7 hotline Adult Protective Services Hotline: 1-866-800-1409
- IDPH Nursing Home Hotline 1-800-252-4343
- See Policy 200.18 Victims of Abuse

National Human Trafficking Hotline

- 24/7 hotline 1-888-373-7888

TITLE:	Crime Scene Response	NUMBER:	200.6
SECTION:	Medical-Legal		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: To identify the prehospital provider's role at a crime scene response.

POLICY: EMS Providers are often called to crime scenes to render care to sick and/or injured individuals. In such scenarios, the EMS Provider may experience conflicting priorities, as they are obligated to provide patient care while also causing minimal disturbance to the scene. **The EMS Provider should be aware that the preservation of life and limb will always have higher priority than the preservation of evidence, and if necessary the scene may be disrupted to render patient care.**

The police should be present on all crime scenes, as they will be responsible for securing the scene and for preserving evidence which may be subject to use in criminal investigations. As such, the police will be in charge on all crime scenes, and EMS Providers should accommodate police to the greatest extent possible in their efforts to preserve the integrity of the scene and any evidence it contains, provided that patient care would not be compromised by doing so.

PROCEDURE:

1. The scene should be assessed, and its security confirmed, to ensure that professional medical duties may be performed safely.
 - a. In all cases where a crime, suicide or attempted suicide, accidental death, or suspicious fatality has occurred and police are not on the scene, the crew should first take any necessary measures to ensure their own safety and request law enforcement services immediately.
 - b. Treatment and transport should not be delayed pending police arrival unless the safety of the prehospital provider would be placed in jeopardy, or the victim is obviously dead (see item 3).
2. Patient assessment and treatment should be initiated per the appropriate SMOs. If police do not allow the EMS Provider access to a potential patient or suspected decedent, Medical Control should be notified immediately, and the names and badge numbers of any law enforcement officer restricting access should be documented on the Prehospital Care Report.
 - a. Contamination and disturbance of the crime scene is to be avoided to the greatest extent possible. If any part of the scene is disrupted, whether it be necessary for the rendering of patient care or by accident, the police should be informed of anything that was moved or touched, and in what manner.
 - b. Anything brought onto the scene (e.g. dressing, wrapping or packages) by the EMS Provider, should be removed upon their departure from the scene. An exception to this shall only apply to medical accessories or devices placed on a patient who is pronounced dead on scene; in these instances, medical accessories or devices placed on the patient **SHOULD BE LEFT IN PLACE**.
 - c. With the exception of the patient and anything on their person, EMS Providers should never leave a crime scene with anything they did not bring onto it. If care is to be rendered, police should search the patient for any weapons, contraband, or possible physical evidence *before* the EMS Provider initiates care.
 - d. If cutting through the clothing of a patient is necessary to render care, the EMS Provider should make every effort to CUT AROUND any tears, holes, stains, or other damaged areas of the garment. If the EMS Provider does cut through any of these areas, whether it be for the purposes of rendering care or by accident, the police should be informed of where on the garment the cut was made, and in what manner. Any clothing removed from the patient should be placed in a paper bag, and *never* into a plastic bag.
 - e. Handwashing should never be performed or allowed for a patient found on a crime scene, nor should any wounded areas be cleaned, unless absolutely necessary to address threats to life or limb or to stop ongoing injury.

- f. The EMS Provider should be mindful that expended bullets are often present in or around the clothing of a gunshot victim (especially when heavy clothing is being worn). Following transfer of care, the EMS Provider should carefully inspect their ambulance, stretcher, and any used linens for expended bullets or anything else which may otherwise be reasonably construed as evidence. Any expended bullets or potential evidence discovered by the EMS Provider, whether it be during transport or following transfer of care, should be turned over to the police and documented on the Prehospital Care Report. To ensure that the chain-of-custody of any expended bullets or potential evidence discovered by the EMS Provider remains unbroken, the manner in which they are collected and handled shall be determined by the police.
 - g. In cases of hanging or strangulation in which the device of ligature is still attached to the patient, the EMS Provider's highest priority will be to free the airway and restore cerebral circulation, provided that the patient is considered potentially viable. However, all reasonable attempts should be made to preserve the knot/tie portion of the device. If possible, the EMS Provider should loosen the knot to facilitate the removal of the object from the patient, without completely untying it or cutting through it.
 - h. In cases of stabbing, impaled objects should be left in place and stabilized, both for the purposes of preventing further harm to the patient and the preservation of evidence. An impaled object may be removed if absolutely necessary for the performance of a potentially life-saving intervention. If an impaled object is removed or separated from a patient for whatever reason, the object should be given to the police and the event should be documented in the Prehospital Care Report.
3. If an individual is found with indicators of obvious death, CPR should not be initiated, and any touching of the individual should be performed for the sole purpose of assessing for signs of life. Communication with Medical Control should be initiated in accordance with the 'Withholding or Withdrawing of Resuscitative Efforts' SMO. Any interventions performed by the EMS Provider prior to patient being pronounced dead must be communicated to the police and documented in the Prehospital Care Report, and any medical accessories placed on the patient by the EMS Provider (e.g. monitor electrodes, IOs, IVs, airway devices, bandages/dressings, etc.) **SHOULD BE LEFT IN PLACE** following the patient's pronouncement.
4. The Prehospital Care Report (PCR) should be completed as soon as possible, and documentation should include any observations of the crime scene, names and badge numbers of the police officer(s) in charge on scene, any other agencies which assisted on scene, and any personnel who may have been exposed to blood and/or body fluids. In cases of field pronouncement, the System Department EMS Coordinator or equivalent representative shall provide the Medical Examiner with a copy of the Prehospital Care Report upon request.

TITLE: Care for Survivors of Rape or Sexual Assault
SECTION: Medical-Legal
EFFECTIVE: 9/1/99

NUMBER: 200.6a
REVISED/REVIEWED: 8/1/2023

PURPOSE: To provide guidance and establish priorities for Loyola EMS System Providers in the care for survivors of rape or sexual assault.

POLICY: The treatment of survivors of rape or sexual assault presents unique challenges to emergency healthcare professionals, as assessments for injuries and life-threats must be performed while at the same time any physical evidence on the survivor's person must be preserved. As with all patients, the EMS Provider's primary objective in the care of patients claiming to have been raped or sexually assaulted is to identify and treat any immediate life threats. EMS Providers may perform interventions which have the potential to disrupt/contaminate physical evidence if necessary for the preservation of life and limb. However, as with crime scenes, the EMS Provider should make every reasonable effort to preserve any physical evidence which may be present.

In the event that an EMS Provider is caring for a patient claiming to have been raped or sexual assaulted, and the patient has no identified life threats and is hemodynamically stable, care should be provided as follows:

- The EMS Provider should demonstrate compassion and render psychological first aid as appropriate
- If the patient is alert and oriented and does not wish to be touched, the performance of vital signs may be withheld
- The EMS Provider should only ask questions relevant to the identification of injuries or illness and the patient's relationship with the alleged perpetrator(s)
 - NOTE: The purposes of inquiring about the patient's relationship with the alleged perpetrator(s) are to:
 - Alert the receiving ED personnel in the event that the alleged perpetrator(s) arrives in the ED in search of the patient
 - In the event that the victim is a child, an elderly person, an adult with special healthcare needs, or a resident of a nursing home or assisted care facility, to identify the appropriate agency for mandatory reporting and to assist in that agency's investigation
- The EMS Provider should strongly advise the patient not to:
 - Wash their hands
 - Bathe
 - Urinate or defecate
 - Douche
 - Eat or drink
 - Change clothes
 - Touch/clean anything on the scene
- Documentation and communications should be strictly limited to assessments/interventions for injury/illness and the patient's relationship with the alleged perpetrator(s)
- If known, the EMS Provider should inform the receiving Emergency Department personnel of:
 - The patient's relationship with the alleged perpetrator(s)
 - Whether or not the alleged perpetrator(s) have been apprehended and, if not:
 - Whether or not their knowledge of the patient's presence in the Emergency Department is known
 - The names of any and all law enforcement agencies investigating the incident
- If the patient is younger than 18 years of age, older than 59 years of age, is an adult with special healthcare needs, or is the resident of a nursing home or assisted care facility, the appropriate agency must be notified per Loyola EMS System Policy 200.5 (Reportable Incidents)
 - If the patient is younger than 18 years of age, the EMS Provider should report the incident to the Illinois Department of Child and Family Services (DCFS): **1-800-25-ABUSE (1-800-252-2873)**
 - If the patient is 60 years of age or older, or is an adult with special healthcare needs, the EMS Provider should report the incident to Adult Protective Services: **1-866-800-1409**
 - If the patient is a resident of a nursing home or assisted care facility, the EMS Provider should report the incident to the IDPH Nursing Home Hotline: **1-800-252-4343**

TITLE: Care for Survivors of Rape or Sexual Assault (continued)
SECTION: Medical-Legal
EFFECTIVE: 9/1/99

NUMBER: 200.6a
REVISED/REVIEWED: 8/1/2023

When caring for a potential survivor of rape or sexual assault, the EMS Provider ***SHOULD NOT***:

- Ask the patient to recall or describe the incident in detail
 - Interview to be performed by a properly trained nurse or physician and/or law enforcement
- Make inquiries about any alleged perpetrator(s) beyond their relationship with the patient and whether or not they are still at large
 - Inquiries to be performed by law enforcement
- Expose or touch any body area which the alleged perpetrator(s) may have physically contacted
 - Examination and collection of evidence to be performed by a properly trained nurse or physician

TITLE:	Behavioral Emergencies: Care of Uncooperative or Impaired Patients	NUMBER:	200.7
SECTION:	Medical-Legal		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: To establish guidelines for the care of a person who is considered to be mentally ill and/or experiencing a behavioral emergency.

POLICY: Patients who are acutely mentally ill and/or experiencing a behavioral emergency may exhibit impaired judgment, or act in ways which are erratic, bizarre, or inappropriate. Patients who are determined to be suicidal, homicidal, or experiencing impaired judgment are considered to be non-decisional and must be transported to the nearest appropriate hospital, against their will if necessary, for their ultimate safety and benefit. If the EMS Provider cannot safely gain access to such a patient or if, after exhausting all efforts at persuasion, it is reasonable for the EMS Provider to believe that attempting to transport such a patient would constitute a threat to their safety, and law enforcement assistance is unavailable, the EMS Provider should contact Medical Control per Loyola EMS System Policy 200.7a (Uncooperative Patient without Law Enforcement Assistance).

PROCEDURE: Non-Decisional Patient/Behavioral Emergency

1. **Scene Safety:** The EMS Provider shall assess and continually reassess the scene for potential dangers. If the scene is determined to be unsafe prior to the EMS Provider's arrival, the EMS Provider should stage at a safe distance and await confirmation that the scene is secure. If a reasonable danger is identified after the EMS Provider's arrival on scene, the EMS Provider shall retreat or take action as appropriate to ensure their safety.
2. Police and/or Fire Department assistance should be requested as appropriate if not already dispatched.
3. Upon entering the scene, the EMS Provider should maintain a safe distance from the patient until the patient either provides consent or exhibits behaviors which require immediate intervention/restraint. The EMS Provider should make all reasonable attempts to ensure their own safety, including their confirming that law enforcement will assist, prior to attempting any emergent intervention or restraint.
4. The EMS Provider should present themselves in a calm and non-threatening manner. When approaching the patient, the EMS Provider should ensure that an exit remains accessible to them at all times, and should be mindful of their proximity to the patient's personal space and the patient's proximity to theirs.
5. The EMS Provider should consider, and evaluate and treat as safe and appropriate, potential medical and/or traumatic emergencies which may be the cause of the patient's presentation, examples of which include but are not limited to:
 - Hypoxia
 - Hypotension
 - Hypoglycemia
 - Trauma (i.e. head injury)
 - Excited Delirium
 - Alcohol/drug intoxication or reaction
 - Stroke
 - Post-ictal states/seizures
 - Acidosis
 - Electrolyte imbalance
 - Infection
 - Dementia (i.e. acute or chronic organic brain syndrome)
 - Psychiatric illnesses
 - Depression
 - Suicidal and/or Homicidal Ideation
 - Severe anxiety/psychosis

TITLE:	Behavioral Emergencies: Care of Uncooperative or Impaired Patients (continued)	NUMBER:	200.7
SECTION:	Medical-Legal	REVISED/REVIEWED:	8/1/2023
EFFECTIVE:	9/1/99		

6. The EMS Provider should assess the patient’s decisional capacity and potential danger to self or others, as determined by the patient’s affect, behavior, and cognitive ability, the considerations of which include the patient’s:
- a. Consciousness-GCS, attention span
 - b. Orientation- oriented to person, place, situation, understands and follows instructions
 - c. Activity- restlessness, agitation, compulsions
 - d. Speech- rate, volume, articulation, content
 - e. Thought process- delusions, flight of ideas, obsessions, paranoid, non-congruent, disorganized, grandiose, manic, phobias, suicidal ideation, homicidal ideation/harm to others
 - f. Memory- immediate, recent, remote
 - g. Affect and mood- appropriate or inappropriate
 - h. Perception- delusions, hallucinations (auditory, visual, tactile)
7. If the patient is deemed non-decisional and/or is deemed to be a danger to self or others, prehospital providers should carry out treatment and transport in the interest of the patient's welfare, and should abide by the following guidelines:
- a. EMS Providers should be constantly mindful of their safety, and should avoid unnecessary danger at all times.
 - b. The EMS Provider should make every reasonable effort to gain the patient’s consent to be transported, and should only initiate measures to treat/transport the patient against their will after all reasonable efforts to gain the patient’s consent have been exhausted.
 - c. If the patient resists, reasonable force may be used to restrain the patient and prevent them from inflicting initial or further harm to themselves or others (see Policy 200.8 Use of Restraints).
 - d. The police shall be notified before all involuntary removals, excluding institutionalized patients.
8. For patient situations in which the patient’s decisional capacity or threat to self or others is uncertain and, by extension, their right to refuse treatment/transport is unclear, the EMS Provider should contact a Region VIII hospital and seek online medical direction. If the situation involves the inability of the EMS Provider to access, treat, or transport the patient due to non-involvement of law enforcement, the EMS Provider should only contact LUMC as per Loyola EMS System Policy 200.7a (Uncooperative Patient without Law Enforcement Assistance)
9. Any treatments/interventions which may ordinarily be required by the SMOs can be waived if their attempted performance could reasonably be expected to compromise the cooperation of a patient who is otherwise agreeable to being transported, or may reasonably be expected to cause an escalation of a patient such that patient and/or crew safety becomes endangered. The EMS Provider should describe their consideration of any withheld treatment/intervention which would have otherwise been indicated, as well as their rationale for withholding the treatment/intervention, in the Prehospital Care Report (PCR).
10. Any patient presenting with a behavioral or mental health emergency, for whom a petition has not been completed by a licensed and qualified mental health professional, must be medically cleared by a licensed ED clinician (ED Physician, Physician Assistant, or Advanced Practice Nurse).
11. Appropriate documentation regarding the use and necessity of restraints during transfers should be included in the transfer form.

TITLE:	Uncooperative Patient without Law Enforcement Assistance	NUMBER:	200.7a
SECTION:	Medical-Legal		
EFFECTIVE:	8/1/2023	REVISED/REVIEWED:	8/1/2023

PURPOSE: To provide guidance during situations in which the Loyola EMS System Provider cannot safely gain access to, treat, or transport an uncooperative patient who may represent a threat to themselves or others, and for whom law enforcement is unable or unwilling to provide assistance to EMS.

POLICY: The Loyola EMS System prioritizes the safety and wellbeing of its providers above all else. The Loyola EMS System also recognizes that its EMS Providers are frequently called upon to care for patients who represent a threat to themselves and/or others, and must treat and transport them against their will if necessary. These situations can be, or may become dangerous, though oftentimes, with the assistance of law enforcement, EMS Providers are able to safely gain access to these types of patients, render any required treatment, and transport them successfully and without harm.

However, a dilemma arises when law enforcement is not available, or when law enforcement personnel have determined that the current situation is not a law enforcement issue, as EMS providers may be unable to ensure their own safety in accessing, treating, or transporting patients whom they are ordinarily obligated to treat and transport.

Whenever a perceived conflict exists between the EMS Provider’s safety and their obligation to render aid, the safety and wellbeing of the EMS Provider must always take precedence. The EMS Provider DOES NOT have a legal duty to act if doing so could clearly put them in harm’s way. Under no circumstances should an EMS Provider attempt to gain access to, restrain, render care to, or transport an uncooperative patient if they cannot reasonably guarantee their own safety while doing so, nor should they ever be directed by any authority figure to perform any action which could clearly put them in harm’s way.

Examples of patient scenarios in which the EMS Provider may be unable to gain access to, restrain, render care to, or transport uncooperative patients without the assistance of law enforcement include, but are not necessarily limited to:

- Potentially suicidal, homicidal, or intoxicated patients who have locked or barricaded themselves in a building or a room (also referred to as “lock-in” situations)
- Non-decisional and uncooperative patients requiring transport and possible restraint for whom available EMS personnel do not have adequate training, equipment, or sufficient number of qualified individuals required to reasonably guarantee their ability to safely do either
- Non-decisional patients who have fled from the scene, the ambulance, or an Emergency Department

During these circumstances, the Loyola EMS Provider must contact Loyola University Medical Center (LUMC) Medical Control directly and explain the situation. Any Associate Hospital notified with requests to provide online Medical Control for these situations shall direct the crew to notify LUMC or, if the crew’s service is not a Loyola EMS System Provider, the applicable Resource Hospital.

The LUMC ECRN and attending ED Physician will discuss the matter with the Loyola EMS Provider, will review any efforts already made in attempting to safely access, treat, or transport the patient, and will make recommendations about any feasible options which may remain.

If all reasonable efforts in gaining a non-decisional patient’s cooperation have been exhausted, and no feasible options in which the EMS Provider can safely compel the patient to be treated or transported without law enforcement assistance exist, online Medical Control shall document the incident. Medical Control **SHALL NOT** grant a refusal, as refusals cannot be granted to non-decisional patients. Rather, Medical Control shall acknowledge the crew’s inability to transport the patient due to safety reasons, and shall provide additional direction as appropriate to the circumstances.

TITLE:	Uncooperative Patient without Law Enforcement Assistance (continued)	NUMBER:	200.7a
SECTION:	Medical-Legal		
EFFECTIVE:	8/1/2023	REVISED/REVIEWED:	8/1/2023

Upon the conclusion of the call, the Loyola EMS Provider must thoroughly document the incident and all pertinent details in the electronic Prehospital Care Report (PCR). Documentation should include:

- Nature of the call
- Any findings or information indicating the patient does not have decision making capacity
- Description of any uncooperative behaviors from the patient, possibly including, as applicable:
 - Their locking or barricading themselves in a room or building
 - Any indications of escalation, or attempts at violence against any approaching individual
 - Any verbal abuse (if possible, exact quotations of statements should be documented)
 - Any resistance against efforts of EMS Providers to perform assessment, render treatment, or initiate transport
 - Patient's fleeing from a scene or elopement from a patient care environment.
- EMS Provider's rationale(s) for believing that their attempted intervention could jeopardize their safety and wellbeing, possibly including but not necessarily limited to:
 - Any threats of violence made by patient (if possible, exact quotations of statements should be documented)
 - Any attempts at violence made by patient (e.g., punching, kicking, spitting, biting, etc.) against any individual
 - If patient has locked or barricaded themselves in a room, any uncertainty regarding the patient's possession of weapons
 - Any presence of environmental hazards
 - Any lack of training, equipment, or personnel which may reasonably be required to restrain the patient, based upon the perceived strength and capabilities of the patient or other pertinent aspects of the patient, environment, and available resources
- Description(s) of any efforts made to gain the patient's cooperation
- Description(s) of EMS Provider's attempts to gain assistance of law enforcement personnel
- If law enforcement is unwilling to assist due to circumstances not matter being a law enforcement matter:
 - The name of any law enforcement agency involved
 - Any rationale(s) offered by law enforcement personnel
 - Name(s) and/or badge number(s) of highest-ranking officer on scene
- Pertinent details of communications with Medical Control, including:
 - Orders given by Medical Control
 - Any inability to follow orders given by Medical Control
 - The ECRN's Loyola EMS System number and/or name of Attending ED Physician

TITLE:	Use of Restraints	NUMBER:	200.8
SECTION:	Medical-Legal		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

POLICY: The application of physical restraints may be required to prevent non-decisional patients from causing harm to themselves or others, and should only be considered when all less-restrictive preventative measures have either been exhausted or may reasonably be expected to be ineffective. Physical restraints are to be utilized **SOLELY** for the purpose of preventing the patient from harming themselves or others, and only during circumstances in which the threat of harm posed by the patient is clear and **immediate**. Physical restraints should **NEVER** be applied to patients with decisional capacity, and should **NEVER** be used for any reason other than the prevention of harm.

Patients who are presenting with suicidal or homicidal ideation, or who are clearly exhibiting impaired judgment are considered to be non-decisional and must be transported to the nearest appropriate hospital, against their will if necessary, for their ultimate safety and benefit.

DEFINITIONS: Restraint

"Restraint" (405 ILCS 5/1-125) (from Ch. 91 1/2, par. 1-125)

Sec. 1-125. means direct restriction through mechanical means or personal physical force of the limbs, head or body of a recipient. The partial or total immobilization of a recipient for the purpose of performing a medical, surgical or dental procedure or as part of a medically prescribed procedure for the treatment of an existing physical disorder or the amelioration of a physical disability shall not constitute restraint, provided that the duration, nature and purposes of the procedures or immobilization are properly documented in the recipient's record and, that if the procedures or immobilization are applied continuously or regularly for a period in excess of 24 hours, and for every 24 hour period thereafter during which the immobilization may continue, they are authorized in writing by a physician or dentist; and provided further, that any such immobilization which extends for more than 30 days be reviewed by a physician or dentist other than the one who originally authorized the immobilization.

Momentary periods of physical restriction by direct person-to-person contact, without the aid of material or mechanical devices, accomplished with limited force, and that are designed to prevent a recipient from completing an act that would result in potential physical harm to himself or another shall not constitute restraint, but shall be documented in the recipient's clinical record. (Source: P.A. 99-143, eff. 7-27-15.)

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:

If the patient poses an immediate threat to the safety of themselves or others, law enforcement shall be notified for assistance and, if necessary, reasonable force may be used to restrain the patient. In the event that law enforcement is unavailable or otherwise unable to assist, and the EMS Provider's safety cannot be ensured during their continued efforts to treat and/or transport the patient, the EMS Provider should first take any necessary measures to guarantee their personal safety. The EMS Provider should then contact LUMC for online medical direction per Policy 200.7a (Uncooperative Patient without Law Enforcement Assistance).

PROCEDURE:

Restraints Application

1. The EMS Provider should ensure that any equipment required for restraint is accessible, and that the number and capabilities of present personnel are sufficient to maximize safety. If the situation permits, the EMS Provider should discuss options and ideas for potentially avoiding restraint with personnel present, the circumstances which will require the initiation of the physical restraint process, and what each person's role in that process will be.
2. The EMS Provider should attempt to establish rapport with the patient, and should attempt verbal de-escalation and/or redirection with therapeutic communication as appropriate.

TITLE: Use of Restraints (continued)
SECTION: Medical-Legal
EFFECTIVE: 9/1/99

NUMBER: 200.8
REVISED/REVIEWED: 8/1/2023

3. If the patient remains an immediate threat to themselves and/or others despite all reasonable attempts at de-escalation, the EMS Provider should choose the safest, least restrictive, and most effective method(s) of physical restraint required to guarantee the safety of the patient and others.
4. ALS Providers should always consider the administration of medications as appropriate to address anxiety, aggression, or agitation exhibited by the patient per the Behavioral Emergencies SMO.

GUIDELINES AND CARE OF PATIENTS IN RESTRAINTS:

1. The EMS Provider should ensure that a sufficient number of qualified personnel are available to restrain patient.
2. If the situation permits, the EMS Provider should clearly communicate to the patient the behaviors which will lead to the application of restraints.
3. If the situation permits, the EMS Provider should allow the patient ample opportunity to cease any behaviors which may lead to the application of restraints.
4. If physical restraint is required, restraints should be applied to both arms, and may also be applied to both legs.
5. Patients **SHOULD NEVER** be restrained face down or with both arms above their head. Force **SHOULD NEVER** be applied to the patient's neck, chest, abdomen, back, or face. The patient should be placed in semi-Fowler's position, and their ability to adequately ventilate should be ensured at all times during and after the application of restraints.
6. All restrained extremities should be assessed for adequate circulation at least every 15 minutes. Indicators of adequate circulation which should be assessed and documented include pulses, motor, sensation, and capillary refill time. If signs of inadequate circulation are present, the EMS Provider should immediately loosen or remove the restraint as needed to restore circulation.
7. The patient's behavior and necessity for restraints should be continually monitored and reassessed. Once the patient no longer poses an immediate threat to the safety of themselves or others, the restraints should be removed.
8. Documentation pertaining to the application of restraints should include:
 - a. A thorough description of the circumstances and patient behaviors which necessitated physical restraint
 - b. All less-restrictive methods attempted to de-escalate or redirect patient
 - c. Type of restraints used
 - d. Time restraints were applied and, if applicable, time they were removed
 - e. Position of patient and restrained extremities
 - f. Continual assessment of ventilation and circulation
 - g. Continual assessment of patient's behaviors
 - h. Thorough description of behaviors or circumstances necessitating the continued use of restraints
 - i. Description of any injuries to patient already present prior to initiation of restraint process
 - j. Description of any patient injuries suspected to have occurred during or after the restraint process, including any complaints made by the patient.
 - k. Dosage, route, and site(s) of any medication administered
 - l. Patient's response to any medication administered, or lack thereof
9. The number of personnel involved in the physical restraint of a patient, and the amount of force applied, should be the minimum required to ensure that the process is both safe and successful. The type of restraint used and extent of restriction should be the minimum required to ensure the safety of the patient and others.
10. Loyola EMS System Providers should neither possess nor apply handcuffs at any time. 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 ensure that the law enforcement officer accompany the patient during transport, or be immediately available to remove the handcuffs as required for the care and wellbeing of the patient.
11. Loyola EMS System Providers should neither possess nor apply spit hoods at any time.

TITLE: Use of Restraints (continued)
SECTION: Medical-Legal
EFFECTIVE: 9/1/99

NUMBER: 200.8
REVISED/REVIEWED: 8/1/2023

12. There are potential hazards associated with the use of restraints, and care must be taken to ensure that restraints are applied correctly. Manufacturers of restraints provide guidelines for their correct application, which EMS Providers should follow. The EMS Provider should, at all times, be capable of immediately releasing any restraint applied as required for the care and wellbeing of the patient.
13. All prehospital providers who may be called upon to assist in restraining a patient must be properly trained, and their competency must be maintained by the provider's employer.

TITLE:	Treatment of Minors	NUMBER:	200.9
SECTION:	Medical-Legal		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: To ensure the wellbeing of any minor in need of medical care when the consent for treatment from the minor's legal guardian is not available. To define consultation and documentation with Medical Control for all prehospital refusals of service for any minor or emancipated minor when EMS has been called, and established patient contact.

POLICY:

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

With some exceptions, 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 to be treated under IMPLIED CONSENT.

Instances in which a minor may consent to or refuse care include:

- Minor who is legally emancipated
- Minor who is pregnant
- Minor who is a parent
- Minor who is married
- Minor who is a member of the U.S. Armed Services
- Minor 12-17 years of age with chief complaint(s) of a sexual nature
- Minor 12-17 years of age with complaint related to outpatient mental health treatment
 - NOTE: Minors cannot refuse treatment or transport if they are experiencing a behavioral/mental health emergency. In these instances, the patient should be treated and transported in accordance with Loyola EMS System Policy 200.7 (Behavioral Emergencies: Care of Uncooperative or Impaired Patients)
- Minor 12-17 years of age with chief complaint(s) related to treatment of drug/alcohol abuse
 - NOTE: minor cannot refuse treatment or transport if they are acutely intoxicated

With some exceptions, a parent/guardian may refuse treatment/transport of a minor following approval by Medical Control. Instances in which the parent/guardian CANNOT refuse the treatment/transport of a minor include:

- a. When suspicion of abuse and/or neglect exists
- b. Life or limb threatening illness or injury
- c. Nondecisional adult parent/guardian

Any person who is determined to lack decisional capacity cannot refuse treatment or transport to a hospital for medical attention. In such cases, the patient is to be treated under IMPLIED CONSENT. If the patient in question is a minor, and if it is reasonable to believe that a lack of medical attention would result in their harm, the patient must be transported, even if it is against the expressed wishes of the parent/guardian. If the EMS Provider encounters such a scenario, they must contact Medical Control as soon as it is safe and feasible to do so, and the EMS Provider must report the incident to the appropriate agency per Loyola EMS System policies 200.5 (Reportable Incidents) and 200.18 (Victims of Abuse).

Emancipated Minor

An emancipated minor is a mature minor (aged 16 or 17 years old) who has been legally recognized as having the ability and capacity to manage their own affairs and live, wholly or partially, independent of parents or guardians. With regard to healthcare decisions, emancipated minors are to be treated as adults, and are to be afforded the same rights and privileges regarding consent to and refusal of care.

TITLE: Treatment of Minors (continued)
SECTION: Medical-Legal
EFFECTIVE: 9/1/99

NUMBER: 200.9
REVISED/REVIEWED: 8/1/2023

Intoxicated Minor

If a minor is believed to be under the influence of drugs and/or alcohol and a parent/guardian wishes to refuse treatment and/or transport, Medical Control must be notified, and the granting of a refusal will be at the ED Physician's discretion. A parent/guardian cannot refuse treatment and/or transport of a minor who is under the influence of alcohol and/or drugs if any of the following conditions exist:

- The parent/guardian is not physically present
- The parent/guardian does not have decisional capacity
- There is reason to believe the minor's environment is unsafe
- The minor has sustained trauma
- The safety and/or wellbeing of the minor is at all questionable

Documentation of Refusal of Treatment for a Decisional Patient

Steps required of Loyola EMS System Providers for obtaining and documenting a refusal from the patient or their parent/guardian are as follows:

1. The EMS Provider should document the patient's chief complaint, their level of consciousness and orientation, and pertinent assessment findings.
2. The EMS Provider must inform the patient or parent/guardian of any consequences which may occur as a result of their refusal, and must then confirm that the patient understands those potential consequences.
3. The EMS Provider should then obtain a signature from the patient or parent/guardian indicating understanding and acceptance of risks of refusal.
4. If possible, the EMS Provider should obtain the signature of a witness who was present during the discussion regarding risks of refusal, and who observed the patient or parent/guardian sign the refusal form. The witness would ideally be someone related to the patient or parent/guardian.
5. All pertinent details of the discussion held regarding the refusal and its risks must be documented in the electronic Prehospital Care Report.
6. Approval for refusal of care may only be granted by Medical Control. The EMS Provider must notify Medical Control regarding requests for refusal of care **PRIOR TO** their leaving the scene.
7. Document ECRN/ED physician approving refusal. The EMS Provider should document the Loyola EMS System of the ECRN and the name of the ED Physician approving the refusal request.
8. If the patient or guardian is not willing to sign a refusal of care and/or transport, it should be documented as outlined in items 1-5. If the patient or guardian is not willing to sign a refusal form indicating their understanding and acceptance of the risks of refusal, the EMS Provider must document the patient's refusal to sign in their Prehospital Care Report.
9. A Multiple Patient Release (MPR) form may be utilized for incidents in which two or more patients are refusing care. The procedure for documentation of assessing and documenting the refusal of treatment of the decisional patient remains the same when an MPR form is utilized.

TITLE:	Consent/Refusal of Treatment	NUMBER:	200.10
SECTION:	Medical-Legal		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: To describe the conditions under which a patient or guardian may refuse care and/or transport after patient contact has been established, and to explain the proper procedure for obtaining and documenting a patient's or guardian's refusal of care and/or transport.

DEFINITIONS:

Adult with Decisional Capacity

Per the Illinois Healthcare Surrogate Act (755 ILCS 40/10):

“Decisional capacity” means the ability to understand and appreciate the nature and consequences of a decision regarding medical treatment or forgoing life-sustaining treatment and the ability to reach and communicate an informed decision in the matter as determined by the attending physician.

In most circumstances, an individual must be 18 years of age or older in order to possess decisional capacity, and thereby reserve the right to consent to or refuse treatment and/or transport. Instances in which a minor may possess decisional capacity, and thereby reserve the right to consent to or refuse treatment and/or transport, are described in Loyola EMS System Policy 200.9 (Treatment of Minors).

Decisional capacity is not a permanent designation. It can change and be influenced by medications, pain, time of day, depression, mood, delirium, and other factors. A patient may also have the capacity to make some simple choices but not more complex treatment decisions.

The more significant the consequences of a decision, the greater the evidence of decisional capacity required. It is not uncommon for patients who have a diagnosis of psychiatric illness, or who are developmentally disabled, elderly, brain-injured, non-verbal, or non-compliant to therapeutic regimens to have their decisional capacity questioned. Though the existence of any of these conditions does not imply or establish a lack of decisional capacity, they do indicate the need for a careful assessment by the EMS Provider.

Decisional capacity is not the same as competence. A determination of incompetence is permanent and is decided by a court.

Multiple Patient Release (MPR)

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

Procedure:

1. Test of decisional capacity: Whether or not a patient understands their condition, the nature of the medical advice given, and the potential consequences of refusing to consent. This can be determined by a combination of the following assessments:

- a. Alertness and orientation to person, place, time, and situation
- b. Speaking in full sentences with clear speech
- c. Affect/Behavior: The patient's demeanor and behavior are appropriate in the present circumstances and environment.
- d. Cognition/Judgment: The patient understands information relevant to their present circumstances, and is able to draw reasonable conclusions based on that information.
- e. Insight: The patient can appreciate the implications of their present circumstances, including what influence any of their actions and/or inactions may have on their outcome.

TITLE: Consent/Refusal of Treatment (continued)
SECTION: Medical-Legal
EFFECTIVE: 9/1/99

NUMBER: 200.10
REVISED/REVIEWED: 8/1/2023

Documentation of Refusal of Treatment/Transport for a Decisional Patient

Steps required of Loyola EMS System Providers for obtaining and documenting a refusal from the patient or their parent/guardian are as follows:

1. The EMS Provider should document the patient's chief complaint, their level of consciousness and orientation, and pertinent assessment findings.
2. The EMS Provider must inform the patient or parent/guardian of any consequences which may occur as a result of their refusal, and must then confirm that the patient understands those potential consequences.
3. The EMS Provider should then obtain a signature from the patient or parent/guardian indicating understanding and acceptance of risks of refusal.
4. If possible, the EMS Provider should obtain the signature of a witness who was present during the discussion regarding risks of refusal, and who observed the patient or parent/guardian sign the refusal form. The witness would ideally be someone related to the patient or parent/guardian.
5. All pertinent details of the discussion held regarding the refusal and its risks must be documented in the electronic Prehospital Care Report.
6. Approval for refusal of care may only be granted by Medical Control. The EMS Provider must notify Medical Control regarding requests for refusal of care **PRIOR TO** their leaving the scene.
7. Document ECRN/ED physician approving refusal. The EMS Provider should document the Loyola EMS System of the ECRN and the name of the ED Physician approving the refusal request.
8. If the patient or parent/guardian is not willing to sign a refusal of care and/or transport, it should be documented as outlined in items 1-5. If the patient or parent/guardian is not willing to sign a refusal form indicating their understanding and acceptance of the risks of refusal, the EMS Provider must document the patient's refusal to sign in their Prehospital Care Report.
9. A Multiple Patient Release (MPR) form may be utilized for incidents in which two or more patients are refusing care. The procedure for documentation of assessing and documenting the refusal of treatment of the decisional patient remains the same when an MPR form is utilized.
10. The Prehospital Care Report should be completed and submitted promptly after patient contact has ended.

TITLE:	Release of Uninjured Students from School Bus Crash Scenes	NUMBER:	200.10a
SECTION:	Medical-Legal		
EFFECTIVE:	8/1/98	REVISED/REVIEWED:	4/1/2024

PURPOSE: Low-speed MVCs involving school buses present a unique dilemma for EMS Providers. Typically, the absence of a parent/guardian would mandate the transport of a minor under the principle of implied consent. However, in some low-speed MVCs involving school buses, the amount of energy transferred to the passenger compartment is so low that no significant injury could have possibly been sustained by its occupants. In such cases, mandatory transport of all minors aboard the school bus would be inappropriate, and would pose an enormous, unnecessary, and potentially dangerous burden on local EMS agencies and receiving hospitals.

This policy is designed to assist prehospital providers in releasing uninjured minor patients involved in low energy collisions involving school buses.

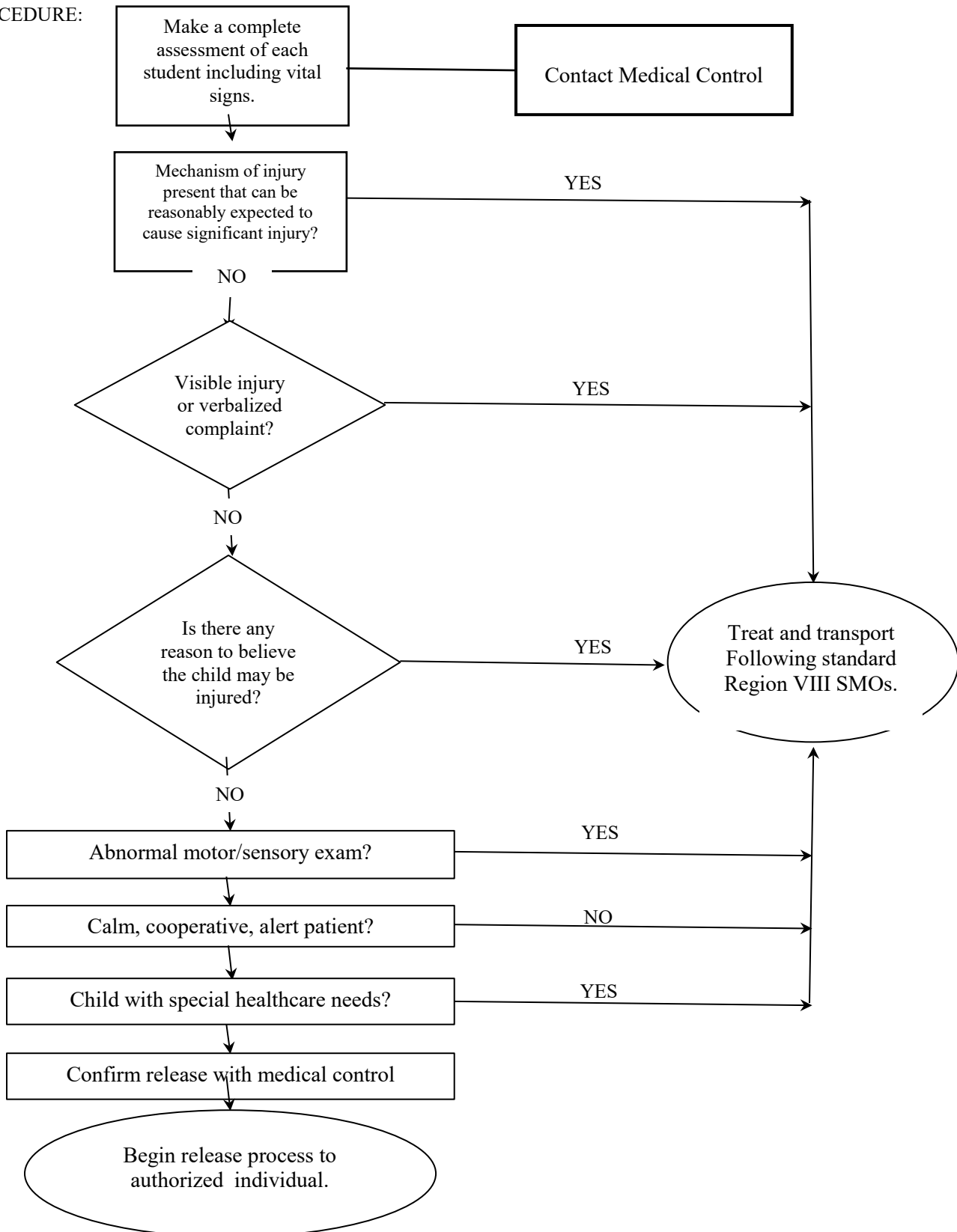
POLICY: If an EMS Provider is on the scene of a minor MVC involving a school bus which was transporting one or more minors, a refusal by an appropriate school official on behalf of any and all minors may be allowable without attempts being made to contact each minor's parent/guardian for consent. This is permissible only if ALL of the following conditions exist:

- The forces involved in the collision are such that no significant injury could reasonably be expected
- Any minor for whom refusal is being considered may reasonably be expected to be capable of both perceiving and communicating injuries
- Any minor for whom refusal is being considered is well-appearing and complaint-free
- An appropriate school official is present on scene
- The appropriate school official is willing to sign the Multiple Patient Release (MPR) form

Exceptions/Caveats

1. This policy does not apply to collisions 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 with complaint(s) of 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 the release of any child should be done in consultation with online Medical Control. If the assessment done by prehospital providers on the scene indicates that any child should be further assessed or treated at the hospital, that child should be transported according to System policy.

PROCEDURE:





LOYOLA EMS SYSTEM SCHOOL BUS INCIDENT RELEASE FORM

Provider _____ Unit # _____ Date _____ Time _____

License # _____ Incident # _____ Location _____

School District _____ Bus # _____ Page 1 of _____

Total # Persons _____ # Persons Transported _____ # Persons not Transported _____

This form is solely intended for use during responses to low-speed collisions involving a school bus which contained one or more minors at the time of impact. In the event that the force and/or dynamics of the impact can be reasonably be expected to have caused significant injury to the occupants of the school bus, the Loyola EMS Provider should initiate treatment and response procedures per the applicable Multiple Victim Incident (MVI) or Mass Casualty Incident (MCI) SMO.

This form is intended to document the names and personal information of **ONLY UNINJURED** individuals who do not require transport. The procedure for determining if a minor involved in a school bus incident is eligible for release shall be completed in accordance with the algorithm and stipulations described within Loyola EMS System policy 200.10a (Release of Uninjured Students from School Bus Crash Scenes). Documentation for any individual who requires treatment or transport shall be completed in accordance with the requirements specified in the applicable Multiple Victim Incident (MVI) or Mass Casualty Incident (MCI) SMO.

Any individual 18 years of age or older should provide initials in the indicated space to attest that they are uninjured. Individuals who are younger than 18 years of age will require the initials of their parent/guardian or the authorized school representative signing the release form to attest that the individual is uninjured. Initials indicate that no injury has been sustained and that no treatment or transport are required.

<u>Adult Name (non-student)</u>	<u>Function (e.g. driver, teacher, chaperone, etc.)</u>	<u>Home Address and Telephone</u>	<u>Initials</u>

<u>Student Name</u>	<u>Age</u>	<u>Home Address and Telephone</u>	<u>Initials of parent/guardian or authorized representative</u>

The individuals listed above have been determined to be uninjured. Online medical control has approved of the release of all of the above minors to the custody of their parent/guardian or authorized school representative.

Name of Primary Patient Caregiver (print)

Name of Authorized School Representative (print)

Signature

Date

Signature

Date

TITLE:	Non-Impaired Refusal of Care with Admitted Alcohol Consumption	NUMBER:	200.10b
SECTION:	Medical-Legal		
EFFECTIVE:	7/1/2021	REVISED/REVIEWED:	8/1/2023

PURPOSE: To provide guidance for prehospital providers and online medical control regarding the possibility of refusing medical care and/or transport for patients with the admitted consumption of alcohol who are 21 years of age or older.

POLICY: Loyola EMS System Providers may be called for patients who have consumed alcoholic beverages. The patient’s consumption of alcohol DOES NOT necessarily render them non-decisional, and they may or may not reserve the right to refuse treatment and/or transport. To determine whether or not a patient with admitted alcohol consumption has decisional capacity, the Loyola EMS System Provider shall utilize and abide by the ‘Non-Impaired Individual with Admitted Consumption/Odor of Alcohol on Breath Wishing to Refuse Medical Care and Transport’ protocol.

The Loyola EMS System Provider must contact Loyola University Medical Center (LUMC) Medical Control directly to request and document these types of refusals. Any Associate Hospital notified with requests to obtain or document these types of refusals shall direct the crew to notify LUMC or, if the crew’s service is not a Loyola EMS System Provider, the appropriate Resource Hospital.

For instances in which a patient between 18-20 years of age with admitted/suspected alcohol consumption wishes to refuse treatment and/or transport, the Loyola EMS System Provider must contact LUMC directly to request a refusal. The granting of a refusal shall be at the discretion of the LUMC Attending ED Physician.

For instances in which the parent/caregiver of a patient 17 years of age or younger with admitted/suspected alcohol consumption wishes to refuse treatment and/or transport, the Loyola EMS System Provider shall abide by the ‘Intoxicated Minor’ requirements described in Loyola EMS System Policy 200.9 (Treatment of Minors).

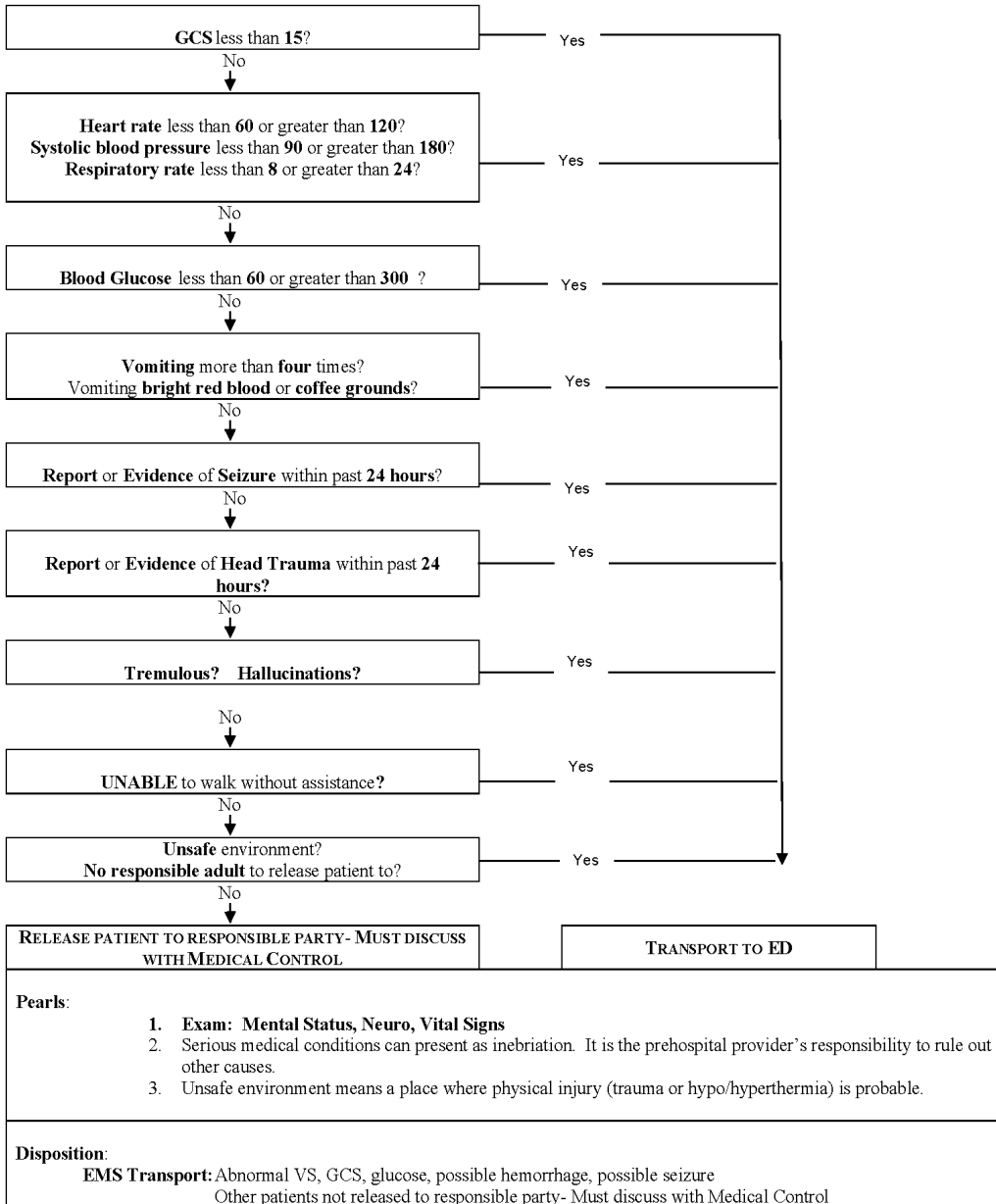
For instances in which a patient who may be under the influence of a nonalcoholic mind-altering substance wishes to refuse, the ‘Non-Impaired Individual with Admitted Consumption/Odor or Alcohol on Breath Wishing to Refuse Medical Care and Transport’ protocol shall not apply. In these situations, the Loyola EMS System Provider may contact any Region VIII hospital for online medical direction. In the event of a disagreement between a Loyola EMS Provider and an Associate Hospital’s Medical Control, the Loyola EMS Provider may contact LUMC’s Medical Control directly and request an override of the Associate Hospital’s orders, per Loyola EMS System Policy 100.4 (Resource Hospital Override). In the event this situation occurs, LUMC represents the ultimate authority in any online medical direction provided.

PROCEDURE:

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:	Physician/Nurse on the Scene/Use of Medications	NUMBER:	200.11
SECTION:	Medical-Legal		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: To define the roles and responsibilities of physicians and nurses on the scene of an EMS call who are volunteering to assist with or assume patient care.

To identify the procedure for use of medications by physicians and nurses on the scene of an EMS call.

PROCEDURE: Physician/Nurse on the Scene

1. In order for a physician on the scene to assume or assist in patient care, they must provide their State of Illinois medical license (M.D. or D.O.) and a State-issued picture identification. In order for a registered nurse on the scene to assume or assist in patient care, they must provide their State of Illinois professional nurse license (RN) and a 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 current status and the presence of a physician/nurse on the scene seeking involvement in or assumption of patient care.
3. The EMS Provider must immediately contact Medical Control if any disagreement arises between the EMS Provider and the physician or nurse seeking involvement in the patient's care. Care of the patient shall be directed by the Attending Physician functioning as Medical Control.
4. If the physician/nurse on the scene decides to become involved directly in the patient's care, they should be informed that they must accompany the patient to the hospital and sign the PCR.
 - 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 SMOs, they 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.
 - c. If a physician seeking involvement in the patient's care is the patient's personal physician, the previously established patient/physician relationship should be respected.

PROCEDURE: Use of Medications

1. Medications the physician has in their possession can be administered to the patient only by the physician ~~only~~. Use of these medications must be communicated to Medical Control, and documented in the Prehospital Care Report. (PCR).
2. Medications from the ambulance drug box can be administered to the patient by the physician/nurse within the guidelines established by Region VIII SMOs. Use of these medications must be communicated to Medical Control, and documented in the Prehospital Care Report.
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 Prehospital Care Report (PCR).

TITLE:	Transport to Other than the Closest, Most Appropriate Hospital	NUMBER:	200.12
SECTION:	Medical-Legal		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: To comply with the Rules of [IDPH] requiring System protocol for the transport of persons to a hospital other than the closest, most appropriate hospital.

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

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

- **Adult/Pediatric-Burns**
- **Adult/Pediatric-Trauma**
- **Cancer**
- **Children with Special Healthcare Needs**
- **Neurosurgical Intervention**
- **Obstetrics**
- **Pediatrics**
- **STEMI**
- **Stroke**
- **Transplant**
- **Vascular Intervention**
- **Ventricular Assist Devices (VAD)**

PROCEDURE:

1. The prehospital provider will establish contact with Medical Control of a Region VIII hospital, will identify the closest, most appropriate hospital and estimated time of arrival (ETA) to that facility, and the patient's requested/desired hospital and ETA to that facility.
2. Based on the information provided, Medical Control will either approve or disapprove of the transport to the more distant facility.
 - a. If transport to the more distant facility is not approved by Medical Control and the patient has decision-making capacity, the patient may still be transported to the more distant facility. However, the patient must both understand and accept the risks of refusing transport to the closest, most appropriate hospital. The procedure for obtaining and documenting the patient's refusal should be completed in accordance with Loyola EMS System policy 200.10 (Consent/Refusal of Treatment).
 - i. A patient with decision-making capacity retains their right to autonomy and informed consent. Under no circumstances should a patient with decision-making capacity be transported to any location without their informed and expressed consent, or in contradiction to their expressed wishes. Such an act may constitute kidnapping and/or false imprisonment, and any parties involved, including but not limited to the crew and Medical Control, may be subject to criminal and/or civil litigation and penalties.
 - b. If transport to the more distant facility is not approved by Medical Control and the patient does not have decision-making capacity, the patient must be transported to the closest, most appropriate facility.

TITLE:	Hospital Emergency Department Diversion/Bypass	NUMBER:	200.13
SECTION:	Medical-Legal		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: To define peak census, diversion, and bypass, and to describe appropriate circumstances, procedures, and exceptions pertaining to diversion and bypass.

POLICY: At times, hospitals may be affected by a significant limitation in their available resources or an internal disaster. Depending on the circumstance and its severity, a hospital's ability to provide an acceptable standard of patient care may be compromised, and in some situations one or more areas of a hospital and/or its surroundings may become immediately dangerous. During such circumstances, it may become necessary for a hospital to go on EMS Diversion or Absolute EMS Bypass.

A change of a hospital's patient-receiving status to EMS Diversion or Absolute EMS Bypass can be designated only by IDPH. As such, any hospital seeking to change their receiving status to EMS Diversion or Absolute EMS Bypass must issue a formal request to IDPH. Any request for the initiation or continuation of EMS Diversion or Absolute EMS Bypass status will be subject to approval by IDPH. If IDPH grants the facility's request for a change in status to EMS Diversion or Absolute EMS Bypass, the facility will be obligated to fulfill any requirements already established by IDPH regarding diversion or bypass status, and must also abide by any conditions prescribed by IDPH pertaining to the hospital's current circumstances.

Definitions of EMS Diversion and Absolute EMS Bypass, circumstances which may necessitate EMS Diversion and Absolute EMS Bypass, and procedures pertaining to EMS Diversion or Absolute EMS Bypass, are as follows.

DEFINITIONS:

Peak Census

Peak census occurs when a hospital is near its census capacity (i.e., nearly all rooms/beds in a hospital are occupied by patients), and access to inpatient beds, critical care equipment, support resources, and/or staffing is limited to the point of affecting the management of patient care. IDPH requires that all hospitals in the State of Illinois report their current census data and inventory of certain equipment/supplies at least once per day when operations are normal. IDPH may require the reporting of census and inventory information at more frequent intervals if circumstances demand.

Hospitals should have peak census or surge capacity plans in place to respond to the demands of such circumstances. Peak census or surge capacity plans should be activated at the time that the status of peak census is identified. Peak census or surge capacity plans are developed by each hospital/healthcare system in consideration of their resources and capabilities, and typically include plans and procedures to:

- Call in additional staff and expand staffing grids
- Expedite patient discharge processes
- Cancel elective outpatient procedures and admissions
- Consider downgrades of patients in the ICU(s) and telemetry units, as appropriate for each patient
- Utilize certain locations to expand patient care areas (e.g. hallways, vacant clinical sites, conference rooms, tents, etc.)
- Assemble and keep on standby emergency caches of supplies and linens

Surge Capacity

The ability to obtain adequate staff, supplies and equipment, structures, and systems to provide sufficient care to meet immediate needs of an influx of patients. This includes a rapid increase in patient volumes to the ED with limited bed capacity, mass casualty incident/local/natural disasters, and other internal/external situations that result in a sudden influx of patients.

Hospitals should activate their peak census or surge capacity plan once the rapid influx of patients is recognized.

TITLE: Hospital Emergency Department Diversion/Bypass (continued)
SECTION: Medical-Legal
EFFECTIVE: 9/1/99

NUMBER: 200.13
REVISED/REVIEWED: 8/1/2023

Resource Limitation

A resource limitation occurs when the resources of a facility either become insufficient to meet the demands of present circumstances, or compromise a hospital's ability to deliver any services or maintain its standard of care. Examples of resource limitations include:

- Inadequate staffing
- Limited critical care beds
- Limited monitored beds
- Shortage of critical care equipment
- Limited surgical suites (Trauma Centers)
- Loss of CT scanner capability (Trauma Centers and Stroke Centers)
- Cath Lab inoperability (STEMI/PCI Centers, Comprehensive Stroke Centers)

Internal Disaster

Internal disasters are incidents which occur within the facility or on its campus, and significantly disrupt or compromise the facility's normal operations. Examples include:

- Fire
- Flood
- Hazardous materials release
- Power outage
- Active shooter or armed assailant
- Computer systems failure
- Telephone systems failure

Diversion

A request for EMS Diversion may be made by a facility to IDPH during circumstances of resource limitation **AFTER** all of the following have occurred:

- All reasonable responses, including the activation of peak census or surge capacity plans, have been initiated
- All appropriate mitigation efforts have proven insufficient or ineffective
- All feasible options to avoid requesting diversion have been exhausted

If a facility's request for diversion status is granted by IDPH, the facility must continue all possible efforts to resolve the condition(s) which necessitated their going on diversion. The hospital's status of diversion will end at the time when any of the following occur:

- Resolution or sufficient mitigation of the condition(s) which necessitated diversion status
- Numerous other facilities in close geographic proximity request diversion due to similar circumstances or must go on absolute bypass, and transport time by an ambulance to the nearest facility identified in the regional bypass plan exceeds 15 minutes
 - Determinations regarding granting or continuation of diversion for each individual facility to be made by IDPH
- IDPH deems the ending of diversion status appropriate

TITLE:	Hospital Emergency Department Diversion/Bypass (continued)	NUMBER:	200.13
SECTION:	Medical-Legal		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

Hospitals on diversion should make every effort to avoid diverting patients, and as such diversion status may be specific to patients who require certain services which the hospital is temporarily unable to provide. In such circumstances, patients who require those particular services may be diverted, however the facility should still receive patients for whom care can be effectively rendered. Examples of specific types of diversion may occur include:

- Comprehensive and Primary Stroke Center diversion due to CT scanner inoperability
- Trauma Center diversion due to CT scanner inoperability or lack of surgical suites
- STEMI/PCI diversion due to Cath Lab inoperability
- ALS diversion due to unavailability of monitored beds
- Other specific types of diversion as determined by IDPH

While on diversion status, hospitals are still obligated to abide by the Emergency Medical Trauma and Labor Act (EMTALA), and therefore must provide screenings and render emergency care to patients on their premises, regardless of whether or not they arrive via EMS or Walk-In.

NOTE: All hospitals on any type of EMS diversion status will still be receiving centers for patients being transported by EMS who require immediate stabilization for imminently life-threatening emergencies. These include, but are not necessarily limited to patients presenting with:

- Cardiac arrest
- Impending cardiac arrest
- Unstable airway and/or inability to ventilate
- Childbirth emergency in which the life of the mother or child is in immediate danger
- Any patient requiring an immediately life-saving procedure which the transporting EMS service is incapable of performing

Absolute Bypass

Absolute Bypass status is reserved for internal disasters during which an immediate danger to the safety of patients, staff, and visitors exists, and/or incidents during which safe patient care cannot possibly be achieved. Under no circumstances should EMS transport a patient to a facility which is on absolute bypass status.

Examples of acceptable reasons for absolute bypass include:

- Structure fire in hospital
- Major hazardous materials release in building or on campus
- Active shooter or armed assailant in building or on campus
- Bomb threat
- Power outage
- Major oxygen systems failure
- Major flood
- Other circumstances as deemed appropriate by IDPH

NOTE: The terms “bypass” and “diversion” are often used interchangeably by healthcare workers and EMS Providers. However, each term has its own specific definition and unique implications. To avoid the inappropriate transport of patients to acutely incapable or actively dangerous destinations, clarification and confirmation regarding the hospital’s current abilities to render care must be made at the time a facility goes on “diversion” or “bypass,” and whenever updates regarding “diversion” or “bypass” status are provided.

TITLE:	Hospital Emergency Department Diversion/Bypass (continued)	NUMBER:	200.13
SECTION:	Medical-Legal		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PROCEDURE: Peak Census

1. In determining whether declaring Peak Census status is appropriate, the hospital's administration will consider:
 - a. The number of critical beds available
 - b. The number of monitored beds available
 - c. The number and types of staff available
2. If a hospital's administration or authorized representative determines that declaring Peak Census is appropriate, the hospital's Peak Census/Surge Capacity plan(s) shall be activated
3. The hospital must:
 - a. Change its status on EMResource (<https://emresource.juware.com/login>) to indicate Peak Census status
 - b. Provide any information required by IDPH pertaining to Peak Census status
 - c. Continually evaluate the efficacy of its Peak Census/Surge Capacity efforts
 - d. Provide status updates on EMResource at intervals required by IDPH

PROCEDURE: EMS Diversion

1. If a hospital's administration or authorized representative determines that a request to go on EMS Diversion is appropriate, the specific type/extent of diversion must be considered in the context of the resource limitation. The following shall be required in each type of resource limitation:
 - a. Request for EMS Diversion due to Peak Census
 - i. All reasonable responses, including the activation of peak census/surge capacity plans, have been initiated
 - ii. All appropriate mitigation efforts have proven insufficient or ineffective
 - iii. All feasible options to avoid requesting EMS Diversion have been exhausted
 - b. Request for diversion of particular categorization of patient (e.g., Trauma, Stroke, Acute MI, etc.)
 - i. Specific resource limited must be critical to the standard of care for the particular categorization of patient for which the status of EMS Diversion is to be requested
 - ii. All appropriate mitigation efforts have proven insufficient or ineffective
 - iii. All feasible options to avoid requesting diversion have been exhausted
2. The hospital's administration or authorized representative must directly contact the appropriate IDPH representative and provide a full report regarding their current situation, including all efforts made to mitigate their current situation, the specific type of EMS Diversion being requested, and any other information deemed necessary by IDPH.
3. The approval for EMS Diversion shall be at the discretion of IDPH. If approval of EMS Diversion is granted, the hospital shall:
 - a. Change its status on EMResource (<https://emresource.juware.com/login>) to indicate Diversion status
 - b. Indicate the specific type of EMS Diversion on EMResource
 - c. Notify, by appropriate means, all EMS Providers within, and all hospitals which provide online Medical Direction to EMS Providers within the hospital's service area, and specify which categorizations of patients they will and will not be able to effectively treat
 - d. Provide updates regarding continuation or cessation of EMS Diversion status to all required EMS-related entities at intervals required by IDPH
 - e. Abide by any requirements deemed appropriate by IDPH, including the cessation of EMS Diversion status per IDPH's mandate

TITLE:	Hospital Emergency Department Diversion/Bypass (continued)	NUMBER:	200.13
SECTION:	Medical-Legal		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PROCEDURE: Absolute EMS Bypass

1. If a hospital's administration or authorized representative determines that a request to go on Absolute EMS Bypass is appropriate, the following shall be required:
 - a. An internal disaster has occurred and is in progress
 - b. The internal disaster is of a nature which threatens, or plausibly imperils the safety of staff, patients, and visitors on the hospital's campus, and/or any vehicles or persons approaching the hospital's campus.

2. If and when it is safe to do so, the hospital's administration or authorized representative must directly contact the appropriate IDPH representative and provide a full report regarding their current situation. Their reports shall include all dangers to staff, patients, and visitors identified, as well as any particular ways in which maintaining an acceptable standard of care will be impossible given the circumstances.
 - a. The hospital administrator or authorized representative shall provide IDPH with contact information as appropriate to maintain open communications during the incident.

3. The approval for EMS Bypass shall be at the discretion of IDPH. If approval of EMS Bypass is granted, the hospital shall:
 - a. Change its status on EMResource (<https://emresource.juware.com/login>) to indicate Bypass status
 - b. Notify, by appropriate means, all EMS Providers within, and all hospitals which provide online Medical Direction to EMS Providers within the hospital's service area, and inform them of the particular hazards in/around the hospital
 - c. Provide updates regarding continuation or cessation of EMS Bypass status to all required EMS-related entities at intervals required by IDPH
 - d. Abide by any requirements deemed appropriate by IDPH, including the cessation of EMS Bypass status per IDPH's mandate

TITLE:	Do Not Resuscitate/Withholding/Withdrawing of Resuscitative Efforts	NUMBER:	200.14
SECTION:	Medical-Legal		
EFFECTIVE:	1/3/01	REVISED/REVIEWED:	8/1/2023

PURPOSE: To identify a valid Practitioner Order for Life-Sustaining Treatment (POLST) order and those patients for whom, in accordance with a practitioner's written order, resuscitative efforts should not be initiated.

To describe situations in which, with Medical Control approval, resuscitative efforts may be withheld or withdrawn, and a person may be pronounced dead in the field.

POLICY: The management of cardiac and respiratory arrest situations is an essential function of EMS Providers. While EMS Providers must be proficient in the performance of resuscitative efforts and associated skills thereof, they must also recognize instances in which the withholding and withdrawal of resuscitative efforts is appropriate.

All Loyola EMS Providers must be knowledgeable about current practices and expectations pertaining to POLST forms, must be competent in assessing the validity of POLST forms, and should be familiar with other documents and legal concepts commonly encountered by healthcare providers in end-of-life care.

To ensure the proper handling of situations in which the withholding or withdrawal of resuscitative efforts may be considered appropriate, Loyola EMS Providers are expected to abide by the following procedures for each given scenario.

PROCEDURE: Withholding or Withdrawing of Resuscitative Efforts

1. If uncertainty exists regarding which policies/procedures apply, treatment should be initiated and Medical Control should be contacted for orders.
2. Emotional support should be provided to significant others.
3. Application of the Withdrawing or Withholding of Resuscitation SMO must be guided by a physician. Medical Control should be contacted via phone or, in extenuating circumstances, the MERCI radio.
4. Patients may be pronounced dead only by an ED physician. The time of pronouncement should be documented on the Patient Care Report (PCR) (electronic or paper as appropriate).
5. The disposition of any person pronounced dead in the field shall be handled per local and/or county protocols.
6. All circumstances pertaining to the withdrawal or withholding of resuscitative efforts must be thoroughly documented.
7. ALS providers in the Loyola EMS System should confirm asystole with cardiac monitoring and, if possible, upload a rhythm strip into the patient's electronic prehospital care report.

Power of Attorney for Healthcare

If someone represents themselves as having Power of Attorney, documentation must be presented. If documentation is presented and the individual claiming to have Power of Attorney is requesting any actions which conflict with a patient's valid POLST form or deviate from Loyola EMS System SMOs, the Loyola EMS Provider must contact Medical control and explain the situation. The Loyola EMS Provider should then follow any orders received. If transport is indicated, the individual claiming to have Power of Attorney should be instructed to bring corroborating documentation with them to the receiving facility, or the document may be transported with patient.

Living Will/Surrogates

Living Wills may not be honored by prehospital providers. The Loyola EMS Provider should begin or continue treatment, contact Medical Control, explain the situation, and follow any orders received.

There are no situations in which a surrogate can directly give instructions to prehospital providers. The Loyola EMS Provider should begin or continue treatment, contact Medical Control, explain the situation, and follow any orders received.

TITLE:	Do Not Resuscitate/Withholding/Withdrawing of Resuscitative Efforts (continued)	NUMBER:	200.14
SECTION:	Medical-Legal		
EFFECTIVE:	1/3/01	REVISED/REVIEWED:	8/1/2023

POLST Orders/Withholding Treatment

1. The validity of the POLST order must be confirmed in accordance with Loyola EMS System Policy. Medical Control must be contacted at once if any mandatory field has not been completed or if the orders on the POLST form are unclear. Components of a valid POLST order are as follows:

- Must be a written document that has not been revoked. It must contain all of the following:
 - Name of patient
 - Authorized Practitioner: Attending physician, licensed resident physician (second year or higher), advanced practice nurse or physician assistant.
 - Effective date
 - Box A Cardiopulmonary Resuscitation (CPR) has 1 treatment preference selected:
 - o Attempt Resuscitation/CPR
 - Or
 - o Do Not Attempt Resuscitation/DNR
 - Evidence of consent – any of the following:
 - Signature of the patient, or
 - Signature of Legal Guardian, or
 - Signature of Durable Power of Attorney for Health Care Agent, or
 - Signature of surrogate decision-maker under the Illinois Health Care Surrogate Act.
- The following fields of the POLST form are optional, and do not need to be completed for the POLST to be valid:
 - Section B: Medical interventions if patient is found with a pulse and/or is breathing. Defaults to 'full treatment' if no preferences are indicated.
 - Section C: Medically administered nutrition. Defaults to 'long-term medically administered nutrition' if no preferences are indicated.
 - 'Signature of Witness to Consent' field in Section D.
 - The reverse side of the form containing fields for advance directive and healthcare professional information. If the form indicates the existence of additional advance directive documents, including Health Care Power of Attorney, Living Will Declaration, and Mental Health Treatment Preference Declaration, and the patient is to be transported, all reasonable efforts should be made to obtain and transport additional advance directive documents with patient.
- Copies of the completed POLST form are considered valid
- Older versions of the form which are appropriately completed are considered valid
- POLST forms or equivalents from other states (e.g. MOST, MOLST, POST, etc.) which are appropriately completed are considered valid
- National POLST forms which are appropriately completed are considered valid

2. If the patient has no pulse and is not breathing, *and* the Do Not Attempt Resuscitation/DNR has been checked, *and* the POLST order is valid, resuscitative efforts will be withheld.

3. If the patient has no pulse, is not breathing, *and* the Attempt Resuscitation/CPR has been checked, *and* the POLST order is valid, 'Full Treatment' in Section B is automatically implied.

TITLE:	Do Not Resuscitate/Withholding/Withdrawing of Resuscitative Efforts (continued)	NUMBER:	200.14
SECTION:	Medical-Legal		
EFFECTIVE:	1/3/01	REVISED/REVIEWED:	8/1/2023

4. In the event the patient has a valid POLST order, IS NOT in cardiac or respiratory arrest, IS presenting with a decompensating condition, *and* Do Not Attempt Resuscitation/DNR has been checked: the treatment preference indicated in Section B will direct treatment. If Section B has not been completed, 'full treatment' will be provided. The Loyola EMS Provider should provide care per the applicable SMO(s)
5. If resuscitative efforts were initiated prior to the POLST form being available, efforts may be withdrawn once the validity of the POLST form and the selection of 'Do Not Resuscitate/DNR' have been confirmed. The Loyola EMS Provider should contact Medical Control, explain the situation, and follow any orders received.
6. If a POLST order is valid and an individual other than the patient is requesting treatment(s) which conflict with the wishes indicated on the form, up to and including initiation of resuscitative efforts when Do Not Attempt Resuscitation/DNR was selected, the Loyola EMS Provider should contact Medical Control, explain the situation, and follow any orders received.
7. A conscious patient with decision-making capacity may void their own POLST form at any time.
8. If an ethical dilemma not addressed in Loyola EMS System policies arises, including but not limited to issues pertaining to resuscitative efforts or their withdrawal, the Loyola EMS Provider should contact Medical Control, explain the situation, and follow any orders received.

Hospice Patients Not in Cardiac or Respiratory Arrest

1. If a patient is enrolled in a hospice program, the Loyola EMS Provider should initiate BLS care and immediately contact Medical Control for orders on treatment and disposition. Medical Control should be informed of the presence of written treatment orders and/or valid POLST orders. If no written treatment orders and/or valid POLST documentation are available, the Loyola EMS Provider should contact Medical Control, explain the situation, and follow any orders received.
2. If a patient is enrolled in a hospice program, is decompensating, and a valid POLST form indicating preferences for 'Do Not Resuscitate/DNR' AND 'Comfort-Focused Treatment' is available, the Loyola EMS Provider should contact Medical Control, explain the situation, and follow any orders received.
 - Approved "comfort-focused" interventions include administration of oxygen, performance of suctioning and manual airway maneuvers, and administration of IV fluids and/or analgesic medication. IV access should only be attempted for the purposes of administering IV fluids and/or analgesic medication.
 - Transport to an ED, inpatient hospice unit, or other patient care environment may be requested if comfort cannot be achieved in patient's current location. In such situations, the Loyola EMS Provider should contact Medical Control, explain the situation, and follow any orders received.

Patients without valid POLST forms indicating DNR status, who are in persistent Asystole/PEA and who do not respond to resuscitative efforts

Note: an order from a physician is required before stopping treatment.

1. Patient care should be initiated per the applicable Region VIII SMO
2. The Loyola EMS Provider should contact Medical Control and explain the events of the call, report the treatments administered, and any patient responses to treatment(s), or lack thereof.

TITLE:	Do Not Resuscitate/Withholding/Withdrawing of Resuscitative Efforts (continued)	NUMBER:	200.14
SECTION:	Medical-Legal	REVISED/REVIEWED:	8/1/2023
EFFECTIVE:	1/3/01		

3. All of the following must be confirmed in order for the patient to be pronounced dead in the field by a physician in the Loyola EMS System:

- The patient is an adult
- The patient normothermic
- The cardiac arrest was not witnessed by EMS
 - The patient has remained in cardiac arrest with a non-shockable rhythm and no episodes of ROSC for 30 minutes
 - No defibrillation has been attempted for 30 minutes
 - End-Tidal CO2 readings have been consistently lower than 10mmHg for 20 minutes
 - No reversible causes of cardiac arrest have been identified

4. **Only an ED physician may make the determination to withdraw resuscitative efforts.**

- a. If the ED physician determines that resuscitative efforts may be withdrawn, the Loyola EMS provider should record and document the time of death and the name of the pronouncing physician.
- b. If the physician gives the order to continue resuscitative efforts until EMS reaches the hospital, treatment per appropriate Region VIII SMO is to be carried out.

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

Blunt Traumatic Arrest

Loyola EMS System Providers may consider withholding resuscitative efforts, with the approval of Medical Control, for patients who are found in cardiac arrest due to a blunt traumatic mechanism.

Obviously Dead Patients

1. “Obviously dead” patients are those who are found to be non-breathing, pulseless, asystolic, and have one or more of the following long-term indications of death.

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

No resuscitative efforts are to be initiated for patients found to meet one or more of the indicators listed above.

TITLE:	Do Not Resuscitate/Withholding/Withdrawing of Resuscitative Efforts (continued)	NUMBER:	200.14
SECTION:	Medical-Legal		
EFFECTIVE:	1/3/01	REVISED/REVIEWED:	8/1/2023

2. For patients who appear to be obviously dead but who do not present with any of the long-term indications of death listed above, Medical Control should be contacted and the situation should be explained, per Loyola EMS System Policy 200.15 (Pronouncement of Death in the Prehospital Setting). The Loyola EMS Provider should communicate any findings consistent with obvious death, and follow any orders given by Medical Control.

3. If Medical Control gives approval to withhold resuscitative efforts, the Loyola EMS provider should record and document the time of death and the name of the pronouncing physician.

Notification of Coroner/Medical Examiner

In the event that an individual who was terminally ill and under the care of a physician is pronounced dead in the field, and for whom a valid POLST form indicating DNR preference exists, notification of the Coroner/Medical Examiner's office should be made either by the local police department or EMS personnel, as determined by local protocols.

In any case in which there is a deviation from this policy, the EMS Medical Director or designee will initiate an EMS Quality Control Communication Report (EQCCR).

TITLE:	Pronouncement of Death in the Prehospital Setting	NUMBER:	200.15
SECTION:	Medical-Legal		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

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

POLICY: A patient under the care of a Loyola EMS System paramedic, PHRN/PHAPN/PHPA, or EMT-Basic may be pronounced dead at the scene, in the ambulance, or en route to a hospital by an Attending Emergency Department physician directing the care of the patient. This may be done in the following situations:

- When, in the judgment of the Attending ED Physician, the patient has indicators of obvious death, and resuscitative efforts would be futile. Indicators of obvious death include rigor mortis, lividity, and injuries/illnesses incompatible with life.
- When, in the judgment of the Attending ED Physician, exhaustive resuscitative efforts have proven unsuccessful, and continued resuscitative efforts would be futile.
- When, in the judgment of the Attending ED Physician, exhaustive resuscitative efforts have proven unsuccessful, and the pause in efforts which would occur during the attempted movement of the patient would be of a long enough duration to render continuation of resuscitative efforts futile.
- When, in the judgment of the Attending ED Physician, the initiation or continuation of resuscitative efforts could reasonably be considered to constitute an undue risk of the rescuers' exposure to an infectious disease.
- When, in the judgment of the Attending ED Physician, a valid POLST form on which "Do Not Resuscitate" is indicated exists for a patient who is pulseless, and during circumstances in which there is neither any doubt about the POLST form's validity, nor compelling reason to initiate interventions against any wishes indicated on the form.

WITHHOLDING OR WITHDRAWING MEDICAL CARE – PHYSICIAN RESPONSIBILITIES

- Guidelines for use by the Attending ED Physician in making determinations for the withdrawal or withholding of medical treatment can be found in Policy 200.14 (Do Not Resuscitate/Withholding/Withdrawing of Resuscitative Efforts).
- The guidelines provided in Loyola EMS System Policy 200.14 (Do Not Resuscitate/Withholding/Withdrawing of Resuscitative Efforts) are guidelines only, and each physician is responsible for using their own medical judgment when making a decision to withhold or withdraw medical care.
- Communications with prehospital providers should be via telemetry radio or cellular telephone. The MERCI radio or private phone can be used in extenuating circumstances. Disposition of the body will be in accordance with county ordinance and the wishes of the Medical Examiner, per Loyola EMS System Policy 200.16 (Medical Examiner Cases).

TITLE:	Medical Examiner Cases	NUMBER:	200.16
SECTION:	Medical-Legal		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: To define guidelines for notification of the coroner/medical examiner.

POLICY: The Medical Examiner and/or appropriate law enforcement agency must be notified and informed of any person found or pronounced dead within their jurisdiction.

A person may only be pronounced dead only by a Physician. As such, Loyola EMS System Providers must **ALWAYS** contact Medical Control for official pronouncement of death by an Attending ED Physician, regardless of how obvious death may be. If pronouncement is approved by an Attending ED Physician, Medical Control will establish and communicate time of death with the Loyola EMS System Provider. The Loyola EMS System Provider will then provide the Medical Examiner and/or appropriate law enforcement officer on scene with the time of death and the name of the pronouncing physician.

All pertinent details regarding the decedent, the scene, and pronouncement must be thoroughly documented on the electronic Prehospital Care Report. The Medical Examiner may request a copy of the Prehospital Care Report. The EMS Agency's EMS Coordinator or equivalent representative should be informed of any such requests, and any documents requested by the Medical Examiner shall be provided through the appropriate channels.

NOTE: Loyola EMS System Providers, whether BLS or ALS, must immediately initiate cardiopulmonary resuscitation (CPR) for any pulseless and apneic patient who DOES NOT present with signs of obvious death or a valid POLST form indicating DNR status.

PROCEDURE:

1. In situations wherein indicators of obvious death (as described in Loyola EMS System Policy 200.14) are present, the Loyola EMS System Provider shall contact Medical Control for orders regarding pronouncement of death or initiation of care.
 - a. If Medical Control informs the Loyola EMS System Provider that the patient may be pronounced dead, the Loyola EMS System provider will notify the appropriate Medical Examiner and/or law enforcement agency. The Loyola EMS System provider shall inform the appropriate representative of the Medical Examiner and/or law enforcement agency with the decedent's time of death and the name of the physician who pronounced the patient dead. The EMS Coordinator or equivalent representative of the EMS agency involved will honor requests for electronic Prehospital Care Reports made by the Medical Examiner.
 - b. If Medical Control orders the initiation of resuscitative measures, the prehospital provider will do so in accordance with applicable SMOs and transport to the closest, most appropriate hospital.
2. In accordance with Loyola EMS System Policy 200.14 (Do Not Resuscitate/Withholding/Withdrawing of Resuscitative Efforts), in the event that a Loyola EMS System Provider is presented with a POLST form indicating "Do Not Resuscitate" for a patient who is not exhibiting indicators of obvious death, the Loyola EMS System Provider shall begin a BLS assessment and treatment while simultaneously contacting Medical Control for further orders.
3. Per Loyola EMS System Policy 200.6 (Crime Scene Response), the Loyola EMS System Provider should attempt to preserve evidence to the greatest extent possible, but may disturb the scene if necessary to perform any required assessments or render patient care. If proper authorities are not on scene, the Loyola EMS System Provider should not leave the body unattended, unless doing so is necessary for safety concerns. The Loyola EMS System Provider should report any ways in which they disturbed the scene to law enforcement, and should not remove any medical accessories placed on the patient during their assessment/care.
4. Following pronouncement of death, the Loyola EMS System Provider may return to service once appropriate law enforcement officers have assumed control of the scene.
5. The hospital will be responsible for notifying the Medical Examiner regarding any deceased patients received in the emergency department.

TITLE: Medical Examiner Cases
SECTION: Medical-Legal
EFFECTIVE: 9/1/99

NUMBER: 200.16
REVISED/REVIEWED: 8/1/2023

6. A Prehospital Care Report (PCR) must be completed on all patient contacts, including for patients who are pronounced dead in the field. This form is an official document, which must indicate all treatment and assessments regardless of whether or not transportation occurs.
7. If the Medical Examiner approves of the body's release, the local police department or funeral home will assume responsibility for the body's removal from the scene.

TITLE:	Abuse of Mind-Altering Substances by System Participants	NUMBER:	200.17
SECTION:	Medical-Legal		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: To prohibit the use or abuse of any mind-altering substance by on-duty Loyola EMS System Providers.

POLICY: Any Loyola EMS System Provider who is observed abusing any mind-altering substance while on duty, or who may reasonably be suspected of being under the influence of any mind-altering substance while on duty, shall be immediately suspended from practicing within the Loyola EMS System, pending further investigation. The System suspension shall be implemented in accordance with the Rules of the Illinois Department of Public Health and Loyola EMS System Policy 900.1 (System Participation Suspension).

Any Loyola EMS System Provider who observes another Loyola EMS System Provider abusing any mind-altering substance while on duty, or who otherwise has knowledge of, or compelling reason to suspect another Loyola EMS System Provider of being under the influence of a mind-altering substance while on duty, must immediately report any observations, knowledge, or suspicions to their EMS Coordinator or equivalent representative and/or directly to the Loyola EMS System office.

EMS Coordinators or equivalent agency/department representatives are obligated to notify the Loyola EMS System Office immediately upon receiving any report of a Loyola EMS System Provider's abuse of, and/or suspected impairment from a mind-altering substance while on duty.

The Loyola EMS Medical Director or EMS System Coordinator will contact the involved Loyola EMS System Provider's employer and inform them of the individual's suspension from practice in the Loyola EMS System, which necessarily mandates their immediate removal from any and all activities involving patient care. The Loyola EMS System will additionally notify any other EMS Systems in which the Loyola EMS Provider's participation is known, per Loyola EMS System Policy 900.1a (System Participation Suspension - Notification of Other EMS Systems).

The involved Loyola EMS System Provider will be subject to the Loyola EMS System suspension process, and will be afforded recourse and opportunities for appeal, in accordance with the Rules of the Illinois Department of Public Health and as described by Loyola EMS System Policy 900.1 (System Participation Suspension).

NOTE: Any diversion or unauthorized removal of a medication from the Loyola EMS System inventory constitutes theft. If there is evidence which suggests that the mind-altering substance in question of being abused was the property of the Loyola EMS System, additional reporting of the incident to appropriate law enforcement agencies may be necessary.

TITLE:	Victims of Abuse	NUMBER:	200.18
SECTION:	Medical-Legal		
EFFECTIVE:	5/1/98	REVISED/REVIEWED:	8/1/2023

PURPOSE: To advocate for victims of abuse and/or neglect by ensuring that information regarding resources is offered to the victim, and by ensuring that appropriate agencies are notified for reportable incidents.

POLICY: Loyola EMS System Providers will ensure that the appropriate agencies are notified following incidents or during situations which legally mandate reporting per Loyola EMS System Policy 200.5 (Reportable Incidents). Providers will offer information regarding available resources to victims of abuse and/or neglect for whom reporting is neither mandated nor appropriate.

Per the State of Illinois Domestic Violence Act of 1986, domestic violence is defined as physical abuse, harassment, intimidation of a dependent, interference with personal liberty, or willful deprivation of someone living in the same household. In the State of Illinois, EMS Providers **ARE NOT** mandated to report suspicions of domestic violence which do not involve physical violence, however EMS Providers should offer information regarding domestic violence resources to the victim if it is safe and appropriate to do so.

Loyola EMS System Providers must report confirmed acts of physical violence per Loyola EMS System Policy 200.5 (Reportable Incidents). Loyola EMS System Providers must also notify law enforcement if there is reason to believe that a suspected abuser intends to physically harm the victim in the future.

The Loyola EMS System Provider **IS** obligated to report domestic violence if it is suspected in a household where minors reside, even if there is no indication that physical violence toward the minor has occurred. In this scenario, the Loyola EMS System Provider would notify the Illinois Department of Children and Family Services Child Abuse Hotline to report possible child abuse.

To ensure the safety of Loyola EMS System Providers, law enforcement should **ALWAYS** be notified for situations in which the scene is presently unsafe, regardless of whether or not the incident is reportable. Loyola EMS System Providers should ensure that suspected abusers **ARE NOT** present when any questions regarding domestic violence are asked, and may refrain from asking such questions if separation of the suspected abuser and potential victim cannot be achieved.

The Loyola EMS System Provider should inform receiving ED personnel or Medical Control of suspicions of any type of abuse or neglect, regardless of whether or not reporting to authorities is mandated by law. The Loyola EMS System Provider should ensure that their documentation is thorough, accurate, and complete.

Indicators of potential abuse and neglect include, but are not limited to, the following:

Abuse

- Account(s) inconsistent with injury/illness
- Conflicting accounts of incident
- Injuries in multiple stages of healing
- Injuries with identifiable shapes/patterns
- Common behaviors of victim include:
 - Multiple vague complaints
 - Increased anxiety when abuser is nearby
 - Reluctance to respond to questions
- Common behaviors of abuser include:
 - Anger or indifference toward victim
 - Excessive concern for victim
 - Not allowing victim to answer questions
 - Physical crowding of healthcare workers
 - Nervous behavior
 - Targeted glances toward victim
 - Unwillingness to be separated from victim

TITLE: Victims of Abuse (continued)
SECTION: Medical-Legal
EFFECTIVE: 5/1/98

NUMBER: 200.18
REVISED/REVIEWED: 8/1/2023

Neglect

- Victim appears malnourished or undernourished
- Victim is excessively dirty, unkempt, or disheveled
- Victim is inappropriately clothed
- Victim's clothing is excessively worn
- Victim has decubitus ulcers
- Victim has wounds which have not been attended to
- Victim has unmanaged or inappropriately managed health conditions

PROCEDURE: Suspected Abuse or Neglect

1. Ensure scene safety, perform scene survey
2. Initial Medical/Trauma Care
3. Identification and treatment of apparent life threats and/or obvious injuries
4. Obtain history and perform physical exam as appropriate
5. Initiate transport or seek guidance from Medical Control as the situation requires
 - a. Transport is MANDATORY for suspected victims of child abuse/neglect
 - b. If patient is transported, inform receiving ED personnel of suspicions and observations concerning for abuse/neglect of any kind
6. Notify the appropriate authorities/agencies for incidents/circumstances for which reporting is mandated, per Loyola EMS System Policy 200.5 (Reportable Incidents). The Loyola EMS System Provider should call the appropriate authority/agency and initiate the reporting process BEFORE leaving the hospital.
7. Complete electronic Prehospital Care Report, thoroughly describe all pertinent details and observations. Document name of any agency representatives to whom mandatory reports were made, as well as case number.

NOTE: In the event that the appropriate authority/agency is not immediately available to accept a report, the Loyola EMS System provider should give the call-taker contact information as requested to facilitate reporting at a later time. The PCR should still be completed prior to the provider's return to service, and an addendum to the PCR should be made upon the completion of reporting to the appropriate agency/authority. Any addendums to the PCR should be completed in accordance with Loyola EMS System Policy 1200.8 (PCR Addendums).

To Report Suspected Child Abuse/Neglect

1. **Transport.** Report suspicions to ED staff upon arrival.
 - a. Transport is mandatory.
 - b. Contact Medical Control if parent/legal guardian refusing.
2. Notify the following (**reporting is mandatory by the prehospital provider**):
 - Illinois Department of Children and Family Services Child Abuse Hotline
 - i. 1-800-25-ABUSE (1-800-252-2873)
 - ii. 1-217-785-4020
 - iii. 1-800-232-3798

TITLE: Victims of Abuse (continued)
SECTION: Medical-Legal
EFFECTIVE: 5/1/98

NUMBER: 200.18
REVISED/REVIEWED: 8/1/2023

To Report Suspected Domestic/Sexual Abuse

1. Provide victims of suspected abuse information on services available. See Domestic Crime Victim information forms.
2. Encourage them to seek medical attention.
3. If patient is a victim of suspected sexual abuse and is younger than 18 years of age, DCFS must be contacted by prehospital providers. Notify the following (**reporting is mandatory by the prehospital provider**):
 - Illinois Department of Children and Family Services Child Abuse Hotline
 - i. 1-800-25-ABUSE (1-800-252-2873)
 - ii. 1-217-785-4020

To Report Suspected Elder Abuse/Neglect, or financial exploitation

1. Reporting is mandatory in a case of suspected elder abuse/neglect. Notify the following (**reporting is mandatory by the prehospital provider**):
 - Illinois Department on Aging Elder Abuse Hotline
 - i. 1-866-800-1409
 - IDPH Nursing Home Hotline
 - i. 1-800-252-4343

To Report Suspected Abuse/Neglect of the Mentally Ill/Developmentally Disabled

1. Notify the following (**reporting is mandatory by the prehospital provider**):
 - 24-hour Adult Protective Services Hotline
 - i. 1-866-800-1409
 - For residents who live in Supportive Living Facilities, call the Illinois Department of Healthcare and Family Services complaint Hotline
 - i. 1-800-226-0768

To Report Suspected Abuse/Neglect of Residents of Long-Term Care Facilities, Assisted Living Facilities or Hospitals

1. Notify the following (**reporting is mandatory by the prehospital provider**):

Illinois Department of Public Health Abuse Hotline

 - 1-800-252-4343

To Report Suspected Human Trafficking

1. Notify the following (**reporting is mandatory by the prehospital provider**):

National Human Trafficking Hotline

 - 1-888-373-7888

TITLE:	Prehospital Care Reports (PCR)	NUMBER:	200.19
SECTION:	Medical-Legal		
EFFECTIVE:	1/1/97	REVISED/REVIEWED:	8/1/2023

PURPOSE: To provide the requirements of Loyola EMS System Providers regarding the completion of Prehospital Care Reports (PCRs), to describe how Prehospital Care Reports are stored, and to explain acceptable uses of Prehospital Care Reports following their completion and storage.

POLICY: The Prehospital Care Report is the main record of care rendered and events which transpired during an incident to which EMS Providers responded. Electronic documentation via a web-based charting platform is the standard for Prehospital Care Reports, and all Loyola EMS Providers must abide by this standard. Paper charting is permissible only in the following circumstances:

- Both the online electronic charting website and the offline charting software are inoperable
- Documentation during a Mass Casualty Incident (MCI)

A Prehospital Care Report (electronic or paper as appropriate) shall be completed by each vehicle service provider for every prehospital or inter-hospital transport.

- a. A Prehospital Care Report shall be completed by each vehicle service provider for every incident in which their services are requested. Incidents for which Prehospital Care Reports must be completed include:
 - i. Emergent patient transports
 - ii. Non-emergent patient transports
 - iii. Transfer of care to another EMS Provider
 - iv. Single patient refusals
 - v. Multiple patient refusals (MPRs)
 - vi. Invalid Assists
 - vii. Uncooperative patients without law enforcement assistance
 - viii. Response to incidents for which no patients were found (e.g. “no patient” calls, fire alarms)
- ~~b.~~ If a patient is transported, a Prehospital Care Report must be completed, and a copy must be provided to the receiving facility before the crew returns to service.
- c. All non-transport vehicle providers shall document any medical care provided on any incident, and shall submit the documentation to the Loyola EMS System at the end of each month. The Resource Hospital shall review all medical care provided by non-transport vehicles and shall provide a report to the Department upon request.
- d. Per Loyola EMS System Policy 200.2a (Confidentiality of Medical Records: Prehospital Care Reports), any handling, storage, access, or retrieval of any Prehospital Care Reports must be completed with strict adherence to HIPAA standards.
- e. “Short form” prehospital care reports are not approved for use in the Loyola EMS System.

TITLE: Prehospital Care Reports (PCR) (continued)
SECTION: Medical-Legal
EFFECTIVE: 1/1/97

NUMBER: 200.19
REVISED/REVIEWED: 8/1/2023

Each Loyola EMS Agency/Department shall be obligated to fulfill any requirements necessary to maintain their access to the web-based ePCR charting platform approved for use by the Loyola EMS System. Failure to fulfill these requirements may result in the EMS Agency/Department's suspension of access to the ePCR charting platform.

- 1) As documentation via a web-based ePCR platform is both the current standard and an operational necessity for Loyola EMS Agencies/Departments**
- and**
- 2) As per the Ill. Admin. Code tit. 77 § 515.810 stipulation that each vehicle within an EMS System must provide "an agreement to file an appropriate EMS run sheet or form for each emergency call, as required by the [EMS] System,"**
- 3) A SUSPENSION OF ACCESS TO THE WEB-BASED ePCR PLATFORM WILL NECESSARILY RESULT IN THE LOYOLA EMS SYSTEM'S AND IDPH'S SUSPENSION OF THE AGENCY/DEPARTMENT'S EMS SERVICES.**

TITLE:	System-Wide Crisis Response	Number:	200.20
SECTION:	Medical-Legal		
EFFECTIVE:	1/03/01	REVISED/REVIEWED:	8/1/2023

PURPOSE: To prescribe the definitions, the indicators of, and procedures to respond to an impending or active System-wide crisis.

POLICY: System-wide crisis is defined as developing trends, involving either illness or injury, leading to the influx of patients with similar signs and symptoms, which significantly increases the demands or stresses upon System resources, or overwhelms them entirely. In accordance with Loyola EMS System’s Mission statement of “effective and efficient delivery of quality prehospital health care,” all hospitals and providers shall abide by the following procedures to recognize and notify of System-wide crisis.

PROCEDURES:

1. Recognition

- a. The following can indicate the development of a System-wide crisis:
 - i. Increase in patients with similar signs and symptoms (syndromic surveillance) at a facility or transported by an agency or geographically contiguous agencies.
 - ii. Increase in number of hospitals at peak census
 - iii. Known or anticipated mass casualty incident
 - iv. Developing epidemic or pandemic
 - v. Any other event which has already, or is expected to, disrupt System operations and/or overwhelm its resources

2. Initial Notification

- a. The Resource Hospital shall be responsible for the streamlining of communications and the coordination of response efforts between EMS agencies and hospitals during a System-wide incident. As such, all prehospital and interfacility communications pertaining to response efforts should be made or relayed to the Resource Hospital.
 - i. Prehospital providers shall notify the Resource Hospital of trends or incidents as described above.
 - ii. Associate Hospital personnel shall notify the Resource Hospital of trends or incidents as described above.
 - iii. Associate Hospital personnel shall relay any informal communications to the Resource Hospital received from EMS providers, including those functioning within other EMS Systems.

3. Resource Hospital Actions

- a. Telemetry/radio communication and emergency department personnel shall document the notification to include, minimally, the following:
 - i. Time of call
 - ii. Location of call
 - iii. Agency making notification(s)
 - iv. Nature of the incident (signs and symptoms, nature of illness//mechanism of injury)
 - v. Number of patients (projected, approximated, or confirmed)
- b. The Loyola EMS Medical Director and EMS System Coordinator must be contacted if either of the following occurs:
 - i. The incident is significant (e.g. will overwhelm System resources, potential act of terrorism, potential public health crisis, etc.)
- c. Documentation of incident response

TITLE: System-Wide Crisis Response (continued)
SECTION: Medical-Legal
EFFECTIVE: 1/3/01

Number: 200.20
REVISED/REVIEWED: 8/1/2023

4. Medical Director/EMS Coordinator Actions

- a. Documentation of the notification in accordance with item 3a
- b. Assessment of the situation
- c. Facilitate communication between the Resource Hospital, reporting agency(ies), and other response agencies which include but are not limited to the following:
 - i. The Regional Hospital Coordination Center (RHCC)
 - ii. Local Health Departments
 - iii. Local emergency management agency
 - iv. Other resource hospitals
 - v. Other EMS systems
 - vi. Other EMS regions
 - vii. Illinois Department of Public Health
 - viii. Illinois Poison Control Center
- d. Facilitate the development of an Incident Action Plan (IAP) in accordance with the philosophy and mission of the Loyola University Health System, the Loyola EMS System, and the Incident Command System. Per the Office of the Assistant Secretary for Preparedness and Response (ASPR), the purpose of the IAP shall be to formally document incident goals, operational period objectives, and response strategy specific to the transpiring incident.

5. Incident Management

- a. Prehospital providers shall manage prehospital incidents in accordance with the agency's adopted Incident Command System.
- b. Prehospital providers shall manage medical care in accordance with Region VIII Standing Medical Orders (SMOs).
- c. Hospital personnel shall manage hospital functions in accordance with their institution's adopted Incident Command System.
- d. Hospital personnel shall manage medical care in accordance with established hospital procedures.
- e. The EMS Medical Director, EMS System Coordinator, or Resource Hospital shall:
 - i. Manage internal hospital functions
 - ii. Coordinate with agencies involved

- f. The Incident Action Plan (IAP) may be communicated verbally during incidents of small scale and duration, but must be documented in writing for incidents which are either large in scale or long in duration. In accordance with ASPR guidelines, the Incident Action Plan shall address the following priorities as applicable to the incident:
 - i. Incident goals
 - ii. Operational period objectives
 - iii. Response strategies (priorities and general approach to accomplish objectives)
 - iv. Response tactics (methods to achieve objectives)
 - v. Organization list with ICS chart showing primary roles and relationships
 - vi. Assignment list with specific tasks
 - vii. Critical situation updates and assessments
 - viii. Composite resource status updates
 - ix. Health and safety plan (to prevent responder injury or illness)
 - x. Communications plan (how functional areas can exchange information)
 - xi. Logistics plan (e.g., procedures to support with equipment, supplies, etc.)
 - xii. Responder medical plan (providing direction for care to responders)
 - xiii. Incident map (i.e., map of incident scene)
 - xiv. Additional component plans, as indicated by the incident
- 6. Incident Documentation
 - a. All System-wide crises shall be documented using the System-wide crisis form developed by IDPH and appropriate Incident Command System forms.

**EMS PROVIDER/ASSOCIATE & PARTICIPATING HOSPITAL
WORK SHEET
SYSTEM-WIDE CRISIS**

Name of Hospital/Provider

Date

Time

Name of Person Reporting

HOSPITALS ONLY

Number of Patients with Same/Like Symptoms Seen in Last Six (6) Hours

PROVIDERS ONLY

Number of Patients Transported to Emergency Departments by All Ambulances in
Our Service with Same/Like Symptoms

Any Increase in Response Time: Yes No

HOSPITALS AND PROVIDERS

Common Like Complaints by Patients: _____

ANY OTHER PERTINENT INFORMATION: _____

**RESOURCE HOSPITAL
SYSTEM-WIDE CRISIS FORM**

Date: _____

Time: _____

Name of Resource Hospital

Name of Person Filling
In Report/Title

Telephone Number

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

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

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

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

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

Name

How Contacted
(Pager, Phone, Fax)

Time Notified

Date Notified

TITLE:	Illinois Abandoned Newborn Infant Protection Act	NUMBER:	200.21
SECTION:	Medical-Legal		
EFFECTIVE:	11/1/02	REVISED/REVIEWED:	8/1/2023

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), in accordance with Loyola EMS System Policies 200.5 (Reportable Incidents) and 200.18 (Victims of Abuse).
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 should inquire about the child’s name, date of birth, along with maternal/child medical history, but the relinquishing person is under no obligation to provide any information.
6. If the relinquishing person declines the information packet, the relinquishing person must be verbally informed that by relinquishing the infant anonymously, he or she will have to petition the court to prevent the termination of parental rights and retain custody.

7. Loyola EMS System personnel at a manned fire station or emergency medical facility is responsible for transporting the child to the closest, most appropriate hospital for further medical evaluation in compliance with established EMS System procedures. After being evaluated at a hospital, the infant will be placed with the Department of Children and Family Services who will then transfer the baby to an adoption agency. The birth mother has 60 days to reconsider relinquishing her baby.
8. 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.
9. 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.
10. 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:	Email, Internet, and Other Social Media Service Usage	NUMBER:	200.22
SECTION:	Medical-Legal	REVISED/REVIEWED:	8/1/2023
EFFECTIVE:	1/1/16		

PURPOSE: The purpose of this policy is to set forth standards related to EMS provider's use of email, internet, and other social media services while working under the direction of the Loyola EMS System.

DEFINITIONS/APPLICATIONS:

Definitions

- a. **Loyola EMS System provider:** An individual functioning as an EMD, EMR, EMT, Paramedic, PHRN/PHAPN/PHPA, and/or ECRN in the Loyola EMS System
- b. **Users:** Loyola EMS System Providers who have been issued login credentials to access any password-protected software or web page managed or owned by the Loyola EMS System, specific examples of which include:
 - i. Electronic charting applications/software
 - ii. Electronic medical record archive applications/software
 - iii. Online continuing education platforms
 - iv. Online continuing education facilitator pages
 - v. Clinical scheduling applications
 - vi. LUMC/LUHS email accounts
- c. **Email:** System for electronically sending and receiving messages to one or more recipients over a computer network.
 - i. **Business email:** Secure network owned and maintained by a professional organization. Business email accounts and email contents are typically subject to monitoring by the professional organization.
 - ii. **Government email:** Secure network owned and maintained by a government agency. Government email accounts and email contents are typically subject to monitoring by the government, and may additionally be subject to Freedom of Information Act (FOIA) requests by legal or public entities.
 - iii. **Personal/Private email:** Network which may or may not be secure. Personal email accounts and contents are typically not subject to monitoring by professional organizations or governmental agencies, however may become subject to monitoring if accessed by a device or within a network owned or maintained by either entity.
- d. **Network:** A group of many interlinked local area networks and leased lines in the wide area network typically under the management of the same organization. The private communications network that is contained within an organization is called an Intranet. The main purpose of an intranet is to share system information and computing resources among EMS providers.
- e. **Social Media:** a number of web-based communication vehicles that enables users to interact with and learn from each other, and to share information electronically through an organization's intranet and internet systems. Social Media includes, without limitation, podcasting, video-casting, blogs, discussion forums, Wiki sites and other online and network related resources, such as:
 - i. **Blog:** a web log or website chronicling the reflection's or interest of the writer.
 - ii. **Social Media Websites:** On-line communications of people linked by their shared interests (e.g., YouTube, Facebook, Twitter, Pinterest, Instagram, LinkedIn, TikTok, Snapchat, Reddit, WhatsApp, Truth Social, Parler, Gab, etc.)
 - iii. **Wiki:** Technology that enables people to create, edit, or link to web content. Wikipedia, a free, user-written encyclopedia, is a well-known Wiki site.
 - iv. **Podcast, Video Cast:** A digital file distributed over a network, such as the Intranet/Internet.
 - v. **Discussion Forums:** Websites and email sites that permits Users to post questions, responses, and other comments (e.g., LISTSERV, bulletin boards, chat rooms).
 - vi. **Miscellaneous and New:** Miscellaneous and new communication and connection services over networks to enable communications (e.g., RSS feeds hyperlinks).
- f. **Network Services:** For the purposes of this policy, includes the definitions of *network* and *social media* as stated.
- g. **Protected Health Information (PHI):** Any health information that can be used to identify a patient and information related to health care operations, health care services provided to a patient, or the payment for services provided to a patient. PHI includes: 1) All medical records and other information which identifies that patient, including demographic, medical, and financial information; and 2) Information in any form whether electronic, paper or spoken.

TITLE:	Email, Internet, and Other Social Media Service Usage (continued)	NUMBER:	200.22
SECTION:	Medical-Legal		
EFFECTIVE:	1/1/16	REVISED/REVIEWED:	8/1/2023

POLICY: All Loyola EMS System Providers must, at all times, utilize any technologies or services owned or maintained by the Loyola EMS System in an appropriate and professional manner. Any and all protected health information (PHI), as well as access to locations where PHI can be found (virtual or physical), must be protected by Loyola EMS System Providers at all times.

Acceptable Use Statements:

1.1. 1.1. The Loyola EMS System reserves the right to access, monitor, or disclose, as it deems necessary, the contents and history of any activities by any User of devices, software, or applications owned or maintained by the Loyola EMS System.

NOTE: Loyola EMS System Providers should also be aware that the owners of any devices, software, applications, or internet services at their place of work or healthcare institutions may or may not also reserve the right to access, monitor, or disclose any activities made with or through its technologies. Loyola EMS System Providers should always be conscientious of their activities when using technologies which are owned or maintained by another party, even those activities are conducted on the Loyola EMS System Provider’s personal device.

1.1 Sharing of Accounts/Login Credentials: The Loyola EMS System prohibits any sharing of User accounts or login credentials. The Loyola EMS System will be responsible for issuing each Loyola EMS System Provider with their own unique User IDs, as well as login privileges to software, applications, and webpages required for the Loyola EMS System Provider to complete their required EMS-related duties. Loyola EMS System Providers should NEVER share their password(s) with any other individual, including personnel of the Loyola EMS System office. If a Loyola EMS System Provider discovers or suspects that their login credentials are compromised, the Loyola EMS System office must be informed immediately so that security risks may be contained and new login credentials can be issued.

1.2 Secure Confidential Information over untrusted Networks: Any virtual activity involving PHI or other confidential information must be conducted on a secure network. Emails containing PHI should only be sent from a business or government email account to a business or government email account. Under no circumstances should PHI or other confidential information be communicated via personal email accounts.

Social Media and Online Activities

As a general rule, any user of social media should always be aware that once content is posted on the internet, there is no limit to the number of people to whom it may become accessible, and there is no guarantee that it may ever be truly removed from the public record, despite exhaustive efforts at doing so.

Loyola EMS System Providers who use social media must always be mindful of how they may be representing themselves, their colleagues, their employer(s), and the Loyola EMS System, whether intentionally or unintentionally.

Loyola EMS System Providers who use social media must be conscientious about any affiliations with the Loyola EMS System, its EMS Agencies, or Associate Hospitals the Loyola EMS System Provider makes known either in their user profile or posts. Any Loyola EMS System provider who, in their social media profile or posted content, identifies any affiliation with the Loyola EMS System, its associate hospitals, or its departments/agencies, must ensure that any content posted does not violate any of the criteria described under “prohibited use” below.

Loyola EMS System Providers who do not identify any affiliation with the Loyola EMS System in their social media profile(s) or posts, but whose association with the Loyola EMS System may be reasonably inferred based on any privileged position(s) they hold within the Loyola EMS System, must also ensure that any content posted under their profile does not violate any of the criteria described under “prohibited use” below.

TITLE:	Email, Internet, and Other Social Media Service Usage (continued)	NUMBER:	200.22
SECTION:	Medical-Legal		
EFFECTIVE:	1/1/16	REVISED/REVIEWED:	8/1/2023

Loyola EMS System Providers who do not identify any affiliation with the Loyola EMS System in their social media profile or posts, and who do not hold privileged positions within the Loyola EMS System, must still ensure that any content they post which may reasonably be considered to involve or affect the Loyola EMS System, its agencies, or its associate hospitals, does not violate any of the criteria described under “prohibited use” below.

Loyola EMS System Providers may **NEVER** mention any PHI, details of a patient encounter, or other potentially confidential information related to an incident the Loyola EMS System Provider may have first-hand or second-hand knowledge of, on any form of social media or public platform.

UNDER NO CIRCUMSTANCES may a Loyola EMS Provider post any visual or audio recordings (e.g. photos, videos, audio, etc.) taken during a patient encounter on any form of social media or public platform. Visual or audio recordings may be taken during a patient encounter for the **SOLE** purpose of facilitating patient care, and are to be stored and handled on secure device(s) and in a HIPAA-compliant manner at all times.

Loyola EMS System Providers may **NEVER** mention any sensitive or confidential Loyola EMS System information on any form of social media or public platform.

Per Loyola EMS System Policy 200.2 (Confidentiality of Medical Records), all Loyola EMS System Providers are obligated to comply with the rules of HIPAA at all times. Unauthorized or unnecessary access of any PCR may constitute a HIPAA violation, the consequence(s) of which may include severe disciplinary action by the Loyola EMS System and/or legal liability.

Prohibited Use: The use of any devices, software, applications, websites, or internet services owned or maintained by the Loyola EMS System in any manner that could damage the Loyola EMS System infrastructure, divulge proprietary or confidential information, create legal liabilities, or result in any other harms which may be reasonably foreseeable, is prohibited. The following are examples of prohibited use:

Fraud and Unethical Use:

- a. An individual’s knowingly false representation of their personal details, including but not limited to their identity, license(s), certification(s), employer(s), position(s), or rank(s), for any purpose.
- b. An individual’s knowingly false representation of their role within the Loyola EMS System, for any purpose.
- c. Any misrepresentations/fraud to gain unauthorized access to a computing system or network
- d. Attempted decryption of password(s), or any other act intended to circumvent the security measures of any Loyola EMS System device, software, application, or webpage
- e. Solicitations stating or implying the endorsement of the Loyola EMS System, or otherwise potentially involving the Loyola EMS System, without the Loyola EMS System’s knowledge and direct approval.
- f. Posting or mentioning any PHI, details of a patient encounter, or other potentially confidential information related to an incident the Loyola EMS System Provider may have first or second hand knowledge of, on any form of social media.
- g. Posting or mentioning of sensitive or confidential Loyola EMS System information on any form of social media.

Service Impacting:

- a. Any unauthorized or deliberate action that damages or disrupts computing systems or networks.
- b. Willfully introducing a computer virus, Trojan horse, or other destructive program into the LUMC network systems or into external systems or network. Loyola EMS System networks or any other systems which may disrupt any EMS operations
- c. Through irresponsible use of technology, including but not limited to the visitation of high-risk website(s), disabling of malware-preventing program(s), or reckless opening of email attachments from unknown and/or untrusted sources, unintentionally introducing a computer virus, Trojan horse, or other destructive program into the Loyola EMS System networks

TITLE:	Email, Internet, and Other Social Media Service Usage (continued)	NUMBER:	200.22
SECTION:	Medical-Legal		
EFFECTIVE:	1/1/16	REVISED/REVIEWED:	8/1/2023

Offensive/Discriminating Behavior:

- a. Communications that are demeaning, defaming, harassing (including sexually), or discriminatory against any person.
- b. Access, display, storage, or distribution of offensive, discriminatory, or pornographic material that is otherwise inconsistent with or in violation of the mission or values of the Loyola EMS System, or contributes to an intimidating or hostile environment for any individuals, patients or providers.

Disclosure of Confidential Information:

- a. Accessing and/or disclosing PHI or other confidential information that is not within the scope of one's role as an EMS system provider.
- b. Dissemination of proprietary, strategic, confidential, private or otherwise restricted information without appropriate approval.

Social Media and Online Activities:

- a. Providers must never post or mention identifiable Loyola EMS system patient information (i.e., PHI), or proprietary or confidential information of LUMC. This includes, but is not limited to photos, discussion or other such postings related to an individual patient's care, our colleagues, business operations or other activities regarding Loyola EMS System patients.

In addition to the policy, guidelines and practices set forth as above, a Loyola EMS System provider's responsibility as a healthcare professional must follow standards that are stricter than standards for the general Social Media user community. Specifically, and to the extent applicable, EMS System providers are expected to be familiar with, commit to and follow this policy as written.

TITLE:	Concealed Carry and Open Carry/Patients with Firearms/Weapons	NUMBER:	200.23
SECTION:	Medical-Legal		
EFFECTIVE:	8/1/2023	REVISED/REVIEWED:	8/1/2023

PURPOSE: To provide guidance to EMS Providers during situations in which a patient is in possession of a firearm or weapon, whether legally or illegally.

POLICY: **Legal Possession of a Firearm**

Per the Illinois Firearm Concealed Carry Act (430 ILCS 66/65) no Concealed-Carry licensee shall knowingly carry a firearm on or into an area designated as prohibited by the Act. As it pertains to healthcare settings, the Illinois Firearm Concealed Carry Act (430 ILCS 66/65) specifically identifies hospitals, hospital affiliates, mental health facilities, nursing homes, medical clinics and “any form of transportation paid for in whole or in part with public funds” as “prohibited areas.”

As such, in the event that an armed and decisional Concealed Carry licensee requires the services of EMS Providers, all reasonable efforts should be made to have the patient’s firearm(s) removed and secured prior to their entering the ambulance or hospital. Such efforts and their appropriate circumstances may include:

- If on scene at patient’s residence, have patient remove and secure firearm(s) within their home
- If patient is in or near their personal vehicle, have patient appropriately secure firearm(s) in their personal vehicle
- If patient is not in an area where they can secure firearm(s), have patient relinquish firearm(s) to law enforcement personnel if they are present

If no plausible option for securing the firearm(s) exists and the patient requires urgent transport, the firearm may be transported with a patient who is a Conceal Carry or Open Carry licensee, provided that ***ALL OF THE FOLLOWING CRITERIA ARE UNAMBIGUOUSLY SATISFIED:***

- The patient is alert and decisional, and can be reasonably expected to remain alert and decisional throughout the entirety of patient care
- The patient is calm and cooperative, and can be reasonably expected to remain calm and cooperative throughout the entirety of patient care
- The firearm(s) is/are either:
 - Properly holstered, and can be reasonably expected to remain properly holstered throughout the entirety of patient care
 - Safely secured in an ambulance lockbox by the patient or a properly trained EMS Provider, and can reasonably be expected to remain safely secured in the ambulance lockbox for the entirety of the transport
- The patient is willing to relinquish their firearm(s) to hospital Security or law enforcement personnel upon their arrival to the hospital

NOTE: These criteria also apply to law enforcement personnel or any other armed entity with Open Carry or Concealed Carry privileges who are being treated as patients by EMS.

UNDER NO CIRCUMSTANCES SHOULD ANYONE WHO IS NON-DECISIONAL OR EMOTIONALLY UNSTABLE BE ALLOWED TO ENTER AN AMBULANCE OR BE TRANSPORTED TO ANY TYPE OF HEALTHCARE INSTITUTION WHILE IN POSSESSION OF A FIREARM

In the event that an armed Open Carry or Concealed Carry licensee is being transported via EMS, the EMS Provider must verbally inform the receiving hospital during their prearrival report. Hospital Security should be prepared to accept and properly secure any relinquished firearm(s) immediately upon the patient’s arrival to the ED.

Discovery of Firearm(s)/Weapon(s) by EMS Providers

Altered Patients: In the event that an EMS Provider discovers that a patient with altered mental status is in possession of a firearm or a weapon, they should immediately retreat from the scene and request law enforcement assistance in securing any and all weapons.

TITLE:	Concealed Carry and Open Carry/Patients with Firearms/Weapons (continued)	NUMBER:	200.23
SECTION:	Medical-Legal		
EFFECTIVE:	8/1/2023	REVISED/REVIEWED:	8/1/2023

Unconscious Patients: In the event that an EMS Provider discovers a firearm or weapon on the person of an unconscious patient, law enforcement personnel should be called to the scene immediately to remove and secure any firearm(s)/weapon(s). If an armed patient who was initially unresponsive begins to regain consciousness, EMS Providers should retreat until any firearm(s)/weapon(s) have been secured by law enforcement personnel. **EMS Providers should NEVER attempt to remove or handle any firearm(s) or weapon(s) unless they have been properly trained to do so.**

Patients in PD Custody/Patients Requiring PD Assistance

Any patient who is under arrest, or for whom law enforcement assistance is required, should be searched for weapons by law enforcement personnel before patient care is initiated by EMS. Any weapons discovered must be removed and secured by law enforcement personnel before any assessment is performed or patient care rendered.

TITLE:	Interaction with Law Enforcement Personnel	NUMBER:	200.24
SECTION:	Medical-Legal		
EFFECTIVE:	8/1/2023	REVISED/REVIEWED:	8/1/2023

PURPOSE: To define the roles of EMS Providers and Law Enforcement personnel on scenes of incidents, and to provide guidance to Loyola EMS System Providers during their interactions with Law Enforcement personnel.

POLICY: EMS Providers and Law Enforcement personnel are often summoned to the same incident, and must collaborate during the performance of their respective duties.

During incidents in which a sick and/or injured individual requires assessment and medical care, EMS Providers are responsible for performing any necessary assessments, rendering any required medical care, and, if indicated, transporting the sick and/or individual to an appropriate Emergency Department.

During incidents possibly involving crimes and/or threats to the safety of a scene, Law Enforcement personnel are responsible for attending to any criminal aspects of the incident and, to the extent they are capable, mitigating any dangers on the scene.

Occasionally, EMS Providers and Law Enforcement personnel experience conflicting priorities in the performance of their duties. During such circumstances, Loyola EMS System Providers must remain aware of their obligations and limitations, and must make all reasonable efforts to assess any sick and/or injured individual and render any necessary aid in accordance with Loyola EMS System policies, procedures, and standing medical orders (SMOs).

Guidelines for Loyola EMS Providers during situations in which EMS and Law Enforcement personnel experience conflicting priorities include, but are not necessarily limited to, the following:

1. The Loyola EMS Provider should first attempt to discuss the matter with Law Enforcement personnel on scene. The Loyola EMS Provider should inquire about what requirements must be satisfied for Law Enforcement personnel to perform their duties, and calmly and objectively explain what requirements must be satisfied in order for the EMS providers on scene to perform theirs.
2. The Loyola EMS Provider should make all reasonable efforts to collaborate with Law Enforcement personnel in finding a resolution which allows both entities to achieve their objectives.
3. Law Enforcement personnel are responsible for securing scenes and protecting EMS Providers from potential threats to safety. Loyola EMS Providers should heed any advice or caution given by Law Enforcement personnel with respect to the scene's safety and integrity.
4. Per Loyola EMS System Policy 200.6 (Crime Scene Response), Law Enforcement personnel will have ultimate authority over any crime scene, and will be responsible for gathering and preserving evidence. The Loyola EMS Provider's highest priority on any crime scene, aside from their own personal safety, is the preservation of life and limb. Should the situation require, it is permissible for the Loyola EMS Provider to disrupt the scene and any physical evidence it contains as necessary to provide patient care. However, the Loyola EMS Provider should make every reasonable effort to accommodate Law Enforcement personnel in their objective to preserve the integrity of the scene, and should inform Law Enforcement personnel of any disruption to it. In the event that a victim at a crime scene requires assessment or treatment, the Loyola EMS Provider should insist that Law Enforcement personnel search the victim for any weapons and/or physical evidence *before* the Loyola EMS Provider initiates their assessment.
5. Per Loyola EMS System Policy 200.8 (Use of Restraints), if transportation is required for a patient who has been handcuffed, the Loyola EMS Provider must ensure that Law Enforcement personnel will be immediately available during transport to remove the handcuffs should the need arise.
6. In the event that Law Enforcement personnel are unavailable, or are unable or unwilling to assist Loyola EMS System Providers in gaining access to, treating, or transporting an uncooperative patient, Loyola EMS System Providers **DO NOT** have a legal duty to act if doing so could clearly put them in harm's way. In this scenario, Loyola EMS Providers should proceed in accordance with Loyola EMS System Policy 200.7a (Uncooperative Patient without Law Enforcement Assistance).

7. Law Enforcement personnel may request EMS to any scene and may, within their approved scope of practice, assist EMS Providers in rendering care as appropriate. However, EMS Providers are ultimately accountable for the assessment of sick and/or injured individuals, the rendering of any necessary aid, and, if indicated, the transport of the individual to an appropriate emergency department. Therefore, Law Enforcement personnel **MAY NOT** direct any treatment to be rendered by Loyola EMS Providers, nor do Law Enforcement personnel have any authority to determine whether or not an individual is to be transported to any healthcare destination.
 - a. EMS Providers have a duty to assess any sick and/or injured individual who is requesting aid, or for whom the necessity for an assessment of illness or injury is implied based on an individual's lack of decision-making capacity. The only acceptable reason for an EMS Provider not to assess such an individual would be if their own physical safety could plausibly be jeopardized by doing so.
 - i. EMS Providers can be held civilly and/or criminally liable for adverse outcomes experienced by sick and/or injured individuals for whom no assessment or an inadequate assessment was performed. Similarly, EMS Providers can be held civilly or criminally liable for adverse outcomes caused by inappropriate or inadequate treatment. If access to, or treatment of a sick and/or injured individual is being restricted by Law Enforcement personnel, it is imperative that the Loyola EMS Provider explain the necessity that an assessment of that individual be performed and the need for any treatment that must be rendered. If access to the individual or the delivery of patient care is still not allowed by Law Enforcement personnel, Loyola EMS Providers **SHALL NOT** attempt to circumvent Law Enforcement personnel to gain access to or treat the individual.
 - ii. Should a situation arise in which Law Enforcement personnel prevent a Loyola EMS Provider from completing the assessment or treatment of a potentially sick and/or injured individual, and the Loyola EMS Provider has made all reasonable efforts to convince Law Enforcement to allow an assessment and any necessary care to be performed, the Loyola EMS Provider should immediately contact Online Medical Control, explain the situation, and follow guidance as appropriate. The Loyola EMS Provider's written documentation of the incident in the electronic Patient Care Report (ePCR) shall include:
 1. Description of the chief complaint and circumstances leading up to call
 2. Description of the scene
 3. Description of any identified safety concerns
 4. Description of any known complaints, illness, and/or injuries voiced or sustained by the individual
 5. Description of any interventions indicated based on any identified complaints, illness, injuries, and/or assessment findings
 6. Description of any barriers in gaining access to the potentially sick and/or injured individual
 7. Description of any barriers in performing interventions for the potentially sick and/or injured individual

TITLE:	Interaction with Law Enforcement Personnel (continued)	NUMBER:	200.24
SECTION:	Medical-Legal	REVISED/REVIEWED:	8/1/2023
EFFECTIVE:	8/1/2023		

8. Description of all efforts made to overcome barriers in gaining access or rendering aid to the potentially sick and/or injured individual, including the contents of any discussion held between the Loyola EMS Provider and Law Enforcement personnel
9. The name(s) of the Law Enforcement agency(s) and badge number(s) of any Law Enforcement personnel who prevented an assessment and/or treatment from being performed.
10. The contents of any discussion(s) held between the Loyola EMS Provider and Online Medical Control and, if applicable, between Online Medical Control and Law Enforcement personnel
 - iii. Any instance of Law Enforcement personnel’s obstruction of a Loyola EMS Provider’s assessment, treatment, or transport for any reason other than the prevention of physical harm to the Loyola EMS Provider must be reported to the agency/department EMS Coordinator or equivalent representative and the Loyola EMS System Office immediately.
- b. EMS Providers have a legal and ethical obligation to respect the autonomy of any individual who has decision-making capacity. The transport of a decisional individual against their will constitutes kidnapping, even if it is performed at the insistence of Law Enforcement personnel. Any physical contact of a decisional individual against their expressed wishes constitutes battery, even if it is performed at the insistence of Law Enforcement personnel. In the event that Law Enforcement personnel remain adamant that a decisional individual be treated and/or transported against their will despite objections raised and valid rationale(s) explained by the Loyola EMS Provider, the Loyola EMS Provider should contact Online Medical Control, explain the situation, and follow guidance as appropriate. The Loyola EMS Provider **SHALL NEVER** be compelled by any individual or entity to perform any act which is unlawful or blatantly unethical.
 - i. Any instance of Law Enforcement personnel’s attempting to compel a Loyola EMS Provider to perform any blatantly unethical and/or possibly unlawful act(s) must be reported to the agency/department EMS Coordinator or equivalent representative and the Loyola EMS System Office immediately.
8. The Loyola EMS Provider should seek guidance from Online Medical Control (OLMC) for any situation in which a deviation from SMOs or Loyola EMS System policies is proposed, or for any scenario in which obliging Law Enforcement personnel could have a detrimental effect on patient care.

TITLE:	Treatment/Transport of Law Enforcement Canines	NUMBER:	200.29
SECTION:	Medical-Legal		
EFFECTIVE:	8/1/2023	REVISED/REVIEWED:	8/1/2023

PURPOSE: To provide guidance to Loyola EMS Providers in the event that they are called upon to render aid to and/or transport a law enforcement canine which becomes ill and/or injured in the line of duty.

POLICY: Law Enforcement personnel occasionally call upon EMS Providers to treat and/or transport law enforcement service dogs which become ill and/or injured in the line of duty. Per subsection ‘e’ of the Illinois EMS Systems Act (210 ILCS 50/3.55(e)):

An EMR, EMT, EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or Paramedic may transport a police dog injured in the line of duty to a veterinary clinic or similar facility if there are no persons requiring medical attention or transport at that time. For the purposes of this subsection, “police dog” means a dog owned or used by a law enforcement department or agency in the course of the department or agency’s work, including a search and rescue dog, service dog, accelerant detection canine, or other dog that is in use by a county, municipal, or State law enforcement agency.

Preparation

The Loyola EMS System strongly encourages that each of its agencies/departments collaborate with nearby police departments to create plans which address the transport of law enforcement canines to veterinary facilities. At minimum, the plans should identify:

- Which local law enforcement agencies utilize canines (including mutual aid municipalities)
- The role and capabilities of trained K-9 officers in the treatment of ill/injured law enforcement canines
- Locations, capabilities, and hours of operation of nearby veterinary facilities
 - Loyola EMS System agencies/departments are additionally encouraged to establish relationships and collaborate with veterinary facilities to which an agency/department may transport an ill or injured law enforcement canine.

Response

On-duty law enforcement canines should be accompanied by a trained K-9 officer at all times. As with human patients, injured, ill, or stressed animals can be aggressive and extremely dangerous. Moreover, law enforcement canines can exert bite forces up to 800 psi, and are often trained to bite with all of their teeth and in multiple places until their handler commands a release. As such, EMS providers **SHOULD NEVER** attempt to treat police canines when a trained K-9 officer is not present.

In the event that a Loyola EMS Provider is called upon to render aid to and/or transport an ill and/or injured police service dog, the Loyola EMS Provider should:

- Ensure that any humans requiring EMS treatment/transport have been transported from the scene, or are being attended to by an EMS provider of an equal or higher level of licensure and capable of transport
- Ensure that a trained K-9 officer is present
- Ensure that the trained K-9 officer has placed a muzzle on the canine
- Follow the guidance provided by the trained K-9 officer

Loyola EMS Providers may, under the direction and with the assistance of the K-9 officer, perform hemorrhage control and administer supplemental oxygen during transport.

In the event of a suspected opioid overdose, Loyola EMS Provider **SHOULD NOT** administer naloxone, as dogs are very prone to aggressive and violent outbursts upon regaining consciousness after naloxone administration. Naloxone should only be administered by a veterinarian or a properly trained K-9 officer, and only after measures to ensure provider safety have been implemented.

Loyola EMS Providers are not required to contact Online Medical Control regarding treatment/transport of law enforcement canines.

TITLE:	Treatment/Transport of Law Enforcement Canines (continued)	NUMBER:	200.29
SECTION:	Medical-Legal		
EFFECTIVE:	8/1/2023	REVISED/REVIEWED:	8/1/2023

Loyola EMS Providers should attempt to complete an electronic Patient Care Report (ePCR) for law enforcement canines which are transported. In the event that ePCR charting software restrictions prevent the completion of an ePCR, the agency/department EMS Coordinator or equivalent representative should contact an appropriate representative from the Loyola EMS System Office for consultation and guidance in the matter.

TITLE: Guidelines for Use of Service Animals
SECTION: Medical-Legal
EFFECTIVE: 7/1/2021

NUMBER: 200.30
REVISED/REVIEWED: 8/1/2023

I. PURPOSE

It is the policy of the Loyola Emergency Medical Services to protect persons with disabilities from discrimination in the use of service animals, and to provide access to service animals wherever feasible, as required by the Americans with Disabilities Act (ADA) and its implementing regulations.

II. DEFINITIONS/APPLICATIONS

a. Definitions

- i. **Disability:** According to the Americans with Disabilities Act, disability is defined as any physical or mental impairment that substantially limits one or more major life activity, including but not limited to walking, talking, breathing, hearing, or caring for oneself.
- ii. **Service Animal:** Service Animals are guide dogs, signal dogs, or other animals (e.g., trained to provide seizure alerts or to assist persons with hearing impairments) individually trained to provide assistance to a person with a disability. Service animals do not include household pets, therapy animals, laboratory animals, or resident pets (e.g., aquarium fish, caged birds, etc.)

b. Applications

- i. This policy applies to patients in the care of a Loyola Emergency Medical Services provider. Patient means an individual who is receiving prehospital treatment from a Loyola EMS provider.

III. PROCEDURES

a. Guidelines for the Use of Service Animals

- i. The Americans with Disabilities Act (ADA) mandates that persons with disabilities accompanied by service animals must be allowed access with their service animals into places of public accommodation, including health care facilities, unless doing so would result in a significant alteration or jeopardize the safe operation of the facility.
- ii. The ADA prohibits public accommodations from requiring “certification” or proof of an animal’s training, or proof of a person’s disability, for the purposes of access. There is no legal requirement that service animals wear special equipment or tags; they usually wear the equipment required for the work they do.

b. Care and Supervision of Service Animals

- i. The care, supervision, and behavior management of a service animal is the responsibility of its owner. Supervision of the service animal by its owner includes any necessary care and cleanup required.

TITLE:	Guidelines for Use of Service Animals (continued)	NUMBER:	200.30
SECTION:	Medical-Legal		
EFFECTIVE:	7/1/2021	REVISED/REVIEWED:	8/1/2023

- ii. If a service animal must be separated from its owner for a reason stated under Restrictions on Service Animals (see below), it is the responsibility of the owner/designee to arrange for the care and supervision of the animal during the period of separation. If the patient is not accompanied by another designated individual who can assume responsibility for the animal, then EMS should contact local Police for assistance.
- iii. The owner/designee should accompany the service animal at all times except when the individual is in a restricted area or temporary supervision has been turned over to another designated individual.
- iv. Animals should appear clean, healthy, properly groomed and well behaved. The animal must be on a leash and under control at all times.
- v. Anyone other than the owner or designee should refrain from petting, feeding, startling, or separating the animal from the owner/designee
- vi. Hand hygiene must be performed after contact with any service animal, its equipment or any other item in direct contact with the service animal.
- vii. Staff should identify an area accessible to the owner where the service animal can toilet.
- viii. If the service animal contaminates the area with urine, feces, vomit or blood, proper decontamination protocols should be utilized. The cleanup procedures must be performed using the appropriate personal protective equipment (PPE) which would include gloves as a minimum protection. Organic debris should be bagged in a plastic bag and then the area cleaned with an approved disinfectant.
- ix. If the animal is to lie in or rest on the patient's bed, a clean sheet should be placed on the bed for the animal to lie or rest on. After the animal leaves the patient's bed, any sheets the animal has come in contact with should be removed and placed in the soiled linen receptacle.
- x. If an animal becomes unruly, it should be removed from the ambulance immediately.

c. Restrictions on Service Animals

- i. Service animals are permitted to enter care areas where patients may enter without taking additional precautions to prevent transmission of infectious agents, i.e., donning of gloves, gowns, or masks.
- ii. The service animal must not have any contact with the patient's non-intact skin.
- iii. With permission of Medical Control, EMS personnel should make decisions concerning any additional restricted areas and should decide on a case-by-case basis those situations not clearly covered.

TITLE:	System Accountability of Controlled Substances	NUMBER:	300.1
SECTION:	Medication and Equipment		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: The following policy for accurate accounting of controlled substances is to be followed by the Resource and all Associate Hospitals in the Loyola EMS System. These procedures are the requirements set forth by the U.S. Drug Enforcement Administration (DEA) to establish accountability for all controlled substances indicated in the Loyola EMS System inventory for advanced life support and critical care transport ambulances.

POLICY: Responsibilities of the Resource Hospital

1. The Resource Hospital will initially stock the IDPH/System-approved ALS ambulances with those controlled substances approved by the Loyola EMS System Medical Director and included in the Loyola EMS System drug inventory.
2. The Resource Hospital will track ALS Prehospital Care Reports on which the use of controlled substances is documented for the purposes of maintaining accountability to the DEA.
3. Resource Hospital will resupply the ALS/CCT Provider with a controlled substance only upon being presented with proof of its use. Such proof shall include, at the very least, the container from which the controlled substance was removed, and the replacement shall only be for the exact medication, quantity, and concentration indicated on the container presented. Any unused portion of the controlled substance in the container presented shall be disposed of in accordance with appropriate hospital and DEA policy, and documentation of the waste shall be completed by the ALS/CCT provider in their Prehospital Care Report.

Responsibility of Associate Hospitals

1. Associate Hospitals in the Loyola EMS System will resupply the ALS/CCT Provider with a controlled substance only upon being presented with proof of its use. Such proof shall include, at the very least, the container from which the controlled substance was removed, and the replacement shall only be for the exact medication, quantity, and concentration indicated on the container presented. Any unused portion of the controlled substance in the container presented shall be disposed of in accordance with appropriate hospital and DEA policy, and documentation of the waste shall be completed by the ALS/CCT provider in their Prehospital Care Report.

TITLE: Storage and Security of Medications
SECTION: Medication and Equipment
EFFECTIVE: 8/1/2023

NUMBER: 300.1a
REVISED/REVIEWED: 8/1/2023

PURPOSE: To establish standards for Loyola EMS Providers pertaining to the storage and security of medications.

POLICY: Although the medications carried by Loyola EMS agencies/departments are the property of the Loyola EMS System, it is the responsibility of the Loyola EMS agencies/departments to ensure that all medications are properly stored and secured.

All Medications

All medications carried by Loyola EMS agencies/departments should be stored in accordance with the recommendations of the medications' manufacturers. This includes protecting medications from contamination, maintaining the temperature and moisture of the storage environment within an appropriate range, shielding any light-sensitive medications, and properly stowing any medications packaged in fragile containers.

Loyola EMS agencies/departments should also store medications in an organized fashion. All Loyola EMS Providers should be fully knowledgeable about the location of any medication which is within their scope of practice to administer, and should be fully capable of retrieving them at a moment's notice.

Controlled Substances

Controlled substances must be stored separately from non-controlled substances, and access to them should be limited to the fewest number of individuals necessary to ensure that they remain accounted for and available for use when needed. Controlled substances should not be accessible to any individual who is not a paramedic, PHRN, PHAPN, PHPA, or transport RN in good standing in the Loyola EMS System.

Storage of Controlled Substances in Drug/Jump Bags: If the Loyola EMS agency/department opts to keep controlled substances in a "jump bag" or a "drug bag," they should be stored in their own separate container on which a tamper-evident device can be applied (e.g. a numbered plastic tie). If the bag containing the controlled substances is removed from its secure location, the authorized Loyola EMS Provider must maintain control of the bag at all times. If the bag is to be left in an unattended vehicle, that vehicle must either be locked or otherwise inaccessible to unauthorized individuals at all times.

Storage of Controlled Substances in a Vehicle: If the Loyola EMS agency/department opts not to keep controlled substances in a "jump bag" or a "drug bag," they should be stored in a secure container which is tamper-resistant and firmly affixed to an immobile surface. In the event that the employment of an individual who had access to controlled substances is terminated, the Loyola EMS System recommends that the agency/department change the code/combination on any safe in which controlled substances are stored.

Storage/Maintenance of Controlled Substances for Out-of-Service (OOS) or Reserve Vehicles: In the event that an ALS vehicle is unstaffed, any controlled substances must be removed. The Loyola EMS agency/department EMS Coordinator or equivalent representative will be responsible for storing the controlled substances in a secure location and arranging for their daily inventory and documentation.

Per Loyola EMS System Policy 300.1 (System Accountability of Controlled Substances), the tamper-evident device on the storage container and/or each individual medication package (e.g. vial, ampule, preloaded syringe, etc.) should be examined at least once per shift by both the oncoming and offgoing ALS providers. If the tamper-evident device on the storage container is broken, every package containing a controlled substance must be inspected for tampering or damage. If all packages containing controlled substances are undamaged, their tamper-evident features are intact, and no other reasons for suspecting that unauthorized access to any controlled substance has occurred, a new tamper-evident device should be placed on the storage container and documented accordingly. If there is any indication or reason to suspect that unauthorized access to a controlled substance has occurred, the Loyola EMS Provider must immediately notify their agency/department EMS Coordinator or equivalent representative of their finding, who shall in turn immediately notify the Loyola EMS System Office to report the incident.

TITLE:	Documentation of Controlled Substance Usage	NUMBER:	300.2
SECTION:	Medication & Equipment		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: To establish standard documentation for the inventory of controlled substances on Loyola EMS System ALS vehicles, and the use of controlled substances by Loyola EMS System ALS providers.

POLICY: As defined by the Drug Enforcement Agency (DEA), controlled substances are medications with accepted medical uses which have an established potential for dependency and/or abuse. The DEA requires that all healthcare agencies which possess controlled substances maintain precise accounting of them at all times, and document any instances in which they are administered.

In the Loyola EMS System, controlled substances shall be inventoried daily and documented on a Loyola EMS System-approved Controlled Substance Inventory document. All controlled substances shall be stored under double lock-and-key and in a temperature controlled environment at all times. The Controlled Substance Inventory log shall be sent to the EMS System office on the 15th of every month. Failure to document daily inventories of controlled substances, or failure to submit controlled substances inventory documents to the Loyola EMS System in a timely fashion, will result in suspension of ambulance services. The Loyola EMS System Provider shall appropriately document the administration of any controlled substance in the electronic Prehospital Care Report.

PROCEDURE:

1. Daily inventory of controlled substances requires the **signatures of the ALS Providers going off duty AND the ALS Providers coming on duty.**
2. Administration of controlled substances must be properly documented on the electronic patient care report.
3. Replacement of the used controlled substances at the receiving hospital will be documented according to that hospital's approved controlled substance protocols.
4. Documentation regarding the wasting of unused controlled substances will be completed by the Loyola EMS System Provider in the electronic Prehospital Care Report.
5. The completed Loyola EMS System Controlled Substance Inventory Sheet will be submitted to the EMS System office monthly. Any discrepancy is to be reported to the EMS office and should be formally documented on an EMS Quality Control Communication Report (EQCCR) form as soon as possible.
6. Missing Medications or Suspected Tampering
 - a. If a controlled substance is unaccounted for, is damaged, or shows signs of tampering, the EMS agency/department's EMS Coordinator or equivalent representative must notify the EMS System Coordinator within 24 hours of their becoming aware of the incident. The EMS System Coordinator shall investigate the incident and replacement of the controlled substance in question will be issued only by LUMC and only after the direct approval of the Loyola EMS System Medical Director.
 - b. The EMS agency/department's EMS Coordinator must submit the following documents to the Loyola EMS System within 72 hours of their becoming aware of the incident:
 - i. EMS Quality Control Communication Report (EQCCR) completed by the agency/department's EMS Coordinator, containing a summary of events and all available pertinent information
 - ii. Prehospital Care Reports of any patients who may have been affected by the incident, or of any calls in which damage, tampering, misplacement, or theft of the controlled substance may have occurred
 - iii. Any other documentation, including communications, images, and recordings, which contain information or evidence pertaining to the incident
 - iv. A copy of the police report, if one exists, documenting the reporting of any missing controlled substances.
 - v. Records of any follow-up conducted by the employer with any individuals who are either confirmed or suspected to be involved in the incident, including but not limited to conversations, interviews, or drug screenings, or any refusals by the individual(s) thereof

TITLE: Documentation of Controlled Substance Usage (continued)
SECTION: Medication & Equipment
EFFECTIVE: 9/1/99

NUMBER: 300.2
REVISED/REVIEWED: 8/1/2023

- vi. Prehospital providers may be subjected to a urine drug screen as applicable to determine “fit for duty status.”
- c. The EMS agency/department’s EMS Coordinator or equivalent representative shall also fulfill requests for additional information made by the Loyola EMS System pertaining to the incident at any time thereafter.
- d. Prehospital providers may be subjected to a drug screen as appropriate to determine “fit for duty status.” Refusal by the Loyola EMS System Provider to undergo a drug screen related to an investigation into missing or damaged controlled substances will result in their automatic suspension and removal from patient care activities, per Loyola EMS System Policy 200.17 (Abuse of Controlled Substances by System Participants).
- e. Loyola EMS System Policy 200.17 (Abuse of Controlled Substances by System Participants) describes process for addressing the abuse of mind-altering substances by on-duty Loyola EMS System Providers

TITLE:	Medication Exchange	NUMBER:	300.3
SECTION:	Medication & Equipment		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

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

POLICY: 1:1 Exchange/Replacement

1. All medications utilized in prehospital patient care will be exchanged or replaced on a 1:1 basis. The following will be required for each scenario involving request for replacement or exchange:
 - a. Replacement: A prehospital care report (PCR) on which the use of the medication or equipment being requested is documented.
 - b. Exchange: Presentation of undamaged and intact medication or equipment
2. To exchange/replace medications in the emergency department, the Loyola EMS Provider should request the assistance of an emergency department nurse. The following information will be required for the replacement of any medications utilized in prehospital patient care:
3. EMS Providers who have transported a patient to a destination other than an emergency department (e.g. interfacility/intrafacility transports, Labor and Delivery, etc.) should attempt to complete any necessary medication replacement with the receiving unit of the destination facility.
 - a. In the event that the medication replacement cannot be completed by the receiving unit of the destination facility, the EMS Provider should then attempt to complete the medication replacement at the emergency department of the destination facility
 - b. In the event that the medication replacement cannot be completed by either the receiving unit or the emergency department of the destination facility, the crew should inform their agency/department EMS Coordinator of the medications which require replacement and any efforts made to complete the replacement. The agency/EMS Coordinator may then escalate the matter to the facility's EMS Coordinator and/or the Loyola EMS System Office if further resolution is required.

Soon-to-be Expired Medications

Per FDA regulations, expiration dates of all medications must be displayed on their packaging. If only the month and year are provided, the medication will expire on the last day of the indicated month (e.g., 10/20 expires 10/31/20.).

Soon-to-be-expired medications may be exchanged on a 1:1 basis at the Loyola University Medical Center Pharmacy during its normal hours of operation, or at a Loyola EMS System Associate Hospital at a location and during hours established by the facility. Soon-to-be-expired medications should be exchanged at least 60 days prior to their expiration date. In the event of a medication shortage, the Loyola EMS System Office may waive the 60-day requirement for the affected medication.

Damaged Medications

Damaged medications which are not controlled substances may be exchanged on a 1:1 basis at the Loyola University Medical Center Pharmacy during its normal hours of operation, or at a Loyola EMS System Associate Hospital at a location and during hours established by the facility.

Any damaged controlled substances must be reported to the agency/department EMS Coordinator or equivalent representative at the time the damage is discovered. The agency/department EMS Coordinator or equivalent representative shall then immediately report the incident to an appropriate representative of the Loyola EMS System Office. The agency/department EMS Coordinator or equivalent representative shall have the crewmember(s) who discovered the damaged controlled substance complete an incident report in which a description of how the damage was discovered and, if known, the cause of the damage, shall be documented. The exchange of a damaged controlled substance may only be completed at the Loyola University Medical Center pharmacy, and only after the Loyola EMS System office has been notified and any necessary documentation has been completed.

TITLE:	Medication Exchange (continued)	NUMBER:	300.3
SECTION:	Medication & Equipment		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

Per Loyola EMS System Policy 300.1 (System Accountability of Controlled Substances), the tamper-evident device on the storage container and/or each individual medication package (e.g. vial, ampule, preloaded syringe, etc.) should be examined at least once per shift by both the oncoming and offgoing ALS providers. If the tamper-evident device on the storage container is broken, every package containing a controlled substance must be inspected for tampering or damage. If all packages containing controlled substances are undamaged, their tamper-evident features are intact, and no other reasons for suspecting that unauthorized access to any controlled substance has occurred, a new tamper-evident device should be placed on the storage container and documented accordingly. If there is any indication or reason to suspect that unauthorized access to a controlled substance has occurred, the Loyola EMS Provider must immediately notify their agency/department EMS Coordinator or equivalent representative of their finding, who shall in turn immediately notify the Loyola EMS System Office.

Expired Medications

Medications for which 1:1 exchange is requested must be received within 60 days prior to their expiration date, unless waived by the Loyola EMS System, to avoid charges incurred by the Loyola EMS System agency/department. The Loyola EMS System agency/department may incur charges for the replacement of medication(s) which are expired.

Per Loyola EMS System 300.2 (Documentation of Controlled Substance Usage), any EMS agency which possesses controlled substances must perform an inventory at least once per day. As such, the pending expiration of any controlled substance should be identified, and any necessary exchanges should be completed, well before the medication's expiration date. Therefore, any requests for an exchange of expired controlled substances indicates that either the daily inventory of controlled substances was not being performed as required, or that the 1:1 exchange was not performed as required. Either scenario requires the direct attention of the EMS Provider's resource hospital, and so any requests for the exchange of controlled substances should be referred to the EMS Provider's resource hospital.

Refusal of Service

In the event that an EMS Provider is requesting replacement for medication(s) which were used for a patient who was not transported, the following procedure must be followed:

1. The Loyola EMS Provider should go to the closest Region VIII hospital to their service area.
2. The EMS Provider must show a copy of the PCR to the facility at which medication replacement is being requested.
3. Upon being provided with a copy of the PCR, the facility may replace the medications being requested on a 1:1 basis, possibly at the expense of the agency/department as appropriate.

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. Requests for 1:1 exchanges may be denied if the medication/fluid for which exchange is being requested is damaged, and replacement may or may not occur at the agency/department's expense.

TITLE:	Prehospital Provider Disposable Supplies Exchange	NUMBER:	300.4
SECTION:	Medication & Equipment		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: To provide a mechanism for an expedient and financially equitable means for prehospital providers to exchange supplies through the Loyola EMS System.

POLICY: Supplies Utilized in Patient Care

2. 1. All supplies utilized in prehospital patient care will be exchanged on a 1:1 basis. Prehospital Care Report (PCR) is required to replace or exchange any drugs or equipment.
3. Exchanges for supplies are completed in the emergency department with ED staff. The following information is required:
 - a. Prehospital provider
 - b. Completed PCR
 - c. Type and quantity of supplies used
4. EMS Providers who have transported a patient to a destination other than an emergency department (e.g. interfacility/intrafacility transports, Labor and Delivery, etc.) should attempt to complete any necessary equipment exchanges with the receiving unit of the destination facility.
 - a. In the event that the exchange cannot be completed by the receiving unit of the destination facility, the EMS Provider should then attempt to complete the equipment exchange at the emergency department of the destination facility
 - b. In the event that the exchange cannot be completed by either the receiving unit or the emergency department of the destination facility, the crew should inform their agency/department EMS Coordinator of the items which require replacement and efforts made to complete the exchange. The agency/EMS Coordinator may then escalate the matter to the facility's EMS Coordinator and/or the Loyola EMS System Office if further resolution is required.

Refusal of Service

In the event that an EMS Provider is requesting replacement for medication(s) which were used for a patient who was not transported, the following procedure must be followed:

1. The EMS Provider must provide a copy of the PCR to the facility at which medication replacement is being requested.
2. Upon being provided with a copy of the PCR, the facility may replace the medications being requested on a 1:1 basis, possibly at the expense of the agency/department as appropriate.

TITLE:	Non-Disposable Equipment: Hospital Storage/Replacement	NUMBER:	300.5
SECTION:	Medication & Equipment		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: It is recognized that prehospital equipment is often left at a receiving hospital by prehospital providers. The Loyola EMS System has developed this policy for identification and storage of non-disposable equipment left in emergency departments by prehospital providers.

POLICY:

1. Hospital responsibilities:
 - a. Equipment will be cleaned and stored in a designated area for 72 hours.
2. Prehospital providers' responsibilities:
 - a. All equipment should be properly marked to facilitate identification.
 - b. Appropriate identification will be required upon collection of equipment.
 - c. The Loyola EMS System agency/department should make every attempt to retrieve equipment within 72 hours.
 - d. If equipment has not been retrieved by EMS agency/department within 72 hours of encounter, the equipment may be subject to disposal by ED without reimbursement to EMS agency/department
3. If equipment is no longer being used for patient care, and is not available for retrieval within 72 hours of its removal from the patient, the EMS agency/department may make arrangements with the ED Manager or equivalent position to replace the item.

TITLE:	Medications for New Ambulances	NUMBER:	300.6
SECTION:	Medication & Equipment		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: To standardize the method for obtaining medications for new ambulances.

POLICY: Requests for medications should be submitted to the EMS System Coordinator at least two weeks in advance of need. Requests for controlled substances may be approved and signed for only by the EMS Medical Director or their designee.

TITLE:	Latex-Containing Supplies	NUMBER:	300.7
SECTION:	Medication and Equipment		
EFFECTIVE:	8/1/2023	REVISED/REVIEWED:	8/1/2023

PURPOSE: To prohibit the possession and use of any medical supplies containing latex, and to describe the sole circumstance in which latex-containing supplies may be procured and used by Loyola EMS Providers.

POLICY: As the allergy to latex is very common, and as EMS Providers have an ethical obligation to do no harm to the people whom they are caring for, Loyola EMS System Providers shall neither possess nor utilize any product containing latex. Should a Loyola EMS Provider discover that they are in possession of a product containing latex, they should remove that product from their inventory immediately and replace it with a non-latex-containing alternative.

Per 410 ILCS 180/, also known as the 'Latex Glove Ban Act,' EMS Providers in the State of Illinois are prohibited from using latex gloves during patient care. An exception can be made during a crisis in which the sourcing of non-latex gloves is interrupted. Per 410 ILCS 180/15:

Sec. 15. Exception; crisis situation. Notwithstanding subsections (b) and (c) of Section 10, if a crisis exists that interrupts their ability to reliably source nonlatex gloves, EMS personnel and health care facility personnel may use latex gloves upon a patient. However, during the crisis, EMS personnel and health care facility personnel shall prioritize, to the extent possible, using nonlatex gloves for the treatment of:

- (1) any patient with a self-identified allergy to latex; and
- (2) any patient upon whom the latex gloves are to be used who is unconscious or otherwise physically unable to communicate and whose medical history lacks sufficient information to indicate whether or not the patient has a latex allergy.

TITLE:	Paramedic Academy Admission Requirements	NUMBER:	400.1
SECTION:	Education		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

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

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

1. Completed application form
2. Letter from employer/supervisor verifying experience as an EMT (recommended six months minimum)
3. One to two letters of recommendation outlining the applicant's strengths
4. Application fee as outlined in application packet
5. Valid Illinois Driver's License
6. Current Illinois EMT license
7. Current American Heart Association BLS (CPR) Healthcare Provider card
8. High school diploma or graduate equivalency diploma (GED)
9. Transcripts from all colleges and universities attended
10. Complete a college Anatomy & Physiology course (CoD Anatomy 1500 or equivalent; Or 1551/1571 and 1552/1572) with a grade of 'C' or better by the time of program start, or within 10 years prior to the time of application.
11. Complete a Bio-Medical Terminology course (CoD HLTHS 1110 or equivalent) with a grade of 'C' or better by time of program start date (January 7, 2020) or within 10 years prior to the time of application.
12. Background check (upon qualification for acceptance into the Program)
13. Immunization verification (upon acceptance into the Program)
 - a. Candidate's immunization status must be in compliance with immunization requirements established by the institutions of all clinical sites
14. Copy of personal health insurance card
15. Proof of age (candidate must be at least 18 years of age by the first day of class)
16. Student Health Form (upon acceptance)

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

Applicants who meet or exceed the minimum scores on preadmission exams, and who have submitted all required application documentation, will be invited to schedule an interview with the Paramedic Academy Admissions Board.

All enrolled students must maintain **current** licensure as an Illinois EMT-Basic throughout the length of the Program. All students must maintain "current" status as an AHA BLS (CPR) Healthcare Provider. Students must submit copies of new or changed EMT licenses and CPR cards within seven (7) days of their receipt of renewal.

Qualification for acceptance into the Program is determined by the combined score of the written exams and a formal interview. Final acceptance into the Program is contingent on the results of the criminal background check, candidate's proof of having received and being current with all required immunizations, and completion of all other admission requirements described above.

LUMC abides by all applicable provisions of federal, state, and local law. LUMC EMS Paramedic Program does not discriminate in its admission policies and practices on the basis of race, religion, color, sex, age, sexual orientation, gender identity, national origin or ancestry, marital status, veteran's status or any other classification protected by law. Otherwise qualified individuals are not discriminated against on the basis of physical or mental handicap/disability. Any questions concerning discrimination should be directed to the EMS System Coordinator.

TITLE:	Paramedic Academy Education Standards	NUMBER:	400.2
SECTION:	Education		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: To identify the goals and objectives of the Loyola University Medical Center EMS Paramedic Academy.

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

Paramedic Academy Goals

The Loyola Paramedic Program strives to produce paramedics who, at the time of their graduation, will become allied health professionals, and will be capable of effectively working with other emergency services personnel, becoming dynamic leaders, value lifelong learning and personal development, be of service within their communities, and, above all, to respect and sustain human life.

Paramedic Academy Objectives

In order to successfully complete the LUMC EMS Paramedic Academy, students must demonstrate a thorough understanding and integration of the following objectives:

A. Cognitive Objectives:

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

B. Psychomotor Objectives:

1. Candidates must demonstrate all skills to the minimum passing proficiency level as determined by the LUMC EMS faculty, Illinois Department of Public Health, and the National Registry of Emergency Medical Technicians.
2. Candidates must demonstrate the ability to formulate and apply appropriate treatment plans based upon the knowledge, skills and abilities obtained through didactic instruction, clinical instruction, medical direction and Standing Medical Orders (SMOs).
3. Candidates must demonstrate critical thinking skills, as determined by their performance on written and practical examinations, performance of research, feedback from clinical and field internship evaluations, and completion of other assignments.

4. Candidates must contribute to, and actively participate in class discussions, presentations, and other educational activities.

C. Affective Objectives:

1. Candidates must show compassion while rendering care, seeking always to be patient advocates.
2. Candidates must exercise their duties with respect for all persons without regard to an individual's race, creed, religion, gender, disability, sexual orientation, gender identity, or nationality.
3. Candidates must show respect for themselves, one another, the LUMC EMS faculty and staff, clinical and field instructors, and all affiliates and constituents of the LUMC EMS System.
4. Candidates are expected to arrive at their scheduled clinical rotations on time, in proper uniform, and with proper identification, and are expected to conduct themselves in a respectful manner at all times. Failure to abide by standards and expectations of the paramedic candidate with regard to clinical rotations may result in the candidate's dismissal from the clinical site. Should this occur, the paramedic candidate may be subject to disciplinary action, and possibly suspension or dismissal from the paramedic academy.
5. In manners of general conduct, all candidates, preceptors, and providers will be governed by the ordinary rules of good behavior observed by law-abiding citizens. No members of the Loyola EMS System (students, providers, preceptors, instructors) shall be guilty of misconduct or conduct unbecoming a member of the EMS system. All members of the Loyola EMS System shall conduct themselves as gentlemen or gentlewomen, and shall be courteous in their conversations with patient's, instructors, the EMS Medical Director, the EMS System Coordinator and all others. No EMS System provider shall act or behave in such a manner as to bring discredit upon themselves, their department, or the EMS System. Any candidate, preceptor, or provider who engages in misconduct may be subject to disciplinary action as described by Loyola EMS System Policy 900.1 (System Participation Suspension).

TITLE:	Clinical Preceptor	NUMBER:	400.3
SECTION:	Education		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

RESPONSIBILITIES:

1. Responsible and accountable for decisions made in the prehospital setting regarding patient care provided by the EMS program student.
2. Responsible for orienting, teaching, and supervising EMS program students during their field experiences.
3. Responsible for completing the necessary documentation and evaluations regarding field performance.
4. Responsible for communicating with the clinical department EMS Coordinator or equivalent representative and EMS Program Instructor to provide a comprehensive evaluation of the paramedic student, and make recommendations, whether positive or negative, regarding the paramedic student's eligibility for graduation.

NOTE: The clinical preceptor maintains the right to dismiss any student from their clinical site for any of the following issues:

- Student does not have proper identification
- Student is not scheduled for a clinical rotation
- Student is not in proper uniform
- Student appears disheveled
- Student arrives late
- Student displays a poor attitude
- Student does not participate in clinical experience
- Student performs tasks or procedures without proper oversight
- Student engages in misconduct, or otherwise fails to abide by expectations of professionalism established by their educational program

NOTE: Under no circumstances may an individual who is not a student currently attending a Loyola-sponsored EMS course be allowed to ride on a Loyola EMS System ambulance, or function in any clinical environment within the Loyola EMS System, without the Loyola EMS System Office's direct knowledge and unambiguous approval. In the event that this were to occur, any patient encounter or exposure to patient information involving the unapproved individual would constitute a HIPAA violation, and any physical contact with a patient made by the unapproved individual could constitute battery. As such, any encounter with an individual who is not an EMS student and is representing themselves as such, or any known instance of an unapproved individual having ridden on a Loyola EMS System ambulance or gained unauthorized access to a clinical area in the Loyola EMS System, must be immediately reported to the Loyola EMS System Office and, if applicable, appropriate law enforcement agencies.

Any individual who arrives at a Loyola EMS System Department or clinical site without a valid school-issued ID, whether they are known to be a current student in a Loyola EMS System educational program or not, are to be turned away without exception.

5. Complete informational modules pertaining to preceptor roles and responsibilities on an annual basis, or no less than one year prior to functioning as a preceptor. The required preceptor-related informational modules will be created and released by the Loyola EMS System, and any instructions necessary for their completion will be provided.

TITLE: Clinical Preceptor (continued)
SECTION: Education
EFFECTIVE: 9/1/99

NUMBER: 400.3
REVISED/REVIEWED: 8/1/2023

QUALIFICATIONS:

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

1. Maintain current license as a Paramedic in the State of Illinois Maintain good standing in the Loyola EMS System
2. Have a minimum of two years of experience as a licensed Paramedic.
3. Have a minimum of one year of experience as a Loyola EMS System provider.
4. Receive written recommendation by their Department's ALS EMS Coordinator.
5. Demonstrate competency in knowledge and skills by achieving a passing score on all System CE quizzes and practical exams
6. ACLS, PHTLS/ITLS, and PALS/PEPP provider certifications strongly recommended.
7. Complete required preceptor-related informational modules released by the Loyola EMS System within one year prior to functioning as a preceptor
8. All preceptors are subject to review on an annual basis; this will take place each December following the students' completion of their field internships.
9. Receive approval by the EMS Medical Director and EMS System Coordinator.

The Loyola EMS System prefers and strongly recommends that preceptors possess and maintain current certifications in ACLS, PALS and/or PEPP, and PHTLS and/or ITLS.

SYSTEM EDUCATION:

Preceptors are eligible to attend some Loyola University Medical Center EMS specialty education courses such as ACLS, AMLS, GEMS, PALS, PEPP, and PHTLS. Reduced tuition will not be offered for CCEMT-P or ABLS courses). In order to qualify for reduced tuition, the paramedic preceptor must register for the requested class and pay tuition amount required by the Loyola EMS System.

In manners of general conduct, all candidates, preceptors, and providers will be governed by the ordinary rules of good behavior observed by law-abiding citizens. No members of the Loyola EMS System (students, providers, preceptors, instructors) shall be guilty of misconduct or conduct unbecoming a member of the EMS system. All members of the Loyola EMS System shall conduct themselves as gentlemen or gentlewomen, and shall be courteous in their conversations with patients, instructors, the EMS Medical Director, the EMS System Coordinator, and all others. No EMS System provider shall act or behave in such a manner as to bring discredit upon themselves, their department or the EMS System. Any candidate, preceptor, or provider who engages in misconduct may be subject to disciplinary action as described by Loyola EMS System Policy 900.1 (System Participation Suspension).

TITLE:	EMT Program Admission Requirements	NUMBER:	400.4
SECTION:	Education		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: To identify the prerequisites to the Loyola University Medical Center EMS EMT Program.

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

1. Minimum of 18 years of age by completion of course and prior to certification
2. Completed application form
3. Completed essay form
4. High school diploma or graduate equivalency diploma (GED)
5. Current American Heart Association BLS (CPR) Healthcare Provider card
6. Valid Illinois Driver's License or State ID
7. Payment of the required application fee
8. Background check (upon qualification for acceptance into the Program)
9. Drug screen upon qualification for acceptance into the program
10. Immunization verification (upon acceptance into the Program)
 - a. Candidate's immunization status must be in compliance with immunization requirements established by the institutions of all clinical sites
11. Copy of personal health insurance card (upon acceptance into the program)

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

Valuing diversity means reaching beyond stereotypical views of individuals and using the strengths and different perspectives that each person offers as a result of his or her culture, religion, gender, race, national origin, disability, sexual orientation and age.

The LUMC EMS EMT program embraces and derives value from the diverse views that each individual brings. LUMC abides by all applicable provisions of federal, state and local law. The LUMC EMT Program does not discriminate in its admission policies and practices on the basis of race, religion, color, sex, age, sexual orientation, gender identity, national origin or ancestry, marital status, veteran's status or any other classification protected by law. Otherwise qualified individuals are not discriminated against on the basis of physical or mental handicap/disability. Any questions concerning discrimination should be directed to the LUMC EMS System Coordinator.

TITLE:	EMT Program Education Standards	NUMBER:	400.5
SECTION:	Education		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: To identify the goals and objectives of the Loyola University Medical Center EMS EMT Program.

POLICY: The Loyola University Medical Center Emergency Medical Services Emergency Medical Technician (EMT) Program is a four-month course of study based on the U.S. Department of Transportation's National EMS Education Standards (2009) and NHTSA National EMS Scope of Practice Model (2007) for EMT instruction. Loyola will meet the minimum standards requirement for the 1998 DOT curriculum as stated above. Incorporated into each 192-hour course is a minimum 16 hours of clinical time in hospital emergency departments or prehospital. Per IDPH standards of EMS education the Loyola EMT program will adhere to the scope of practice, education objectives, and psychomotor competencies.

EMT Program Goals

The Loyola EMT Program strives to produce EMTs who, at the time of their graduation, will become allied health professionals, and will be capable of effectively working with other emergency services personnel, becoming dynamic leaders, value lifelong learning and personal development, be of service within their communities, and, above all, to respect and sustain human life.

EMT Program Objectives

In order to successfully complete the LUMC EMS EMT Program, students must demonstrate a thorough understanding and integration of the following objectives:

A. Cognitive Objectives:

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

B. Psychomotor Objectives:

1. Students must demonstrate all skills to the minimum passing proficiency level as determined by the LUMC EMS faculty, Illinois Department of Public Health, and/or the National Registry of Emergency Medical Technicians.
2. Students must demonstrate the ability to formulate and apply appropriate treatment plans based upon the knowledge, skills and abilities obtained through didactic instruction, clinical instruction, medical direction and Standing Medical Orders (SMOs).
3. Students must demonstrate critical thinking skills, as determined by their performance on written and practical examinations, performance of research, feedback from clinical and field ride time evaluations, and completion of other assignments.
4. Students must contribute to, and actively participate in class discussions, presentations, and other educational activities.

C. Affective Objectives:

1. Students must show compassion while rendering care, seeking always to be patient advocates.
2. Students must exercise their duties with respect for all persons without regard to an individual's race, creed, religion, gender, disability, sexual orientation, gender identity, or nationality.
3. Students must show respect for themselves, one another, the LUMC EMS faculty and staff, clinical and field instructors and all affiliates and constituents of the LUMC EMS System.
4. Candidates are expected to arrive at their scheduled clinical rotations on time, in proper uniform, and in possession of proper identification, and are expected to conduct themselves in a proper, respectful manner at all times. Failure to abide by standards and expectations of the EMT student with regard to clinical rotations may result in the candidate's being sent away from the clinical site. Should this occur, the EMT student may be subject to disciplinary action, and possibly suspension removal from the EMT program.
5. In manners of general conduct, all students, preceptors, and providers will be governed by the ordinary rules of good behavior observed by law-abiding citizens. No members of the Loyola EMS System (students, providers, preceptors, instructors) shall be guilty of misconduct or conduct unbecoming a member of the EMS system. All members of the Loyola EMS System shall conduct themselves as gentlemen or gentlewomen and shall be courteous in their conversations with patient's, instructors, the EMS Medical Director, the EMS System Coordinator and all others. No EMS System provider shall act or behave privately or in any official capacity in such a manner as to bring discredit upon him/herself, his/her department or the EMS System.

TITLE:	Prehospital Provider Relicensure Requirements	NUMBER:	400.7
SECTION:	Education		
EFFECTIVE:	7/1/07	REVISED/REVIEWED:	8/1/2023

PURPOSE: To outline the requirements for continuing education and the documentation for prehospital provider re-licensure in the Loyola EMS System.

POLICY: Loyola EMS System and IDPH requirements for prehospital providers (EMR, EMD, EMT, Paramedic, ECRN, and PHRN/PHAPN/PHPA) relicensure over a four-year period include:

1. Minimum number of hours per licensure level of System-approved, IDPH site code-approved continuing education addressing both adult and pediatric care, see per Loyola EMS System policy 400.10 (Prehospital Provider Continuing Education Requirements). No more than 25% of these hours may be in the same subject.
2. Completion of all System CE modules, including the passing of all CE quizzes
3. Current American Heart Association BLS (CPR) Healthcare Provider certification.
4. 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. Personal checks will not be accepted.
5. Providers for whom Loyola EMS System is their secondary system are required to have copies of their renewed license and current American Heart Association BLS (CPR) Healthcare Provider certification on file, and must complete all Loyola CE modules to remain in good standing with the Loyola EMS System. Non-compliance can result in closure of the provider's file.
6. In the event that a Loyola EMS System Provider recognizes that they will be unable to complete their renewal requirements before their license lapses, they may apply for an extension of their license through the Loyola EMS System. Requests for license extensions must be made *before* the license's expiration date, and any granting of an extension will be at the discretion of the Loyola EMS System Medical Director or designee.
7. If an EMS Provider's EMS license has expired, and no extension has been granted, that EMS Provider may no longer function under the scope of the expired license. The lapsed EMS Provider will have up to 60 days to complete all renewal requirements through the Loyola EMS System and the State of Illinois. The expired licensee will be eligible for renewal only if all necessary steps have been completed and no ongoing quality concerns or pending disciplinary action exist.
8. EMS licenses which have been expired for longer than 60 days, but less than 36 months, may only be renewed through the IDPH reinstatement process, as described in Loyola EMS System Policy 500.1a (Reinstatement of Expired Provider License). The request for reinstatement must be made in writing by the expired licensee and submitted to the Loyola EMS System Office as early as possible. Written requests for reinstatement will be evaluated on an individual basis by the EMS Medical Director or designee, who will then make the determination as to whether or not the requested renewal shall be granted.

NOTE: Loyola EMS System will not process relicensure for any prehospital provider has not completed the IDPH EMS Systems Renewal Notice/Child Support/Personal History Statement and made payment of the appropriate IDPH fee. IDPH fee schedule can be located at: <https://dph.illinois.gov/topics-services/emergency-preparedness-response/ems/licensing>

Note: IDPH requires payment of fees as follows for each type of EMS license. Fees subject to change by IDPH

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

TITLE:	Out of System Continuing Medical Education	NUMBER:	400.8
SECTION:	Education		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: To identify continuing medical education and System/Region VIII activities that will be accepted counted toward license renewal requirements, and to provide the number of hours which will be credited for each activity.

NOTE: The Loyola EMS System recommends that providers maintain their own individual records of CE with supporting documentation. The Loyola EMS System also recommends that providers submit copies of their CE records to the Loyola EMS System office at least every six months to ensure that their files remain current.

POLICY: All providers who are primary in the Loyola EMS System must obtain at least 50% of the IDPH-mandated hours from within the Loyola EMS System. Monthly CE obtained through other EMS Systems within Region VIII will be honored as Loyola EMS System CE.

CE CREDIT GUIDELINES:

ACLS/PALS/PEARS/NRP	1 clock hour = 1 hour	twice per licensure period
AMLS/GEMS/PEPP	1 clock hour = 1 hour	twice per licensure period
PHTLS/ITLS	1 clock hour = 1 hour	twice licensure per period
Instructor Courses	1 clock hour = 1 hour	once per licensure period
CCEMTP	1 clock hour = 1 hour	once per licensure period
ECRN Course	1 clock hour = 1 hour	once per licensure period
TNS Course	1 clock hour = 1 hour	once per licensure period
IMERT/RMERT/INVENT Activities	1 clock hour = 1 hour	no more than 8 hours per year
Seminars/Workshops	1 clock hour = 1 hour	no more than 24 hours per year
Medical school	1 credit of course work = 2 hours	no more than 8 hours per year
Nursing school	1 credit of course work = 2 hours	no more than 8 hours per year
Physician assistant school	1 credit of course work = 2 hours	no more than 8 hours per year
Health-related college courses	1 credit of course work = 2 hours	no more than 8 hours per year
Personal Safety/Firefighter/ Law Enforcement	1 hour of course work = 1 hour	no more than 10 hours per year
HAZMAT Certification	1 clock hour = 1 hour	no more than 16 per year
Region VIII EMS activities (e.g. disaster drills, community benefit activities)	1 clock hour = 1 hour	no more than 5 hours per year
Instruction/Teaching	1 clock hour = 1 hour	no more than 10 hours per year

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

Documentation may be required for preapproval of CE credit. Approval of CE credit will be at the discretion of the EMS Medical Director or designee.

TITLE:	Prehospital Provider Continuing Education Requirements	NUMBER:	400.10
SECTION:	Education		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

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

POLICY: The Loyola EMS System adheres to the standards established by IDPH regarding the number of continuing education hours required for a provider's relicensure. The number of CE hours required by both IDPH and the Loyola EMS System to approve relicensure are as follows:

A total of 100 hours are mandated by IDPH during each four-year licensure period for Paramedics/PHRN/PHAPN/PHPA.

A total of 60 hours are mandated by IDPH health during each four-year licensure period for EMTs.

A total of 48 hours are mandated by IDPH health during each four-year licensure period for EMDs.

A total of 32 hours are mandated by IDPH during each four-year licensure period for ECRNs.

A total of 24 hours are mandated by IDPH health during each four-year licensure period for EMRs.

EMR/FR-AEDs, EMT-Bs, paramedics, and PHRNs must complete ALL Loyola EMS System continuing education modules. ECRNs must complete Loyola EMS System Continuing Education as described by Loyola EMS System policy 500.10 (ECRN Approval for Relicensure).

Monthly CE obtained through other EMS Systems within Region VIII will be honored as Loyola EMS System CE.

1. The Loyola EMS System offers 24 CE hours per year through live CE sessions. 3 hours of CE credit are awarded for each live CE session completed. If the Loyola EMS System Provider is unable to attend a live CE session, they may complete the CE module online for 1.5 hours of CE credit.
2. Loyola EMS System providers must successfully complete the CE quiz with a minimum passing score of 80%.
3. The Loyola EMS System may produce additional CE content as needed to address important updates or changes affecting the Loyola EMS System. In these instances, CE hours will be awarded on an hour-for-hour basis.

Monthly Continuing Education Quizzes

All Prehospital Providers shall successfully complete **ALL** Loyola System quizzes in order to maintain their privileges within the Loyola EMS System.

1. 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.
 - c. Quizzes will require a minimum passing score of 80%, and results will be recorded as Pass/Fail.
2. If a provider fails to attend their department's monthly CE session, they are still responsible for successfully completing the monthly CE quiz. Additional make-up options include:
 - a. Attend a scheduled CE session at another department or the Loyola EMS office.
 - b. Complete CE module online at LoyolaEMS.com.
3. One and a half (1.5) hours of CE credit will be awarded for quizzes completed online.
4. Non-compliance with continuing education requirements
 - a. Per Loyola EMS System Policy 500.2 (Prehospital Provider Licensure/Certification and Continuing Education Requirements), any EMD, EMR/FR-AED, EMT-B, paramedic, PHRN, PHAPN, or PHPA who fails to complete 3 or more consecutive CE modules may be subject to suspension or removal from the Loyola EMS System
 - b. Per Loyola EMS System Policy 500.2 (Prehospital Provider Licensure/Certification and Continuing Education Requirements), any EMD, EMR/FR-AED, EMT-B, paramedic, PHRN, PHAPN, or PHPA who has not made up a missed CE module within two years of its publication may be subject to suspension or removal from the Loyola EMS System

TITLE:	Prehospital Provider Continuing Education Requirements	NUMBER:	400.10
SECTION:	Education		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

- c. Per Loyola EMS System Policy 500.2 (Prehospital Provider Licensure/Certification and Continuing Education Requirements), any EMD, EMR/FR-AED, EMT-B, paramedic, PHRN, PHAPN, PHPA, or ECRN who has not completed a time-sensitive CE module (e.g. SMO updates, new procedures, new policies, etc.) by the specific deadline determined by the Loyola EMS System may be subject to suspension or removal from the Loyola EMS System
- d. Per Loyola EMS System Policy 500.2 (Prehospital Provider Licensure/Certification and Continuing Education Requirements), ECRNs who complete fewer than 6 CE modules per year may be subject to suspension or removal from the Loyola EMS System
- e. Per Loyola EMS System Policy 500.2 (Prehospital Provider Licensure/Certification and Continuing Education Requirements), ECRNs who do not complete any continuing education modules in a 1-year interval may be subject to suspension or removal from the Loyola EMS System
- f. Per Loyola EMS System Policy 500.2 (Prehospital Provider Licensure/Certification and Continuing Education Requirements), any Loyola EMS System provider who has been suspended for CE non-compliance and who does not complete their outstanding CE requirements within 15 business days of being notified of the suspension will be removed from the Loyola EMS System

NOTE: Loyola EMS System Providers for whom Loyola EMS System is their secondary system remain responsible for completing all Loyola EMS System continuing education modules, as well as any additional training(s) deemed mandatory by the Loyola EMS System. Secondary Loyola EMS System Providers who complete monthly CE in a different Region VIII EMS System may submit proof of their completion from their primary Region VIII EMS System for full credit from the Loyola EMS System.

TITLE:	Program Tuition and Course Payment	NUMBER:	400.11
SECTION:	Education		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: To describe tuition and payment requirements for the LUMC EMS Paramedic Academy.

POLICY: Individuals accepted into the LUMC EMS Paramedic Academy will be required to provide a deposit to confirm their enrollment and reserve their position in the program. Students will be billed for the Paramedic Academy at the College of DuPage in-district tuition rate, with financial aid options being available through the College.

Tuition for the EMT Program must be paid in full by the first day of class, unless prior arrangements have been made with the course coordinator.

Tuition for the EMR Program must be paid in full by the first day of class, unless prior arrangements have been made with the course coordinator.

Unless otherwise indicated by the ECRN Course Coordinator, the fee for the ECRN Course must be paid at the time registration materials are submitted for the course.

Fees for medical specialty courses (e.g. PEPP, GEMS, etc.) are expected to be paid in full by the date indicated in the course brochure.

Payments may be made by credit card, or by cashier's check or money order made out to "Loyola EMS." Loyola EMS does not accept personal checks.

TITLE:	EMS Lead Instructor Initial Licensure	NUMBER:	400.12
SECTION:	Education		
EFFECTIVE:	11/3/05	REVISED/REVIEWED:	8/1/2023

PURPOSE: To define the Illinois Department of Public Health and the Loyola EMS System mandated requirements for initial application for certification as an EMS Lead Instructor.

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

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

1. Documented successful completion of the National Association of EMS Educator (NAEMSE) Instructor Course I or a course equivalent to the National Standard Curriculum for EMS Instructors with a minimum final exam score of 80%. A transcript of the final test grade must be included.
2. Documentation of experience and education that meet at least the following minimum requirements:
 - a. Copy of current Illinois license as an EMT, Paramedic, RN or physician.
 - b. A minimum four years of documented experience in prehospital emergency care.
 - c. At least two years of documented teaching experience.
 - d. Documented classroom teaching experience (e.g. ITLS, PHTLS, CPR, PALS).
 - e. Copy of current Illinois Driver's License.
 - f. Copy of current American Heart Association BLS (CPR) Healthcare Provider card.
 - g. Completed EMS Personnel Data Form.
 - h. Completed State of Illinois Emergency Medical Services (EMS) Systems Child Support/Personal History Statement and felony conviction statement
3. A letter explaining reason(s) for pursuing licensure as a Lead Instructor, and naming agency/organization under which credential will be used.
4. A resume that reflects, at minimum, all professional prehospital experience and current credentials
5. Payment of initial licensure fee to IDPH per license fee schedule, <https://dph.illinois.gov/topics-services/emergency-preparedness-response/ems/licensing>

Upon completion of the above requirements, the Loyola EMS System office will submit a transaction card to IDPH on behalf of the applicant requesting their licensure as an EMS Lead Instructor.

Upon receipt of the applicant's transaction card, IDPH will review the application and, if all requirements stipulated by the Illinois Emergency Medical Services Act are satisfied, and no other disqualifying criteria exist, the applicant will become licensed as an EMS Lead Instructor.

TITLE:	EMS Lead Instructor Relicensure	NUMBER:	400.13
SECTION:	Education		
EFFECTIVE:	5/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: To describe the process and requirements for renewal of an EMS Lead Instructor license.

POLICY: The Loyola EMS System and IDPH require the following for renewal of EMS Lead Instructor license:

1. A detailed list of courses taught by the EMS Lead Instructor within the previous four years.
2. Documentation of 40 hours of continuing education, of which 20 hours shall be related to teaching and 20 hours shall be related to the development, delivery, and evaluation of education hours.
 - a. Hours related to teaching are awarded through the actual teaching of EMS content under a site code approved by IDPH or CAPCE. Examples of hours related to teaching include, but are not necessarily limited to the teaching of:
 - i. System-approved monthly continuing education
 - ii. EMS educational programs, including:
 1. EMT-B
 2. EMT-P
 3. ECRN
 4. PHRN, PHAPN, and PHPA
 5. CCEMT-P

NOTE: In accordance with Loyola EMS System Policy 400.8 (Out of System Continuing Medical Education), a Lead Instructor may apply up to 10 hours of instructional time of EMS educational programs per licensure period toward the renewal of their EMT-B, EMT-P, PHRN, PHAPN, or PHPA license.

- iii. EMS-related certification courses, including:
 1. AHA courses, including BLS, ACLS, and PALS
 2. PHTLS
 3. AMLS
 4. GEMS
 5. PEPP
 - b. Hours related to development, delivery, and evaluation of education hours include, but are not necessarily limited to:
 - i. NAEMSE-approved hours, including
 1. NAEMSE Continuing Education Units (CEUs)
 2. Lead Instructor courses
 3. NAEMT Instructor courses (PHTLS, AMLS, GEMS, TCCC, etc.)
 4. Symposia
 5. Webinars
 - ii. System-approved Lead Instructor continuing education
 - iii. AHA Instructor Courses (BLS, ACLS, PALS)
3. Updated EMS Personnel Data Form.
4. Completed IDPH EMS Systems Renewal Notice/Child Support/Personal History Statement.
5. Payment of relicensure fee to IDPH, per license fee schedule, <https://dph.illinois.gov/topics-services/emergency-preparedness-response/ems/licensing>

TITLE:	EMS Lead Instructor Relicensure	NUMBER:	400.13
SECTION:	Education		
EFFECTIVE:	5/1/99	REVISED/REVIEWED:	8/1/2023

6. If the EMS Lead Instructor applying for relicensure has satisfactorily coordinated programs for the Loyola EMS System at any time during the period of their licensure, the Loyola EMS System office will submit written corroboration from the EMS Medical Director attesting to that fact.

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

TITLE: Site Code Application
SECTION: Education
EFFECTIVE: 1/4/16

NUMBER: 400.13a
REVISED/REVIEWED: 8/1/2023

PURPOSE: To provide information regarding site code application process

POLICY: All education, training, and continuing education courses for EMD, EMT, Paramedic, ECRN, PHRN, PHAPN, PHPA, LI, and Emergency Medical Responder held within the Loyola EMS System shall be coordinated by an EMS Lead Instructor who, in addition to holding current licensure as an EMS Lead Instructor in the State of Illinois, has also received approval by the Loyola EMS System to coordinate educational activities. A program may utilize more than one EMS Lead Instructor, however anyone listed as an EMS Lead Instructor must be approved by the Loyola EMS system. At least one EMS Lead Instructors must be on site at all times throughout the course.

PROCEDURE: Site Code Application

1. The site code application will be submitted to the EMS System office at least 90 days prior to the first day of the course.
 - a. The application should be complete with must provide:
 - The name and address of the agency sponsoring the class.
 - The name of the EMS Lead Instructor facilitating the course.
 - The course type.
 - The exact number of hours for both didactic and clinical portions of program
 - The exact number of any continuing education hours being requested.
 - Individuals eligible to be awarded CE hours (e.g., EMT, Paramedic, ECRN, etc.).
2. The EMS Lead Instructor is responsible to ensure that the site code application is complete.
3. Each site code must have at least 1-3 objectives which include cognitive, affective, and psychomotor skills, depending on the course being taught. There will be administrative fees for each site code submitted to the system office These fees are based on the extent of the administrative oversight required for the site code application. Invoices will be generated upon receipt of the site code application. The site code will not be approved by the system office, or forwarded to IDPH, until full payment of the invoice has been received by the System office.

TITLE:	EMS Assistance Fund	NUMBER:	400.14
SECTION:	Education		
EFFECTIVE:	5/1/98	REVISED/REVIEWED:	8/1/2023

PURPOSE: To provide information about funds available to EMS participants through the EMS Assistance Fund administration.

POLICY: The fund grantee shall submit a report to the Illinois Department of Public Health Division of Emergency Medical Services and Highway Safety every six months detailing the status of the grant funds. Within 60 days after the final disbursement of the grant funds, a final report shall be submitted to the Division. The final report shall consist of a financial report for the project and a brief narrative describing the completed project.

PROCEDURE: Award of Funds

1. Any Illinois licensed/designated EMS participant that provides EMS service within the State of Illinois may apply for funds through the Regional EMS Advisory Committee.
 - a. Application shall be made on forms prescribed and provided by IDPH.
 - b. Applicants shall provide evidence of financial planning to include but not be limited to: equipment replacement plans, budgeting plans, fundraising plans.
2. Programs, services and equipment funded by the EMS Assistance Fund shall comply with the Act, this Part and the EMS Regional Plan in which the applicant participates.
3. The award of funds shall be based upon demonstrated need and one or more of the following:
 - a. Establishment of a new EMS agency, program or service where needed to improve emergency medical services available in an area.
 - b. Expansion or improvement of an existing EMS agency, program or service.
 - c. Replacement or equipment that is serviceable or procurement of new equipment.
 - d. Establishment, expansion or improvement of EMS education and training programs including the adult and pediatric population.
4. Deadline for submission of applications is determined each year by the Illinois Department of Public Health.
5. All recipients shall be asked to enter into a grant agreement as prescribed by IDPH.

TITLE:	First Responder (FR) – AED	NUMBER:	400.15
SECTION:	Education		
EFFECTIVE:	1/3/01	REVISED/REVIEWED:	8/1/2023

PURPOSE: To outline the IDPH mandated requirements for FR – AED registration and re-registration.

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

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

PROCEDURE: Emergency Medical Responders

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

FR – AEDs

1. A person currently approved as an FR may utilize an automated external defibrillator (AED) if the FR:
 - a. Has successfully completed an IDPH-approved course in automated external defibrillator operation; and
 - b. Is functioning within a Department approved by the Loyola EMS System to provide first response services, as verified by the EMS Medical Director.
2. A The FR – AED shall be responsible for submitting written proof of continuing education attendance to the EMS System.
3. A-The FR – AED shall be responsible for maintaining copies of all documentation concerning continuing education programs that he or she has completed.
4. IDPH and Loyola EMS System requirements for re-registration:
 - a. Application for renewal on a state form at least thirty (30) days prior to license expiration date.
 - b. Twenty-four (24) hours of continuing education every four years
 - c. A current American Heart Association BLS (CPR) Healthcare Provider card.
 - d. Updated EMS Personnel Data Form to include Social Security number.
 - e. Signed IDPH EMS Systems Renewal Notice/Child Support/Personal History Statement.
 - f. Payment of renewal fee to IDPH.
5. The FR – AED whose registration has expired may, within 60 days after registration expiration, submit all re-registration material as required by 77 Ill. Adm. Code § 515.725(k) and a fee of \$50.00 in the form of a cashier’s check or money order (cash or personal check will not be accepted). If all material is in order and there is no disciplinary action pending against the FR – AED, IDPH will re-register the FR – AED.
6. Any EMR/FR – 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 FR - AED exam.

TITLE: First Responder (FR) – AED (continued)
SECTION: Education
EFFECTIVE: 1/3/01

NUMBER: 400.15

REVISED/REVIEWED: 8/1/2023

7. Request for Change in Status to EMR

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

TITLE:	National Registry Recertification	NUMBER:	400.16
SECTION:	Education		
EFFECTIVE:	7/1/07	REVISED/REVIEWED:	8/1/2023

PURPOSE: To outline the requirements for renewal of National Registry certification.

POLICY: The Loyola EMS System will facilitate the renewal of National Registry certifications. EMS Providers may renew National Registry certification either by taking and passing the written examination or by fulfilling continuing education requirements established by the National Registry of Emergency Medical Technicians (NREMT). Requirements for facilitation of National Registry recertification by the Loyola EMS System are as follows:

1. The individual seeking renewal must be a National Registry certified EMS Provider
2. The individual seeking renewal must be an active Loyola EMS System Provider who:
 - a. Is a primary, secondary, or independent provider in the Loyola EMS System
 - b. Is in good standing with all Loyola EMS System continuing education requirements
 - c. Is in good standing with all Loyola EMS System licensure and certification requirements
3. The individual seeking renewal must be affiliated with Loyola University Medical Center through NREMT

NOTE: With the exception of nationally certified EMS providers who are provisional licensees in the State of Illinois (i.e. NREMTs who are actively being processed for licensure by IDPH), all EMS Providers must be in possession of an EMS license issued by IDPH in order to function as such in the State of Illinois. Nationally certified EMS providers who do not possess an unexpired EMS license issued by IDPH, or who are not actively being processed for licensure by IDPH, MAY NOT function as EMS providers in the State of Illinois.

PROCEDURE: Recertification by Continuing Education

1. NREMT will provide notice via the email address listed in the provider’s NREMT profile, and will indicate that the provider is due to recertify in their online NREMT account
2. The provider must log in to their NREMT account at NREMT.org, and proceed to their ‘Certification Dashboard.’
3. The provider will document their completion of continuing education in their ‘Certification Dashboard,’ per the NREMT requirements for total number of hours per each educational category pertaining to their level of certification. The provider must also maintain and provide supporting documentation for each course entered as required by NREMT.
4. Upon completion of adding required continuing education documentation to their transcript, and upon completing any other steps required by NREMT, the provider will submit for recertification
5. NREMT will forward the application for recertification to the Loyola EMS System for verification of continuing education hours and skills
 - a. If all requirements are met and the application is completed correctly, the Loyola EMS System office will provide verification to NREMT and approve the provider’s recertification
 - b. If all requirements have not been met, or if the application was not completed correctly, the Loyola EMS System office will not provide verification, and will return the application to the provider to make any necessary amendments.
 - i. The provider must then complete any remaining requirements and/or correct any errors in their application. After the application is resubmitted, the Loyola EMS Office will review it for verification and approval for recertification.
6. Following approval of the application by the Loyola EMS Office and verification by the Loyola EMS Medical Director, a recommendation for recertification will be made to NREMT
7. NREMT will issue new certification card to the provider and make it available on their NREMT profile

***NOTE: All applicants for NREMT recertification may be subject to an audit of their continuing education hours by NREMT. As such, the Loyola EMS System recommends that all NREMT providers continue to maintain records of their continuing education hours after their recertification.

TITLE: National Registry Recertification
SECTION: Education
EFFECTIVE: 7/1/07

NUMBER: 400.16
REVISED/REVIEWED: 8/1/2023

PROCEDURE: Recertification by Written Examination

1. NREMT will mail a renewal notice to the provider, and will indicate that the provider is due to recertify in their online NREMT account
2. The provider must log in to their NREMT account at NREMT.org, and proceed to their recertification page
3. The provider will select 'Recertification by Written Examination' option, and will follow the steps required by NREMT to apply for renewal by written examination and schedule exam
4. The provider will take the written exam, and must pass it on the first attempt
 - a. If the provider fails the written examination, they must recertify by continuing education as outlined above
 - b. If the provider passes the written examination, they will be issued a cognitive competency by exam form in their online NREMT profile.
 - i. The provider must complete the cognitive competency by exam form, and obtain required signatures and corroborating documentation
5. The provider must then complete the required fields of the cognitive competency by exam form and submit it to the Loyola EMS System office for verification of skills
6. Once the Loyola EMS System verifies the provider's skills, they will sign the form and return it to the provider.
7. The provider will then gather any other required corroborating materials and complete any other mandatory attestations/documentation, and submit for recertification.
8. NREMT will issue and mail a new certification card to the provider via mail at the time recertification has been completed.

TITLE:	System Entry for Prehospital Provider	NUMBER:	500.1
SECTION:	Loyola EMS System Personnel		
EFFECTIVE:	7/1/07	REVISED/REVIEWED:	8/1/2023

PURPOSE: To define the Loyola EMS System requirements for System entry as a licensed Prehospital Provider.

POLICY: Prior to functioning as a licensed Prehospital Provider in the Loyola EMS System, the applicant seeking entry into the System must complete the following requirements:

1. Schedule System Entry

Applicants must schedule a testing appointment. Testing appointments may be scheduled online at www.loyolaems.com/system-entry. Region VIII SMOs and Loyola EMS System specific policies and procedures are located online at www.loyolaems.com/smos.

2. Required Documentation and Application Fee

The following items must be submitted before an individual may be considered eligible to take the Loyola EMS System entry exam:

- a. For paramedics, ECRNs, PHRNs, PHAPNs, and PHPAs Letter of Good Standing or equivalent from current primary EMS System
 - i. Letter of Good Standing not required for EMT-Bs seeking System Entry
- b. Letter from employer confirming that the applicant has no record of conviction of any criminal act according to 77 Ill. Adm. Code § 955.160 (Disqualifying Offenses)
 - i. Applicants seeking System Entry as an Independent Provider must provide documentation of a background check, completed by an agency approved by the Loyola EMS System, confirming that the applicant has no record of conviction of any criminal act according to 77 Ill. Adm. Code § 955.160 (Disqualifying Offenses)
- c. Copy of valid Illinois license (EMR, EMT, Paramedic, ECRN, PHRN, PHAPN, PHPA)
- d. Copy of valid Illinois Driver's License or valid State Identification Card
- e. Copy of current American Heart Association BLS (CPR) Healthcare Provider certification
- f. Completed EMS Personnel Data Form and Authorization/Release Form
- g. Payment of \$30.00 System entry application fee
 - i. Payment to be submitted electronically at time System Entry testing appointment is scheduled.

Independent Providers will be required to pay a yearly \$50.00 independent provider fee to the Loyola EMS System

3. System Entry Application

- a. All steps of the System entry process must be completed within 30 working days from the date the process was initiated with the Loyola EMS System office. If this is not achieved, the applicant will need to reapply for System entry and resubmit all required documentation.

4. System Entry Written Exam and Oral Exam

- a. Following completion of the above, the applicant must successfully pass the System Entry Written Exam and Oral Exam with the minimum grade 80%. Oral Exam is a pass/fail station with a maximum of three scenarios.
- b. If a passing score is not achieved, a retest can be scheduled at the earliest available appointment. The applicant will be required to pay the \$30.00 application fee each time a retest is scheduled.
- c. Applicants who fail to pass the written and oral exams in three attempts will be required to wait 30 days before scheduling another attempt.

TITLE: System Entry for Prehospital Provider (continued)
SECTION: Loyola EMS System Personnel
EFFECTIVE: 7/1/07

NUMBER: 500.1
REVISED/REVIEWED: 8/1/2023

- d. Failure to appear for a scheduled System Entry exam without sufficient notice to the Loyola EMS System office will be automatically recorded as a failed attempt of the exam, and will result in forfeiture of the \$30.00 application fee.
 - e. Failure to arrive on time for a scheduled System Entry exam will be automatically recorded as a failed attempt of the exam, and will result in forfeiture of the \$30.00 application fee
 - f. Applicants must submit all documentation required for System Entry prior to, or at the time of their testing appointment.
 - i. Applicants who have not submitted all documentation required for System Entry by the time of their testing appointment will not be allowed to take the System Entry exam. This will be recorded as a failed attempt of the exam and will result in forfeiture of the \$30.00 application fee.
5. System Clearance
- Upon successful completion of the System Entry process, the applicant will be issued a Loyola EMS System provider number. Both the applicant and their EMS Coordinator will be informed of the Loyola EMS System Provider number issued. An applicant is not considered to be a Loyola EMS System Provider, and may not function as such, until they have been issued a System Provider number.
6. The Loyola EMS Medical Director reserves the right to deny admittance into the Loyola EMS System for any reason.

TITLE:	Reinstatement of Expired Provider License	NUMBER:	500.1a
SECTION:	Loyola EMS System Personnel		
EFFECTIVE:	2/1/12	REVISED/REVIEWED:	8/1/2023

PURPOSE: To describe the process through which an individual with an expired State of Illinois EMS license may apply for reinstatement through the Loyola EMS System and the Illinois Department of Public Health.

POLICY: Per the Illinois Department of Public Health License Reinstatement Request process, the requirements for requesting the reinstatement of an expired EMS license are as follows:

1. A completed IDPH License Reinstatement Application must be submitted to the Loyola EMS System within 36 months of the license's expiration date. The request for reinstatement must include:
 - a. A letter requesting reinstatement of the expired EMS license
 - b. Documentation of the completion of required continuing education hours
 - c. A copy of the applicant's current American Heart Association (AHA) Basic Life Support certification
 - d. For applicants convicted of a felony, the following additional steps must be completed:
 - i. Contact IDPH, Division of EMS and Highway Safety to obtain a Uniform Conviction Information Act Fingerprint Request Form, along with an Emergency Medical Services (EMS) Authorization for Release of Information form.
 - ii. Submit the completed Uniform Conviction Information Act Fingerprint Request form and a \$20.00 processing fee directly to the Illinois State Police.
 - iii. Submit the completed Emergency Medical Services (EMS) Authorization for Release of Information form along with a statement regarding the conviction and any references of good character from former employers, EMS instructors, or persons of authority directly to IDPH.
2. The submitted application and documentation will be reviewed by the Loyola EMS System Medical Director and/or their designee, who shall then make the determination as to whether or not reinstatement of the expired EMS license will be authorized by the Loyola EMS System, and if a recommendation for reinstatement will be made to IDPH.
3. If the reinstatement of an expired EMS license is authorized by the Loyola EMS System Medical Director and/or their designee, a formal recommendation will be issued by the Loyola EMS System to IDPH, and all documents submitted by the applicant will be forwarded to IDPH for their determination of the applicant's eligibility for reinstatement. The applicant and the Loyola EMS System will be notified of the determination made.
4. If reinstatement of the expired license is not approved, whether by the Loyola EMS System or IDPH, the applicant shall be informed of requirement(s) to regain licensure. Requirement(s) for regaining licensure may include, but will not exceed, the recompletion of an educational curriculum for the requested license level.

TITLE:	Provisional Licensure	NUMBER:	500.2
SECTION:	Loyola EMS System Personnel		
EFFECTIVE:	8/1/2023	REVISED/REVIEWED:	8/1/2023

PURPOSE: To define provisional EMS licensure, and to establish conditions under which an EMS Provider may function as such in the Loyola EMS System with a provisional Illinois State EMS license.

POLICY: Per Ill. Admin. Code tit. 77 § 515.610(f), IDPH shall permit immediate reciprocity to all EMS personnel who hold an unencumbered National Registry of Emergency Medical Technicians certification for EMTs, AEMTs, or paramedics, allowing such individuals to operate in an EMS System under provisional status until an Illinois license is issued:

- 1) To operate on an EMS System transport or non-transport IDPH licensed Vehicle under provisional system status, an individual must have applied for licensure with the Department and meet all requirements under the Act. All Department-required application materials for submission must be provided to the EMS System for review prior to system provisional reciprocity renewal.
- 2) The EMS System has the responsibility for validating National Registry Certification of each individual.
- 3) An individual with a Class X, Class 1 or Class 2 felony conviction or out-of-state equivalent offense, as described in Section 414.190, is not eligible for provisional system status.

PROCEDURE: EMTs or paramedics seeking to function as such in the Loyola EMS System under provisional license status must complete the following steps:

1. Attain EMT, AEMT, or paramedic certification through the National Registry of Emergency Medical Technicians
 - Individuals holding AEMT certification will be eligible to enter the Loyola EMS System and practice at the level of EMT-Basic
2. Apply for EMS licensure through the State of Illinois
 - Individuals who have not initiated the EMS licensure process will not be eligible for provisional license status, and will not be considered for System Entry into the Loyola EMS System
3. Complete and pass the Loyola EMS System Entry process as described in Loyola EMS System Policy 500.1 (System Entry for Prehospital Provider)
 - In lieu of a valid Illinois EMS license, the individual must provide proof of valid National Registry certification to the Loyola EMS System
 - As with EMS providers who are in possession of a valid Illinois State EMS License, applicants who have been granted provisional licensure status are not considered to be Loyola EMS System providers, and may not function as such, until they have passed System Entry and been issued a Loyola EMS System Provider number.
4. Submit a copy of the newly-issued IDPH EMS license to the Loyola EMS System office at the time it is received from IDPH

NOTE: The Loyola EMS Medical Director reserves the right to deny admittance into the Loyola EMS System for any reason.

TITLE:	Personnel File Information Update	NUMBER:	500.3
SECTION:	Loyola EMS System Personnel		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: To describe requirements of a Loyola EMS System Provider for reporting changes in their personal information to the Loyola EMS System office. The Loyola EMS System Provider's compliance with these requirements is essential for facilitating the renewal of the provider's license with IDPH, as well as ensuring that communication between the Loyola EMS System office and the provider may be as effective as possible.

POLICY: **Changes in Personal Information/Employer**
If a Loyola EMS System Provider has had any changes in vital information, including but not limited to their name, address, phone number, driver's license, or primary employer, they must notify the Loyola EMS System office within 10 days of the change. The change(s) must be submitted in writing in the form of a new EMS Personnel Data Form.

Any changes in name or address will additionally require the Loyola EMS System Provider's notification of IDPH. For name change requests, IDPH requires a photo ID and a legal document verifying the name change (e.g. marriage license).

Both the Loyola EMS Personnel Data form and instructions for notifying IDPH of changes in name or address may be found on the 'System Documents/Forms' page of Loyola's EMS System website at www.loyolaems.com/system-documents.

Disciplinary Action in Another EMS System

Loyola EMS Providers must inform the Loyola EMS System office of any suspension from practicing in another EMS System within three (3) business days of the start of their suspension or more than 24 hours prior to the start of their next shift within the Loyola EMS System, whichever is sooner. Failure to do so may result in disciplinary action by the Loyola EMS System, up to and including suspension or removal from the Loyola EMS System.

Felony Charges

Loyola EMS Providers must inform the Loyola EMS System office of the pressing of any felony charges against them within three (3) business days of the charges being filed or more than 24 hours prior to the start of their next shift within the Loyola EMS System, whichever is sooner. Failure to do so may result in disciplinary action by the Loyola EMS System, up to and including suspension or removal from the Loyola EMS System.

Felony Convictions

Loyola EMS Providers must inform the Loyola EMS System office of any felony conviction within three (3) business days of the conviction or more than 24 hours prior to the start of their next shift within the Loyola EMS System, whichever is sooner. Failure to do so may result in disciplinary action by the Loyola EMS System, up to and including suspension or removal from the Loyola EMS System.

TITLE:	Prehospital Provider Licensure/Certification and Continuing Education Requirements	NUMBER:	500.4
SECTION:	Loyola EMS System Personnel		
EFFECTIVE:	8/1/2023	REVISED/REVIEWED:	8/1/2023

PURPOSE: To establish licensure, certification, and educational requirements of Loyola EMS System providers to remain in good standing in the Loyola EMS System.

POLICY: Loyola EMS System providers must abide by Loyola EMS System policies, and must remain current with licensure, certification, and continuing education (CE) requirements in order to remain in good standing within the Loyola EMS System.

The Loyola EMS System will not facilitate the relicensure of any provider who is not in good standing with the Loyola EMS System. Any Loyola EMS System provider who is not in good standing may be subject to the suspension of their privileges to practice within the Loyola EMS System and/or removal from the Loyola EMS System entirely. Licensure/certification and continuing education (CE) requirements of Loyola EMS System providers to remain in good standing are as follows:

Emergency Medical Dispatcher (EMD)

Current unencumbered licensure as an Emergency Medical Dispatcher (EMD) in the State of Illinois

- The lapsing of an EMD license or the suspension of an EMD license imposed by IDPH will automatically result in the suspension of EMD privileges within the Loyola EMS System
- In the absence of any notification made to the Loyola EMS System Office declaring intent to renew prior to the license's expiration date, the EMD will be removed from the Loyola EMS System at the time their license lapses
 - Failure to complete any outstanding requirements within the timeframe of an extension or grace period granted by the Loyola EMS System after a license's expiration will automatically result in the EMD's removal from the Loyola EMS System

Current American Heart Association (AHA) BLS Provider CPR Certification

- The lapsing of the EMD's AHA BLS Provider CPR Certification will automatically result in the suspension of their privileges within the Loyola EMS System
- Failure to provide proof of the renewal of any lapsed certifications required by the Loyola EMS System within 15 business days of the suspension will result in the EMD's removal from the Loyola EMS System

Completion of all monthly Loyola EMS System continuing education modules

- Failure to complete three consecutive monthly CE modules will result in the suspension of the EMD's privileges to practice within the Loyola EMS System
- Failure to complete any one CE module within two years of its publication will result in the suspension of the EMD's privileges to practice within the Loyola EMS System
- Failure to complete any time-sensitive CE module (e.g. SMO updates, new policies/procedures, etc.) before a specific deadline determined by the Loyola EMS System will result in the suspension of the EMD's privileges to practice within the Loyola EMS System
- Failure to complete outstanding Loyola EMS System CE within 15 business days of System suspension will result in the EMD's removal from the Loyola EMS System

Emergency Medical Responder (EMR)/First Responder - AED (FR-AED)

Current unencumbered licensure as an Emergency Medical Responder (EMR/FR-AED) in the State of Illinois

- The lapsing of an EMR/FR-AED license or the suspension of an EMR/FR-AED license imposed by IDPH will automatically result in the suspension of EMR/FR-AED privileges within the Loyola EMS System
- In the absence of any notification made to the Loyola EMS System Office declaring intent to renew prior to the license's expiration date, the EMR/FR-AED will be removed from the Loyola EMS System at the time their license lapses
 - Failure to complete any outstanding requirements within the timeframe of an extension or grace period granted by the Loyola EMS System after a license's expiration will automatically result in the EMR/FR-AED's removal from the Loyola EMS System

TITLE:	Prehospital Provider Licensure/Certification and Continuing Education Requirements NUMBER: 500.4 (continued)
SECTION:	Loyola EMS System Personnel
EFFECTIVE:	8/1/2023
	REVISED/REVIEWED: 8/1/2023

Current American Heart Association (AHA) BLS Provider CPR Certification

- The lapsing of the EMR/FR-AED's AHA BLS Provider CPR Certification will automatically result in the suspension of their privileges within the Loyola EMS System
- Failure to provide proof of the renewal of any lapsed certifications required by the Loyola EMS System within 15 business days of the suspension will result in the EMR/FR-AED's removal from the Loyola EMS System

Completion of all monthly Loyola EMS System continuing education modules

- Failure to complete three consecutive monthly CE modules will result in the suspension of the EMR/FR-AED's privileges to practice within the Loyola EMS System
- Failure to complete any one CE module within two years of its publication will result in the suspension of the EMR/FR-AED's privileges to practice within the Loyola EMS System
- Failure to complete any time-sensitive CE module (e.g. SMO updates, new procedures, live skills, etc.) before a specific deadline determined by the Loyola EMS System will result in the suspension of the EMR/FR-AED's privileges to practice within the Loyola EMS System
- Failure to complete outstanding Loyola EMS System CE within 15 business days of System suspension will result in the EMR/FR-AED's removal from the Loyola EMS System.

Emergency Medical Technician-Basic (EMT-B)

Current unencumbered licensure as an Emergency Medical Technician-Basic (EMT-B) in the State of Illinois

- The lapsing of an EMT-B license or the suspension of an EMT-B license imposed by IDPH will automatically result in the suspension of EMT-B privileges within the Loyola EMS System
- In the absence of any notification made to the Loyola EMS System Office declaring intent to renew prior to the license's expiration date, the EMT-B will be removed from the Loyola EMS System at the time their license lapses
 - Failure to complete any outstanding requirements within the timeframe of an extension or grace period granted by the Loyola EMS System after a license's expiration will automatically result in the EMT-B's removal from the Loyola EMS System

Current American Heart Association (AHA) BLS Provider CPR Certification

- The lapsing of the EMT-B's AHA BLS Provider CPR Certification will automatically result in the suspension of their privileges within the Loyola EMS System
- Failure to provide proof of the renewal of any lapsed certifications required by the Loyola EMS System within 15 business days of the suspension will result in the EMT-B's removal from the Loyola EMS System

Completion of all monthly Loyola EMS System continuing education modules

- Failure to complete three consecutive monthly CE modules will result in the suspension of the EMT-B's privileges to practice within the Loyola EMS System
- Failure to complete any one CE module within two years of its publication will result in the suspension of the EMT-B's privileges to practice within the Loyola EMS System
- Failure to complete any time-sensitive CE module (e.g. SMO updates, new procedures, live skills, etc.) before a specific deadline determined by the Loyola EMS System will result in the suspension of the EMT-B's privileges to practice within the Loyola EMS System
- Failure to complete outstanding Loyola EMS System CE within 15 business days of System suspension will result in the EMT-B's removal from the Loyola EMS System.

Emergency Medical Technician-Paramedic (EMT-P)

Current unencumbered licensure as an Emergency Medical Technician-Paramedic (EMT-P) in the State of Illinois

- The lapsing of an EMT-P license or the suspension of an EMT-P license imposed by IDPH will automatically result in the suspension of EMT-P privileges within the Loyola EMS System
- In the absence of any notification made to the Loyola EMS System Office declaring intent to renew prior to the license's expiration date, the EMT-P will be removed from the Loyola EMS System at the time their license lapses
 - Failure to complete any outstanding requirements within the timeframe of an extension or grace period granted by the Loyola EMS System after a license's expiration will automatically result in the EMT-P's removal from the Loyola EMS System

Current American Heart Association (AHA) BLS Provider CPR Certification

- The lapsing of the EMT-P's AHA BLS Provider CPR Certification will automatically result in the suspension of their privileges within the Loyola EMS System
- Failure to provide proof of the renewal of any lapsed certifications required by the Loyola EMS System within 15 business days of the suspension will result in the EMT-P's removal from the Loyola EMS System

Completion of all monthly Loyola EMS System continuing education modules

- Failure to complete three consecutive monthly CE modules will result in the suspension of the EMT-P's privileges to practice within the Loyola EMS System
- Failure to complete any one CE module within two years of its publication will result in the suspension of the EMT-P's privileges to practice within the Loyola EMS System
- Failure to complete any time-sensitive CE module (e.g. SMO updates, new procedures, live skills, etc.) before a specific deadline determined by the Loyola EMS System will result in the suspension of the EMT-P's privileges to practice within the Loyola EMS System
- Failure to complete outstanding Loyola EMS System CE within 15 business days of System suspension will result in the EMT-P's removal from the Loyola EMS System.

Prehospital Registered Nurse (PHRN)

Current unencumbered licensure as a Prehospital Registered Nurse (PHRN) in the State of Illinois

- The lapsing of PHRN license or the suspension of an PHRN license imposed by IDPH will automatically result in the suspension of PHRN privileges within the Loyola EMS System
- In the absence of any notification made to the Loyola EMS System Office declaring intent to renew prior to the license's expiration date, the PHRN will be removed from the Loyola EMS System at the time their license lapses
 - Failure to complete any outstanding requirements within the timeframe of an extension or grace period granted by the Loyola EMS System after a license's expiration will automatically result in the PHRN's removal from the Loyola EMS System

Current American Heart Association (AHA) BLS Provider CPR Certification

- The lapsing of the PHRN's AHA BLS Provider CPR Certification will automatically result in the suspension of their privileges within the Loyola EMS System
- Failure to provide proof of the renewal of any lapsed certifications required by the Loyola EMS System within 15 business days of the suspension will result in the PHRN's removal from the Loyola EMS System

Completion of all monthly Loyola EMS System continuing education modules

- Failure to complete three consecutive monthly CE modules will result in the suspension of the PHRN's privileges to practice within the Loyola EMS System
- Failure to complete any one CE module within two years of its publication will result in the suspension of the PHRN's privileges to practice within the Loyola EMS System
- Failure to complete any time-sensitive CE module (e.g. SMO updates, new procedures, live skills, etc.) before a specific deadline determined by the Loyola EMS System will result in the suspension of the PHRN's privileges to practice within the Loyola EMS System
- Failure to complete outstanding Loyola EMS System CE within 15 business days of System suspension will result in the PHRN's removal from the Loyola EMS System.

TITLE:	Prehospital Provider Licensure/Certification and Continuing Education Requirements (continued)	NUMBER:	500.4
SECTION:	Loyola EMS System Personnel		
EFFECTIVE:	8/1/2023	REVISED/REVIEWED:	8/1/2023

Emergency Communications Registered Nurse (ECRN)

Current unencumbered licensure as an Emergency Communications Registered Nurse (ECRN) in the State of Illinois

- The lapsing of an ECRN license or the suspension of an ECRN license imposed by IDPH will automatically result in the suspension of ECRN privileges within the Loyola EMS System
- In the absence of any notification made to the Loyola EMS System Office declaring intent to renew prior to the license’s expiration date, the ECRN will be removed from the Loyola EMS System at the time their license lapses
 - Failure to complete any outstanding requirements within the timeframe of an extension or grace period granted by the Loyola EMS System after a license’s expiration will automatically result in the ECRN’s removal from the Loyola EMS System

Current American Heart Association (AHA) Certifications for:

- BLS Provider CPR
- Advanced Cardiovascular Life Support (ACLS)
- Pediatric Advanced Life Support (PALS)
- The lapsing of the ECRN’s AHA BLS Provider CPR Certification will automatically result in the suspension of their privileges within the Loyola EMS System
- Failure to provide proof of the renewal of any lapsed certifications required by the Loyola EMS System within 15 business days of the suspension will result in the ECRN’s removal from the Loyola EMS System

Completion of no fewer than six monthly Loyola EMS System continuing education modules per year

- Failure to complete three consecutive monthly CE modules will result in the suspension of the ECRN’s privileges to practice within the Loyola EMS System
- Failure to complete any CE modules in a 1-year interval will result in the suspension of the ECRN’s privileges to practice within the Loyola EMS System
- Failure to complete any time-sensitive CE module (e.g. SMO updates, new procedures, live skills, etc.) before a specific deadline determined by the Loyola EMS System will result in the suspension of the ECRN’s privileges to practice within the Loyola EMS System
- Failure to complete outstanding Loyola EMS System CE within 15 business days of System suspension will result in the ECRN’s removal from the Loyola EMS System.

Prehospital Advance Practice Nurse (PHAPN)

Current unencumbered licensure as a Prehospital Advance Practice Nurse (PHAPN) in the State of Illinois

- The lapsing of PHAPN license or the suspension of an PHAPN license imposed by IDPH will automatically result in the suspension of PHAPN privileges within the Loyola EMS System
- In the absence of any notification made to the Loyola EMS System Office declaring intent to renew prior to the license’s expiration date, the PHAPN will be removed from the Loyola EMS System at the time their license lapses
 - Failure to complete any outstanding requirements within the timeframe of an extension or grace period granted by the Loyola EMS System after a license’s expiration will automatically result in the PHAPN’s removal from the Loyola EMS System

Current American Heart Association (AHA) BLS Provider CPR Certification

- The lapsing of the PHAPN’s AHA BLS Provider CPR Certification will automatically result in the suspension of their privileges within the Loyola EMS System
- Failure to provide proof of the renewal of any lapsed certifications required by the Loyola EMS System within 15 business days of the suspension will result in the PHAPN’s removal from the Loyola EMS System

TITLE:	Prehospital Provider Licensure/Certification and Continuing Education Requirements NUMBER: 500.4 (continued)
SECTION:	Loyola EMS System Personnel
EFFECTIVE:	8/1/2023
	REVISED/REVIEWED: 8/1/2023

Completion of all monthly Loyola EMS System continuing education modules

- Failure to complete three consecutive monthly CE modules will result in the suspension of the PHAPN's privileges to practice within the Loyola EMS System
- Failure to complete any one CE module within two years of its publication will result in the suspension of the PHAPN's privileges to practice within the Loyola EMS System
- Failure to complete any time-sensitive CE module (e.g. SMO updates, new procedures, live skills, etc.) before a specific deadline determined by the Loyola EMS System will result in the suspension of the PHAPN's privileges to practice within the Loyola EMS System
- Failure to complete outstanding Loyola EMS System CE within 15 business days of System suspension will result in the PHAPN's removal from the Loyola EMS System.

Prehospital Physician Assistant (PHPA)

Current unencumbered licensure as a Prehospital Physician Assistant (PHPA) in the State of Illinois

- The lapsing of PHPA license or the suspension of an PHPA license imposed by IDPH will automatically result in the suspension of PHPA privileges within the Loyola EMS System
- In the absence of any notification made to the Loyola EMS System Office declaring intent to renew prior to the license's expiration date, the PHPA will be removed from the Loyola EMS System at the time their license lapses
 - Failure to complete any outstanding requirements within the timeframe of an extension or grace period granted by the Loyola EMS System after a license's expiration will automatically result in the PHPA's removal from the Loyola EMS System

Current American Heart Association (AHA) BLS Provider CPR Certification

- The lapsing of the PHPA's AHA BLS Provider CPR Certification will automatically result in the suspension of their privileges within the Loyola EMS System
- Failure to provide proof of the renewal of any lapsed certifications required by the Loyola EMS System within 15 business days of the suspension will result in the PHPA's removal from the Loyola EMS System

Completion of all monthly Loyola EMS System continuing education modules

- Failure to complete three consecutive monthly CE modules will result in the suspension of the PHPA's privileges to practice within the Loyola EMS System
- Failure to complete any one CE module within two years of its publication will result in the suspension of the PHPA's privileges to practice within the Loyola EMS System
- Failure to complete any time-sensitive CE module (e.g. SMO updates, new procedures, live skills, etc.) before a specific deadline determined by the Loyola EMS System will result in the suspension of the PHPA's privileges to practice within the Loyola EMS System
- Failure to complete outstanding Loyola EMS System CE within 15 business days of System suspension will result in the PHPA's removal from the Loyola EMS System.

TITLE:	Secondary Status	NUMBER:	500.4a
SECTION:	Loyola EMS System Personnel		
EFFECTIVE:	8/1/2023	REVISED/REVIEWED:	8/1/2023

PURPOSE: To establish the Loyola EMS System requirements of Loyola EMS Providers whose primary EMS System is not the Loyola EMS System.

POLICY: EMS Providers often work for multiple EMS agencies/departments, and may be active participants in more than one EMS System. If an EMS Provider is a participant in two or more EMS Systems, they shall designate one as their primary EMS System (typically the EMS System of their primary employer), and the other(s) as secondary EMS System(s).

Loyola EMS Providers for whom the Loyola EMS System is a secondary EMS System shall abide by the following requirements to enter and maintain good standing in the Loyola EMS System:

System Entry/Personal Information

- Complete System Entry in accordance with Loyola EMS System Policy 500.1 (System Entry for Prehospital Provider)
- Report any changes in personal information within 10 days of their occurrence, in accordance with Loyola EMS System Policy 500.3 (Personnel File Information Update)
- Report any changes in the status of any EMS license they possess to the Loyola EMS System Office
- The Loyola EMS Provider who has secondary status in the Loyola EMS System shall make arrangements to obtain a letter of good standing from their primary EMS System:
 - At the time of their entry in the Loyola EMS System
 - Upon request by the Loyola EMS System

Licenses/Certifications

- Maintain all licenses and certifications required for their level of practice in the Loyola EMS System, in accordance with Loyola EMS System Policy 500.4 (Prehospital Provider Licensure/Certification and Continuing Education Requirements)
 - The Loyola EMS Provider who has secondary status in the Loyola EMS System shall be responsible for completing the renewal of their EMS license(s) through their primary EMS System
 - The Loyola EMS Provider who has secondary status in the Loyola EMS System shall submit copies of current licenses/certifications:
 - At the time of their renewal
 - Upon request by the Loyola EMS System Office

Continuing Education/System Updates

- Complete all continuing education requirements per Loyola EMS System Policies 400.10 (Prehospital Provider Continuing Education Requirements) and 500.4 (Prehospital Provider Licensure/Certification and Continuing Education Requirements)
- Complete all updates and attestations deemed mandatory by the Loyola EMS System

Disciplinary Actions/Felony Charges/Convictions

- Report their suspension in any other EMS System within three (3) business days, or more than 24 hours prior to the start of their next shift, whichever is sooner
- In accordance with Loyola EMS System Policy 900.1a (System Participation Suspension - Notification of Other EMS Systems), in the event that the Loyola EMS System suspends a provider holding secondary status, the provider must complete a formal, written attestation disclosing all EMS agencies/departments for which they are currently employed and all EMS Systems in which they are currently participating
- Report the pressing of any felony charges against them to the Loyola EMS System Office within three (3) business days, or more than 24 hours prior to the start of their next shift, whichever is sooner
- Report the conviction of any felonies to the Loyola EMS System Office within three (3) business days, or more than 24 hours prior to the start of their next shift, whichever is sooner

The Loyola EMS System may suspend from practice and/or remove from the System any Loyola EMS Provider holding secondary status who fails to abide by these requirements.

TITLE:	Personal Record Request	NUMBER:	500.5
SECTION:	Loyola EMS System Personnel		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

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 Loyola EMS System provider.
2. To initiate a request, the Loyola EMS System Provider must 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. Verbal requests will not be honored. **Requests for Letter of Good Standing forms can be obtained online at LoyolaEMS.com.**
3. On the request for the Letter of Good Standing form, the Loyola EMS System Provider must identify the EMS System to which records/transcripts are to be sent, as well as the name and contact information of the individual at the receiving EMS System who will be the recipient of the records/transcripts requested.
4. The Loyola EMS System Provider's records/transcripts will be sent to the EMS System indicated on the form within 5 business days of the submission of the official request.
5. Records and/or transcripts will be sent to the receiving EMS System via email or fax. Any special mailing (e.g. overnight express, etc.) must be paid for in cash by the requestor. **Under no circumstances will records/transcripts be released to 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 Provider's current licensure/certification period.

TITLE:	System Department EMS Coordinator	NUMBER:	500.6
SECTION:	Loyola EMS System Personnel		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: To identify the responsibilities of the EMS/EMD Department Coordinator.

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

RESPONSIBILITIES OF THE EMS/EMD DEPARTMENT COORDINATOR

1. Communication of any changes or updates in System activities and/or policies to all chiefs/CEOs and prehospital providers/EMDs.
2. Maintaining of current records for all prehospital providers in their agency/department. These records will include proof of valid licensure as required by Ill. Adm. Code § 515.170 as and a current American Heart Association BLS (CPR) Healthcare Provider certification, which shall be made available to the Loyola EMS System upon request. Copies of any American Heart Association Advanced Cardiovascular Life Support (ACLS) provider, American Heart Association/American Academy of Pediatrics Pediatric Advanced Life Support (PALS) provider, or Pre-Hospital Trauma Life Support (PHTLS) or International Trauma Life Support (ITLS) provider certification(s) required of the Provider by the Loyola EMS System, shall also be maintained by the agency/department EMSC, and shall also be made available upon request by the Loyola EMS System.
3. Forwarding of EMS/EMD information required by the Loyola EMS System to the Loyola EMS System office. Information required by the Loyola EMS System includes:
 - a. Annual reports
 - b. Personnel changes
 - c. Equipment changes (All equipment must be approved by the Loyola EMS System prior to being placed on any licensed BLS/ALS transport and non-transport vehicles)
 - d. EMD centers must submit card set changes to the system office for approval prior to implementation.
 - e. Pending litigation involving an EMS agency/department or Loyola EMS System Provider(s)
 - i. *The Department EMS Coordinator must immediately inform the Loyola EMS System Coordinator and/or Medical Director of any criminal charges filed or convictions against any EMS Provider in their Department*
 - f. Changes in level of, or ability to provide service
 - g. Potential Exposure(s) of a Loyola EMS System Provider to a communicable disease
 - h. Attendance rosters for any in-house CE
 - i. Controlled substances discrepancies (ALS only)
 - j. Monthly controlled substance inventory sheets (ALS only)
 - k. EMS Quality Control Communication Reports (EQCCRs)
4. The agency/department EMS Coordinator, or their designee, shall attend all EMS/EMD System Department Coordinator meetings.
5. Participation in quality assurance initiatives as outlined in Policy 800.1 Quality Improvement Responsibilities.
6. Review of all provider department Prehospital Care Reports/Calls for Service/EMD Cases.
7. Communication of concerns and problems to the Loyola EMS System office.
8. Make arrangements to accommodate students from Loyola EMS System EMS education programs (paramedic, EMT-B, ECRN, PHRN, PHAPN, PHPA), aspects of which include:
 - a. Communicating with EMS program instructors regarding scheduling availability
 - b. Making arrangements for appropriate assignment of preceptors for students

TITLE: System Department EMS Coordinator (continued)
SECTION: Loyola EMS System Personnel
EFFECTIVE: 9/1/99

NUMBER: 500.6
REVISED/REVIEWED: 8/1/2023

- c. Reporting any concerns or problems pertaining to students to the appropriate instructor

NOTE: The System Department Coordinator maintains the right to dismiss any student from their clinical site for any of the following issues:

- Student does not have proper identification
 - Student is not scheduled for a clinical rotation
 - Student is not in proper uniform
 - Student appears disheveled
 - Student arrives late
 - Student displays a poor attitude
 - Student does not participate in clinical experience
 - Student performs tasks or procedures without proper oversight
 - Student engages in misconduct, or otherwise fails to abide by expectations of professionalism established by their educational program
9. Communication of recommendations for commendation to the Loyola EMS System office as they occur.
10. Maintaining of adequate supplies as described on Loyola EMS System approved forms.
11. Written communication of any changes in personnel within 10 days of the change
12. Attendance of the Loyola EMS System Coordinator Workshops.
13. Attend bi-monthly ePCR meetings. Attendance of any ePCR meeting deemed mandatory by the Loyola EMS System.
14. Monthly review of the NEMSIS extract report upon its release by the Loyola EMS System, and correction of any Prehospital Care Report errors identified. Notification of Loyola EMS System ePCR Administrator upon correction of any NEMSIS. (Responsibility not applicable to EMD coordinators)
15. Attendance of at least 75% of bimonthly Loyola EMS System EMS Coordinator meetings

TITLE:	Inactive Status	NUMBER:	500.7
SECTION:	Loyola EMS System Personnel		
EFFECTIVE:	1/3/01	REVISED/REVIEWED:	8/1/2023

PURPOSE: To describe the procedures through which Loyola EMS System Providers may apply for inactive status of their EMS license.

DEFINITIONS: Inactive Status

If an EMS Provider will not be functioning as an EMS Provider for a significant period of time, but intends on resuming function as an EMS Provider in the future, they may request to have their license placed on inactive status. An EMS Provider whose license is on inactive status is not permitted to function as an EMS Provider at any level, and is not required to fulfill any System requirements in order to maintain their good standing within their EMS System. Common reasons EMS Providers request inactive status include:

- Military deployment
- Maternity/paternity
- Personal physical or emotional disability
- Physical or emotional disability of family member
- Death of a family member

POLICY: In accordance with IDPH regulations, requests for the change of a license to inactive status must be submitted to the Loyola EMS System for approval by the EMS Medical Director or their designee. Requests approved by the EMS Medical Director or designee will then be forwarded to IDPH for final evaluation and approval.

PROCEDURE: Applications for inactive or status must include the following:

1. Requests for a change of license status can be honored only if made directly by the EMS licensee. Written requests must be completed by the EMS licensee and submitted to the Loyola EMS System office. Official forms must be utilized and are available from the Loyola EMS System office. Verbal requests may be honored only in the event of a military activation, in which case the Loyola EMS System office will request that the EMS licensee make all reasonable efforts to submit a written copy of their activation orders.
2. Request for Change to Inactive Status
 - a. The Loyola EMS System Provider must obtain the appropriate IDPH form from the Loyola EMS System office
 - b. The Loyola EMS System Provider must complete the form in its entirety and provide all requested information
 - c. The Loyola EMS System Provider must surrender their current original license (copy not acceptable)
 - d. The Loyola EMS System Provider must submit a written letter requesting the specific change in status desired. This letter must include the following:
 - i. Name of individual
 - ii. Circumstances requiring change in status
 - iii. IDPH identification number
 - iv. Current mailing street address, city, zip code, and county
 - v. Current level(s) of licensure(s) held, and desired change of status
 - vi. Current expiration date(s) of licensure(s)
 - e. Evidence of being in good standing with relicensure requirements at the time the application for change in status is made
3. Within 21 days of the submission of the EMS licensee's request for change in status, the Loyola EMS System office will review all submitted documents and, following approval by the EMS Medical Director or designee, the request will be forward to IDPH for their final evaluation and approval.

The EMS Medical Director will receive written notification of approval or denial of requests for inactive status by IDPH. The Loyola EMS System Office will communicate the decision made by IDPH to the Loyola EMS System Provider as able.

TITLE:	Voluntary Status Reduction	NUMBER:	500.7a
SECTION:	Loyola EMS System Personnel		
EFFECTIVE:	1/3/01	REVISED/REVIEWED:	8/1/2023

PURPOSE: To provide a definition of voluntary status reduction, describe the process through which Loyola EMS System Providers may request a voluntary status reduction, and explain changes in scope of practice and license renewal which occur as a result of a voluntary status reduction.

DEFINITIONS: Voluntary Status Reduction
At any time prior to the expiration of the current license, a licensed Paramedic may revert to EMT-B status for the remainder of their licensure period. Similarly, an EMT-B may revert to FR-AED (a.k.a. EMR) status for the remainder of their licensure period. Requests for reduction of status may only be made by the EMS licensee to IDPH. The EMS Medical Director will receive written notification of approval or denial of requests made for voluntary status reduction by providers in their System.

POLICY: In accordance with IDPH regulations, requests for a voluntary status reduction must be made by the licensee, in writing, to IDPH, and the licensee must also send a copy of the request to their EMS System. If a voluntary status reduction is approved by IDPH, the licensee may function only at their reduced level for the remainder of the licensure period and, in the absence of recommendation(s) from the EMS Medical Director to the contrary, will only be eligible for renewal at the reduced level of licensure.

An EMS Provider who has voluntarily reduced their status may be relicensed at their initial, higher level of licensure only with the recommendation of the EMS Medical Director, who must verify that the EMS Provider is capable of performing at their initial, higher level of licensure, and that the EMS Provider has successfully undergone any necessary retraining, education, and testing.

TITLE:	Reactivation from Inactive Status	NUMBER:	500.8
SECTION:	Loyola EMS System Personnel		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: To describe the procedure through which a Loyola EMS System Provider may reactivate an EMS license which was placed on inactive status, and requirements thereof.

POLICY:

Only the inactive EMS licensee may request the reactivation of their license. The reactivation of an inactive license will only be considered by the Loyola EMS System and IDPH if the following criteria are satisfied:

1. The Loyola EMS System Provider must schedule an appointment with the Loyola EMS System office for an in-person meeting, during which time the Loyola EMS System Provider will provide necessary documents and fulfill requirements for reactivation as follows:
 - a. The inactive Loyola EMS System Provider must submit written authorization from a physician, licensed in the State of Illinois and practicing within an appropriate specialty, attesting that the inactive Loyola EMS System Provider is mentally capable of exercising appropriate judgment and physically capable of performing any psychomotor skills required for the delivery of safe and effective care at that Loyola EMS System Provider's level of licensure.
 - b. The inactive Loyola EMS System Provider must submit proof of renewal of any certifications required for their level of licensure which are not currently on file with the Loyola EMS System office.
 - c. The inactive Loyola EMS System Provider must complete all System entry requirements as outlined in Policy 500.1 Entry of an Out of System Licensed Paramedic, PHRN, PHAPN, or PHPA.
 - d. The inactive Loyola EMS System Provider must complete any additional didactic or clinical education as deemed necessary by the Loyola EMS System office.
2. Upon completion of the requirements described above, the EMS Medical Director or designee will review the inactive Loyola EMS System Provider's request to have their license reactivated, and will make the determination as to whether or not the inactive Loyola EMS System Provider's license shall be returned to active status. If the request is approved, the Loyola EMS System will take the necessary steps to facilitate the reactivation of the Loyola EMS System Provider's license through IDPH.

TITLE:	Emergency Communication Registered Nurse (ECRN)	NUMBER:	500.9
SECTION:	Loyola EMS System Personnel		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: To define the scope of practice, limitations, and qualifications of the Emergency Communications Registered Nurse (ECRN) to function in the Loyola EMS System and as prescribed by Illinois Department of Public Health.

POLICY: Qualifications

1. Valid license in the State of Illinois as a registered professional nurse
2. Current American Heart Association BLS (CPR) Healthcare Provider certification
3. Current American Heart Association Advanced Cardiovascular Life Support (ACLS) provider certification
4. Current American Heart Association/American Academy of Pediatrics Pediatric Advanced Life Support (PALS) provider certification
5. Current certification in Trauma Nursing Core Course (TNCC), Prehospital Trauma Life Support (PHTLS), or International Trauma Life Support (ITLS), or licensure as a Trauma Nurse Specialist (TNS) in the State of Illinois. At least one of the above trauma credentials is required of nurses functioning as ECRNs at Level 1 or Level 2 Trauma Centers, and is highly recommended for nurses functioning as ECRNs at Comprehensive Emergency Departments.
6. Successful completion of a System-approved ECRN course, as prescribed by the Illinois Department of Public Health and as approved by the EMS Medical Director of the Loyola EMS System
 - a. In ECRN educational programs conducted by Region VIII Resource Hospital, this includes:
 - i. The completion of at least 8 hours of ambulance ride time at a System-approved 911 ALS agency/department
 1. Ride time to be completed during daytime hours (0800-1600 hours or 0900-1700 hours). Ride time shall not be completed on weekends or federal holidays.
 2. ECRN candidate MAY NOT complete ambulance ride time with someone to whom they are related
 - ii. Satisfactory answering of no less than 10 live ALS prearrival notifications under the supervision of a licensed Region VIII ECRN
7. Current licensure by IDPH as an ECRN
8. Completion of all System entry requirements as prescribed by the EMS Medical Director, per Loyola EMS System Policy 500.9a (Entry of a Licensed ECRN).

Scope of Practice

Monitoring of telecommunications (including of data and/or ECGs transmitted from field via prehospital communication software). Providing verbal orders to EMS personnel, under the authority of the EMS Medical Director, and in accordance with Region VIII SMOs and Loyola EMS System Policies

Limitations

There are several instances for which a licensed ECRN should request an attending emergency department physician's oversight. These include, but are not limited to:

1. System-wide crisis situations, as defined by Loyola EMS System Policy 200.20 (System-wide Crisis Situations), or mass casualty incidents (MCIs), as defined by Loyola EMS System Policy 1000.4 (Mass Casualty Incidents).

TITLE:	Emergency Communication Registered Nurse (ECRN) (continued)	NUMBER:	500.9
SECTION:	Loyola EMS System Personnel	REVISED/REVIEWED:	8/1/2023
EFFECTIVE:	9/1/99		

- a. As LUMC is the Region VIII Regional Hospital Coordinating Center (RHCC), during System-wide crisis situations or MCIs, LUMC ECRNs and LUMC attending ED physicians will be primarily responsible for providing online medical direction to EMS Providers, facilitating communications between EMS Providers, and, if applicable, streamlining efforts with the RHCC(s) of any other EMS Region(s) affected by the situation/incident. If the LUMC Hospital Incident Command System (HICS) is activated for an external incident, the ECRN will also be responsible for communicating relevant updates to the on-duty ED charge nurse and/or the person(s) functioning as the HICS Liaison Officer.
- b. During System-wide crisis situations or MCIs, Loyola EMS System Associate Hospital ECRNs and their attending ED physicians will be primarily responsible for maintaining open communication with whichever RHCC is coordinating the response, and reporting situational reports as appropriate regarding their facility's current capabilities. If the Associate Hospital's Incident Command System (HICS) is activated for an external incident, the ECRN will also be responsible for communicating relevant updates to the on-duty ED charge nurse and/or the person(s) functioning as the HICS Liaison Officer.
2. Multiple Victim Incidents (MVIs) in which the ECRN's Hospital will be receiving more than one patient.
3. Scene response calls where aeromedical transport has been requested by prehospital providers.
 - a. Per Loyola EMS System Policy 1000.1 (Aeromedical Transportation), Loyola EMS System Providers should contact LUMC directly for any requests or communications pertaining to aeromedical transport. LUMC ECRNs and their attending ED physicians will be primarily responsible for providing online medical direction for these requests and facilitating communications.
 - b. Loyola EMS System Associate Hospital ECRNs should direct any Loyola EMS System Provider making any requests or communications pertaining to aeromedical transport to contact LUMC.
4. Any rapidly decompensating patient whose primary condition will require specialty services (e.g. trauma, stroke, MI, VAD, peds, obstetrics) for which the facility with the closest comprehensive Emergency Department does not have a recognized designation.
5. Any cardiac arrest situation in which the patient may clearly benefit from bypass to a facility more distant than the closest comprehensive Emergency Department, provided the ETA to the more distant facility is within reason. Examples of situations in which such an action *may be considered*, and would necessarily require the attending ED physician's online medical direction, include, but are not limited to:
 - a. Any traumatic arrest being considered for bypass to a Level I or Level II Trauma Center
 - b. Any VAD patient in cardiac arrest *due to VAD failure* being considered for bypass to a VAD Center
 - c. Any pregnant patient who is at or beyond 20 weeks gestation in cardiac arrest being considered for bypass to a facility with Labor and Delivery services for a potential perimortem C-Section
 - d. Decompensating newly-born, with a congenital abnormality diagnosed during prenatal care, being considered for bypass to a facility with Labor and Delivery or NICU services
6. Any scenario not adequately addressed by the SMOs for which consultation with an Attending ED Physician would be appropriate
7. Any scenario in which the ECRN feels as though consultation with an Attending ED Physician would be appropriate, including but not limited to situations in which ECRNs knowledgebase is insufficient or scope of practice is limited.
8. Any patient care situation involving a complex medical-legal issues and/or uncertainty regarding one or more Loyola EMS System policy. Examples may include:
 - a. Any requested refusal involving a suspected or confirmed life threat (e.g. possible MI, stroke, sepsis, unstable vital signs, etc.)

TITLE:	Emergency Communication Registered Nurse (ECRN) (continued)	NUMBER:	500.9
SECTION:	Loyola EMS System Personnel		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

- b. Any requested trauma-related refusal involving any mechanism of injury identified by the ‘Region 8 Trauma Center System Field Triage Guidelines’ SMO as meeting criteria for bypass to a Level I or Level II Trauma Center, or any other situation where significant injury may be reasonably suspected based on the circumstances described.
 - c. Any POLST-related situations, including requests for pronouncement of death
 - d. Any instance in which a Power of Attorney or possible surrogate is requesting any deviation of SMO or policy on the behalf of an incapacitated patient
 - e. Any requested refusal made for a patient whose decisional capacity is uncertain, examples of which may include, but are not necessarily limited to:
 - i. Behavioral/mental health complaints in which the presence of impaired judgment and/or existence of threat to self or others is unclear
 - ii. Patients presenting as A&Ox4 who have sustained a head injury
 - iii. Patients presenting as A&Ox4 displaying with signs of acute stroke
9. Any request for pronouncement of death after CPR has been initiated, whether by bystanders or the in-field Loyola EMS System Provider.
10. Any situation in which an off-duty registered nurse or physician at the scene involved in providing care.
11. Any disagreement between the in-field Loyola EMS System Provider and ECRN pertaining to patient care.

TITLE:	Entry of a Licensed ECRN	NUMBER:	500.9a
SECTION:	Loyola EMS System Personnel		
EFFECTIVE:	1/1/02	REVISED/REVIEWED:	8/1/2023

PURPOSE: To define the Loyola EMS System mandated requirements for System entry of a licensed ECRN.

POLICY: Licensed ECRNs who are functioning as such within a Region VIII EMS System, and who are seeking entry into the Loyola EMS System, must submit credentials and complete steps as follows:

1. Letter of Good Standing from Region VIII EMS System Coordinator or designee with up-to-date CE transcript
2. Copy of current ECRN license
3. Current American Heart Association BLS (CPR) Healthcare Provider certification
4. Current American Heart Association Advanced Cardiovascular Life Support provider certification
5. Current American Heart Association/American Academy of Pediatrics Pediatric Advanced Life Support provider certification
6. Current certification in Trauma Nursing Core Course (TNCC), Prehospital Trauma Life Support (PHTLS), or International Trauma Life Support (ITLS), or licensure as a Trauma Nurse Specialist (TNS) in the State of Illinois. At least one of the above trauma credentials is required of nurses functioning as ECRNs at Level 1 or Level 2 Trauma Centers, and is highly recommended for nurses functioning as ECRNs at Comprehensive Emergency Departments.
7. Completed Loyola EMS Personnel Data Form (including Social Security Number) and Authorization/Release Form
8. Schedule appointment and meet with Loyola EMS System Coordinator or designee to review Region VIII SMOs, System-specific SMOs, and telecommunication operations
9. Complete additional requirements as prescribed by the EMS Medical Director.

Licensed ECRNs who are applying for entry into the Loyola EMS System from outside of Region VIII, and who are seeking entry into the Loyola EMS System, must submit credentials and complete steps as follows:

1. Letter of Good Standing from Region VIII EMS System Coordinator or designee with up-to-date CE transcript
2. Copy of current ECRN license
3. Current American Heart Association BLS (CPR) Healthcare Provider certification
4. Current American Heart Association Advanced Cardiovascular Life Support provider certification
5. Current American Heart Association/American Academy of Pediatrics Pediatric Advanced Life Support provider certification
6. Current certification in Trauma Nursing Core Course (TNCC), Prehospital Trauma Life Support (PHTLS), or International Trauma Life Support (ITLS), or licensure as a Trauma Nurse Specialist (TNS) in the State of Illinois. At least one of the above trauma credentials is required of nurses functioning as ECRNs at Level 1 or Level 2 Trauma Centers, and is highly recommended for nurses functioning as ECRNs at Comprehensive Emergency Departments.
7. Completed Loyola EMS Personnel Data Form to include Social Security number (including Social Security Number) and Authorization/Release Form
8. Schedule appointment and meet with Loyola EMS System Coordinator or designee to review Region VIII SMOs, System-specific SMOs, and telecommunication operations
9. Complete all components of ECRN System entry testing process: Complete System Entry Written Exam and achieve a minimum passing score of 80%
10. Complete additional requirements as prescribed by the EMS Medical Director.

TITLE:	ECRN Approval for Relicensure	NUMBER:	500.10
SECTION:	Loyola EMS System Personnel		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: To define the Loyola EMS System mandated requirements for approval of ECRN relicensure.

POLICY: Requirements to Gain Approval for Relicensure

1. Completion of a minimum 32 hours of System-approved, IDPH site-code approved continuing education.
 - 1.5 hours of CE credit are awarded for each online CE module completed with a passing score of 80% on the quiz
 - 3 hours of CE credit are awarded for attendance and completion of a live CE session with a passing score of 80% on the quiz
 - Monthly CE obtained through other EMS Systems within Region VIII will be honored as Loyola EMS System CE on an hour-for-hour basis.
2. *Completion of at least 6 Loyola EMS System-approved CE modules per year.*
3. Current American Heart Association BLS (CPR) Healthcare Provider certification
4. Current American Heart Association Advanced Cardiovascular Life Support provider certification
5. Current American Heart Association/American Academy of Pediatrics Pediatric Advanced Life Support provider certification
6. Current certification in Trauma Nursing Core Course (TNCC), Prehospital Trauma Life Support (PHTLS), or International Trauma Life Support (ITLS), or licensure as a Trauma Nurse Specialist (TNS) in the State of Illinois. At least one of the above trauma credentials is required of nurses functioning as ECRNs at Level 1 or Level 2 Trauma Centers, and is highly recommended for nurses functioning as ECRNs at Comprehensive Emergency Departments.
7. Updated Loyola EMS Personnel Data Form-(including Social Security Number) and Authorization/Release Form
8. If the ECRN's primary employer is a Loyola EMS System Associate Hospital, verification of the ECRN's good standing that Associate Hospital's EMS Coordinator
9. Completed IDPH EMS Systems Renewal Notice/Child Support/Personal History Statement
10. Payment of renewal fee to IDPH

Continuing Education

1. Didactic education may include but is not limited to:

In addition to completion of annual CE as assigned by the Loyola EMS System, the following specialty education courses that relate directly to EMS and emergency nursing will be considered for approval: ABLS, AMLS, CATN, ENPC, GEMS, GENE, PALS, PEPP, PHTLS, TNCC, and TNS.

2. A certificate of completion for outside seminars/workshops must be submitted to the EMS Coordinator or designee to receive continuing education credit.
 - a. The ECRN's education records will be maintained by the Resource Hospital and, if applicable, the Associate Hospital EMS Coordinator. **However, it is ultimately the ECRN's responsibility to track CE hours.** Likewise, it is ultimately the ECRN's responsibility to maintain all credentials required of ECRNs by the Loyola EMS System (BLS, ACLS, PALS, trauma certification/license), and to provide current copies both at the time of their renewal or upon request by the Loyola EMS System office.

TITLE: ECRN Approval for Relicensure (continued)
SECTION: Loyola EMS System Personnel
EFFECTIVE: 9/1/99

NUMBER: 500.10
REVISED/REVIEWED: 8/1/2023

Secondary Status

ECRNs who hold 'Secondary Status' in the Loyola EMS System are required to submit current credentials required of them by the Loyola EMS System (ECRN License, BLS, ACLS, PALS, trauma certification/license) following their renewal. ECRNs who hold 'Secondary Status' in the Loyola EMS System must also provide a Letter of Good Standing or equivalent from their Primary EMS System within 60 days of the expiration date of their ECRN license, and must provide a copy of their renewed ECRN license to the Loyola EMS System upon their receiving it. The lapsing of any credential required of ECRNs by the Loyola EMS System may result in System suspension or their removal from the Loyola EMS System.

Requests for Extension of Expiration Date

In the event that a Loyola EMS System Provider recognizes that they will be unable to complete their renewal requirements before their license lapses, they may apply for an extension of their license through the Loyola EMS System. Requests for license extensions must be made *before* the license's expiration date, and any granting of an extension will be at the discretion of the Loyola EMS System Medical Director or designee.

Renewal of an Expired License

If an ECRN's license has expired, and no extension has been granted, that ECRN may no longer function as such. The lapsed ECRN will have up to 60 days after the license's expiration date to complete all renewal requirements through the Loyola EMS System and the State of Illinois. The expired licensee will be eligible for renewal only if all necessary steps have been completed and no ongoing quality concerns or pending disciplinary action exist.

Requests for Reinstatement of an Expired License

EMS licenses which have been expired for longer than 60 days, but less than 36 months, may only be renewed through the IDPH reinstatement process, as described in Loyola EMS System Policy 500.1a (Reinstatement of Expired Provider License). The request for reinstatement must be made in writing by the expired licensee and submitted to the Loyola EMS System Office as early as possible. Written requests for reinstatement will be evaluated on an individual basis by the EMS Medical Director or designee, who will then make the determination as to whether or not the requested renewal shall be granted.

The EMS Medical Director or designee may suspend any ECRN who does not comply with requirements described by this policy.

TITLE:	Transport RN	NUMBER:	500.11
SECTION:	Loyola EMS System Personnel		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: To identify the role and scope of practice of the transport registered professional nurse (RN) on a Loyola EMS System ALS ambulance during an interfacility patient transport.

POLICY: Interfacility Transfers

1. Transport RN must have current American Heart Association BLS (CPR) and ACLS certifications. If patient being transported is younger than 18 years of age, the transport RN must have a current American Heart Association PALS certification. If the patient being transported is younger than 30 days of age, the transport RN must additionally have a current Neonatal Resuscitation Program (NRP) certification.
2. The transport RN may follow any special orders written from a transferring facility physician within his/her scope of practice. Any non-System approved medications or equipment must be supplied by the transferring facility.
3. If no special transfer orders are written for the transport, the Loyola EMS System Paramedic must make telemetry contact with LUMC or a Loyola EMS System Associate Hospital if ALS care is to be provided. The Paramedic and transport RN must adhere to the Loyola EMS System SMOs, or to any to orders given by the attending emergency department physician or ECRN providing online medical control via telemetry. Online direction provided by the attending ED physician and/or ECRN supersede those of the Loyola EMS System SMOs.
4. If telemetry radio contact is not possible, the Paramedic and transport RN must follow Region VIII SMOs. The transport RN may assist the Paramedic in whatever capacity is deemed necessary and appropriate to the RN's scope of practice.
5. All care provided to the patient during transport, and by whom, must be documented on the PCR.

TITLE:	Assistance from Non-EMS Personnel During Transports	NUMBER:	500.11a
SECTION:	Loyola EMS System Personnel		
EFFECTIVE:	8/1/2023	REVISED/REVIEWED:	8/1/2023

PURPOSE: To identify the role(s) and scope(s) of practice of healthcare personnel who are not licensed EMS Providers during situations in which their involvement in the transport of a patient via a Loyola EMS System ambulance may be appropriate and necessary.

POLICY: EMS Providers occasionally encounter situations in which the scope of practice or training of the on-duty personnel are not sufficient to meet the patient's treatment needs during transport. Similarly, EMS Providers occasionally encounter situations in which the presence of a healthcare professional with an expanded scope of practice and/or specialty training would be of clear benefit in ensuring that a patient may be safely and effectively cared for during their transport to definitive care. Examples of such situations include, but are not necessarily limited to:

- Life-sustaining medical therapies, including but not limited to:
 - Extracorporeal Membrane Oxygenation (A.K.A. ECMO)
 - Intraaortic Balloon Pump (IABP)
 - Transvenous Pacing
 - Intracranial Pressure (ICP) Monitoring
 - Specialized mechanical ventilation
 - Specialized gas administration (e.g. heliox)
 - Ongoing fibrinolytic/anticoagulant infusion
 - Blood administration
 - Ongoing vasopressor infusion
- Critically ill special populations (e.g. newly-borns/neonates, obstetrics, pediatrics)
- Certain high-risk infectious diseases (as determined by a physician specializing in Infectious Disease)
- Certain hazardous materials (as determined by a physician specializing in toxicology)
- Mobile Stroke Unit

Loyola EMS agencies which provide interfacility transportation should have plans in place to accommodate any critical intervention(s) and/or precautions within their service's level of care.

In the event that the Loyola EMS agency/department cannot accommodate the critical intervention(s) and/or precautions necessary for safe and effective care of the patient during transport, and immediate transport of the patient to definitive care is necessary to ensure the preservation of life or limb, the accompaniment of the patient by a healthcare professional qualified to manage the patient's critical need may be considered. Should the accompaniment of the patient by a non-EMS healthcare professional be deemed appropriate, the Loyola EMS agency/department must ensure that the following criteria are met before transport may be initiated:

1. The non-EMS healthcare professional must consent to accompanying the patient during transport
2. The non-EMS healthcare professional must be qualified to, and fully capable of managing the condition(s)/device(s) in question
3. The transporting vehicle must be capable of safely accommodating and securing any necessary equipment or devices during transport
4. If interfacility transport:
 - a. All transfer arrangements required for an interfacility transport (e.g. accepting physician/service, physician-to-physician report, assigned bed/unit at receiving facility) must be completed prior to the initiation of transport
 - b. All documents required for an interfacility transport (e.g. signed EMTALA form, physician certification statement, printed electronic health record) must be completed and available prior to the initiation of transport
5. The Loyola EMS Provider must contact Loyola University Medical Control (LUMC) directly and gain the approval of an attending ED physician
6. The Loyola EMS Provider must ensure that they will be able to maintain communication with online Medical Control through LUMC

TITLE:	Assistance from Non-EMS Personnel During Transports (continued)	NUMBER:	500.11a
SECTION:	Loyola EMS System Personnel		
EFFECTIVE:	8/1/2023	REVISED/REVIEWED:	8/1/2023

Role(s) of Non-EMS Personnel Accompanying Patient

Attending Physician: If the non-EMS healthcare professional is an attending physician qualified to practice medicine in all its branches, they may direct patient care during the transport. The attending physician may also manage any specialty equipment for which they have appropriate documented competency, and may initiate or continue any therapy which they are professionally qualified to administer.

Non-attending Physicians, Nurses, and Technicians: Patient care shall be directed by a qualified attending physician. In the absence of online medical direction from a qualified attending physician, patient care shall be directed by the Region VIII SMOs. Non-EMS healthcare professionals accompanying the patient who are not an attending physician may perform any intervention for which they have been issued a standing or direct verbal order from an appropriate attending physician, may manage any specialty equipment for which they have appropriate documented competency, and may initiate or continue any therapy which they are professionally qualified to administer.

Roles of Loyola EMS Providers

Loyola EMS Providers should render care as directed by online Medical Control or the applicable Region VIII SMO(s), and should assist and accommodate the non-EMS healthcare professional with expanded scope and/or specialty training as appropriate and as they are able.

Loyola EMS Providers **SHALL NOT** perform any intervention which is not within their approved scope of practice as established by the Loyola EMS System, nor shall they be compelled to do so by any individual, up to and including an attending physician of any specialty. Loyola EMS Providers must gain approval by online Medical Control prior to performing any action which may deviate from Region VIII SMOs and/or Loyola EMS System policies.

For transports involving suspected/confirmed high-risk infectious diseases or suspected/confirmed hazardous materials exposure, Loyola EMS Providers **SHALL** abide by any precautions and personal protective equipment instructions given by the specialty physician(s) or technician(s) accompanying or directing the care of the patient.

TITLE:	MERCI Radio	NUMBER:	500.12
SECTION:	Loyola EMS System Personnel		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: To identify the qualifications of the hospital personnel communicating on the Medical Emergency Radio Channel for Illinois (MERCI) radio in the Loyola EMS System.

POLICY: Qualifications

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

1. Licensed ECRN approved to function in the Loyola EMS System.
2. Approved attending emergency department physician in the Loyola EMS System.

TITLE:	Pre-Hospital RN, Advance Practice RN, Physician Assistant/(PHRN/PHAPN/PHPA)	NUMBER:	500.13
SECTION:	Loyola EMS System Personnel		
EFFECTIVE:	7/1/07	REVISED/REVIEWED:	8/1/2023

PURPOSE: To define the scope of practice of the Prehospital Registered Nurse (PHRN), Prehospital Advance Practice Nurse (PHAPN), and Prehospital Physician Assistant (PHPA) as prescribed by the Illinois Department of Public Health (IDPH), and to establish qualifications required of PHRNs to be allowed to function in the Loyola EMS System.

POLICY: Qualifications

1. Valid license in the State of Illinois as a professional registered nurse, advance practice nurse, or physician assistant
2. Current American Heart Association BLS (CPR) Healthcare Provider certification
3. Current American Heart Association Advanced Cardiovascular Life Support provider certification
4. Current American Heart Association Pediatric Advanced Life Support or American Academy of Pediatrics PEPP provider certification
5. Current trauma credential, which may include any one of the following:
 - a. Licensed Trauma Nurse Specialist (TNS) in the State of Illinois
 - b. *Trauma Certified Registered Nurse (TCRN) Board Certification*
 - c. Trauma Nurse Core Curriculum (TNCC) Certification
 - d. Prehospital Trauma Life Support (PHTLS) Certification
 - e. International Trauma Life Support (ITLS) Certification
 - f. Transport Professional Advanced Trauma Course (TPATC) Certification
6. Successful completion of a System-approved PHRN, PHAPN, or PHPA course, as prescribed by the Illinois Department of Public Health and as approved by the EMS Medical Director of the Loyola EMS System
7. Complete a minimum of 10 ALS runs supervised by a licensed physician, a Loyola EMS System-approved PHRN, PHAPN, PHPA, or a Loyola EMS System-approved Paramedic, only as authorized by the EMS Medical Director
8. Current licensure as an ECRN in the State of Illinois, and maintenance of good standing as an ECRN in the Loyola EMS System
9. Current licensure as a PHRN, PHAPN, or PHPA in the State of Illinois
10. Completion of all applicable requirements for entry into the System Completion of all System-entry requirements per Loyola EMS System Policy 500.1 (System Entry for Prehospital Provider).

SCOPE OF PRACTICE:

In accordance with the Emergency Medical Service (EMS) Systems Act, the scope of practice of the PHRN, PHAPN, or PHPA is based on the individual's knowledge, education, experience, and licensure as a Registered Professional Nurse, Advance Practice Nurse, or Physician Assistant as defined by the Illinois Nurse Practice Act. The PHRN/PHAPN/PHPA's scope of practice includes initiating the nursing process in the prehospital setting, providing any BLS or ALS care as indicated by the Standing Medical Orders (SMOs) and approved by the EMS Medical Director.

TITLE:	Emergency Medical Dispatcher (EMD)	NUMBER:	500.14
SECTION:	Loyola EMS System Personnel		
EFFECTIVE:	2/1/14	REVISED/REVIEWED:	8/1/2023

PURPOSE: To define the role and scope of practice of the Emergency Medical Dispatcher as prescribed by the Illinois Department of Public Health (IDPH), and to establish qualifications required of EMDs to be allowed to function in the Loyola EMS System.

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

Emergency Medical Dispatcher

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

Medical Dispatch Center

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

Medical Protocol Dispatch System

A medically approved system used by a medical dispatch center to dispatch appropriate aid to medical emergencies, which include 1) systematized caller integration; 2) systematized Pre-Arrival Instructions; 3) protocols which match the dispatcher's evaluation of the injury or illness type and severity with vehicle response mode and configuration. Current accepted protocols are Priority Dispatch 12.2 or later version and PowerPhone EMD (current version). It is strongly recommended that Priority Dispatch is used for 911 centers/PSAPs.

Pre-Arrival Instructions

The knowledge, procedures, and skills used by trained EMDs in providing care through Pre-Arrival Instructions to callers.

POLICY: Scope of Practice

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

EMD Protocols shall include:

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

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

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

TITLE:	Emergency Medical Dispatcher (EMD) (continued)	NUMBER:	500.14
SECTION:	Loyola EMS System Personnel	REVISED/REVIEWED:	8/1/2023
EFFECTIVE:	2/1/14		

IDPH and the EMS Medical Director shall approve EMDPRS protocols that meet or exceed the requirements of subsection (b)(2) and the National Highway Traffic Safety Administration (NHTSA) Emergency Medical Dispatch: National Standard Curriculum (1996); available from the U.S. Government Printing Office, P.O. Box 371954, Pittsburgh, Pennsylvania 15250-7954; no later editions or amendments are included.

Current accepted Protocol's include Priority Dispatch 12.2 or later version and Power Phone EMD (Current Version). It is strongly recommended that Priority card set be utilized for 911 centers/PSAP.

Qualifications

1. Submission of a completed IDPH Child Support Statement/Personal History Statement to the Loyola EMS System. The Loyola EMS System shall forward the completed Child Support Statement/Personal History Statement to IDPH for processing along with other documents required for Illinois State EMD licensure.
2. Documented successful completion of a training course in emergency medical dispatching. The standards of the course completed must meet or exceed that of the national curriculum of the United States Department of Transportation for EMS Dispatchers, or its equivalent. The only courses which currently meet these standards, and therefore the only ones approved by the Loyola EMS System, include Priority and PowerPhone.
3. Reciprocity shall be granted to individual(s) who hold current national EMD certification, or to individuals who are ~~is~~ certified as an EMD in a state which meets the requirements as prescribed by IDPH.
4. An individual who is certified or recertified by a national certification agency shall be certified as an EMD if he/she meets the requirements as prescribed by IDPH.
5. Current EMD licensure by IDPH.
6. Current AHA BLS CPR, AHA Heartsaver CPR/AED, or AHA Heartsaver First Aid/CPR/AED ~~card~~ certification. (Friends & Family CPR is not acceptable.)
7. Completion of all applicable requirements for entry into the System.
8. A certified EMD shall notify the Loyola EMS System office within 10 days after any changes in name, address or employer. The System will provide that change to IDPH. Notification may be in person or by mail, phone, fax or electronic mail. This request must include all required documents as stated in policy 500.3.

EMD Protocols

1. Each EMD agency shall have in place IDPH and System-approved policies and procedures for the safe and effective use of their approved EMD protocol reference system (EMDPRS).
2. The EMD shall use the IDPH-approved EMDPRS selected for use by his/her agency and approved by the EMS Medical Director. Pre-arrival support instructions shall be provided in a non-discriminatory manner and shall be provided in accordance with the EMDPRS established by the EMS Medical Director of the EMS System in which the EMS operates (pursuant to 210 Ill. Comp. Stat. § 50/3.70(a)).
3. Any EMDPRS approved by the IDPH and the EMS Medical Director, including its questions, instructions, codes, and protocols, shall be used as a whole rather than selective parts in isolation. Each EMD shall provide dispatch life support (including pre-arrival instructions) in compliance to the written text or scripts and other processes within the approved EMDPRS.

TITLE:	Emergency Medical Dispatcher (EMD) (continued)	NUMBER:	500.14
SECTION:	Loyola EMS System Personnel	REVISED/REVIEWED:	8/1/2023
EFFECTIVE:	2/1/14		

4. EMD Protocols shall include:
 - A. Complaint-related question sets that query the caller in a standardized manner.
 - B. Pre-arrival instructions associated with all question sets.
 - C. Dispatch determinants consistent with the design and configuration of the EMS System and the severity of the event as determined by the question sets; and
 - D. Post-dispatch instructions with all question sets.
5. Dispatchers shall make all reasonable efforts to advise the person making the request for an ambulance of the estimated time of arrival of the ambulance if requested.
6. If the dispatcher operates under the authority of an Emergency Telephone System Board established under the Emergency Telephone System Act, the protocols shall be established by the Board in consultation with the EMS Medical Director (pursuant to 210 Ill. Comp. Stat. § 50/3.70(a)
7. Dispatch centers must submit copies of their printed pre-arrival instructions to the EMS Medical Director for approval. IDPH and the EMS Medical Director shall approve EMDPRS protocols that meet or exceed the requirements of subsection (b)(2) and the National Highway Traffic Safety Administration (NHTSA) Emergency Medical Dispatch: National Standard Curriculum (1996); available from the U.S. Government Printing Office, P.O. Box 371854, Pittsburg, Pennsylvania 15250-7954.

Emergency Medical Dispatcher Training Program

1. IDPH-approved EMD training programs shall be conducted in accordance with the standards of the NHTSA Emergency Medical Dispatch: National Standard Curriculum or equivalent (pursuant to 210 Ill. Comp. Stat. § 50/3.70(b)(9).
2. Applications for approval of EMD training programs shall be filed with IDPH on forms prescribed by IDPH. The application shall contain, at a minimum, the name of the applicant, agency and address, type of training program, lead instructor's name and address, and dates of the training program.
3. Applications for approval, including a copy of the class schedule and course syllabus, shall be submitted at least 60 days in advance of the first scheduled class. A description of the textbook being used and passing score for the class shall be included with the application.
4. All education, training, and continuing education courses for EMDs shall be coordinated by at least one approved EMS Lead Instructor (pursuant to 210 Ill. Comp. Stat. § 50/3.65(b)(5), who shall be responsible for the overall management of the training program and shall be approved by IDPH based on the requirements of Section 515.700 of the EMS Rules.
5. EMS training programs shall be conducted by instructors licensed by IDPH as an EMT, Advanced EMT, Paramedic, PHRN, PHAPN, PHPA, or ECRN who:
 - A. are, at a minimum, certified as emergency medical dispatchers;
 - B. have completed an IDPH-approved course on methods of instruction;
 - C. have previous experience in a medical dispatch agency; and
 - D. have demonstrated experience as an EMS instructor (pursuant to 210 Ill. Comp. Stat. § 50/3.70(b)(14).
6. Any change in the EMD training program's EMS Lead Instructor shall require that an amendment to the application be filed with IDPH.
7. Questions for all quizzes and tests to be given during the EMD training program shall be prepared by the EMS Lead Instructor and available for review by IDPH upon IDPH's request.
8. All approved programs shall maintain class and student records for seven years, which shall be made available to IDPH for review upon request.

TITLE: Emergency Medical Dispatcher (EMD) (continued)
SECTION: Loyola EMS System Personnel
EFFECTIVE: 2/1/14

NUMBER: 500.14
REVISED/REVIEWED: 8/1/2023

Waiver of EMD Requirements

1. IDPH may modify or waive EMD requirements based on:
 - A. The scope and frequency of dispatch activities and the dispatcher's access to training; or
 - B. Whether the previously attended dispatcher training program merits automatic recertification for the dispatcher (pursuant to 210 Ill. Comp. Stat. § 50/3.70(b) (15).
2. The following individuals are exempt from the requirements of the EMD section of the Illinois Rules:
 - A. Public safety dispatchers who only transfer calls to another answering point that is responsible for dispatching of fire and/or EMS personnel;
 - B. Dispatchers for volunteer or rural ambulance companies providing only one level of care, whose dispatchers are employed by the ambulance service and are not performing call triage, answering 911 calls or providing pre-arrival instructions

TITLE:	EMD Recertification	NUMBER:	500.15
SECTION:	Loyola EMS System Personnel		
EFFECTIVE:	2/1/14	REVISED/REVIEWED:	8/1/2023

PURPOSE: To define the procedure for Emergency Medical Dispatcher (EMD) recertification in the Loyola EMS System and as prescribed by the Illinois Department of Public Health.

POLICY: Recertification Requirements

1. To apply for recertification, the EMD shall submit the following to the Loyola EMS System office at least 30 days prior to the certification expiration date:
 1. Completed EMS Renewal Notice/Child Support Statement/Personal History Statement or indication that the online process will be completed;
 2. Proof of completion of at least 12 hours of approved medical dispatch continuing education per year of the licensure period
 3. Proof of satisfactory re-certification through the agency's approved EMDPRS provider.
 4. Payment of renewal fee to IDPH
 5. Copies of the following documents:
 - a. Updated EMS Personnel Data Form
 - b. Current American Heart Association BLS CPR, AHA Heartsaver CPR/AED, or AHA Heartsaver First Aid/CPR/AED certification.
 - c. Current IAEMD certification
2. An EMD who has not been recommended for recertification by the EMS Medical Director or designee may apply for recertification by IDPH independently. In these instances, the EMS Medical Director or designee shall provide the EMD with a copy of the application form to be completed.

TITLE:	EMD Agency Application	NUMBER:	500.16
SECTION:	Loyola EMS System Personnel		
EFFECTIVE:	2/1/14	REVISED/REVIEWED:	8/1/2023

PURPOSE: To describe the process through which an EMD agency may become operational in the Loyola EMS System.

POLICY: To apply for certification as an EMD Agency, the person, organization or government agency which operates and EMD Agency shall submit the following to IDPH / The Loyola EMS System.

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

TITLE:	EMD Agency Recertification	NUMBER:	500.17
SECTION:	Loyola EMS System Personnel		
EFFECTIVE:	2/1/14	REVISED/REVIEWED:	8/1/2023

PURPOSE: To describe the process through which an Emergency Medical Dispatch Agency (EMD Agency) may recertify, and to describe the process through which the Loyola EMS System may suspend or revoke an EMD Agency's certification.

POLICY: Emergency Medical Dispatch Agency Recertification

To apply for recertification, the EMD Agency shall submit an application to IDPH, on a form prescribed by IDPH, at least 30 days prior to the certification expiration date. The application shall document continued compliance with the EMS rules.

Revocation or Suspension of EMD or EMD Agency Certification

The EMS Medical Director shall report to IDPH whenever an action has taken place that may require the revocation or suspension of a certificate issued by IDPH (pursuant to 210 Ill. Comp. Stat. § 50/3.70(b)(4)).

Revocation or suspension of the EMD or EMD Agency certification shall be in accordance with EMS rules and System policy.

TITLE:	Continuing Education (CE) Facilitators	NUMBER:	500.18
SECTION:	Loyola EMS System Personnel		
EFFECTIVE:	8/1/2023	REVISED/REVIEWED:	8/1/2023

PURPOSE: To identify the responsibilities and requirements of Loyola EMS System continuing education (CE) facilitators.

POLICY: Loyola EMS System continuing education (CE) facilitators are individuals who conduct live CE sessions for Loyola EMS System Providers. A Loyola EMS System provider must meet the following requirements in order to become and remain a Loyola EMS System CE facilitator:

- Hold an unencumbered EMS Lead Instructor License in the State of Illinois
 - Live CE sessions **MAY NOT** be conducted by any individual who does not possess EMS Lead Instructor licensure
- Hold an unencumbered EMS provider license at the level of EMT-Basic or higher
- Remain in good standing with the Loyola EMS System
- Gain direct approval from the Loyola EMS System to conduct live CE sessions
 - Individuals who possess EMS Lead Instructor licensure but who have not been approved to conduct CE by the Loyola EMS System **MAY NOT** conduct live CE sessions
 - The agencies/departments for which a Loyola EMS System CE facilitator may conduct live CE sessions shall be at the discretion of the Loyola EMS System Office
 - An individual's continued status as a Loyola EMS System CE Facilitator is subject to the approval of the Loyola EMS System Office, and may be suspended or revoked for any reason

The Loyola EMS System CE Facilitator is responsible for collaborating with the agency/department EMS Coordinator or their equivalent representative to determine the time(s) and location(s) at which any live CE sessions are to be held, and for making any arrangements to acquire and set up any necessary equipment. The Loyola EMS System CE Facilitator shall communicate live CE schedules and locations to the Loyola EMS System office, and must contact an appropriate representative from the Loyola EMS System office regarding any changes to the time and/or location of a scheduled CE session.

All necessary CE materials, including but not limited to PowerPoint presentations, attendance rosters, competency forms, and exams shall be disseminated by the Loyola EMS System Office as far in advance of the designated CE month as possible. Once the Loyola EMS System CE Facilitator comes into possession of these materials, they assume the responsibility of preventing any unauthorized access and ensuring their integrity. Once a Loyola EMS System CE Facilitator completes all scheduled sessions at their assigned agency/department, they must submit their attendance rosters and any other documentation required by the Loyola EMS System by no later than the 15th day of the following month.

The Loyola EMS System expects that all attendees of any presentation be respectful and courteous to their presenter. In the event that an attendee of a live CE session is excessively disruptive or blatantly disrespectful, the CE Facilitator may assign the attendee a failing grade despite their passing the exam. If numerous attendees are excessively disruptive or blatantly disrespectful, and the CE session cannot be effectively conducted as a result, the CE Facilitator may end the session early and withhold credit from the entire group. If either of these incidents occur, the CE Facilitator shall notify the agency/department EMS Coordinator or equivalent representative and the Loyola EMS System office for further investigation and resolution.

If the Loyola EMS System Office determines that a CE Facilitator's actions in failing an individual or ending a CE session early were warranted, any provider who did not receive credit for the CE session will be required to make it up at a later date, and may additionally be subject to disciplinary action by the Loyola EMS System.

Loyola EMS System CE Facilitators are required to report the following events/incidents to the Loyola EMS System Office:

- Cancellation or rescheduling of a live CE session
- Lost attendance roster
- Known or suspected instances of forged signatures or academic dishonesty
- Disruptive or disrespectful behaviors necessitating the failure of an individual
- Disruptive or disrespectful behaviors necessitating the early termination of a CE session

TITLE:	Emergency Medical Services System Coordinator	NUMBER:	600.1
SECTION:	Resource/Associate Hospital		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: To identify the responsibilities of the Loyola EMS System Coordinator.

RESPONSIBILITIES:

The Loyola EMS System Coordinator is responsible for planning, managing, and evaluating the prehospital care provided by EMS personnel in the Loyola EMS System. These responsibilities are fulfilled in collaboration with the EMS Medical Director. duties of the Loyola EMS System Coordinator include, but are not necessarily limited to:

1. Monitoring performance of Loyola EMS System Providers
2. Maintaining overall function of the Loyola EMS System
3. In collaboration with IDPH, performing any necessary inspection and/or inventory of vehicles which are listed under the Loyola EMS System
4. In collaboration with IDPH, making any recommendations pertaining to the change in status of any vehicle listed under the Loyola EMS System, including:
 - a. Placement of a vehicle into service
 - b. Removal of a vehicle from service, whether by order of the Loyola EMS System or at the request of the agency/department
 - c. Change the level of service (ALS to BLS, BLS to ALS, etc.)
 - d. Addition of vehicle to Loyola EMS System (e.g. new vehicle, transfer from another EMS System)
 - e. Removal of vehicle from Loyola EMS System (e.g. retirement of a vehicle, transfer to another EMS System)
5. In collaboration with the EMS Medical Director, approving any requests to implement patient care equipment not required by the Loyola EMS System(e.g. mechanical CPR devices, fiber-optic laryngoscopy devices), or mandating the acquisition of equipment not mandated by IDPH (e.g. brand-specific alternative airways, intraosseous devices, CPAP devices, etc.)
6. Overseeing the inventory and use of medications in the Loyola EMS System, and maintaining accountability for controlled substances.
7. Development and maintenance of continuing education in the Loyola EMS System
8. Approving and overseeing educational programs held under the Loyola EMS System site code.
9. Establishment and maintenance of QA/QI within the Loyola EMS System
10. Coordination of data collection in the Loyola EMS System.
11. Functioning as a liaison between the Resource Hospital and Associate Hospitals
12. collaboration with the EMS Medical Director, facilitating initial licensure and relicensure of Loyola EMS System Providers, and making any necessary recommendations for the suspension of an EMS Provider's license.
13. Coordinating the development and implementation of written and practical examinations/quizzes for prehospital providers.
14. Assisting the EMS Medical Director in providing education related to EMS and prehospital care to resident physicians
15. Assembling System Review Board(s) as deemed necessary to ensure compliance with the Illinois Department of Public Health Rules and Regulations.
16. Developing and maintaining the Loyola EMS System budget.
17. Representing the Resource Hospital to public agencies and outside entities in programs or matters concerning the Loyola EMS System

TITLE: Emergency Medical Services System Coordinator (continued)
SECTION: Resource/Associate Hospital
EFFECTIVE: 9/1/99

NUMBER: 600.1
REVISED/REVIEWED: 8/1/2023

18. Attending local, state, and federal meetings regarding guidelines, grants, or any other decision-making areas that affect the functioning of the Loyola EMS System.
19. Assisting the EMS Medical Director in upholding and administering System Policies within the Loyola EMS System.
20. Promoting Loyola's mission and values.
21. Assisting in disaster planning and management.

TITLE:	Emergency Medical Services System Administration	NUMBER:	600.1a
SECTION:	Resource/Associate Hospital		
EFFECTIVE:	1/3/01	REVISED/REVIEWED:	8/1/2023

PURPOSE: To notify the Illinois Department of Public Health of potential conflicts of interest involving EMS System administrative personnel.

POLICY: The EMS Medical Director, EMS System Coordinator, and EMS Administrative Director shall notify the Illinois Department of Public Health in writing of any association with an ambulance service through employment, contract, ownership, or otherwise. It must be specified how he or she is answerable to or directed by such ambulance service provider concerning any matter falling within the scope of 77 Ill. Adm. Code § 515.320(j).

TITLE:	Associate Hospital Emergency Medical Services Coordinator	NUMBER:	600.2
SECTION:	Resource/Associate Hospital Personnel		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: To define the role of Associate Hospital EMS Coordinator and to describe the duties and responsibilities thereof.

RESPONSIBILITIES:

1. Administration

- a. Represent the Associate Hospital in matters pertaining to prehospital patient care, and function as a liaison between the Associate Hospital and the participants of any EMS System in their facility's service area, including but not limited to the Loyola EMS System.
- b. Reporting of any suspicion, knowledge, or observation of Loyola EMS System Provider misconduct, impairment, or criminal offense immediately to the Loyola EMS System Coordinator and EMS Medical Director.
- c. Reporting of medical-legal issues to the Loyola EMS System Coordinator and EMS Medical Director as soon as possible.
- d. Implementation and maintenance of a system to facilitate the replacement of supplies and medications used by provider agencies.
- e. Collaboration with all prehospital providers who participate in the EMS System to meet their needs for Medical Control and evaluation.
- f. Providing timely feedback to prehospital providers regarding patient care and follow-up regarding patient outcomes, in a manner which adheres to patient confidentiality standards.
- g. Informing prehospital providers of System policies and IDPH regulations, and providing timely feedback thereof
- h. Attendance of no fewer than 75% of Loyola EMS System meetings per year, designations of which include:
 - i. System Provider Coordinator
 - ii. EMS Hospital Coordinator
 - iii. System Chief/CEO
 - iv. Associate Hospital
 - v. Special functions as needed
- i. Assistance and participation in special projects as deemed appropriate by the Loyola EMS System.
- j. Collaboration with the EMS System Coordinator or designee(s) in all areas of the Loyola EMS System.
- k. Function as the Associate Hospital's EMS representative in any matter involving a regulatory or accrediting body (e.g. IDPH, JCAHO, CMS, etc.)
- l. Function as the Associate Hospital's EMS representative in any matter involving emergency preparedness or disaster response
- m. Function as the Associate Hospital's Designated Infection Control Officer (DICO).
 - i. In accordance with Loyola EMS System Policy 700.1 (Exposure Control Plan) and Loyola EMS System Policy 700.2 (Exposure Notification Plan), coordinate source testing during any instances in which exposure of a first responder to potentially infectious body fluids is reported.
 - ii. In accordance with Loyola EMS System Policies 700.1 and 700.2, provide timely notifications to the appropriate individuals during instances in which exposure of a first responder to any communicable disease listed in Loyola EMS System Policy 700.2 may reasonably be suspected.
 - iii. Collaborate with the Loyola EMS System and other EMS Systems in the Associate Hospital's service area during any new or emerging infectious disease epidemic or pandemic, and fulfill any EMS-related hospital obligations prescribed by IDPH and/or the Loyola EMS System.

TITLE:	Associate Hospital Emergency Medical Services Coordinator (continued)	NUMBER:	600.2
SECTION:	Resource/Associate Hospital Personnel	REVISED/REVIEWED:	8/1/2023
EFFECTIVE:	9/1/99		

2. Quality Assurance

- a. Oversee and evaluate emergency medical services rendered in connection to the Associate Hospital to maintain the prescribed Loyola EMS System standards for patient care.
- b. Reviews and critiques care rendered by EMS agencies/departments in their service area. Reports quality concerns pertaining to Loyola EMS System Providers to Loyola EMS System Medical Director or Loyola EMS System System Coordinator in accordance with Loyola EMS System Policy 100.8 (EMS Quality Control Communication Report). Reports quality concerns pertaining to non-Loyola EMS System Providers to the appropriate personnel of that agency/department's EMS System.
- c. Assists in compilation of EMS System monthly data for evaluation of the EMS System and other reports as required by the Illinois Department of Public Health.

3. Education

a. Prehospital Provider

- i. Assists in the creation, organization and instruction of primary and continuing education programs for EMS System participants.
- ii. In collaboration with the Loyola EMS System, administers monthly CE, as disseminated by the Loyola EMS System, to EMS agencies/departments, as assigned by the Loyola EMS System.
 1. The Associate Hospital EMS Coordinator and the EMS Coordinator or equivalent representative of the assigned EMS agency/department shall make arrangements regarding times and locations for CE sessions to be held.
- iii. Maintains appropriate records and provides Resource Hospital with information as requested.
- iv. Make arrangements to accommodate EMT-B and paramedic students completing clinical rotations. Collaborate with the course director or lead instructor of the educational program to schedule rotations and address any concerns which may arise.
- v. Make arrangements to accommodate students from Loyola EMS System EMS education programs (paramedic, EMT-B, ECRN, PHRN, PHAPN, PHPA), aspects of which include:
 1. Communicating with EMS program instructors regarding scheduling availability
 2. Making arrangements for appropriate assignment of preceptors for students
 3. Reporting any concerns or problems pertaining to students to the appropriate instructor

NOTE: The Associate Hospital EMS Coordinator maintains the right to dismiss any student from their clinical site for any of the following issues:

- o Student does not have proper identification
- o Student is not scheduled for a clinical rotation
- o Student is not in proper uniform
- o Student appears disheveled
- o Student arrives late
- o Student displays a poor attitude
- o Student does not participate in clinical experience
- o Student performs tasks or procedures without proper oversight
- o Student engages in misconduct, or otherwise fails to abide by expectations of professionalism established by their educational program
- vi. Communicate absences which may affect the ability to complete duties to the Loyola EMS System as soon as possible, and make arrangements for backup coverage or rescheduling to the extent possible. Examples include planned vacations, leave of absence, illness on the day of a CE session or Loyola EMS System meeting, etc.

TITLE:	Associate Hospital Emergency Medical Services Coordinator (continued)	NUMBER:	600.2
SECTION:	Resource/Associate Hospital Personnel		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

4. ECRN

a. ECRN Candidates and Courses

- i. Assist the Resource Hospital in conducting Emergency Communications Registered Nurse (ECRN) courses.
- ii. Identify potential ECRN candidates and facilitate their registration to a Loyola EMS System-approved ECRN Course within Region VIII.
- iii. Collaborate with the coordinator/director of the Loyola EMS System-approved ECRN program the Associate Hospital ECRN candidate is attending regarding the fulfillment of course requirements or addressing of concerns.
- iv. Make arrangements for ECRN candidates to be monitored during calls.
- v. Make arrangements with the EMS Coordinator or equivalent representative of an EMS agency/department to schedule ride time for the ECRN candidate. The Associate Hospital EMS Coordinator shall only schedule ambulance ride time at EMS agencies/departments which have been approved by the Loyola EMS System to host ECRN candidates.

b. Associate Hospital ECRNs

- i. Maintain current files for all Associate Hospital ECRNs
- ii. Refer non-Region VIII ECRNs to the Resource Hospital for System Entry, in accordance with Loyola EMS System Policy 500.9a (Entry of a Licensed ECRN).
- iii. Assist ECRNs in updating personal information with the Loyola EMS System, in accordance with Loyola EMS System Policy 500.3 (Personnel File Information Update).
- iv. Provide or assist in providing documentation of any qualifications indicated as being required of ECRNs under Loyola EMS System Policy 500.9 (Emergency Communications Registered Nurse) to the Loyola EMS System office. **NOTE: IT IS ULTIMATELY THE ECRN'S RESPONSIBILITY ENSURE THAT ALL REQUIRED CREDENTIALS REMAIN CURRENT.**
- v. Monitor Associate Hospital ECRNs' compliance with CE requirements, provide feedback to ECRN as appropriate. **NOTE: IT IS ULTIMATELY THE ECRN'S RESPONSIBILITY TO TRACK THEIR CE HOURS.**
- vi. Facilitate relicensure of Associate Hospital ECRNs with the Loyola EMS System office.
- vii. Monitor prehospital communications between the Associate Hospital and EMS Providers.

QUALIFICATIONS:

1. Licensure as a Registered Nurse or Paramedic in the State of Illinois.
2. Licensure as an EMS Lead Instructor in the State of Illinois.
3. Proficiency in emergency medical services and critical care.
4. Active participation in the Loyola EMS System.
5. provider or instructor status in the following certifications:
 - a. BLS Healthcare Provider (American Heart Association)
 - b. ACLS (American Heart Association)
 - c. PHTLS, ITLS, TNCC, or TNS
 - d. PALS or PEPP

TITLE:	Associate Hospital Emergency Medical Services Medical Director	NUMBER:	600.3
SECTION:	Resource/Associate Hospital Personnel		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: To define the role of Associate Hospital EMS Medical Director and to describe the duties and responsibilities thereof.

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

1. Responsibilities of the Associate Hospital EMS Medical Director

- a. Collaborate with the Associate Hospital EMS Coordinator and participate as needed in completing administrative, quality, and educational initiatives related to EMS
- b. Assists in developing System policies, procedures, and Standing Medical Orders (SMOs).
- c. Attends Associate Hospital and other System meetings as needed.
- d. Assists with clinical rotations.
- e. Assists with continuing education: EMT, Paramedic, PHRN, PHAPN, PHPA, ECRN, and physician.
- f. Attends special functions as deemed appropriate by EMS System.
- g. Monitors continuous quality improvement at Associate Hospital level.
- h. Monitors internal education of ED staff physicians at Associate Hospital level.
- i. Evaluates the performance of Paramedic students and Paramedic System applicants.
- j. Assists in the procurement of educational experiences and clinical sites for licensed and student prehospital providers.
- k. In collaboration with the Associate Hospital EMS Coordinator, ensure compliance to Loyola EMS System policies and procedures by Associate Hospital personnel.
- l. Provide education to Associate Hospital ED Physicians regarding Loyola EMS System SMOs
- m. Apprise Associate Hospital ED Physicians of EMS-related considerations unique to the hospital's service area.

TITLE:	Online Medical Direction	NUMBER:	600.4
SECTION:	Resource/Associate Hospital Personnel		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: To establish the qualifications required of an ED Physician to provide online medical direction to Loyola EMS System Providers.

POLICY: ED Physicians in the Loyola EMS System are responsible for providing online medical direction to EMS providers in the field, and have ultimate authority over care rendered.

An ED Physician may function as Medical Control and provide online medical direction if they satisfy the following criteria:

1. Licensure as a physician in the State of Illinois.
2. Employment as an Attending ED Physician at Loyola University Medical Center (LUMC) or an Associate Hospital in the Loyola EMS System
3. Competence with the Standing Medical Orders (SMOs), System Disaster Protocols, Policies and Procedures, and equipment of the Loyola EMS System.
4. Familiarity with the hospital's communications systems and telemetry equipment.

TITLE:	Exposure Control Plan for Prehospital Providers	NUMBER:	700.1
SECTION:	Infection Control		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: To provide guidelines, policies and procedures designed to prevent or minimize occupational exposure of prehospital care providers to bloodborne pathogens, airborne pathogens, or other potentially infectious materials.

To provide compliance with the applicable provisions of Occupational Exposure to Bloodborne Pathogens; as stipulated through the standards of 29 C.F.R. § 1910.1030 and the Ryan White HIV/AIDS Treatment Extension Act of 2009, Pub. L. No. 111-87 (2009).

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

1. System EMS personnel shall take reasonable precautions to prevent occupational exposure to bloodborne pathogens and to prevent any consequent contraction of infectious or communicable diseases from patients.
2. The System will consider, as appropriate, use effective engineering controls, including safer medical devices, in order to reduce the risk of injury from needle sticks and from other sharp medical instruments (OSHA compliance directive).
3. Loyola EMS System Providers should take all appropriate precautions to prevent patients from contracting healthcare-associated infections (HAIs) while the patient is under the care of Loyola EMS System Providers.

Supporting rationale

1. Patients who are infected with communicable diseases may or may not present with signs or symptoms of illness.
 - a. Patients infected with diseases spread via the airborne or droplet routes can contaminate the ambulance and infect nearby persons with their respiratory droplets.
 - i. **LOYOLA EMS SYSTEM PROVIDERS MUST DON A SURGICAL MASK OR, IF APPROPRIATE, AN N95 RESPIRATORY DURING EVERY PATIENT ENCOUNTER.**
 - ii. **LOYOLA EMS SYSTEM PROVIDERS MUST ABIDE BY THE PPE POLICIES OF ANY FACILITY THEY ENTER.**
 - iii. **IF SAFE TO DO SO, THE LOYOLA EMS PROVIDER SHOULD PLACE A SURGICAL MASK ON ANY PATIENT BEING TRANSPORTED.**
 - b. Patients who are infected with diseases spread via the contact route can contaminate the ambulance through their contact with any surfaces. Examples of diseases spread via the contact route include herpetic lesions, fungal infections of exposed skin, and contamination by mites (scabies), lice, or bedbugs.
 - c. Other pathogens, such as HIV, Hepatitis B or C, may potentially be transmitted by contact with the patient’s blood and/or selected body secretions.

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

I) Definitions

1. Appropriate safer medical device

Devices whose use, based on reasonable judgment in individual cases, will not jeopardize patient or employee safety or be medically contraindicated.
2. Blood

Human blood, blood components and products made from human blood. Human blood components include plasma, platelets, and serosanguinous fluids such as exudates from wounds.
3. Bloodborne pathogens

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

4. DICO

Designated Infection Control Officer – educated on infection control and exposure mitigation.

5. Engineering controls

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

6. Exposure incident

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

7. Needleless system

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

8. Other Potentially Infectious Materials (OPIM)

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

II) Universal Blood and Body Fluid Precautions

1. Use of **personal protective equipment (PPE)**/body substance isolation (BSI) reduces the health care worker's risk of exposure to potentially infectious materials. Protective equipment shall be chosen based on the anticipated exposure to blood or OPIM.
2. **Potentially infectious BODY FLUIDS TO WHICH UNIVERSAL PRECAUTIONS APPLY:**
 - (a) Blood and other body fluids containing visible blood
 - (b) Semen and vaginal secretions
 - (c) Tissues and the following fluids: cerebral spinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid
3. **Examples of PPE/BSI:** Single use disposable vinyl or latex-free gloves, utility gloves, fluid repellent gowns, surgical face masks, N-95 filtration masks, pocket masks, and protective eyewear with solid side shields.
4. **BSI (body substance isolation):** Protective equipment shall be considered appropriate only if it does not permit blood or OPIM to pass through or reach the person's clothing, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time in which the protective equipment shall be used.

III) Indications for Use of PPE/BSI

1. **PPE** (personal protective equipment) shall be carried on all ambulances and alternate response vehicles. The size, quantity, and type of equipment provided by the employer shall be sufficient to supply all employees expected to respond to an incident where BSI is indicated.

TITLE: Exposure Control Plan for Prehospital Providers (continued)
SECTION: Infection Control
EFFECTIVE: 9/1/99

NUMBER: 700.1
REVISED/REVIEWED: 8/1/2023

2. All EMS Providers shall use appropriate PPE/BSI to prevent skin and mucous membrane exposure when contact with blood or other body secretions is anticipated.
 3. While universal precautions do protect healthcare workers from contracting communicable diseases, hand hygiene remains an essential action to prevent infection. As such, universal precautions should be utilized during all patient encounters, and hand hygiene should be performed prior to and after each patient encounter, as well as during the patient encounter as appropriate.
 - a. If a patient is known to have a condition requiring airborne, droplet, contact, or neutropenic precautions, the EMS Provider should don the required precautions prior to establishing patient contact.
 - b. If, after making patient contact, the EMS Provider discovers indications of communicable disease which require airborne, droplet, contact, or neutropenic precautions, the EMS Provider shall immediately don the appropriate precautions prior to resuming patient care.
 - i. The EMS Provider should report any instances in which their possible exposure to an infectious disease may have occurred. This includes scenarios in which any first responder had not taken precautions adequate to protect against a communicable disease the patient is suspected or confirmed to have. Reports should be made to the Designated Infection Control Officer (DICO), who will follow up as appropriate.
 4. **Gloves**
 - a. Gloves shall be worn for the touching of blood and body fluids, the touching of potentially infected skin, mucous membranes or non-intact skin of all patients, for handling items or surfaces soiled with blood or body fluids, and for performing venipuncture and other invasive procedures, e.g. intubation, cricothyroidotomy, pleural decompression, etc.
 - b. Gloves must be changed after contact with each patient.
 - c. Gloves should be removed as soon as possible after patient care has been performed. Medical gloves should not be worn in elevators or public hallways after a patient has been delivered to the ED or their destination.
 - d. Gloves do not provide adequate protection against penetrating injuries from needles or other sharp objects.
 5. **Masks and protective eyewear or face shields** shall be worn in the patient care compartment and when working within six feet of a patient who is suspected of having a disease transmitted by droplets. They shall also be worn during procedures that are likely to generate droplets or a spray of blood or release of other body fluids to prevent exposure of mucous membranes of the mouth, nose and eyes. N-95 facemasks shall be worn whenever there is a possibility of TB, SARS or influenza-type illness exposure. Masks shall be worn by Loyola EMS System Providers during all patient encounters. N95 respirators shall be worn by Loyola EMS System Providers during the performance of any procedure likely to aerosolize respiratory droplets, including nebulizer therapy, CPAP, and airway management. N95 respirators shall also be worn if the patient has any indication of any respiratory illness spread via the airborne route, including TB, SARS, and influenza-type illness.
 6. **Fluid repellent gowns or aprons** shall be worn during procedures that are likely to generate splashes of blood or other body fluids.
 7. Scrupulous precautions are indicated for care of the debilitated patient who is unable to practice good hygiene, such as the patient with profuse diarrhea, fecal incontinence, vomiting, altered behavior which may occur secondary to central nervous system infections or those patients whose social habits place them in one of the high risk behavior groups, and it is foreseeable that they may be harboring an infection.
 8. **Vaginal deliveries:** Gloves, gowns, masks and protective eyewear should be worn during the delivery and when handling the placenta or the infant until all blood and amniotic fluid have been removed or covered with fluid-repellent barriers.
- IV) Hand washing
1. Hands and other skin surfaces should be washed immediately and thoroughly with soap and water if visibly dirty, or contaminated with blood or other body fluids.

TITLE: Exposure Control Plan for Prehospital Providers (continued)
SECTION: Infection Control
EFFECTIVE: 9/1/99

NUMBER: 700.1
REVISED/REVIEWED: 8/1/2023

2. Hands must be decontaminated prior to the handling of peripheral vascular catheters or other invasive devices, and prior to the access of any indwelling catheters that do not require a surgical procedure.
3. Disposable gloves are not completely impermeable. Hands must be thoroughly washed or decontaminated with an approved disinfectant product after gloves have been removed.
4. If hands are not visibly soiled and/or in the absence of soap and water, the CDC recommends an alcohol-based hand rub. Storage and dispenser placement of alcohol-based hand rubs will be in compliance with regulations for Class I flammable agents, with NFPA 100 requirements and with all applicable codes. Use of these products should not be considered as a substitute for hand washing.

5. **Hand Hygiene Technique**

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

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

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

2. **Needles/sharps**

- a. System members are encouraged to use **sharps with engineered sharps injury protection**, such as self-sheathing IV catheters, to reduce the risk of accidental needle sticks.
 - b. To prevent needle stick injuries, needles should not be recapped, purposefully bent or broken, removed from disposable syringes, or otherwise manipulated by hand.
 - c. **Contaminated sharps** (disposable syringes and needles, scalpel blades) are to be placed in containers which are closable, puncture resistant, leak proof on sides and bottom, easily accessible to personnel, maintained upright throughout use, and labeled or color-coded properly. Puncture-resistant containers should be located as close as possible to the use area (point of use). **Used needles and sharps should NEVER be inserted into mattresses or bench seats.** When moving sharps containers from the area of use, they shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling. All full sharps containers should be sealed and given to ED personnel for proper disposal.
 - d. **Broken glassware** which may be contaminated must not be picked up directly with the hands. It shall be cleaned up using mechanical means such as a brush and dust pan, tongs, or forceps.
3. Disposable **bag-valve-masks** (BVMs) or non-disposable bags with disposable one-way valve inter-connects and disposable masks should be used on all patients.
 4. EMS responders who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient care equipment until the condition resolves.

5. Pregnant health care workers are not known to be at greater risk of contracting HIV infection than health care workers who are not pregnant; however, if a health care worker develops HIV infection during pregnancy, the infant is at risk of infection resulting from perinatal transmission. Because of this risk, pregnant health care workers should be especially familiar with and strictly adhere to precautions to minimize the risk of HIV transmission.
6. **Procedure for appropriately disposing of contaminated clothing, equipment and linen.**
 - a. All **garments** that are penetrated by blood or OPIM shall be removed immediately or as soon thereafter as practical. Prehospital personnel shall continue treating the patient, even after exposure has occurred. All PPE shall be removed prior to leaving the work area.
 - b. It may be possible for the work area to expand to the ambulance quarters. When this occurs, OSHA suggests that EMS personnel cover up with a non-absorbent barrier and ride in the patient compartment of the ambulance to protect against contaminating the cab of the vehicle. The contaminated responder and the ambulance will remain out of service until both have been decontaminated.
7. **Potentially hazardous waste**
 - a. Body excretions or secretions (e.g. suction aspirate, placentas, etc.) must be identified and bagged in durable bags resistant to puncture and tears. Waste may be single bagged if it can be put in the bag without contaminating the outside. Otherwise, double bagging is required.
 - b. **Warning labels** shall be affixed to containers of regulated waste or OPIM such as sharps containers. **Red bags** may be substituted for labels. Biohazard labels are to be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color.
 - c. All contaminated **disposable equipment** shall be properly discarded at the receiving hospital.
 - d. Non-disposable items that could release blood/OPIM in a liquid or semi-liquid state if compressed must be appropriately cleaned, disinfected, or discarded.
 - i. Items that are caked with dried blood or OPIM and are capable of releasing these materials during handling must be appropriately cleaned.
 - ii. Non-disposable, non-consumable patient equipment that becomes contaminated by a patient's blood or body fluids and are left at the hospital due to the on-going needs of a patient, **must have gross contaminants removed and physical cleaning completed as outlined in system policy prior to their return to the EMS Agency.** Failure to clean this equipment creates a potential medium for transmission of disease and is not consistent with the intent or purpose of this policy.
8. all ambulance equipment and **environmental work surfaces** must be cleaned and decontaminated after contact with blood or OPIM, in accordance with System and employer procedures.
 - a. All contaminated surfaces have the potential to transmit infectious diseases, and any blatantly contaminated surface should be cleaned, decontaminated, and disinfected as soon as feasible. Gloves and disposable towels should be used to clean the majority of any spill. All soiled objects which are to be exposed, including personal protective equipment, should be placed into a plastic bag which can be sealed/tied.
 - b. Once the majority of a surface's visible contamination has been removed, the surface should be cleaned and disinfected with a safe and effective product. While hydrogen peroxide (0.3% solution) helps to loosen blood and tissue, it does not disinfect. Use a low-sudsing detergent with a neutral pH on washable surfaces. Grocery store detergents do not have a neutral pH and should not be used. Disinfection or sterilization cannot take place unless the equipment is physically clean.
 - c. Disinfectant formulations registered by the EPA can be used for disinfecting environmental surfaces after cleaning. The System prefers CaviCide Disinfectant Cleaner (aseptic control products) or a freshly constituted (mixed the same day) 1:100 solution of bleach. Follow manufacturer's instructions.

9. Contaminated linen

- a. Soiled linens should be handled as gently as possible and for the shortest duration required for its proper disposal. Gloves must be worn while soiled linens are being disposed of. Soiled linens should be wrapped in heavy, biodegradable plastic bags provided by the hospital, and should be marked as “contaminated” or “infectious waste.” These bags must be constructed in a manner that would prevent leakage.
 - b. When contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry must be placed and transported in bags or containers which prevent their soaking through or leaking from the bag’s exterior.
 - c. Contaminated linens should not be sorted or rinsed in a patient care area.
10. Patients who are potentially infectious should be transported by the minimum number of personnel required to provide safe and effective patient care. Non-infected patients and/or passengers should not be transported in the ambulance.
11. When transporting a patient with a potentially infectious disease, the EMS Provider must notify the destination facility and inform them of their suspicions prior to their arrival. Prior to entering the facility, the EMS Provider should communicate with the receiving ED and confirm that the ED personnel have made the necessary preparations to receive the patient.

VI) Immunizations and Other Preventative Testing

EMS personnel are urged to have all appropriate immunizations or have evidence of immunity, when possible, against tetanus-diphtheria, pertussis, rubella, measles, mumps, polio, Hepatitis B, COVID-19, and others, as effective immunizations become available. System employers shall maintain personnel records in accordance with OSHA Guidelines relative to HBV immunization and/or declination statements. Annual TB screening and influenza vaccination is strongly recommended.

VII) Procedure for a Suspected Exposure – EMS Personnel

1. Even though all safety precautions are followed, a person may still have direct contact with a patient’s blood and/or body secretions, or be exposed to a communicable disease. Without appropriate documentation, the exposed health care worker may not be eligible for medical care reimbursement or other long-term benefits.
2. EMS Provider Agencies are required to develop internal Bloodborne Pathogens Exposure Control Plans regarding the use of PPE, vaccinations, and follow-up of personnel if exposed in compliance with Federal Law.

3. General guidelines

- a. All personnel who believe they have experienced an exposure event should first provide themselves with the appropriate first-aid treatment and decontamination as required. Once able, the personnel should contact their employer’s Designated Infection Control Officer (DICO) or his/her designee as required by the Ryan White Act HIV/AIDS Treatment Extension Act of 2009 and NFPA 1581.
- b. Once notified, the DICO shall evaluate the facts of the potential exposure and determine if there is a potential for occupational acquisition of an infectious disease, based on CDC guidelines for Risk of Occupational Exposure to HBV, HCV, and HIV and Recommendations for Post-exposure prophylaxis or updated guidelines as they are published.
- c. If the DICO determines that no exposure occurred, no further follow-up is required. The personnel should document any injury or first-aid required with their employer per employer policy. No Loyola Exposure Report Form needs to be generated.
- d. If the DICO determines that an exposure has occurred, the DICO will follow agency policy as required by the Ryan White Act.

VIII) Recommended Procedures for Follow Up – Hospitals

TITLE:	Exposure Control Plan for Prehospital Providers (continued)	NUMBER:	700.1
SECTION:	Infection Control		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

1. Hospitals are asked to collaborate with the requests of DICOs in safeguarding the wellbeing of System members and/or other professionals covered under the Ryan White Act per procedure. LUMC and Loyola EMS System Associate Hospitals shall initiate the Loyola EMS System exposure forms and procedures upon the request made by the DICO or, as appropriate, the first responder expressing concern about potential exposure.
2. Hospitals must ensure the timely completion of lab studies and reporting of results to the DICO in compliance with the Ryan White Act and/or other Federal and State statutes.
3. **If the source patient tests NEGATIVE** for the targeted organisms and has no other evidence of infection, no further follow-up is generally required.
4. **If the source patient cannot be identified**, decisions on the method of follow up should be based on the type of exposure and the likelihood that the patient was infected. This decision should be made jointly by the DICO in consultation with an Infection Control Consultant.
5. **If the source patient tests POSITIVE**, hospitals may only release the test results to the DICO who requested the lab draw. The exposed individual must receive counseling, confidentially and in person, about the meaning of the test results, the availability of additional confirmatory testing, the possibility of infection, methods to prevent the spread of the infection, and services available for further information and counseling.
6. Follow-up care for exposure to a positive source should be initiated as soon as feasible to ensure timely post-exposure prophylaxis.

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

1. According to the Illinois Hospital Licensing Act, 210 Ill. Comp. Stat. § 85/1 *et seq.*, and the Ryan White HIV/AIDS Extension Act of 2009, Pub. L. No. 111-87 (2009), each hospital is required to establish procedures for notifying EMS personnel who have provided or are about to provide, emergency care or life support services to a patient who has been diagnosed as having a dangerous communicable or infectious disease.
2. Per 210 Ill. Comp. Stat. § 85/6.08.
 - a. Every hospital shall provide notification as required in this Section to police officers, firefighters, emergency medical technicians, and ambulance personnel who have provided or are about to provide emergency care or life support services to a patient who has been diagnosed as having a dangerous communicable or infectious disease. Such notification shall not include the name of the patient, and the emergency services provider agency and any person receiving such notification shall treat the information received as a confidential medical record.
 - b. The Department [IDPH] shall establish by regulation a list of those communicable reportable diseases and conditions for which notification shall be provided. Notification shall be required for infectious diseases as mandated by local, state, and federal agencies.
 - c. The hospital shall send the letter of notification within 72 hours after confirmed diagnosis of any of the communicable diseases listed by the Department [IDPH] pursuant to subsection (b), except confirmed diagnoses of Acquired Immunodeficiency Syndrome (AIDS). If there is a confirmed diagnosis of AIDS, the hospital shall send the letter of notification only if the police officers, firefighters, emergency medical technicians, or ambulance personnel have indicated on the ambulance run sheet that a reasonable possibility exists that they have had blood or body fluid contact with the patient, or if hospital personnel providing the notification have reason to know of a possible exposure.

TITLE: Exposure Control Plan for Prehospital Providers (continued)
SECTION: Infection Control
EFFECTIVE: 9/1/99

NUMBER: 700.1
REVISED/REVIEWED: 8/1/2023

- d. Notification letters shall be sent to the designated contact at the municipal or private provider agencies (DICO) listed on the ambulance run sheet. Except in municipalities with a population of 1,000,000, a list attached to the ambulance run sheet must contain all municipal and private agency personnel who have provided any pre-hospital care immediately prior to transport. In municipalities with a population over 1,000,000, the ambulance run sheet must contain the company number or unit designation number for fire department personnel who have provided any pre-hospital care immediately prior to transport. The letter shall state the names of crew members listed on the attachment to the ambulance run sheet and the name of the communicable disease diagnosed, but shall not contain the patient's name. Upon receipt of such notification letter, the applicable private provider agency or the designated infectious disease control officer of a municipal fire department or fire protection district shall contact all personnel involved in the pre-hospital or inter-hospital care and transport of the patient. Such notification letter may, but is not required to, consist of the following form:
- NOTIFICATION LETTER
 - (NAME OF HOSPITAL)
 - (ADDRESS)
 - TO: (Name of Organization)
 - FROM: (Infection Control Coordinator)
 - DATE
 - As required by section 6.08 of the Illinois Hospital Licensing Act, (name of hospital) is hereby providing notification that the following crew members or agencies transported or provided pre-hospital care to a patient on...(date), and the transported patient was later diagnosed as having...(name of communicable disease): ...(list of crew members).
 - The Hospital Licensing Act requires you to maintain this information as a confidential medical record. Disclosure of this information may therefore result in civil liability for the individual or company breaching the patient's confidentiality, or both.
 - If you have any questions regarding this patient, please contact me at (telephone number), between...(hours). Questions regarding exposure or the financial aspects of obtaining medical care should be directed to your employer.
- e. Upon discharge of a patient with a communicable disease to emergency personnel, the hospital shall notify the emergency personnel of appropriate precautions against the communicable disease, but shall not identify the name of the disease in the following:
- Typhoid Fever
 - Giardiasis
 - Amebiasis
 - Hepatitis A
 - Shigellosis
 - Salmonellosis
- f. The hospital may, in its discretion, take any measures in addition to those required in this Section to notify police officers, firefighters, emergency medical technicians, and ambulance personnel of possible exposure to any communicable disease. However, in all cases this information shall be maintained as a confidential medical record and shall not conflict with Federal or state confidentiality statutes or with the provisions of section 6.08 of the Hospital Licensing Act.
- g. Any person providing or failing to provide notification under the protocol required by this Section shall have immunity from any liability, either criminal or civil, that might result by reason of such action or inaction, unless such action or inaction is willful.

TITLE: Exposure Control Plan for Prehospital Providers (continued)
SECTION: Infection Control
EFFECTIVE: 9/1/99

NUMBER: 700.1
REVISED/REVIEWED: 8/1/2023

- h. Any person who willfully fails to provide any notification required pursuant to an applicable protocol which has been adopted and approved pursuant to this Section commits a petty offense, and shall be subject to a fine of \$200 for the first offense, and \$500 for a second or subsequent offense.
- i. Nothing in this Section shall preclude a civil action by a firefighter, emergency medical technician, or ambulance crew member against an emergency services provider agency, municipal fire department, or fire protection district that fails to inform the member in a timely fashion of the receipt of a notification letter.

TITLE:	Exposure Notification Plan	NUMBER:	700.2
SECTION:	Infection Control		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

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 access to appropriate care and follow up.

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 first responder who suspects they were potentially exposed may complete a Loyola EMS System Communicable Disease Exposure Form that is part of the Exposure Carepak.
2. The first responder who suspects they were potentially exposed 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 licensed practitioner in the emergency department on duty at the time of the incident. The determination as to whether or not source testing is indicated will be made at this time.

PROCEDURE:

1. The first responder who suspects potential exposure will register as a patient in the emergency department to be seen by a licensed practitioner. This should occur as soon as possible after the potential exposure, and in the same emergency department to which the source patient was transported.
2. The licensed practitioner will determine the likelihood of an exposure having occurred and the necessity for any post-exposure testing. If the licensed practitioner determines that post-exposure testing for HIV, HBV, and HCV is indicated, specimens should only be obtained from the source, and not the first responder.
3. 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.
4. Any necessary care should be rendered to the first responder, and the Loyola EMS System Carepak should be completed. The completed Carepak should be placed in a secure envelope and submitted to the EMS Coordinator.
5. The hospital EMS Coordinator will follow up on lab results, and will inform the DICO and the Loyola EMS System office of the results once they become known.
 - a. If test results of the source's HIV, HBV, and HCV assays are negative, no further action will be required
 - b. If any test results of the source's HIV, HBV, or HCV assays are positive, the hospital EMS must immediately inform the first responder's DICO and the Loyola EMS System office. Notification by phone call and by formal letter addressed to the DICO must be completed within 72 hours of the positive result becoming known. The first responder will then be referred to their employer's occupational health services for additional follow-up.
6. 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.
7. 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.

TITLE: Exposure Notification Plan (continued)
SECTION: Infection Control
EFFECTIVE: 9/1/99

NUMBER: 700.2
REVISED/REVIEWED: 8/1/2023

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)

TITLE: Exposure Notification Plan (continued)
SECTION: Infection Control
EFFECTIVE: 9/1/99

NUMBER: 700.2
REVISED/REVIEWED: 8/1/2023

- xxi. Ebola
- xxii. MERS
- xxiii. SARS, including COVID-19
- 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.

Recommended Work Restriction Guidelines

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

Disease/problem	Work restriction	Duration
Conjunctivitis	Restrict from patient contact and contact with the patient's environment	Until discharge ceases
Cytomegalovirus Infections	No restriction	
Diarrheal Diseases		
Acute state (diarrhea with other symptoms)	Restrict from patient contact, contact with the patient's environment, or food handling	Until symptoms resolve
Convalescent stage, <i>Salmonella</i> spp.	Restrict from care of high-risk patients	Until symptoms resolve; consult w/ local patents and state health authorities regarding need for negative stool cultures
Diphtheria	Exclude from duty	Until antimicrobial therapy completed and 2 cultures obtained ≥ 24 hours apart are negative
Enteroviral Infections	Restrict from care of infants, neonates, and immunocompromised patients and their environments	Until symptoms resolve
Hepatitis A	Restrict from patient contact, contact with patient's environment, and food handling	Until 7 days after onset of jaundice

Hepatitis B		
Personnel with acute or chronic hepatitis B surface antigenemia who do not perform exposure-prone procedures	No restrictions*; refer to state regulations; standard precautions should always be observed	
Personnel with acute or chronic hepatitis B antigenemia who perform exposure-prone procedures	Do not perform exposure-prone invasive procedures until counsel from an expert review panel has been sought; panel should review and recommend procedures the worker can perform, taking into account specific procedure as well as skill and technique of work; refer to state regulations	Until hepatitis B antigen is negative
Hepatitis C	No recommendation	
Herpes simplex		
Genital	No restriction	
Hands (herpetic window)	Restrict from patient contact and contact with the patient's environment	Until lesions heal
Orofacial	Evaluate the need to restrict from care of high-risk patients	

Human Immunodeficiency Virus	Do not perform exposure-prone invasive procedures until counsel from an expert review panel has been sought, panel should review and recommend procedures the worker can perform, taking into account specific procedure as well as skill and technique of worker; refer to state regulations	
Measles		
Active	Exclude from duty	Until 7 days after the rash appears
Post-exposure (susceptible personnel)	Exclude from duty	From 5 th day after 1 st exposure through 21 st day after last exposure and/or 7 days after rash appears
Meningococcal infections	Exclude from duty	Until 24 hours after start of effective therapy
Mumps		
Active	Exclude from duty	Until 9 days after onset of parotitis
Post-exposure (susceptible personnel)	Exclude from duty	From 12 th day after 1 st exposure through 26 th day after last exposure or until 9 days after onset of parotitis

Pediculosis (lice)	Restrict from patient contact	Until treated and observed to be free of adult and immature lice
Pertussis		
Active	Exclude from duty	From beginning of catarrhal stage through 3 rd week after onset of paroxysms or until 5 days after start of effective antimicrobial therapy
Post-exposure (asymptomatic personnel)	No restriction, prophylaxis is recommended	
Post-exposure (symptomatic personnel)	Exclude from duty	Until 5 days after start of effective antimicrobial therapy
Rubella		
Active	Exclude from duty	Until 5 days after rash appears
Post-exposure (susceptible personnel)	Exclude from duty	From 7 th day after 1 st exposure through 21 st day after last exposure
Scabies	Restrict from patient contact	Until cleared by medical evaluation
<i>Staphylococcus Aureus</i> Infection		
Active, draining skin lesions	Restrict from contact with patients and patient's environment or food handling	Until lesions have resolved

Carrier state	No restriction, unless personnel are epidemiologically linked to transmission of the organism	
Streptococcal Infection, group A	Restrict from patient care, contact with patient's environment, or food handling	Until 24 hours after adequate treatment started
Tuberculosis		
Active disease	Exclude from duty	Until proved noninfectious
PPD converter	No restriction	
Varicella		
Active	Exclude from duty	Until all lesions dry and crust
Post-exposure (susceptible personnel)	Exclude from duty	From 10 th day after 1 st exposure through 21 st day (28 th day if VZIG given) after last exposure
Zoster		
Localized, in healthy person	Cover lesions; restrict from care of high-risk patients **	Until all lesions dry and crust
Generalized or localized in immunosuppressed person	Restrict from patients contact	Until all lesions dry and crust

<p>Post-exposure (susceptible personnel)</p>	<p>Restrict from patients contact</p>	<p>From 10th day after 1st exposure through 21st day (28th day if VZIG given) after last exposure or, if Varicella occurs, until all lesions dry and crust</p>
<p>Viral Respiratory Infections acute febrile</p>	<p>Consider excluding from the care of high- risk patients*** or contact with their environment during community outbreak of RSV and influenza</p>	<p>Until acute symptoms resolve</p>

* Unless epidemiologically linked to transmission of infection.

** Those susceptible to Varicella and who are at increased risk of Varicella, such as neonates and immunocompromised persons of any age.

*** High-risk patients as defined by the ACIP for complication of influenza.

TITLE:	Emerging Infectious Diseases (EIDs)	NUMBER:	700.3
SECTION:	Infection Control		
EFFECTIVE:	8/1/2023	REVISED/REVIEWED:	8/1/2023

PURPOSE: To establish a framework for the Loyola EMS System to follow in the event of an emerging infectious disease outbreak. To describe the process through which any new practices may be implemented, and/or any existing policies or procedures modified, in response to a developing infectious disease epidemic/pandemic.

POLICY: Infectious disease outbreaks often create new hazards and present unique challenges to healthcare workers. EMS Providers are at particularly high risk of exposure to infectious diseases during epidemics/pandemics, as the scenes to which EMS Providers are called are typically unpredictable and uncontrolled, and during transports EMS Providers are in close proximity to their patients within an enclosed space.

To both maximize the safety of EMS Providers and to optimize patient care during infectious disease outbreaks, the Loyola EMS System may need to implement new policies and procedures, and/or modify or suspend existing ones, as necessary to adapt to the particular dangers and complications of the emerging infectious disease(s) in question. Furthermore, as efforts to mitigate infectious disease outbreaks must often be expeditious in order to be effective, it may be necessary for the Loyola EMS System to implement or modify its policies and procedures with little or no advance notification to its providers.

In the event that an emerging infectious disease outbreak is identified, the Loyola EMS System will consult with authorities and experts regarding recommendations and best practices both for preventing the spread of the emerging infectious disease, and for treating potentially infected patients. Examples of sources from which the Loyola EMS System will obtain recommendations include, but are not necessarily limited to, the following:

- Centers for Disease Control (CDC)
- National Institute of Health (NIH)
- World Health Organization (WHO)
- Illinois Department of Public Health (IDPH)
- Cook County and/or DuPage County Department of Public Health
- Loyola University Medical Center infectious disease specialists
- Loyola University Medical Center infection preventionists

The Loyola EMS System will then develop its response in accordance with evidence-based best practices. Examples of new policies and procedures which may be implemented, or existing policies and procedures which may be modified, include but are not necessarily limited to the following:

- Implementation of screening questions for dispatchers
- Amendment of PPE/BSI requirements for in-field EMS Providers
- Addition of travel-screening questions to patient interview
- Addition of disease-screening tools for patient assessment
- Suspension of procedures which may generate undue risk of spreading contagion
- Implementation of additional prearrival notification requirements
- Amendment of processes of entering ED with patients
- Amendment of processes of transferring patient care to receiving ED staff
- Amendment of criteria for field-pronouncement

The Loyola EMS System will maintain open communication with its agencies/departments throughout the epidemic/pandemic, and will give advance notice of any changes to policies and procedures to the extent possible. Should any new policies or procedures be implemented, or should any existing policies or procedures be modified or suspended, the Loyola EMS System will be responsible for issuing notifications to all of its agencies/departments, and will make any necessary arrangements for “just-in-time” training to its EMS Providers.

Each Loyola EMS agency/department shall be responsible for identifying their Designated Infection Control Officer (DICO), and for providing the DICO’s updated contact information to the Loyola EMS System. In the absence of the agency/department’s DICO, the Loyola EMS System will communicate with the agency/department EMS Coordinator or equivalent representative regarding any matters pertaining to the emerging infectious disease.

TITLE:	Emerging Infectious Diseases (EIDs) (continued)	NUMBER:	700.3
SECTION:	Infection Control		
EFFECTIVE:	8/1/2023	REVISED/REVIEWED:	8/1/2023

Each hospital EMS Coordinator or equivalent representative must collaborate with their institution's incident command team, infection prevention personnel, informatics, and/or laboratory services to ensure that they have access to, or will be apprised of, any positive test results of patients transported by EMS. In the event an EMS Provider transports a patient who tests positive for the emerging infectious disease, the receiving facility's EMS Coordinator or equivalent representative shall provide notification to the agency/department's DICO in accordance with any requirements established by IDPH.

The hospital EMS Coordinator or equivalent representative will be responsible for notifying DICOs for agencies/departments belonging to *any* EMS System or Region. In the event that the hospital EMS Coordinator is not able to provide notification to the DICO of an EMS agency/department which does not operate in the Loyola EMS System, the hospital EMS Coordinator or equivalent representative should provide the notification to the EMS System Coordinator or designee of the agency/department's EMS System.

Upon receiving notification of any positive test results, the agency/department DICO shall identify any first responders who were involved in the incident and shall assess their potential for exposure to the disease in question. If the EMS agency/department DICO determines that a significant likelihood of the first responder's exposure exists, follow-up measures should be implemented in accordance with guidance issued by IDPH. If no guidance has been issued by IDPH, the DICO should follow guidance issued by the Loyola EMS System. Examples of follow-up measures for a first responder who was potentially exposed to an emerging infectious disease may include, but may not necessarily be limited to:

- Post-exposure prophylaxis
- Self-isolation for the period of time recommended by IDPH, the CDC, NIH, and/or the WHO
- Serial testing for the emerging infectious disease
- Follow-up with and clearance by the agency/department's Occupational Health Provider and/or the first responder's primary care physician

During an epidemic/pandemic, each Loyola EMS agency/department shall be responsible for implementing infection control measures within their stations per recommendations made by IDPH or an appropriate infectious disease agency (i.e. CDC, NIH, WHO, or local health department).

The Loyola EMS System will continually monitor the status of any ongoing epidemic or pandemic, and will establish and amend policies and procedures as appropriate to the circumstances.

TITLE:	Quality Improvement Responsibilities	NUMBER:	800.1
SECTION:	Quality Improvement		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: To ensure that prehospital patient care provided within the Loyola Emergency Medical Services System is consistently of the highest possible quality.

POLICY: The Loyola EMS System Quality Improvement program is designed to comply with Emergency Medical Services and Trauma Center Code requirements for quality improvement measures for adult and pediatric patient care. Participation at all levels within the Loyola EMS System is required to meet this goal. Data and reports submitted to and analyzed by the System Quality improvement program shall be considered confidential under the Illinois Code of Civil Procedure.

Resource Hospital/Loyola EMS System Office

1. Coordinate all quality improvement activities within the System.
2. Provide continuing education.
3. Identify patient care gaps
4. Perform disease/injury surveillance
5. Report all System data, including quality indicators and benchmarks, as required by the Illinois Department of Public Health.

Associate Hospital Coordinators

1. Perform monthly reviews of telemetry communications.
2. Participate in quality improvement activities as directed by the Resource Hospital.
3. Participate in quality improvement activities as required by the Resource Hospital.
4. Coordinate the investigation and resolution of all EMS-related issues problems involving their hospital.
5. Report legal/ethical problems to the Resource Hospital.
6. Inform physicians, nurses, and other healthcare professionals involved in ED operations pertinent hospital QA/QI initiatives of relevant SMOs, policies, and procedures, and provide updates regarding any changes as necessary.

System Department Coordinators

1. Review electronic Prehospital Care Reports (ePCRs), follow up with individual prehospital providers as appropriate regarding inaccuracies, discrepancies, or deficiencies.
 - a. NOTE: QA/QI data is extrapolated from the ‘interventions’ fields of the ePCR. As such, to maximize the accuracy and reliability of the Loyola EMS System’s QA/QI data, all interventions must be properly documented in the ‘interventions’ field.
 - b. Documenting interventions in the ePCR ‘narrative’ *is not* an acceptable alternative to documenting them in the ‘interventions’ field. Any interventions described or documented in the ePCR ‘narrative’ must only be *in addition* to those documented in the ‘interventions’ field.
2. Participate in annual ambulance inspections.
3. Ensures that controlled substances are inventoried per the requirements of the Loyola EMS System (ALS agencies/departments only).
4. Ensures that ambulances and non-transport vehicles are stocked with equipment and supplies as required by IDPH and the Loyola EMS System.
5. Ensure that all in-service vehicles are staffed in accordance with IDPH requirements at all times, and notify the Loyola EMS System immediately with any requests for change in a vehicle’s level of service.
6. Monitor daily ambulance checklists.

TITLE:	Quality Improvement Responsibilities (continued)	NUMBER:	800.1
SECTION:	Quality Improvement		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

7. Prepare written reports as required by IDPH and the Loyola EMS System for QA/QI purposes.
8. Submit all monthly QA/QI data required by the Loyola EMS System no later than the **15th day of the following month.**
9. Participate in System-wide quality improvement data collection projects as directed by the Loyola EMS System.

Prehospital Providers

1. Perform thorough and accurate documentation on every Prehospital Care Report (PCR).
2. Ensure that a PCR is provided to the receiving hospital for any patient who is transported, and that all electronic PCRs are synchronized to their appropriate platforms immediately upon their completion. All PCRs should be completed immediately following the transfer or cessation of patient care.
3. Remain in good standing with all Loyola EMS System continuing education requirements.
4. Report any issues or concerns to the System Department EMS Coordinator or, as appropriate to the situation, the Associate Hospital EMS Coordinator and/or the Loyola EMS System Coordinator.

Reporting of Data

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

TITLE:	System Participation Suspension	NUMBER:	900.1
SECTION:	System Participation Suspension		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

POLICY: This policy is based on provisions of the Emergency Medical Services (EMS) Systems Act and Rules of the Illinois Department of Public Health (IDPH). It is only an interpretation of the Illinois EMS Systems Act and Rules of IDPH, and in the event that a System participation suspension is being considered or initiated, the actual Illinois EMS Systems Act and Rules of IDPH must be consulted. Should a conflict arise between the terms of this policy and the statute of rules Illinois EMS Systems Act and/or the Rules of IDPH, the provisions of the Illinois EMS Systems Act and/or the Rules of IDPH shall prevail.

1. General Rule

The EMS Medical Director may suspend from participation within the System any prehospital provider who does not meet Loyola EMS System standards. To suspend a provider, the EMSMD will issue a written suspension order. The order must contain the duration, terms, and basis for the suspension. The basis must include at least one of the following:

- a. The EMS Medical Director finds that the EMS Provider’s continuation in practice would constitute an imminent danger to the public.
- b. Failure to meet the education and training requirements prescribed by the Department [IDPH] 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.
- c. Violation of the Illinois EMS Systems Act, or Rules and Regulations established by IDPH.
- d. Failure to maintain proficiency in the level of skills for which the EMS Provider is licensed.
- e. Failure to maintain, or violation of the standards of performance and conduct as prescribed by the Loyola EMS System plan or rules adopted pursuant to the Illinois EMS Act
- f. Observed abuse of any mind-altering substance while on duty, and/or compelling evidence of the prehospital provider being under the influence of any mind-altering substance while on duty.
- g. Falsification of any medical reports or orders, or otherwise making any intentional misrepresentations involving patient care.
- h. Abandonment or neglect of a patient requiring emergency care.
- i. Unauthorized use or removal of controlled substances, medications, supplies, or equipment from any ambulance, health care facility, institution, or other workplace location.
- j. Performance or attempted performance of emergency care beyond one’s scope of practice without proper authorization, licensure, education, or supervision.
- k. Discrimination in rendering care because of race, religion, color, sex, age, sexual orientation, gender identity, national origin or ancestry, marital status, veteran’s status, or any other classification protected by law.
- l. Misconduct or incompetence in the provision of emergency care.
- m. Violation of System's standards of care, including conduct and behavior unbecoming a professional directed toward any member of the Loyola EMS System, or anyone with whom the EMS Provider may interact with in a professional capacity.
- n. Act(s) of workplace violence, defined by the Occupational Safety and Health Administration (OSHA) as “any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site.”
- o. Engaging in dishonorable, unethical, or unprofessional conduct of a character likely to deceive, defraud, or harm the public.

TITLE:	System Participation Suspension (continued)	NUMBER:	900.1
SECTION:	System Participation Suspension	REVISED/REVIEWED:	8/1/2023
EFFECTIVE:	9/1/99		

- p. Physical impairment of a prehospital provider to the extent that he or she cannot physically perform the emergency care and life support functions for which he or she is licensed, as verified by a physician, unless the prehospital provider has been granted inactive status by IDPH.
- q. Mental impairment of 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 has been granted inactive status by IDPH.
- r. Attempted concealment of, or failure to disclose a felony conviction to the Loyola EMS System.
- s. Suspension of the Loyola EMS Provider's license by IDPH

2. III. Admin. Code tit. 77 § 515.420 EMS System Participation Suspensions and Due Process

- a. The EMS Medical Director may suspend from participation within the System any individual or entity considered not to be meeting the requirements of the Program Plan of that approved EMS System.
- b. Prior to suspending an individual or entity, an EMS Medical Director shall provide the individual or entity with the opportunity for a hearing before the local System review board in accordance with Section 3.40(a)(1) of the Act and the rules promulgated by the Department [IDPH].
 - i. If the local System review board affirms or modifies the EMS Medical Director's suspension order, the individual or entity shall have the opportunity for a review of the local board's decision by the State EMS Disciplinary Review Board, pursuant to Section 3.40(b)(1) of the Act.
 - 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 Section 3.40(b)(2) of the Act.
 - iii. The suspension shall commence only upon the occurrence of one of the following:
 - a. The individual or entity has waived the opportunity for a hearing before the local System review board; or
 - b. The suspension order has been affirmed for modified by the local board and the individual or entity has waived the opportunity for review by the State Board; or
 - c. 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.
- c. An EMS Medical Director may immediately suspend an individual or entity if he or she finds that the information in his or her possession indicates that the continuation in practice by an individual or entity would constitute an imminent danger to the public. The suspended individual or entity shall be issued an immediate verbal notification followed by a written suspension order to the individual or entity by the EMS Medical Director which states the duration, terms, and basis for the suspension.
 - i. Within 24 hours following the commencement of the suspension, the EMS Medical Director shall deliver to the Department [IDPH], by messenger, telefax, or other IDPH-approved electronic communication, a copy of the suspension order and copies of any written materials which relate to the EMS Medical Director's decision to suspend the individual or entity.

TITLE:	System Participation Suspension (continued)	NUMBER:	900.1
SECTION:	System Participation Suspension		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

- ii. Within 24 hours following the commencement of the suspension, the suspended individual or entity may deliver to the Department [IDPH], by messenger, telefax, or other IDPH-approved electronic communication, a written response to the suspension order and copies of any written materials which the individual or entity feels relate to that response.
 - iii. Within 24 hours following receipt of the EMS Medical Director's suspension order or the individual or entity's written response, whichever is later, the Director or the Director's designee shall determine whether the suspension should be stayed pending the individual or entity'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 individual or entity. The suspension shall remain in effect during this period of review by the Director or the Director's designee.
 - d. Upon issuance of a suspension order for reasons directly related to medical care, the EMS Medical Director shall also provide the individual or entity with the opportunity for a hearing before the local System review board, in accordance with Section 3.40(e) of the Act 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 individual or entity shall have the opportunity for a review of the local board's decision by the State EMS Disciplinary Review Board, pursuant to Section 3.40(b)(1) of the Act.
 - 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 Section 3.40(b)(2) of the Act.
 - iii. The suspended individual or entity 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.
 - e. The Resource Hospital shall designate a local System review board in accordance with the rules of the Department [IDPH], 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 [IDPH].
 - f. 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 [IDPH].

3. System Suspension for Students Dismissed from Paramedic Program

This policy will apply to an EMT 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 severity of the incident, and the student's level of responsibility.

TITLE:	System Participation Suspension - Notification of Other EMS Systems	NUMBER:	900.1a
SECTION:	Resource/Associate Hospital Personnel		
EFFECTIVE:	8/1/2023	REVISED/REVIEWED:	8/1/2023

PURPOSE: To describe the Loyola EMS System’s responsibilities to notify other EMS Systems of the suspension of a Loyola EMS System Provider.

POLICY: EMS Providers often work for multiple EMS agencies/departments, and may be active participants in more than one EMS System.

In the event that the Loyola EMS System implements a suspension of one of its providers, and the Loyola EMS System has knowledge of that provider’s participation in any other EMS System(s), the Loyola EMS System shall bear the responsibility of formally notifying the other EMS System(s), in writing, that suspension proceedings have been initiated for that provider. The Loyola EMS System shall also inform IDPH of any knowledge of the provider’s participation in the other EMS System(s).

Once the provider’s suspension has been initiated by the Loyola EMS System, the Loyola EMS System shall abide by the following procedure for notifying any other EMS System(s) in which the Loyola EMS Provider participates:

PROCEDURE:

1. The Loyola EMS System Office shall peruse the provider’s EMS System file for any documentation of their participation in another EMS System.
2. The Loyola EMS System Office shall have the provider complete a formal, written attestation on which the provider shall clearly disclose all EMS agencies/departments for which they are currently employed, and all EMS Systems in which they are currently participating. The attestation shall be completed by the Loyola EMS Provider within five (5) business days of its being requested by the Loyola EMS System Office.
 - a. Once the provider’s System suspension has been initiated and the provider’s attestation has been requested, any failure by the Loyola EMS Provider to complete the attestation, any failure to disclose all EMS agencies/departments for which they are currently employed or any EMS System in which they participate, or any falsification thereof, will result in the provider’s immediate and permanent removal from the Loyola EMS System.
 - i. The Loyola EMS System Office shall immediately and formally notify IDPH of any knowingly false attestation or non-disclosure from the provider, and shall provide all corroborating evidence and documentation.
3. The Loyola EMS System Office shall issue a formal notification to IDPH disclosing all EMS agencies/departments for which the provider is currently employed and all EMS Systems in which the provider participates.
4. The Loyola EMS System Office shall issue a formal notification disclosing the implementation of the provider’s Loyola EMS System suspension to all EMS Systems in which the Loyola EMS Provider participates.
5. If a hearing is held by the State EMS Disciplinary Review Board, the Loyola EMS System Office shall formally notify the EMS System(s) in which the provider participates of the outcome.
 - a. If the provider’s EMS license is suspended by the State, the Loyola EMS System shall inform the EMS System(s) in which the provider participates of the date on which the suspension goes into effect and the date on which the suspension ends.

TITLE:	Workplace Violence/Harassment	NUMBER:	900.2
SECTION:	Disciplinary Action		
EFFECTIVE:	8/1/2023	REVISED/REVIEWED:	8/1/2023

PURPOSE: To prevent and prohibit workplace violence and harassment, and to provide information and procedures to address and resolve concerns regarding workplace violence and harassment.

DEFINITIONS:

Workplace Violence

Any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site.

Harassment

Unwelcome conduct, whether verbal, physical, or visual, that is based upon a person's protected status, including sex, color, race, religion, sexual orientation, gender identity, national origin, age, physical or mental disability, or other protected group status. Such harassment may include, for example, jokes, and comments about another person's protected status, kidding, teasing, or practical jokes directed at a person based on their protected status.

Sexual Harassment

Conduct based on sex, whether directed towards a person of the opposite or same sex, and may include explicit sexual propositions, sexual innuendo, suggestive comments, sexually oriented kidding or teasing, practical jokes, jokes about obscene printed or visual material, and physical contact such as patting, pinching, or brushing against another person's body.

Unwelcome sexual advances, requests for sexual favors, and other physical, verbal, or visual conduct based on sex constitute sexual harassment when:

- Submission to the conduct is an explicit or implicit term or condition of employment (A.K.A. "quid pro quo")
- Submission to or rejection of the conduct is used as the basis of an employment decision
- The conduct has the purpose and/or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment

POLICY: Per the Ethical Standards and Behavioral Expectations of the Loyola EMS System, all Loyola EMS System providers shall conduct themselves with respect, integrity, and benevolence in all of their capacities as an EMS Provider. The Loyola EMS System maintains that no EMS Provider, healthcare colleague, patient or relative should ever be made to feel intimidated, threatened, or unsafe by any provider or representative of the Loyola EMS System. As such, the Loyola EMS System has Zero Tolerance and will not tolerate any act of workplace violence or harassment.

UNDER NO CIRCUMSTANCE should a Loyola EMS Provider ever engage in any behavior that may reasonably be construed as a sexual advance or proposition toward any patient or any close relation of a patient, nor should a Loyola EMS Provider engage in conduct based on sex in a clinical environment or work-related setting.

The Loyola EMS System shall exercise its best efforts to protect all individuals who are affiliated or who interact with the Loyola EMS System from workplace violence and any form of harassment. All complaints of workplace violence and harassment will be thoroughly investigated by the Loyola EMS System and, as required, other professional and/or legal entities.

PROCEDURE: All individuals shall be empowered to report workplace violence and harassment and, in accordance with a Just Culture environment, the Loyola EMS System shall prohibit retaliation or reprisal for the reporting of workplace violence or harassment of any kind. The Loyola EMS System shall additionally prohibit retaliation or reprisal against any individual cooperating in an investigation of workplace violence or harassment of any kind.

TITLE: Workplace Violence/Harassment (continued)
SECTION: Disciplinary Action
EFFECTIVE: 8/1/2023

NUMBER: 900.2
REVISED/REVIEWED: 8/1/2023

The following actions shall be taken by offended individuals reporting workplace violence and/or harassment:

- All Loyola EMS Providers should become familiar with the workplace violence and harassment policies of their employer(s)
- If an offended individual believes they have been subjected to workplace violence and/or harassment from any Loyola EMS Provider or an employee of any agency/department or Associate/Participating Hospital within the Loyola EMS System, the offended individual or another person seeking to issue a complaint on that individual's behalf should:
 1. Document the incident(s), including:
 - What was said or done (exact quotes should be documented if possible)
 - The name(s) of the offender(s)
 - Where and when the incident(s) occurred
 - The names of any witnesses
 - The gathering of any corroborating documentation and materials (e.g. texts, photographs, videos, emails, social media communications, etc.)
 2. Confront the offender if comfortable doing so and explain that their behavior is offensive and/or disruptive, and ask that they cease and desist. The conversation with the offender should be witnessed and documented.
 3. If the offender persists in engaging in offensive behavior(s) after being confronted and asked to cease and desist, or if the offensive behavior and/or the comfort of the offended individual is such that confrontation of the offender would not feasibly resolve the situation, the incident should be reported both to the offended individual's employer and to the Loyola EMS Medical Director and EMS System Coordinator.
 - Many employer workplace violence and harassment policies identify the offended individual's immediate supervisor as the first person to whom they should report complaints of workplace violence and/or harassment. If the offended individual is not comfortable reporting their complaint to their immediate supervisor, they should consider reporting the incident(s) to their employer's Human Resources department instead.
 - If the offender is a provider in the Loyola EMS System, and their behavior could reasonably be interpreted to constitute an imminent danger to the public, the Loyola EMS System shall immediately implement System Participation Suspension procedures, per Loyola EMS System policy 900.1 (System Participation Suspension).
 - The Loyola EMS System shall additionally notify any other EMS System in which the Loyola EMS Provider is known to participate, per Loyola EMS System policy 900.1a (System Participation Suspension – Notification of Other EMS Systems).
 - If the offended individual is an employee of Loyola University Medical Center (LUMC) or an Associate/Participating hospital in the Loyola EMS System, they should report the incident(s) to their immediate supervisor and to their facility's EMS Coordinator or equivalent representative.
 - The Associate/Participating Hospital EMS Coordinator or equivalent representative shall in turn report the incident(s) to the Loyola EMS Medical Director and EMS System Coordinator.
 - If the offended individual is a Loyola EMS System Provider and the offender is an employee of LUMC or an Associate/Participating Hospital in the Loyola EMS System, the offended individual should report the incident(s) to their agency/department EMS Coordinator or equivalent representative.
 - The agency/department EMS Coordinator or equivalent representative shall in turn report the incident(s) to the Loyola EMS Medical Director and EMS System Coordinator.

TITLE: Workplace Violence/Harassment (continued)
SECTION: Disciplinary Action
EFFECTIVE: 8/1/2023

NUMBER: 900.2
REVISED/REVIEWED: 8/1/2023

- If the offended individual is a Loyola EMS System Provider and the offender is not a participant in the Loyola EMS System or employee of LUMC or its Associate/Participating Hospitals, the incident(s) should be reported to the offended individual's agency/department EMS Coordinator or equivalent representative and to the Loyola EMS Medical Director and EMS System Coordinator.
4. The Loyola EMS System shall maintain confidentiality to the extent possible and will protect the identity of any and all individuals seeking to report incidents of workplace violence or harassment. The Loyola EMS System shall never divulge the identity of any individual involved in a workplace violence or harassment complaint without their direct knowledge and unambiguous approval, unless compelled to do so by law.

TITLE: Aeromedical Transport
SECTION: Transportation/Communication
EFFECTIVE: 9/1/99

NUMBER: 1000.1
REVISED/REVIEWED: 8/1/2023

POLICY: Aeromedical transportation may be authorized by Loyola University Medical Center (LUMC) Medical Control, and only if one or more of the following criteria are met:

1. The prehospital provider determines that the patient meets Level I Trauma Center criteria, requires bypass to a Level I Trauma Center, and estimated transport time to a Level I Trauma Center via helicopter is shorter than the estimated transport time via ground services.
2. The patient requires a mode of transportation and/or level of care only available via aeromedical services.
3. The closest Level I Trauma Center is on bypass, transport to another Level I or Level II Trauma Center is necessary, and the estimated transport time to the appropriate Trauma Center is less than the estimated transport time via ground services.
4. Patient contact and/or patient egress cannot be achieved by ground services.

PROCEDURE: The prehospital provider must contact Loyola University Medical Center (LUMC) Medical Control to request approval to utilize aeromedical services. Should approval be granted by LUMC Medical Control, either the prehospital provider will directly contact aeromedical services or, if the prehospital provider so requests, LUMC Medical Control will contact aeromedical services on the prehospital provider's behalf.

Aeromedical Standby

1. If a prehospital provider feels as though aeromedical services may be necessary prior to their arrival at the scene, they may contact the aeromedical service and place them on standby without first requesting approval by LUMC Medical Control.
2. The prehospital provider's decision to place aeromedical transport on standby should be based on the following:
 - a. The patient's history and critical presentation.
 - b. Scene considerations, including but not limited to:
 - i. Mechanism of injury
 - ii. Anticipated extrication time
 - iii. Local traffic conditions
3. Should the prehospital provider deem that placing aeromedical services on standby is warranted, the prehospital provider will contact the aeromedical service and place them on standby.
4. The prehospital provider must inform LUMC Medical Control of any decision to place an aeromedical service on standby during their initial prehospital notification.

Aeromedical Liftoff

1. The decision to request Medical Control approval for the use of aeromedical services should be based upon the prehospital provider's assessment(s) of the patient and the scene. Should the prehospital provider believe that a request for aeromedical services is necessary, they will contact LUMC Medical Control and request:
 - a. Approval to bypass the patient to the facility capable of providing the service(s) the patient will require.
 - b. Approval to have aeromedical services dispatched to the scene.
2. Should approval for the dispatch of aeromedical services be granted by LUMC Medical Control, either the prehospital provider or LUMC Medical Control will contact the aeromedical service directly and inform them of LUMC Medical Control's approval.
 - a. If the prehospital provider will be the entity contacting the aeromedical service, they will establish communication with the flight crew and provide any required information pertaining to the scene and the landing location.

TITLE: Aeromedical Transport
SECTION: Transportation/Communication
EFFECTIVE: 9/1/99

NUMBER: 1000.1
REVISED/REVIEWED: 8/1/2023

- b. If LUMC Medical Control will be the entity contacting the aeromedical service, communication between the prehospital provider and LUMC Medical Control must remain open so that any necessary information regarding the scene and the landing location may be appropriately and accurately relayed.
3. Communication must be maintained between hospital Medical Control and prehospital providers while the aeromedical team is en route to the scene.
4. While awaiting the arrival of aeromedical services, patient care should be rendered per SMOs and/or orders given by online medical control.

TITLE:	Hospital Medical Control: Telephone/MERCI/STARCOM Communications	NUMBER:	1000.2
SECTION:	Transportation/Communication		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: To establish standardized protocol for communications between Loyola EMS System Hospitals and EMS Providers, and between Loyola EMS System Hospitals and other hospitals/healthcare agencies.

PROTOCOL: HOSPITAL Communications Systems

1. Telephone/MERCI/STARCOM

- a. Any Loyola EMS System provider can contact any Region VIII Resource or Associate Hospital for Medical Control. Telephone communications via secure hospital phone lines can be utilized by all EMS Providers, hospitals, and emergency services for all incidents. Information relayed should be accurate, and communications should be concise.
- b. In the event that communication via telephone cannot be achieved, or during other circumstances as appropriate, EMS Providers should contact Region VIII hospitals via MERCI radio.
- c. In the event that communication via telephone cannot be achieved, or during other circumstances as appropriate, Loyola EMS System Hospitals should communicate with other hospitals via MERCI radio or STARCOM radio.
- d. In the event that communication via telephone cannot be achieved, or during other circumstances as appropriate, Loyola EMS System Hospitals should communicate with other hospitals, IDPH, and/or other emergency services via STARCOM radio.

2. Guidelines to remember include:

- a. When communicating via phone or radio, each entity should clearly identify themselves by the name of their department, agency, or hospital, as applicable, at the time that contact is established.
- b. All individuals communicating via phone or radio should speak slowly and clearly. Each individual should avoid interrupting the other unless absolutely necessary. Requests to clarify or repeat information should be posed in a calm, patient, and thoughtful manner. Tone of voice and cadence should signal mutual respect between all individuals at all times.
- c. Telephone and radio communications must be brief and concise. Any EMS Provider, ECRN, or Attending ED Physician communicating via telephone or radio should:
 - i. Only report or discuss information pertinent to the matter at hand.
 - ii. Make all reasonable efforts to avoid disclosing patient identifiers
 - iii. Always use standard terminology and avoid using abbreviations
 - iv. Never make derisive or derogatory remarks regarding the patient or anyone else.
 - v. Never use inappropriate language or slang
- d. Verbal orders given to prehospital providers may only be given by the EMS Medical Director or their designee. A designee of the EMS Medical Director may either be an attending ED Physician who has been approved by the EMS Medical Director to provide online medical direction, or a qualified registered nurse who holds licensure as an ECRN in the State of Illinois and is in good standing with the Loyola EMS System. Written standing orders, as filed with IDPH, may be utilized when voice contact is impossible or where a delay in care would cause further harm to the patient.
- e. To protect patient privacy and, as applicable to radio communications, ensure compliance to FCC regulations, neither the patient's name nor any identifying information should be mentioned during prehospital reports or relay calls, whether by radio or secure hospital phone line. When transporting direct admissions or interfacility transfers, the attending physician's name can be provided via radio or telephone communications only if absolutely necessary.
- f. FOR MEDICAL SITUATIONS, once communication is established with the ambulance, the prehospital provider will give the following information:
 - i. Name and vehicle number of provider, closest and desired destination(s), and ETA(s).

TITLE:	Hospital Medical Control: Telephone/MERCI/STARCOM Communications	NUMBER:	1000.2
SECTION:	Transportation/Communication		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

- ii. If the desired destination is not the closest, the reason(s) for why transport to a more distant facility is desired.
Patient's age, sex, approximate weight, and mental status.
- iii. Patient's chief complaint and prehospital provider's general impression, including patient's acuity.
- iv. Signs and symptoms, degree of distress and/or severity of pain on a scale of 0-10.
- v. Mechanism of Injury (MOI) and/or Nature of Illness (NOI), and any pertinent information regarding the scene.
- vi. Pertinent negatives/associated complaints. Pertinent negatives, pertinent positives, and/or associated complaints.
- vii. Vital signs: pulse rate, quality, regularity; blood pressure, auscultated or palpated; respirations, rate, pattern, depth. Skin color temperature, moisture, turgor. Vital signs, including:
 - 1. Pulse, including descriptions of rate, quality and regularity.
 - 2. Blood pressure, including manner of measurement (auscultation or palpation).
 - 3. Respirations, including rate, pattern and depth.
 - 4. Skin parameters, including color, temperature, moisture, and turgor.
 - 5. Pulse oximetry reading.
- viii. History: allergies, medications, past history of pertinent illness/injury, last oral intake, events surrounding event, last menstrual period (if applicable).
- ix. Clinical and assessment findings from review of systems
- x. Blood glucose if indicated.
- xi. If patient is presenting with altered mental status:
 - 1. Blood glucose level
 - 2. Assessment of pupils, including symmetry, shape, and reactivity to light.
 - 3. Cincinnati Prehospital Stroke Screen
 - 4. Glasgow Coma Score (GCS)
- xii. Treatment(s) initiated and patient's response.
- xiii. If ALS care is initiated:
 - 1. Interpretation of cardiac rhythm and, if applicable, interpretation of 12-lead ECG
 - 2. Vascular access, including size of catheter, location, whether or not IV fluids are being infused and, if so, the rate and volume of the infusion
 - 3. If advanced airway management has been initiated, type and size of airway device, placement, confirmation methods (must include end-tidal CO₂), and effort required to administer ventilations.

- g. DURING IMMEDIATELY LIFE-THREATENING EMERGENCIES, the duration of prehospital communications may be minimized to expedite transport and/or allow prehospital providers to focus on patient care.
 - i. Information communicated by the prehospital provider during trauma emergencies should include:
 - 1. Patient demographics (age and gender)
 - 2. Patient's mental status
 - 3. Mechanism of injury and field trauma triage categorization (Level 1 or Level 2)
 - 4. Trauma scoring parameters (systolic BP, respiratory rate, and GCS) and heartrate
 - 5. ETA to the closest Level I Trauma Center
 - a. If a Level I Trauma Center is not the closest facility, the prehospital provider should additionally communicate their ETA to the closest Level II Trauma Center
 - b. If the closest facility is neither a Level I nor a Level II Trauma Center, the prehospital provider should additionally communicate their ETA to the closest comprehensive ED
 - 6. Interventions initiated and patient's response
 - 7. Any special considerations, including need to have hospital Security on standby
 - 8. Any other critical information, as appropriate
 - ii. Information communicated by the prehospital provider during life-threatening medical emergencies should include:
 - 1. Patient demographics (age and gender)
 - 2. Patient's mental status
 - 3. Nature of illness and, if applicable, findings indicating need for specialty care (e.g. STEMI, stroke, obstetrics, LVAD, etc.)
 - a. If specialty care is anticipated, the prehospital provider should communicate ETAs to the closest specialty center
 - b. If the closest specialty center is not the closest facility, the prehospital provider should also communicate the ETA to the closest comprehensive ED
 - 4. Vital signs if patient is not in cardiac arrest
 - 5. Interventions initiated and patient's response
 - 6. Any special considerations, including need to have hospital Security on standby
 - 7. Any other critical information, as appropriate
 - iii. After the prehospital provider has communicated the above information, the ECRN or approved Attending ED Physician should request clarification or additional information only as necessary to direct patient care.
 - iv. Once all necessary information has been communicated and clarified, the ECRN or approved Attending ED Physician should order any necessary interventions within the prehospital provider's capabilities, and any appropriate facility bypass.

TITLE:	Hospital Medical Control: Telephone/MERCI/STARCOM Communications	NUMBER:	1000.2
SECTION:	Transportation/Communication		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

- v. Upon receiving orders from online Medical Control, the prehospital provider will use closed-loop communication to acknowledge and confirm any orders given prior to carrying them out.
- vi. If the receiving facility is not the one providing online Medical Direction, notification to the receiving facility must be made either by the prehospital provider or the facility providing Medical Direction. The determination as to which party will make the notification will be decided upon between the prehospital provider and Medical Control. Medical Control should make the notification if the prehospital provider requests that they do so.
- vii. If the patient is to be transported to the facility which functioned as Medical Control, the prehospital communication may conclude, and the prehospital provider may obtain the telemetry logsheet number, physician name, and ECRN number after their arrival to the ED.
 - 1. If the patient is to be transported to a facility which did not function as online Medical Control, the prehospital provider may choose to request the telemetry logsheet number, attending physician name, and ECRN number prior to the conclusion of the communication. If they so choose, the prehospital provider may also recontact the facility which provided Medical Control following transfer of care in the ED and request the telemetry logsheet number, physician name, and ECRN number at that time.
- viii. The prehospital provider may reestablish communication with Medical Control at any time, so long as they have the means and opportunity to do so, to report any significant changes in the patient's condition or developments in their situation.

NOTE: If neither Telephone/MERCI are available, the Region VIII Standing Medical Orders (SMOs) shall be followed by prehospital providers.

TITLE:	Invalid Assistance/Service Calls	NUMBER:	1000.3
SECTION:	Transportation/Communication		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

PURPOSE: To explain what is required of a Loyola EMS System provider when called to a scene wherein a patient who expresses no complaints, is in no distress whatsoever, and presents with no conceivable mechanism of injury, solely requires lifting and/or assistance in ambulating. A duty to assess and render care will exist if even a minor accident has occurred, or, in the rescuer's opinion, the patient is in need of further care.

Examples

Patient for whom prehospital provider does not have a duty to assess patient or render care: Call for:

- a. A post-stroke victim who needs assistance getting from bed to wheelchair, or a semi-incapacitated individual who requires assistance getting from a car to the house.
- b. Patient for whom prehospital provider DOES have a duty to assess patient, document a refusal, and potentially render patient care:
 - i. Patient who has fallen, including situations in which the patient “slid down” a wall or the side of a piece of furniture, or situations in which another individual has assisted the patient to the floor/ground.
 - ii. Patient who presents with obvious indicators of acute illness, including but not limited to dyspnea, abnormal skin parameters, or complaints of illness/injury of any kind.

Rationale

Though these types of calls are clearly not our primary function or purpose, they commonly occur nonetheless.

1. A refusal must be obtained and a Prehospital Care Report (PCR) must be completed if any intervention beyond assisting the patient with lifting or ambulation was required, and/or if any mechanism of injury occurred or any indicators of acute illness are present.
2. Should no indicator of illness or injury be present, nor any complaint of any kind be verbalized by the patient, no refusal of treatment and/or transport need be obtained from the patient or Power of Attorney (POA). Accordingly, during such scenarios the prehospital provider need not contact Medical Control to document a refusal of treatment/transport. However, a prehospital care report (PCR) must be completed by the prehospital provider, in which details of the call and any services rendered should be documented.

TITLE:	Special Procedures – Mass Casualty Incident (MCI)/Disaster	NUMBER:	1000.4
SECTION:	Transportation/Communication		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

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

DEFINITION: **A mass casualty incident (MCI) exists when the:**

- Number of patients and the severity/nature of illnesses/injuries exceed the capabilities of the first EMS agency/department on scene, thereby rendering the ability to provide the normal standard of care unattainable, **and/or**
- Resources that can be brought to the field within primary and secondary response times are insufficient to manage the scene under normal operating circumstances; **and/or**
- Number of patients and the severity/nature of illnesses/injuries could be reasonably expected to, or does exceed the capabilities of the area hospitals, **and/or**
- Number of patients and nature of the incident could be reasonably expected to, or does significantly disrupt the operations of area hospitals

In the event of an MCI, the objective of all personnel is to do the greatest amount of good for the greatest number of casualties.

PROCEDURE:

Individual providers or authorities having jurisdiction should have and follow pre-planned MCI procedures with the following guidance:

1. **First EMS unit on scene shall establish EMS command under the Incident Command System (ICS) of the Authority Having Jurisdiction (AHJ).** Initial actions of EMS command shall include:

- Confirming and continually evaluating scene safety.
- Identification of any special hazards
- Determination of the location and number of victims
- Assumption of triage functions, or assignment of triage functions to qualified EMS personnel
- The senior-most EMS Provider will assume the role of Medical Control Liaison (A.K.A. EMS Liaison Officer) if they are not already the Incident Commander.

2. **Scene command/joint decisions with Medical Control:**

- During MCIs, Loyola EMS System Providers should only contact LUMC for online medical direction.
- To minimize the likelihood of miscommunication(s), the personnel on scene who communicate with LUMC Medical Control should be limited to those functioning as the Incident Commander or Medical Control Liaison.
- LUMC Medical Control will handle communications with other healthcare facilities as necessary, and will relay information between EMS-related entities.
- The responsibilities of the Incident Commander or Medical Control Liaison pertaining to communications with LUMC Medical Control shall include:
 - Providing an initial report describing the incident containing the following information:
 - Precise geographical location
 - Nature of incident
 - Number of victims
 - General acuity
 - Age groups
 - Special needs
 - ETAs to surrounding facilities

TITLE:	Special Procedures – Mass Casualty Incident (MCI)/Disaster (continued)	NUMBER:	1000.4
SECTION:	Transportation/Communication		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

- If HazMat-related
 - The specific name(s) of the material(s) involved
 - Any anticipated or confirmed need to activate decontamination protocols
 - Any antidotes or specific therapies for which large demand can be expected
- If the MCI is believed to have been caused by an intentional act (e.g. mass shooting, terrorist incident, etc.)
 - Whether or not a continued threat has been identified
 - Whether or not any suspected perpetrator(s) are still at large
- Information regarding patients, including:
 - Number of victims
 - NOTE: The number of victims during MCIs is subject to change, whether due to the discovery of additional victims from the initial event, or the generation of additional victims from subsequent events.
 - If the initial number of victims is not known at the time communication is first established, an estimate should be provided.
 - General acuity, as determined by START/jumpSTART categorization
 - Age groups
 - Special healthcare needs
- ETAs to surrounding hospitals
- Maintaining open communication with LUMC Medical Control.
- Continuous communication shall include:
 - Changes in number of victims and/or START/jumpSTART categorizations of victims.
 - Informing LUMC Medical Control when the last casualty is transported (at which time communications between on-scene Incident Command and LUMC Medical Control may be concluded)
- LUMC Medical Control shall:
 - Establish communications with facilities where patients are to be transported and notify them of the incident
 - Assess the statuses and services of receiving facilities, and make inquiries as to the number of casualties from each type of START/jumpSTART categorization they are currently capable of accommodating
 - Relay information regarding each hospital’s current capabilities to receive casualties to on-scene Incident Command
 - As appropriate, relay pertinent information provided by on-scene Incident Command to facilities receiving casualties
 - This includes any known demographic information and START/jumpSTART categorization of casualties who are en route to the receiving facility
- The individual on the scene who is functioning as the Transportation Officer will determine the destinations where casualties are to be transported.

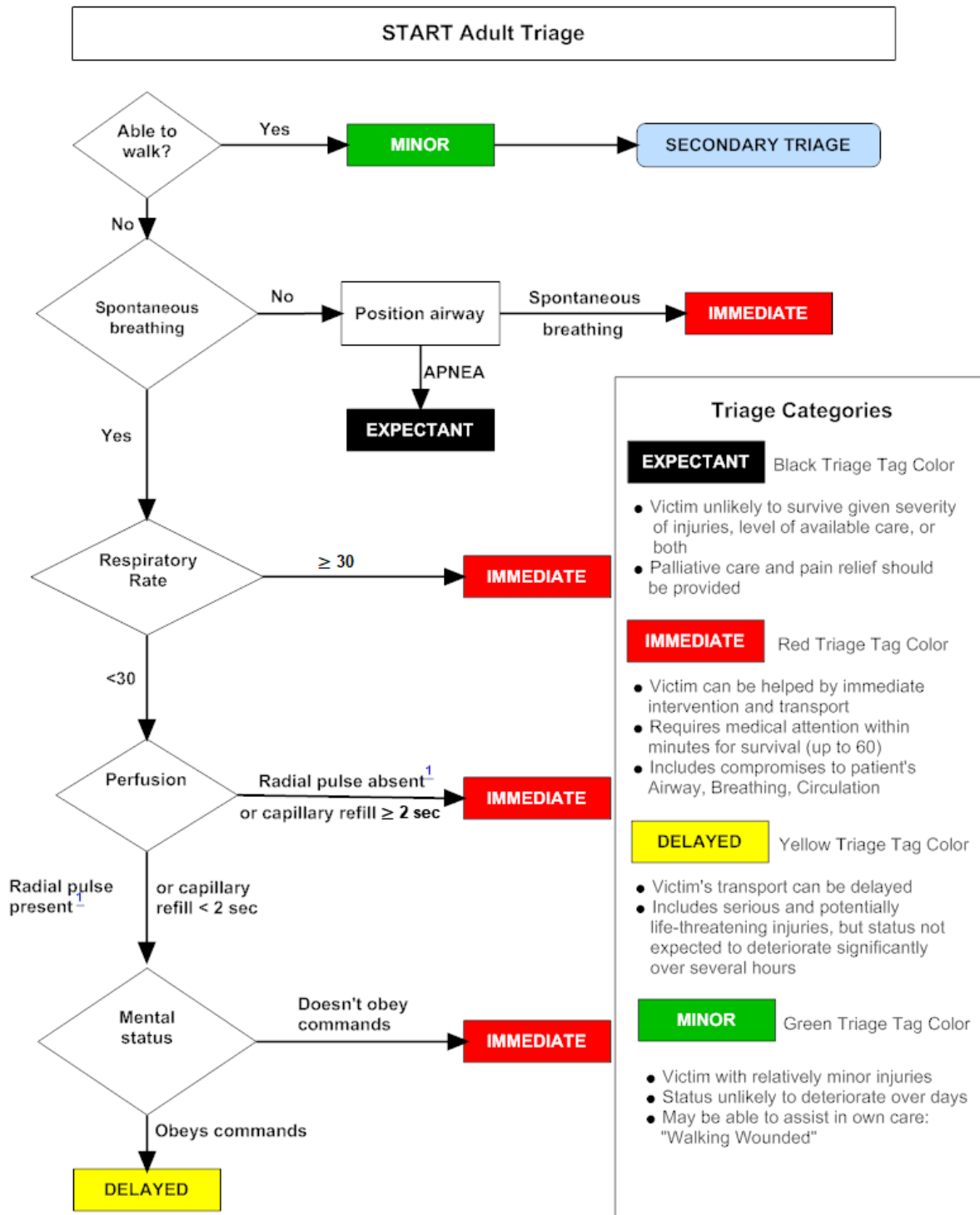
TITLE:	Special Procedures – Mass Casualty Incident (MCI)/Disaster (continued)	NUMBER:	1000.4
SECTION:	Transportation/Communication		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

- The determination of destinations should be based on:
 - The destination facility’s current capabilities in accommodating casualties (as communicated by LUMC Medical Control)
 - Resources available at the destination facility
 - Patient acuity.
 - Specialty services available at the destination facility (e.g. trauma, burn, peds), as applicable to the casualty’s presenting injury/illness and/or special population category.
 - NOTE: During MCIs involving large numbers of trauma victims, Trauma Center Field Triage Guidelines provided in the Region VIII Standing Medical Orders (SMOs) do not necessarily apply. Transportation destinations must be based on the particular demands and circumstances of the incident.
 - NOTE: Trauma Center Field Triage Guidelines DO NOT apply during MCIs in which there is no mechanism of injury (e.g. releases of toxic gasses, biological agents, radiation, etc.).
 - All reasonable efforts should be made to distribute casualties evenly, and the overburdening of any facility should be avoided to the greatest possible extent.
 - NOTE: Transport to distant facilities with lengthy ETAs may be necessary to achieve these ends.
 - If circumstances allow, family members should be kept together.
 - In the event that conflict between two or more victims has occurred, or in the event that conflict between two or more victims is considered likely, all possible efforts should be made to transport victims on opposing sides of the conflict to different hospitals (provided that circumstances and field trauma guidelines allow). Examples of this situation may include:
 - Physical altercation between two or more victims before and/or after incident
 - Verbal altercation between victims on scene
 - Occupants of different vehicles in an MVC
3. **The Incident Commander should assign the following roles/functions in accordance with the current Incident Command System/Incident Management System standards and recommendations, as established by the National Incident Management System (NIMS):**
- a. Triage Officer/Coordination
 - Reports to the Incident Commander and Medical Control Liaison, coordinates efforts with individuals functioning in other ICS roles as appropriate to the incident
 - Reports any inadequacies in staffing and supplies to incident command
 - Further expands the ICS as dictated by the incident
 - Triages casualties and determines transport priority
 - Triage categorization shall be performed in accordance with the START/jumpSTART algorithms, and transport priority of each category shall be as follows:
 - “Immediate” (red): Casualties in this category should be transported first
 - “Delayed” (yellow): Casualties in this category should be transported after the “immediate (red)” casualties have been transported
 - “Minor” (green): Casualties in this category should be transported after the “delayed” (yellow) casualties have been transported

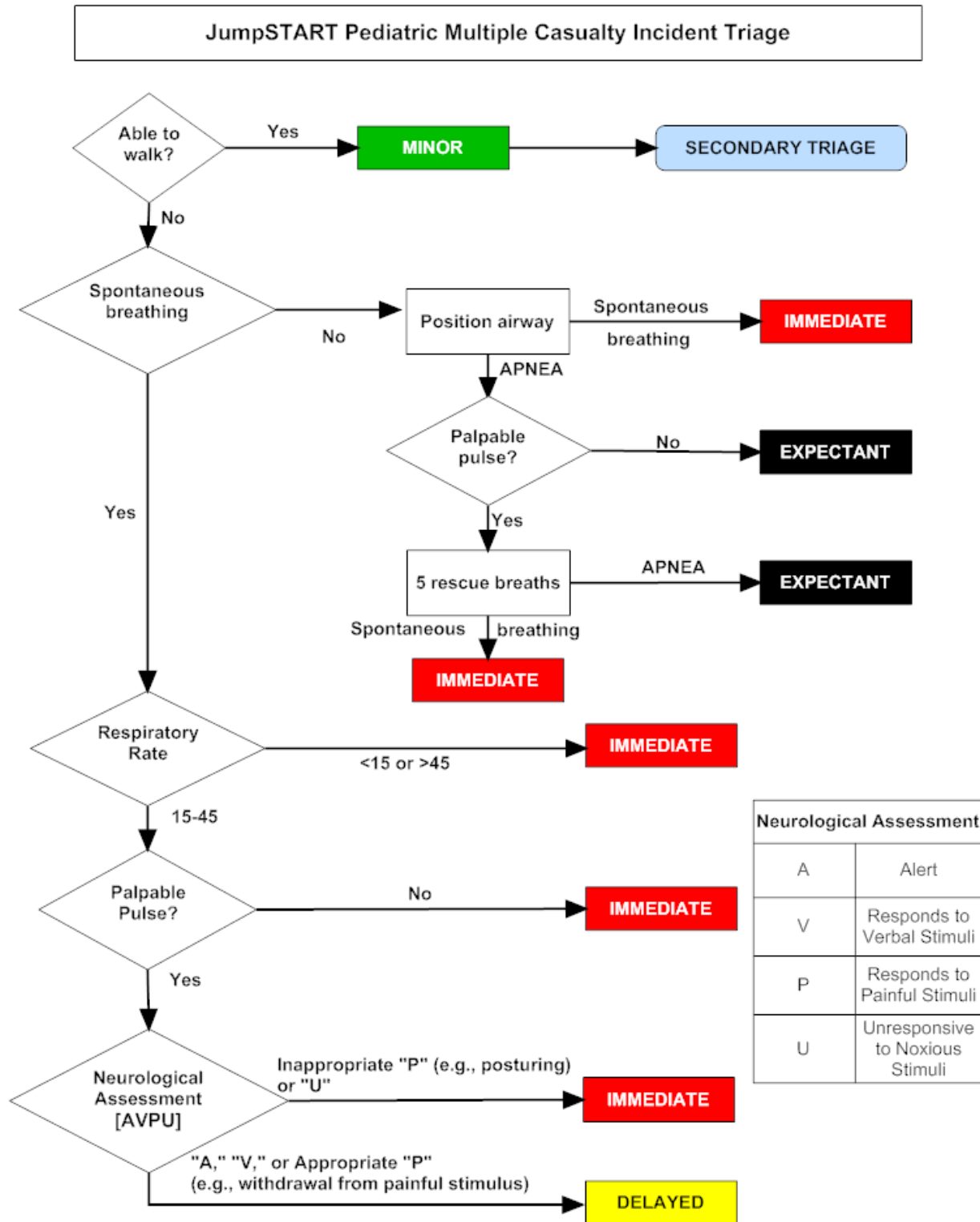
TITLE:	Special Procedures – Mass Casualty Incident (MCI)/Disaster (continued)	NUMBER:	1000.4
SECTION:	Transportation/Communication		
EFFECTIVE:	9/1/99	REVISED/REVIEWED:	8/1/2023

- “Expectant”/“Deceased”
 - “Expectant” casualties are those who still have vital signs, but are considered unlikely to survive due to the severity of their injuries/condition. The Triage Officer may consider recategorizing casualties who were initially considered “expectant” as “immediate” (red) if they are still alive upon reassessment and if prioritization over any remaining casualties on scene is appropriate.
 - “Deceased” casualties are those who are unresponsive, pulseless, and apneic. Deceased casualties should not be transported to a hospital. Incident Command shall make arrangements with law enforcement and the Medical Examiner regarding disposition of deceased casualties.
- b. Treatment Officer/Coordination
 - Reports to the Incident Commander and Medical Control Liaison, coordinates efforts with individuals functioning in other ICS roles as appropriate to the incident
 - Establishes treatment area and provides/directs appropriate treatment
 - Reports any inadequacies in staffing and supplies to incident command
 - Further expands the ICS as dictated by the incident
- c. Transportation Officer/Coordination
 - Reports to the Incident Commander and Medical Control Liaison, coordinates efforts with individuals functioning in other ICS roles as appropriate to the incident
 - Establishes transportation area and coordinates transportation
 - Determines appropriate transport destination based on hospital capacity and patient acuity
 - Documents and tracks movement of patients
 - Reports any inadequacies in staffing and supplies to incident command
 - Further expands the ICS as dictated by the incident
- d. Staging Officer/Coordination
 - Reports to the Incident Commander, coordinates efforts with individuals functioning in other ICS roles as appropriate to the incident
 - NOTE: The Staging Officer does not necessarily need to be an EMS Provider
 - Establishes staging area for equipment and personnel
 - Monitors and documents movement of resources
 - Reports any inadequacies in staffing and supplies to incident command
 - Further expands the ICS as dictated by the incident
- 4. Depending on the nature and magnitude of an incident, the EMS Medical Director or State Medical Director may suspend all routine EMS operations and direct that all care be conducted by SMO and/or using personnel and resources as available.
- 5. Treatment of victims should be rendered per the appropriate Region VIII Standing Medical Orders (SMOs).
- 6. During an MCI, EMS Providers who have initiated transport are not required to contact the receiving facility to give a prearrival notification, unless advanced procedures (e.g. needle decompression, cricothyrotomy) have been performed, or particular preparations are required.
- 7. During an MCI, Loyola EMS System Providers *are not* required to complete electronic Prehospital Care Reports (ePCRs) for each individual patient.

START (Simple Triage And Rapid Transport) System (for the adult patient)



JumpSTART Pediatric MCI Triage (for the pediatric patient)



TITLE:	Special Procedures – Multiple Victim Incident (MVI)	NUMBER:	1000.5
SECTION:	Transportation/Communication		
EFFECTIVE:	8/1/2023	REVISED/REVIEWED:	8/1/2023

PURPOSE: To present an organized system of Emergency Medical Care at the Scene of a Multiple Victim Incident (MVI) by the Loyola EMS System personnel.

DEFINITION: **A multiple victim incident (MVI) exists when:**

- Two or more individuals develop illness or sustain injury from a single incident, *and*
- Number of victims and severity/nature of illnesses/injuries can be effectively managed by readily available agencies/departments and their personnel, *and*
- Number of victims requiring transport and severity/nature of illnesses/injuries can be effectively managed by the receiving facilities, *and*
- Circumstances/nature of incident can be effectively managed without significant disruption in the normal operations of either the responding agencies/departments or the receiving hospital(s)

PROCEDURE:

1. **First EMS unit on scene shall establish EMS command under the Incident Command System (ICS) of the Authority Having Jurisdiction (AHJ).** Initial actions of EMS command shall include:
 - Confirming and continually evaluating scene safety.
 - Identification of any special hazards
 - Determination of the location and number of victims
 - Assumption of triage functions, or assignment of triage functions to qualified EMS personnel
 - The senior-most EMS Provider will assume the role of Medical Control Liaison (A.K.A. EMS Liaison Officer) if they are not already the Incident Commander.
2. **Scene command/joint decisions with Medical Control:**
 - During an MVI, Loyola EMS System Providers may contact either LUMC or a Loyola EMS System Associate Hospital for Medical Control.
 - If both/all patients are to be transported to one facility, or if the individual functioning as the Medical Control Liaison can effectively communicate with and coordinate transportation to multiple receiving hospitals, the Medical Control Liaison may contact the receiving Region VIII hospital(s) for Medical Control
 - If patients are to be transported to multiple facilities, and if the individual functioning as the Medical Control Liaison cannot effectively communicate with and coordinate transportation to receiving hospitals, the Medical Control Liaison should contact LUMC for Medical Control
 - To minimize the likelihood of miscommunication(s), the personnel on scene who communicate with Medical Control should be limited to those functioning as the Incident Commander or Medical Control Liaison.
 - The responsibilities of the Incident Commander or Medical Control Liaison pertaining to communications with Medical Control shall include:
 - Incident location; nature of incident; number of victims; general acuity; age groups; special needs; and ETA. Providing an initial report describing the incident containing the following information:
 - Precise geographical location
 - Nature of incident
 - Number of victims
 - General acuity
 - Age groups
 - Special needs
 - ETAs to surrounding facilities

TITLE:	Special Procedures – Multiple Victim Incident (MVI) (continued)	NUMBER:	1000.5
SECTION:	Transportation/Communication	REVISED/REVIEWED:	8/1/2023
EFFECTIVE:	8/1/2023		

- If HazMat-related
 - The specific name(s) of the material(s) involved, if known
 - Any anticipated or confirmed need to activate decontamination protocols
 - Any antidotes or specific therapies, if known
- If MVI was caused by an intentional act:
 - Whether or not a continued threat has been identified
 - Whether or not any suspected perpetrator(s) are still at large
 - Ability to separate any assailant(s) from victim(s), or lack thereof
 - If circumstances and field trauma triage guidelines (per SMOs) allow, all possible efforts should be made to transport assailant(s) and victims to different facilities
- If LUMC is acting as Medical Control, LUMC should:
 - Discuss the situation with the on-scene Medical Control Liaison to establish that the incident is a Multiple Victim Incident (MVI), and does not meet the definition of a Mass Casualty Incident (MCI) as described in Loyola EMS System policy 1000.4 (Special Procedures - Mass Casualty Incident/Disaster).
 - Consider activation of their Emergency Operations Plan (EOP) in accordance with the Regional Hospital Coordinating Center (RHCC) policies and procedures
 - Establish communications with any facility to which patients are to be transported and notify them of the incident
 - As appropriate, relay pertinent information provided by on-scene Incident Command to facilities receiving victims
- If an Associate Hospital is acting as Medical Control, the Associate Hospital should:
 - Discuss the situation with the on-scene Medical Control Liaison to establish that the incident is a Multiple Victim Incident (MVI), and does not meet the definition of a Mass Casualty Incident (MCI) as described in Loyola EMS System policy 1000.4 (Special Procedures - Mass Casualty Incident/Disaster).
 - Assess their current resources and capabilities to determine the number of patients they can accept
 - Consider activation of their Emergency Operations Plan (EOP) in accordance with the Associate Hospital's policies and procedures
 - The Associate Hospital may continue to act as Medical Control if:
 - The nature of the circumstances does not qualify as a Mass Casualty Incident (MCI)
 - The Associate Hospital will be receiving all patients
 - If patients are to be transported to multiple facilities, but the on-scene Medical Control Liaison can effectively communicate with and coordinate transports to multiple facilities
 - The Associate Hospital should direct the individual functioning as the Medical Control Liaison to contact LUMC for Medical Control if:
 - The nature of the circumstances qualifies as a Mass Casualty Incident (MCI)
 - The on-scene Medical Control Liaison cannot effectively communicate with and coordinate transports to multiple facilities

TITLE:	Special Procedures – Multiple Victim Incident (MVI) (continued)	NUMBER:	1000.5
SECTION:	Transportation/Communication	REVISED/REVIEWED:	8/1/2023
EFFECTIVE:	8/1/2023		

- The individual on the scene who is functioning as the Transportation Officer will determine the destinations where casualties are to be transported.
 - The determination of destinations should be based on:
 - The destination facility’s current capabilities in accommodating victims
 - Resources available at the destination facility
 - Patient acuity.
 - Specialty services available at the destination facility (e.g. trauma, burn, peds), as applicable to the victim’s presenting injury/illness and/or special population category.
 - NOTE: During smaller-scale MVIs, the responsibilities of multiple incident command positions can be performed by one individual (e.g. the Incident Commander can also function as the Medical Control Liaison, the Triage Officer can also function as the Transportation Officer, etc.)
 - NOTE: If the number and/or acuity of patients to be transported would likely overburden one facility, all efforts should be made to evenly distribute patients to multiple facilities.
 - If circumstances allow, family members should be kept together.
 - In the event that conflict between two or more victims has occurred, or in the event that conflict between two or more victims is considered likely, all possible efforts should be made to transport victims on opposing sides of the conflict to different hospitals (provided that circumstances and field trauma guidelines allow). Examples of this situation may include:
 - Physical altercation between two or more victims before and/or after incident
 - Verbal altercation between victims on scene
 - Occupants of different vehicles in an MVC
8. Treatment of victims should be rendered per the appropriate Region VIII Standing Medical Orders (SMOs).
9. During an MVI:
- a. BLS ambulances may transport multiple BLS patients at once, provided that:
 - i. Each patient can be safely and properly restrained
 - ii. The safety of one patient or the crew would not be jeopardized by transporting one or more other patients in the same ambulance
 - b. ALS ambulances may transport **one** ALS patient and one or more BLS patients at once, provided that
 - i. Each patient can be safely and properly restrained
 - ii. The safety of one patient or the crew would not be jeopardized by transporting one or more other patients in the same ambulance
10. During an MVI, prearrival notification(s) to receiving facilities should be made by each transporting ambulance, per normal operating procedures
11. During an MVI, full electronic Patient Care Reports (ePCRs) must be completed for each individual patient, per normal operating procedures

TITLE:	Special Procedures - EMAC and NAC Response	NUMBER:	1000.6
SECTION:	Transportation/Communication		
EFFECTIVE:	8/1/2023	REVISED/REVIEWED:	8/1/2023

PURPOSE: To provide guidance to and establish procedures for Loyola EMS agencies/departments and Loyola EMS providers seeking to offer support during disasters requiring national response.

POLICY: Loyola EMS System agencies/departments and Loyola EMS System providers may be called upon or may seek to assist during state-declared disasters. During such incidents, at the time the state’s governor declares the disaster, assistance will be requested from the Emergency Management Assistance Compact (EMAC) and/or the National Ambulance Contract (NAC).

Emergency Management Assistance Compact (EMAC): National mutual aid agreement that provides a straightforward system to share resources across state lines during governor-declared emergencies and disasters.

National Ambulance Contract (NAC): Plan implemented by the Federal Emergency Management Association (FEMA) to establish responding EMS agencies in the event of a disaster requiring national aid, and to promptly deploy ambulances and EMS personnel in response.

Loyola EMS System Agencies/Departments

A Loyola EMS System agency/department shall not be eligible to provide assistance during a national emergency/disaster if doing so would compromise the agency/department’s ability to satisfy their requirements of community commitment, as defined by Loyola EMS System Policy 100.2 (Requirements of Community Commitment).

Loyola EMS System agencies/departments seeking to provide assistance during a national emergency/disaster must satisfy the following criteria:

- A formal written request must be submitted to the Loyola EMS System Medical Director and EMS System Coordinator, who shall then submit the request to the Illinois Department of Public Health (IDPH) for approval. The formal written request shall include:
 - Specific personnel, equipment, and apparatus to be deployed to the incident
 - Estimated duration that assistance will be provided, if known
 - Location to which personnel, equipment, and apparatus are to be deployed, if known
 - The names and contact information for any EMAC and/or NAC liaison facilitating the deployment of the Loyola EMS System agency/department’s resources
 - Anticipated impact of deployment on agency/department’s native operations (including staffing)
 - Any other information required by the Loyola EMS System and/or IDPH
- The Loyola EMS System agency/department must obtain unambiguous approval in writing from the Loyola EMS System and IDPH
 - NOTE: The Loyola EMS System agency/department’s request to assist in an EMAC/NAC response is subject to the approval of both the Loyola EMS System and IDPH, and either entity may deny the agency/department’s request for any reason.

Upon gaining approval to assist in an EMAC/NAC response, EMAC advises responding EMS agencies/departments of the following aspects of deployment:

Mobilization

- The responding agency/department may require law enforcement assistance throughout the duration of the mission
- EMS vehicles will likely have to be driven in a convoy or transported on a larger vehicle to the location of the incident
- The agency/department should select the equipment/apparatus with the least mechanical issues
 - If a responding unit has mechanical trouble while en route and law enforcement resources are not adequate to allow for separation of the disabled vehicle and the convoy, its response should be delayed in favor of keeping the convoy together.
 - The remainder of the convoy may proceed if law enforcement resources are adequate to remain with the disabled vehicle and split to continue with the convoy.
- Personnel and vehicle accountability must be maintained throughout transport
- All units must have communications with each other via radio or cell phones

Considerations during Response

- All responding personnel should be fluent in the Incident Command Structure (ICS)
- All responding personnel should be prepared to work in areas that do not have adequate medical facilities
- All responding personnel will function under the operational control of the requesting agency
- All responding personnel should be prepared to assume certain administrative duties during their deployment, including but not necessarily limited to:
 - Maintaining site status checks every two hours
 - Maintaining patient counts
 - Identifying security, supply, and personnel needs
 - Requiring accountability of all team members

Demobilization

- Responding personnel should consider vehicle concerns, including tires, engine maintenance, and functioning of electrical systems prior to returning home
- All units must be recovered successfully with proper debriefings completed prior to returning home

Reimbursement

- All paperwork, travel logs, equipment logs, records, receipts, pictures, and documentation of damaged equipment should be submitted to the appropriate EMAC and/or NAC representative upon the agency/department's return from the incident

Loyola EMS System Providers

Any Loyola EMS System provider who is deployed individually as a part of an EMAC/NAC response shall directly notify the Loyola EMS System Medical Director and EMS System Coordinator in writing of the deployment. The Loyola EMS System provider should include the following information in their notification:

- Full name
- Illinois State EMS License number
- Any EMS agency/department for whom the provider is currently employed (including those outside of the Loyola EMS System)
- Copies of any documentation pertaining to the deployment, if available
- Expected duration of deployment, if known
- Name(s) and contact information for any EMAC and/or NAC liaison

Any Loyola EMS System agency/department coordinator who has knowledge of one of their provider's deployment to an EMAC/NAC response should immediately inform the Loyola EMS System Office. The Loyola EMS System shall bear the responsibility of notifying IDPH in the event that one or more of its providers leaves the state for an EMAC/NAC response. The Loyola EMS System will additionally inform IDPH of the return of Loyola EMS System providers.

TITLE:	Critical Incident Stress Management (CISM)	NUMBER:	1100.1
SECTION:	Critical Incidents		
EFFECTIVE:	8/1/2023	REVISED/REVIEWED:	8/1/2023

PURPOSE: To define Critical Incident Stress Management (CISM), Critical Incident Stress Debriefing (CISD), and Employee Assistance Program (EAP), and to establish guidelines for their utilization.

POLICY: EMS Providers are frequently involved in stressful and traumatizing situations, and experience significantly higher incidences of post-traumatic stress disorder (PTSD), anxiety/depression, and substance abuse disorders than the general population. As such, it is imperative that all EMS employers ensure that their personnel have access to professional mental health services, and that response plans are in place for incidents considered to be especially traumatizing.

DEFINITIONS:

Critical Incident: An unusually stressful event which threatens physical or emotional safety, or an event which results in physical or psychological harm. Critical incidents in EMS include, but are not necessarily limited to:

- Death or critical injury/illness of a colleague
- Dangerous incidents in which severe injury or death of a colleague was narrowly avoided (A.K.A. “close call” events)
- Death or critical injury of a child
- Severe abuse/neglect involving a child
- Extended rescues involving death or recovery of bodies
- Mass casualty incident
- An employee’s personal relationship with a seriously ill/injured or deceased patient (e.g. relative, friend, etc.)
- Acts of workplace violence

Critical Incident Stress Management (CISM): A system of support that is meant to:

- Lessen the impact of a critical incident
- Normalize instinctive reactions to the incident
- Encourage the natural recovery process
- Restore the adaptive functioning skills of the person and/or group
- Determine the need for further supportive services or therapy

Critical Incident Stress Debriefing (CISD): A CISM technique intended for use with small groups. The goals of a CISD are typically to mitigate traumatic stress, provide a sense of closure following the incident, and to identify any need for further mental health intervention.

Defusing: A CISM technique intended for immediate intervention following a critical incident. Defusing is typically reserved for especially stressful and traumatizing incidents, and are most effective if completed within 6 to 72 hours of the event.

Employee Assistance Program (EAP): A free, voluntary, and confidential program that provides problem identification, counseling, and referral services for employees and their covered dependents regardless of the employee’s health plan. EAPs provide counseling services to assist with a variety of concerns, including but not limited to:

- Critical Incident Stress Management (CISM)
- Stress/anxiety
- Grief/loss
- Problems with alcohol and/or drug abuse
- Psychological disorders
- Anger management
- Conflicts at work or home
- Family problems
- Domestic violence
- Elder-care
- Financial concerns

TITLE:	Critical Incident Stress Management (CISM) (continued)	NUMBER:	1100.1
SECTION:	Critical Incidents		
EFFECTIVE:	8/1/2023	REVISED/REVIEWED:	8/1/2023

The Loyola EMS System strongly encourages that all agencies/departments promote awareness of their EAP and the services available to their employees, and ensure that any information necessary for an employee to access the EAP be available at all times.

The employee should be aware that, with the exception of disclosures made by an employee which must be reported in accordance with legal mandates, all services provided by an EAP are strictly confidential, and that no privileged information can be divulged to their employer or any other entity without the employee's written consent. Instances in which an EAP can disclose information about the employee without the employee's consent include:

- Disclosure of suicidal or homicidal intent
- Threats of violence
- Reports of child or elder abuse/neglect
- Any apparent danger to the public at large

PROCEDURE: The Loyola EMS System recommends that its agencies/departments perform the following actions prior to and following a critical incident:

Preparation

1. All EMS agencies/departments in the Loyola EMS System should have arrangements made for EAP and CISM services.
2. All Loyola EMS System agency/department EMS Coordinators or equivalent representative(s) should gain familiarity with their EAP and CISM provider.
3. All Loyola EMS System agency/department EMS Coordinators or equivalent representative(s) should be capable of either facilitating access to their EAP/CISM, or referring the matter to an agency/department representative who can.

Response

1. In the event that a critical incident occurs, the frontline personnel should notify their agency/department EMS Coordinator or equivalent representative.
2. The agency/department EMS Coordinator or equivalent representative should notify their appropriate superiors, including the individual(s) responsible for requesting EAP and CISM services, of the incident.
3. The agency/department EMS Coordinator or equivalent representative should notify an appropriate representative of the Loyola EMS System Office of the incident and any CISM measures being taken.
4. The Loyola EMS System shall assist in the CISM as appropriate and to the extent possible, and shall collaborate with agency/department leadership to complete any actions necessary to safeguard the well-being of its EMS Providers.

Post-Incident Considerations

EMS Providers and agency/department leadership should be aware of the signs and symptoms of maladaptive stress, and should be especially mindful of them in the aftermath of a critical incident. These include:

Intrusion

- Flashbacks
- Intrusive thoughts
- Nightmares
- Obsessive thoughts about the incident

Avoidance

- Avoidance of thinking about, remembering, or discussing the event
- Avoidance of people, places, activities, or situations which may trigger memory of the event

Cognition and Mood

- Fear
- Anger/irritability
- Guilt
- Shame
- Detachment
- Inability to experience positive emotions
- Inability to concentrate or function
- Loss of sense of humor

Reactivity

- Angry outbursts
- Being easily startled
- Reckless behavior
- Self-destructive behavior
- Drug/alcohol abuse
- Excessive use of morbid humor

Indicators of ineffective coping to a critical incident by a group include:

- One or more requests for assistance/intervention by personnel
- Behavioral changes within individuals or a group
- Declining performance
- Avoidance or dread of calls of a similar nature
- Heightened anxiety and/or anger

Delayed Stress

EMS Providers and their leadership should be mindful that the signs/symptoms of a traumatic stress response often do not occur immediately after the critical incident, and may take hours, days, or weeks to develop.

Agency/department leadership should be mindful of indicators of maladaptive stress for at least several weeks following a critical incident, and should ensure that EAP resources remain accessible to their personnel at all times.

TITLE:	Patient Follow-Ups	NUMBER:	1100.2
SECTION:	Critical Incidents		
EFFECTIVE:	8/1/2023	REVISED/REVIEWED:	8/1/2023

PURPOSE: To establish a process through which Loyola EMS Providers may inquire about, and be informed of the outcome of patients whom they have transported.

POLICY: A lack of knowledge regarding the outcomes of patients is a common cause of job dissatisfaction among first responders and dispatchers, and is associated with increased emotional burden and burnout. Being informed of a patient's outcome often provides closure following stressful and emotionally traumatic incidents, and can be extremely valuable to the provider in refining and improving their future practice.

The Loyola EMS System Office and Associate Hospital EMS Coordinators may provide, in a HIPAA-compliant manner, follow-up regarding a patient's outcome to the agency/department EMS Coordinator or equivalent representative and to any crewmember who was directly involved in the patient's care.

In the event that a Loyola EMS Provider or dispatcher would like to receive follow-up on a patient for whom they have provided service, the following process shall be followed:

1. The Loyola EMS Provider or dispatcher shall communicate their request for patient follow-up to their agency/department EMS Coordinator or equivalent representative.
2. The agency/department EMS Coordinator or equivalent representative shall request patient follow-up from the EMS Coordinator of the destination facility.
 - a. If the agency/department EMS Coordinator or equivalent representative is unable to communicate with the EMS Coordinator of the destination facility, they may communicate their request to the Loyola EMS System Office.
3. The EMS Coordinator of the Loyola EMS System Associate Hospital or the appropriate representative of the Loyola EMS System Office shall communicate the patient's disposition and, as appropriate for feedback and educational purposes, information pertaining to the patient's condition and care that was indicated or rendered, to the agency/department EMS Coordinator or equivalent representative and/or to the crewmember(s) and/or dispatcher(s) directly involved in the patient's care.
 - a. If the follow-up is being provided in writing, the Loyola EMS System Associate Hospital EMS Coordinator or Loyola EMS System Office representative shall:
 - i. Ensure no patient identifiers are included in the correspondence.
 - ii. Ensure that any electronic correspondence is conducted between corporate/governmental domains and over secure networks, in accordance with Loyola EMS System Policy 1200.14 (Email/Network Requirements for ePCR Usage and Official Correspondence).
 - b. If the follow-up is being provided verbally, the Loyola EMS System Associate Hospital EMS Coordinator or Loyola EMS System Office representative shall:
 - i. Ensure that follow-up discussions are only held with individuals who are privileged to receive information about the patient.
 - ii. Ensure that no patient identifiers are disclosed during the discussion.
4. If applicable, the agency/department EMS Coordinator or equivalent representative shall communicate follow-up provided by the receiving facility or Loyola EMS System Office to the Loyola EMS Provider or dispatcher who initially made the request.

NOTE: Loyola EMS Providers and dispatchers **SHALL NOT** request patient follow-ups for:

1. Anyone whom they know personally
2. Anyone with whom they have a known professional affiliation
3. Any known public figure, celebrity, or government official
4. Anyone for whom they did not provide any service

Any attempt made by a Loyola EMS Provider to solicit patient information for any purposes other than education or professional feedback shall be construed as an attempted HIPAA-violation, the consequence(s) of which may include severe disciplinary action by the Loyola EMS System and/or legal liability.

In the event that an agency/department EMS Coordinator or equivalent representative, or an Associate Hospital EMS Coordinator is uncertain about what information may be disclosed during patient follow-ups and/or under what circumstances, they shall request clarification and/or guidance from the Loyola EMS System Office.

TITLE:	Death/Serious Injury of a First Responder/Line of Duty Death (LODD)	NUMBER:	1100.3
SECTION:	Critical Incidents		
EFFECTIVE:	8/1/2023	REVISED/REVIEWED:	8/1/2023

PURPOSE: To provide guidelines to Loyola EMS System agencies/departments in the event of the death or serious injury of one of their personnel.

POLICY: The death of a first responder, whether in the line of duty or not, is an enormously impactful and traumatic event, and presents huge stresses and challenges to the individual’s family, friends, colleagues, their agency/department, and emergency services as a whole. While ideally no EMS agency/department would ever be called upon to address the death of one of its providers, all EMS agencies/departments should have plans and preparations in place to respond to such an event. As stated in the National EMS Memorial Handbook:

While every EMS agency is different and many may have their own traditions as it relates to these incidents, it is important to handle these tragic occurrences with dignity, respect, confidentiality and sensitivity.

As such, all Loyola EMS System agencies/departments are encouraged to implement the following measures in preparation or response to the death of one of its providers:

Pre-Incident Planning

Personnel information: Each Loyola EMS System agency/department should have emergency contact information on file for each of its providers. The Loyola EMS System recommends that each agency/department implement a process to ensure that the information on file for each of its providers is continually up-to-date. The Loyola EMS System also encourages its agencies/departments request that their personnel document any personal information or wishes which may become pertinent in the event of their death or serious illness/injury (e.g. religious preferences, career history, other current employers, advance directives, etc.).

Response plan: The Loyola EMS System strongly recommends that each of its agencies/departments have plans in place to address the following considerations related to the death or serious injury/illness of one of its personnel:

- Notification of family and colleagues
- Media announcements
- Agency/department memorial and funeral procedures
- On-duty personnel assignments
- Human resources needs

Resources: Each Loyola EMS System agency/department should identify resources that will be needed to respond to the death of one of its personnel in accordance with that agency/department’s necessities and traditions. Such resources may include, but are not necessarily limited to:

- Color or honor guard
- Local, state, and/or national Fire/EMS support organizations

NOTE: In the event that the agency/department’s necessities and traditions conflict with any wishes/desires documented by the deceased/seriously injured/ill individual, the individual’s preferences must take precedence.

Initial Actions

In the event that one of a Loyola EMS System agency/department’s provider dies, develops a critical illness, or sustains a severe injury, the Loyola EMS System recommends that the following actions be completed in accordance with the National EMS Memorial LODD Handbook:

1. Implement measures such as radio and social media discipline to prevent the premature release of information and/or the spread of misinformation.

NOTE: In the event of a line-of-duty death (LODD), the proper notification of the next of kin is among the most important actions in the response to a provider’s death, and is crucial to setting the tone for the family’s bereavement. The next of kin **SHOULD NEVER** learn of the death or critical illness/injury of a loved one from the news, social media, or informal word-of-mouth.

2. Assign a Public Information Officer (PIO) to handle public announcements and media inquiries
3. Assign an individual to notify all agency/department personnel
4. Initiate Critical Incident Stress Management (CISM) and Employee Assistance Program resources
5. Contact support agencies
6. If line-of-duty death (LODD):
 - Contact law enforcement
 - Secure the scene
 - Assist law enforcement in any investigation
 - If cleared to do so by law enforcement, recover and secure personal protective equipment
 - Assign a Family Liaison Officer to notify family

Investigative Issues

In the event of a line-of-duty death (LODD), the EMS agency/department will need to notify law enforcement and assist as needed in any ensuing investigations. The location at which death or severe injury of an on-duty first responder occurs should be treated as a crime scene in accordance with Loyola EMS System Policy 200.6 (Crime Scene Response). Once cleared to do so by law enforcement, the agency/department should recover and secure any protective clothing/equipment worn by the provider and any items which were on their person.

Notifications

In the event of a line-of-duty death (LODD) or serious on-duty injury/illness, notifications to the provider's next of kin and colleagues must be completed promptly and by an individual who has been properly trained in delivering such notifications. It is for this reason that the Loyola EMS System strongly encourages each of its agencies/departments to identify personnel who are qualified to provide notifications to next of kin and colleagues, and to have plans in place to address the death or severe injury/illness of its personnel prior to the occurrence of such an event.

Following the notifications of next of kin and colleagues, the Loyola EMS agency/department EMS Coordinator or equivalent representative shall notify an appropriate representative of the Loyola EMS System Office, who will in turn notify an appropriate representative from the Illinois Department of Public Health (IDPH), as required by IDPH. The Loyola EMS System will provide assistance and support to the extent possible and, at an appropriate time, will perform an EMS Quality Control Communication Report (EQCCR) per the process described in Loyola EMS System Policy 100.8 (EMS Quality Control Communication Report). The Loyola EMS System will also assist IDPH with any necessary inquiries or investigations.

Media

EMS agencies/departments should appoint a Public Information Officer (PIO) in any instance of the death or severe injury of an on-duty first responder, and the Loyola EMS System strongly recommends that a PIO also be assigned in the event of the death of an off-duty first responder.

Under no circumstances should any media outlet be notified of a first responder's death or serious injury before notifications to the next of kin and colleagues have occurred. Furthermore, as the dissemination of details about the first responder's death or serious injury is likely to have a significant impact on family and colleagues, and also has the potential to affect any ongoing investigations, it is crucial that any information or statements provided to the media be very carefully considered, and very cautiously communicated. As such, the only individual to communicate with media outlets should be the PIO. Any requests for comment or information made by a media outlet to any of the deceased/injured first responder's colleagues should be directed to the PIO. Information about the individual or the incident should never be provided to media outlets, including social media, without the direct knowledge of, and unambiguous approval by the PIO.

TITLE:	Definitions Relating to Electronic Patient Care Report (e-PCR)	NUMBER:	1200.1
SECTION:	Electronic Patient Care Reporting		
EFFECTIVE:	5/1/08	REVISED/REVIEWED:	8/1/2023

PURPOSE: To define terms relating to electronic Patient Care Report (ePCR).

DEFINITIONS: Electronic Patient Care Report (ePCR)

The Patient Care Report (PCR) created by an EMS Provider utilizing electronic charting software. The electronic PCR is the official record of care rendered and events which transpired during an incident to which an EMS Provider responded. Per Loyola EMS System Policy 200.19 (Prehospital Care Reports), the electronic documentation of Prehospital Care Reports via a web-based platform is the Loyola EMS System standard, and is the required primary mode of documentation for all Loyola EMS System Agencies.

Loyola EMS Servers

The storage location for ePCRs created prior to the Loyola EMS System's transition to a web-based platform.

EMS Agency

EMS Agency refers to any municipality/department or private ambulance service that has permission to use the electronic PCR software approved for use within the Loyola EMS System.

EMS Department Coordinator

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

EMS Provider

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

EMS Provider's Billing Company

Billing company refers to any company that is contracted by an agency to bill and collect fees.

System Administrator

The System Administrator is the person designated by the Loyola EMS System office to monitor and perform necessary duties to maintain the prehospital ZOLL electronic reporting program.

TITLE:	EMS Agency Acquisition of ePCR Software/Program	NUMBER:	1200.2
SECTION:	Electronic Patient Care Reporting		
EFFECTIVE:	5/1/08	REVISED/REVIEWED:	8/1/2023

PURPOSE: To describe the process through which an EMS Agency may acquire and maintain rights to use the ePCR software and web-based charting platform approved for use by the Loyola EMS System.

POLICY: The EMS Agencies of the Loyola EMS System are required to utilize the ePCR software and web-based charting platform designated by the Loyola EMS System. The following guidelines will explain the procedure to purchase access to the ePCR software and web-based charting platform.

The Loyola EMS System shall function as the liaison between its EMS Agencies and the contracted ePCR software/program developer, and will:

- Make arrangements for the implementation of the software/program
- Manage its users and their profiles
- Coordinate the billing of each EMS Agency for their use of the ePCR software/web-based platform

GUIDELINES: All commercially available computer software is “sold” only as licensed for use by the software developer and owner. Use of software that has not been legally acquired or is used in contravention of the vendor’s software licensing policy is prohibited by law.

1. The Loyola EMS System shall enter into a contract with a developer of electronic Prehospital Care Report software/program which also operates a web-based charting platform.
2. The software/program developer shall invoice the Loyola EMS System office for products purchased and services rendered to all Loyola EMS System EMS Agencies.
3. The Loyola EMS System office shall, in turn, invoice each EMS Agency based on their software/program usage requirements, as determined by the number of charts generated by each EMS Agency.
 - a. EMS Agencies which generate 1,000 or more electronic charts in a fiscal year will be charged a set rate per chart, as determined by the software/program developer.
 - b. EMS Agencies which generate fewer than 1,000 electronic charts in a fiscal year will be charged a minimum service fee as deemed appropriate by the Loyola EMS System office.
 - i. The minimum service fee will not exceed the total charge which would be incurred from the generation of 1,000 charts at the software/program developer’s current set rate per chart.

TITLE:	ePCR Equipment and ePCR Software/Program Access	NUMBER:	1200.3
SECTION:	Electronic Patient Care Reporting		
EFFECTIVE:	8/1/2023	REVISED/REVIEWED:	8/1/2023

PURPOSE: To describe the equipment requirements for using the web-based ePCR software/program approved for charting in the Loyola EMS System, and to establish a process by which Loyola EMS System Providers will be granted any necessary credentials for the use of the ePCR charting software/program.

POLICY:

Equipment Requirements

Each Loyola EMS System EMS Agency/Department shall be responsible for procuring the equipment required to operate the software/program currently approved for use by the Loyola EMS System. Web-based ePCR charting software/programs can typically be utilized to their full potential on equipment with the following features/capabilities:

- Equipment must have a relatively current version of a major operating system (e.g., Windows, iOS, etc.) which is capable of supporting and running the ePCR software/program
- Equipment must have internet connectivity (wireless capability preferred)
- Equipment must have appropriate malware/antivirus software
- Equipment must be capable of capturing signatures (i.e. touch screen or connection to electronic signature capture pad)

PROCEDURES:

Initial Software/Program Access

1. Each EMS Agency/Department shall enter into a contract and submit signed agreements pertaining to the acquisition and use of the web-based ePCR software/program. All required documents shall be submitted to the Loyola EMS System and/or developer of the web-based ePCR software/program approved for use in the Loyola EMS System.
2. Upon completion of contracts/agreements, the software/program developer or Loyola EMS System shall create a profile for the EMS Agency/Department
3. The EMS Agency/Department’s EMS Coordinator or equivalent representative shall submit a roster of their current EMS personnel to the Loyola EMS System office
4. The Loyola EMS System Office shall create user profiles and issue initial login credentials for each Loyola EMS System Provider in each Loyola EMS Agency/Department
5. Each Loyola EMS System Provider shall log into the software/program with their newly-issued login credentials, and shall complete any additional steps required by the software/program developer to finish setting up their account

Continued Software/Program Access

1. Each Loyola EMS Agency/Department shall renew any contracts or agreements required for the continued use of the software/program, and shall complete payment of the invoice issued by the Loyola EMS System for use of the software/program for the previous fiscal year
 - a. Per Loyola EMS System Policy 200.19 (Prehospital Care Reports), an EMS Agency’s failure to fulfill any requirements necessary to maintain their access to the ePCR charting software/program may result in a suspension of their electronic charting capabilities.
 - b. Per Ill. Admin. Code tit. 77 § 515.810, each vehicle within an EMS System must provide “an agreement to file an appropriate EMS run sheet or form for each emergency call, as required by the [EMS] System.”
 - c. Should an EMS Agency/Department’s electronic charting capabilities be suspended, they will be unable to fulfill the documentation requirements of Per Ill. Admin. Code tit. 77 § 515.810. Accordingly, that EMS Agency/Department’s EMS operations would be suspended by IDPH and the Loyola EMS System, pending the Agency/Department’s recovery of their ePCR charting capabilities.
2. The Loyola EMS Agency/Department EMS Coordinator or equivalent representative shall inform the Loyola EMS System office of any changes in personnel
 - a. The Loyola EMS System office will add/remove personnel to the EMS Agency’s profile as appropriate

TITLE: ePCR Equipment and ePCR Software/Program Access (continued)
SECTION: Electronic Patient Care Reporting
EFFECTIVE: 8/1/2023

NUMBER: 1200.3

REVISED/REVIEWED: 8/1/2023

3. The Loyola EMS System Provider shall remain in good standing with the Loyola EMS System
 - a. NOTE: If a Loyola EMS Provider is suspended by the Loyola EMS System, their access to the ePCR charting software/program will also be suspended. Their ePCR access will be restored upon their return to good standing.
4. The Loyola EMS System Provider shall possess an active EMS License in the State of Illinois
 - a. NOTE: Although an EMS Provider who has been granted 'inactive status' by IDPH will remain in good standing with the EMS System, their ePCR charting privileges will be suspended for the duration of their 'inactive status.' ePCR access and privileges will be restored at the time their license is reactivated and their good standing in the Loyola EMS System is confirmed.

TITLE:	Use of ePCR Charting Software/Program and Equipment	NUMBER:	1200.4
SECTION:	Electronic Patient Care Reporting		
EFFECTIVE:	5/1/08	REVISED/REVIEWED:	8/1/2023

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

POLICY: Use of ePCR Charting Software/Program

The web-based ePCR software/program approved for use in the Loyola EMS System shall be used solely for the purposes of documenting patient encounters and EMS incidents, and for the performance of research and administrative functions. Any access or retrieval of ePCRs shall be completed in accordance with Loyola EMS System Policy 200.2a (Confidentiality of Medical Records: Prehospital Care Reports).

Per Loyola EMS Policy 200.2 (Confidentiality of Medical Records), the ePCR is a medical-legal document, and its contents are considered to be protected health information (PHI). All individuals with access to ePCRs and ePCR software/programs must safeguard all PHI to the greatest extent possible, and must strictly adhere to the rules and regulations of HIPAA at all times.

Per Loyola EMS System Policy 200.22 (Email, Internet, and Other Social Media Service Usage), all Loyola EMS System Providers must, at all times, utilize any technologies or services owned or maintained by the Loyola EMS System in an appropriate and professional manner. Also in accordance with Loyola EMS System Policy 200.22, the sharing of login credentials and passwords is prohibited. Any ePCR charting completed under another user's profile constitutes falsification of the prehospital care report, the liabilities and potential consequences of which are described in Loyola EMS System Policy 200.1 (Falsification of Prehospital Care Reports).

The Loyola EMS System provider SHOULD NEVER share their password(s) with anyone, and the personnel of the Loyola EMS System Office SHOULD NEVER ask a Loyola EMS System Provider for their password(s).

If the Loyola EMS System Provider discovers that their login credentials have been compromised, they must immediately inform their EMS Coordinator and the Loyola EMS System Office, at which time a new profile and/or login credentials may be issued by the Loyola EMS System Office as necessary.

Use of Equipment to Access ePCR Charting Software/Program

Per Loyola EMS System Policy 200.22 (Email, Internet, and Other Social Media Service Usage) any virtual activity involving PHI or other confidential information must be conducted on a secure network. As such, ePCRs should only be completed while the device is connected to a secure network, or while the device is disconnected from the internet. ePCRs may only be submitted while the device is connected to a secure network.

Each EMS Agency shall be responsible for overseeing and monitoring its equipment and network(s) for appropriate use. Per Loyola EMS System Policy 200.22, at no time should a Loyola EMS Provider use any device or network intended for professional purposes in manners which are either malicious or blatantly irresponsible. In the event that this does occur, the incident must be reported to the Loyola EMS System Office immediately, and the security of the device and/or network should be assessed. Any device or network discovered to be infected with malware or a computer virus must be removed from service immediately.

The Loyola EMS System strongly recommends that each EMS Agency limit the use of any equipment designated for ePCR charting purposes solely to those required for the completion of professional duties.

TITLE:	ePCR Training	NUMBER:	1200.5
SECTION:	Electronic Patient Care Reporting		
EFFECTIVE:	5/1/08	REVISED/REVIEWED:	8/1/2023

PURPOSE: To explain responsibilities of training EMS Providers on the procedures and operational features of the approved web-based electronic Patient Care Reporting software/program.

POLICY: Upon any transition to a new ePCR software/program, the Loyola EMS System will be responsible for overseeing its implementation and will make arrangements for the initial training of its EMS Agencies. The initial trainings will be conducted by the Loyola EMS System and/or appropriate representatives of the software/program's developer, and will include:

- Demonstrations of how to access the ePCR software/program
- Tutorials on how to complete ePCRs for each type of EMS response and patient disposition
- Announcement and clarification of new or modified processes and procedures related to the implementation of the ePCR software/program
- Review of existing processes and procedures which will remain in effect after the implementation of the ePCR software/program

Following the implementation of the new ePCR software/program and the completion of the initial trainings, each EMS Agency will become responsible for training their EMS Providers and for communicating any ePCR-related updates announced by the Loyola EMS System.

The Loyola EMS System will remain responsible for regulating and coordinating access to the web-based ePCR software/program. These responsibilities will include:

- Maintenance of each Loyola EMS Agency's profile
- Generation of user profiles for new Loyola EMS System Providers
- Granting of ALS or BLS charting privileges, as determined by the Loyola EMS System Provider's level of licensure
- Facilitating password resets for forgotten or compromised passwords which the Loyola EMS System Provider cannot themselves reset through the software/program
- Addition/removal of Loyola EMS Provider's ePCR access under EMS Agency profiles, as determined by the user's current employment status at the applicable EMS Agency
- Suspension of the ePCR account of any Loyola EMS Provider suspended by the System or on inactive status with the State of Illinois

TITLE:	Security and Confidentiality	NUMBER:	1200.6
SECTION:	Electronic Patient Care Reporting		
EFFECTIVE:	5/1/08	REVISED/REVIEWED:	8/1/2023

PURPOSE: To describe security measures relating to electronic Patient Care Reporting and confidentiality of patient records.

POLICY: Electronic PCR data elements, data system, forms, documents, reports are established under the authority of the Loyola EMS System in accordance with IDPH and 77 Ill. Adm. Code § 515.500.

Completed Prehospital Care Report form copies may be provided to other sources only in accordance with legal and valid subpoena; or may be provided to the patient or patient responsible party by valid medical record release supplied by providing agency. Disclosure of medical information shall be in accordance with 77 Ill. Adm. Code §§ 515.350, 515.810.

In accordance with Loyola EMS System Policy 200.2a (Confidentiality of Medical Records: Prehospital Care Reports), ePCRs shall be accessed and retrieved from archived records only by individuals who are authorized to do so. Completed Prehospital Care Reports may be accessed or retrieved for the following purposes:

- Replacement of missing, damaged, or illegible PCR in patient's medical record
- Addendum(s) to PCR by report's author
- Quality Assurance/Quality Improvement (QA/QI) initiatives
- EMS Quality Control Communication Report (EQCCR)
- Billing
- Formal Legal Requests (e.g. Freedom of Information Act, subpoena, etc.)
- The patient or their legal guardian through a valid medical records release process

Password Protection for SecureLink /Remote Desktop

Each user should keep their password confidential to prevent unauthorized access to their data, files and system. It is recommended that users regularly change their passwords. In the event that a user's login credentials become compromised, the user should change their password immediately if able to do so, and should inform their EMS Agency/Department EMS Coordinator and the Loyola EMS System Office immediately.

TITLE:	Completion of ePCR Forms	NUMBER:	1200.7
SECTION:	Electronic Patient Care Reporting		
EFFECTIVE:	5/1/08	REVISED/REVIEWED:	8/1/2023

PURPOSE: To describe procedures for completing an electronic Patient Care Report.

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

GUIDELINES:

1. A Prehospital Care Report (electronic or paper as appropriate) shall be completed by each vehicle service provider for every incident in which their services are requested. Incidents for which Prehospital Care Reports must be completed include:
 - i. Emergent patient transports
 - ii. Non-emergent patient transports
 - iii. Transfer of care to another EMS Provider
 - iv. Single patient refusals
 - v. Multiple patient refusals (MPRs)
 - vi. Invalid Assists
 - vii. Uncooperative patients without law enforcement assistance
 - viii. Response to incidents for which no patients were found (e.g. “no patient” calls, fire alarms)
2. Each authorized EMS Provider who participates in the care rendered to a patient transported must complete an e-PCR based upon the portion of the assessment and treatment they performed.
3. If a patient is transported to a hospital, nursing home or private home address, one copy of the e-PCR form should be left at the destination facility in accordance with 77 Ill. Adm. Code § 515.330(l). If unable to leave a signed copy, the EMS Provider must provide a printed copy to the facility either in person or fax either within 2 hours of arrival at the facility or the crew returns to service, whichever is shorter.
4. The primary care attendant is responsible for completing the Prehospital Care Report (PCR).
5. The ePCR form must be accurately completed. Willful failure to accurately complete an e-PCR form is considered falsification of record and may result in formal investigation and penalty under 77 Ill. Adm. Code § 515.350.

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

1. The white copy of the PCR is retained by the provider department responsible for and providing service to the patient.
2. The pink copy of the PCR is retained by the receiving facility as a record of patient care and remains a permanent part of the patient’s medical record.
3. The yellow copy of the PCR will ultimately be retained and stored at the resource hospital. However, the yellow copy should be initially left at the receiving hospital in their designated area at the time of the emergency call. The System Associate Hospital will be responsible for forwarding these to the Resource Hospital following completion of monthly continuous quality assurance activities.
4. The PCR may be utilized for purposes of data collection and quality assurance activities.

TITLE: Completion of ePCR Forms (continued)
SECTION: Electronic Patient Care Reporting
EFFECTIVE: 5/1/08

NUMBER: 1200.7
REVISED/REVIEWED: 8/1/2023

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

Any request for a PCR made by attorneys or other persons who do not have appropriate legal documentation should immediately be referred to the Loyola EMS System Office. The release of PCR will be handled formally through the Loyola University Medical Center Medical Records/Risk Management Departments.

6. State data collection will be documented on designated forms and submitted to the Resource Hospital. Data will be forwarded to the state by the Resource Hospital. The Loyola EMS System will coordinate the collection of electronic data with its EMS Agencies/Departments, and will provide any necessary guidance to System participants.
7. Paper PCR is only acceptable in instances of emergencies (i.e. system failure), and at no point is it to be entered into the e-PCR program.

TITLE:	ePCR Addenda	NUMBER:	1200.8
SECTION:	Electronic Patient Care Reporting		
EFFECTIVE:	5/1/08	REVISED/REVIEWED:	8/1/2023

PURPOSE: To describe the procedure for making an addendum to an ePCR.

- POLICY: In some circumstances, an EMS Provider may need to amend an ePCR which has already been completed and submitted. Amending an ePCR, also known as making an addendum, should be reserved for situations in which:
- Important information about the patient has been learned after the completion and submission of the ePCR, examples of which may include:
 - Significant findings on the scene by first responders after the crew has left the scene which may be pertinent to the patient’s continued care, including but not necessarily limited to:
 - Possible exposure to communicable disease
 - Possible Hazmat exposure/contamination
 - Discovery of significant medical-legal information, including but not necessarily limited to:
 - Discovery and documentation of evidence indicating suicidal/homicidal ideation
 - Discovery and documentation of relevant medical-legal documents
 - Establishment of contact with Powers of Attorney or healthcare surrogate(s), as appropriate, and documentation of names and contact information
 - Follow-up with outside agencies has occurred after the completion of the ePCR, examples of which may include:
 - Notification of appropriate agencies for reportable incidents (e.g. DCFS, elder abuse, law enforcement, etc.), and documentation of case number for the report
 - Completion of case initiated with Poison Control
 - To document information important to the continued care of the patient which was unintentionally omitted from the initial PCR
 - To clarify any information documented in error which may significantly affect the patient’s care

Under no circumstances should any information ever be deleted from the initial ePCR, nor should the Loyola EMS Provider making an addendum document the occurrence of something which did not happen or attempt to obfuscate something which did. Such actions shall constitute falsification of the prehospital care report and a violation of Loyola EMS System Policy 200.1 (Falsification of Prehospital Care Reports).

PROCEDURE: An addendum to an ePCR may only be made by a crewmember who is listed on the initial ePCR. For an addendum to be made, the following steps must occur:

1. The EMS Agency/Department EMS Coordinator and/or the Loyola EMS System office must be informed of the addendum request
2. If the request to make an addendum is approved, the EMS Agency/Department EMS Coordinator and/or the Loyola EMS System office will grant the Loyola EMS Provider the required ePCR access to document the addendum
3. In the presence of a witness, the Loyola EMS Provider will complete the addendum, on which the date and time must be documented
 - If the patient was transported, the EMS Agency/Department EMS Coordinator and/or the Loyola EMS System office must forward a copy of the addendum to the receiving facility

TITLE:	Submission of the ePCR	NUMBER:	1200.9
SECTION:	Electronic Patient Care Reporting		
EFFECTIVE:	5/1/08	REVISED/REVIEWED:	8/1/2023

PURPOSE: To describe procedures for submitting ePCRs to the Loyola EMS server.

POLICY:

1. The ePCR should be completed as soon as possible following the end of the call
2. Upon completion of the ePCR, the Loyola EMS Provider shall ensure that the equipment used to complete the ePCR has a strong internet connection on a secure network
3. The Loyola EMS Provider shall submit the ePCR on the web-based software/program through the secure network
4. If the ePCR was completed for a patient who was transported, the Loyola EMS Provider should ensure that the runsheet is received by the ED prior to their leaving the facility

TITLE:	Storage of ePCRs	NUMBER:	1200.10
SECTION:	Electronic Patient Care Reporting		
EFFECTIVE:	5/1/08	REVISED/REVIEWED:	8/1/2023

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

POLICY: All ePCRs completed by Loyola EMS System Agencies/Departments shall be archived indefinitely by the Loyola EMS System office or the web-based ePCR software/program developer. All ePCRs completed prior to the Loyola EMS System's transition to a web-based charting platform shall be archived and maintained by the Loyola EMS System office on secure servers.

All ePCRs completed following the Loyola EMS System's transition to a web-based charting platform shall be archived and maintained by the ePCR software/program developer, and shall be accessible by the Loyola EMS System office and the EMS Agency/Department.

Confidentiality of archived ePCRs shall be maintained in accordance with Loyola EMS System Policy 200.2a (Confidentiality of Medical Records: Prehospital Care Reports). Similarly, access to and retrieval of archived ePCRs shall be performed in accordance with Loyola EMS System Policy 200.2a.

TITLE:	ePCR Program/Software System Downtime/Failure	NUMBER:	1200.11
SECTION:	Electronic Patient Care Reporting		
EFFECTIVE:	5/1/08	REVISED/REVIEWED:	8/1/2023

PURPOSE: To describe the procedure for addressing electronic PCR program/software system downtime or failure.

POLICY:

1. Upon learning of an ePCR program/software system downtime or failure, the Loyola ePCR System Administrator and/or the EMS System Coordinator shall notify all Loyola EMS System Agency/Department EMS Coordinators via email.
 - a. The notification shall include information about the downtime or failure, including its estimated duration if known, and any details or instructions specific to the incident.
2. During the downtime or system failure, Loyola EMS Providers will continue to document all Patient Care Reports electronically utilizing offline charting software.

TITLE:	Personnel Changes	NUMBER:	1200.12
SECTION:	Electronic Patient Care Reporting		
EFFECTIVE:	5/1/08	REVISED/REVIEWED:	8/1/2023

PURPOSE: To define the procedure for the addition and deletion of EMS Agency personnel who will be using the electronic PCR program.

POLICY: The Loyola EMS System office will maintain the user rosters for each Loyola EMS Agency/Department, and will add or remove personnel as determined by their employment at the Loyola EMS Agency/Department and the provider's standing within the EMS System.

The Loyola EMS System Agency/Department's EMS Coordinator shall be responsible for:

- Requesting the addition of any new users at the time of their hire
 - Addition of new users will require the following information
 - Provider's name (as it appears on the IDPH EMS license)
 - IDPH EMS License Number
 - Level of Licensure
 - Loyola EMS System Number
- Requesting modifications in charting privileges based on changes in a Loyola EMS Provider's scope of practice (e.g. EMT-B becomes an EMT-P)
- Requesting modifications in ePCR software/program access based on an employee's change in position (e.g. change in EMS Agency/Department EMS Coordinator)
- Informing the Loyola EMS System of the end of a Loyola EMS Provider's employment at their EMS Agency/Department

TITLE:	Allowable ePCR Modifications	NUMBER:	1200.13
SECTION:	Electronic Patient Care Reporting		
EFFECTIVE:	2/1/14	REVISED/REVIEWED:	8/1/2023

PURPOSE: To describe instances in which an ePCR user who was not on a call may alter an ePCR, and to establish which ePCR modifications are allowable in those instances.

POLICY: In some instances, modification of a completed and submitted ePCR may be necessary to correct minor errors or programming malfunctions which are preventing the collection of data for research and/or impeding an EMS Agency/Department's ability to complete billing procedures. In these instances, an ePCR user who was not on the call may make the following types of ePCR modifications:

1. Correction of the following clerical errors:
 - a. Run number
 - b. Patient demographics
 - c. Scene address
 - d. Destination address
2. Correction of NEMESIS errors of the e-PCR as required by IDPH.

The following individuals are authorized by the Loyola EMS System to make ePCR modifications:

- Loyola EMS Agency/Department EMS Coordinator
- Loyola EMS System ePCR Administrator
- Loyola EMS System Coordinator or designee
- Crewmember who was on the call

Any change to a completed and submitted ePCR beyond the correction of clerical errors and/or programming malfunction, shall require an ePCR addendum, which may only be completed by an ePCR user who is listed on the initial ePCR and was involved in the incident in question. See Loyola EMS System Policy 1200.8 (ePCR Addendum).

TITLE:	Email/Network Requirements for ePCR Usage and Official Correspondence	NUMBER:	1200.14
SECTION:	Electronic Patient Care Reporting		
EFFECTIVE:	1/1/2021	REVISED/REVIEWED:	8/1/2023

PURPOSE: To describe the email and network requirements of Loyola EMS Agencies/Departments and Loyola EMS Providers to be allowed access and continued use of the System-approved web-based ePCR software/program. To establish acceptable modes of communicating protected health information (PHI) and other confidential information for all EMS Agencies/Departments and EMS Providers within the Loyola EMS System.

POLICY: Per Loyola EMS System Policy 200.22 (Email, Internet, and Other Social Media Usage), any virtual activity involving protected health information (PHI) or other confidential information may only be conducted on a secure network, and emails containing PHI or other confidential information may only be sent between business/professional or governmental email domains. Under no circumstances should PHI or other confidential information be sent from or to private/personal email accounts or over an unsecure network.

As such, all Loyola EMS Agencies/Departments must obtain a secure professional/business or governmental email domain, and shall issue either a professional/business or governmental email account to each Loyola EMS Provider within their employ. Each Loyola EMS Agency/Department shall also take any necessary measures to ensure that its virtual networks are secure. The Loyola EMS System office will only conduct official correspondence with EMS Agencies/Departments, hospitals, and other EMS and healthcare agencies with business/professional or governmental email domains. The Loyola EMS System office will not respond to any emails referring to PHI or other confidential information which were sent from a non-business/professional or a non-governmental email accounts.

The Loyola EMS System office will only issue ePCR login credentials to Loyola EMS Providers with business/professional or governmental email accounts, and those business/professional or governmental email accounts shall be the ones used to establish Loyola EMS System Provider user profiles for the System-approved web-based ePCR program/software.

Loyola EMS Agency/Department EMS Coordinators or their equivalent representatives shall be granted web-based ePCR software/program access as necessary to complete their operational needs and fulfill any Loyola EMS System requirements.