

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

200 SERIES

POLICY AND PROCEDURES

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

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200 SERIES

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SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM**TITLE: SYSTEM REGISTRATION OF EMS PERSONNEL****POLICY:**

All System Agency EMS personnel must be registered through the System in order to function and operate in the prehospital care setting.

Each System Agency Coordinator is responsible for maintaining a current roster with the System. In addition to real-time updates the EMS Coordinator must submit to the System EMS Office a current, updated roster of EMS personnel on an annual basis, due by April 1st. The EMS Office may request a specific format be used when submitting these updated rosters. All EMS personnel included on the agency roster will have an assigned 4-digit identification number to be used on all EMS report forms and continuing education forms to verify attendance.

Requests for individual system identification numbers must be made in writing by the agency coordinator/representative and forwarded to the System EMS Office for processing. The letter, (on agency letterhead), must include proof of EMS licensure in the State of Illinois, current CPR card, driver's license, home address, cell phone, social security number, date of birth, email, primary system designation, current SMO exam date and score, and the year that the individual was initially licensed at their current level of licensure.

Any INCOMPLETE System Number requests (requests not containing all requirements as outlined in system entry policies 200-2 and 200-3) WILL BE RETURNED.

Any UNCLEAR, ILLEGIBLE, OR UNREADABLE System Number requests (copies of cards or licenses too dark, too light or unreadable writing) as outlined in system entry policies 200-2 and 200-3) WILL BE RETURNED.

A licensed Paramedic or A-EMT/EMT-I may **NOT** function as an EMT (other than a **2-week** grace period while completing system entry requirements). Other than this 2-week grace period, the only time an EMS person may function at a level lower than their License is when they are working for an Agency that has a State approved level of service that is lower than that of the EMS person's license level. An example in our EMS System is XYZ Fire Department is State approved at the BLS level only, but has Paramedics working for them. Those Paramedics can only function at the BLS level because the State has not authorized XYZ Fire Department to function at any level higher than BLS.

In the event that an EMS Personnel resigns from active participation or allows licensure to lapse, or for any reason terminates his or her affiliation with the agency, the EMS Office must be notified in writing by the agency coordinator/representative.

In the event that a System EMS Personnel is killed in the line of duty, notification must be made to the System and IDPH within 1 business day.

EFFECTIVE DATE: 08-15-80

REVISED DATE: 10-26-18

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM**TITLE: SYSTEM ENTRY REQUIREMENTS – EMR AND EMT****POLICY:**

The System requires that all EMRs and EMTs of member agencies be assigned and utilize a System Number in order to function within the System. System entry will be completed as follows:

- I. Requests must be made in writing by the agency representative. The request must be made in letter format and on agency letterhead indicating that the EMR or EMT is or will be an active EMS Personnel with that agency. All copies must be clear and easily readable.
- II. The following documentation/information must be submitted with the request:
 - A. Typed or printed on the letter **MUST** be the following:
 1. EMR or EMT's full and legal name
 2. Complete home address including street, city, state, and zip code
 3. Cell phone number with area code
 4. Date of birth and Social Security Number
 5. Email address *LEGIBLE*
 6. Primary/Secondary System designation and
 7. The year that the EMT was initially licensed as an EMR or EMT.
 - B. **COPY OF THE FOLLOWING 3 DOCUMENTS ALL ON ONE PAGE**
 1. Current IDPH EMR or EMT license as applicable
 2. Current CPR/BLS Provider card (AHA OR AHA equivalent)
 3. Copy of individuals Driver's License (**MUST BE READABLE/CLEAR**)
 - C. EMT only: Verification of successful completion of the BLS Region 7 SMO exam for current level of licensure. **Must be done prior to requesting System Number and working in the field.**
- III. The agency representative will receive a System number in writing within 10 working days of the receipt of the request.
- IV. The EMR or EMT will receive his System number by email and a copy of the System's policy on relicensure. This System number is only valid while the EMR or EMT is employed by the agency that requested it.
- V. The agency representative or EMR/EMT must forward copies of the EMR/EMT's license and CPR card each time relicensure is completed. The EMS Office must be notified in writing anytime an EMT leaves the agency or when personal information outlined in section II above changes.

EFFECTIVE DATE: 06-01-94

REVISED DATE: 10-26-18

ATTACHMENT: 1-Page (Form Letter)

SYSTEM AGENCY AFFILIATION VERIFICATION
for System Entrance Applicant

(Place on Agency letterhead OR print your Agency's Name)

Date: ___ / ___ / ___

David J. Mikolajczak, DO, FACOEP
Silver Cross EMS System
1900 Silver Cross Blvd
New Lenox, IL 60451

Dr. Mikolajczak,

I verify that (entry applicant name) _____ is an actively functioning **EMR or EMT (CIRCLE ONE)** with this IDPH approved provider agency with the Silver Cross EMS System. The aforementioned individual will operate and be affiliated with this agency. Should the applicant cease affiliation with this agency, the System EMS Office will be **immediately** notified. Please forward a Silver Cross EMS System Number.

Entry Applicant Address: _____

City: _____ State: _____ Zip: _____

Cell Phone # :(_____) _____ - _____

Date-of-Birth: ___ / ___ / ___ Social Security #: _____ - _____ - _____

EMAIL: _____

Primary System: _____ Secondary System: _____

This individual was initially licensed at his current level in _____ (year).

Region VII SMO Exam Date: ___ / ___ / ___ and Score: _____ %

Attachment: * ALL ON 1 PAGE * EMR or EMT License / Current CPR Card / Drivers License
All copies must be clear and easily readable or the request will not be processed.

Agency EMS Coordinator's Signature and Date

SYSTEM AGENCY AFFILIATION VERIFICATION
for System Entrance Applicant

(Place on Agency letterhead OR print your Agency's Name)

Date: ___ / ___ / ___

David J. Mikolajczak, DO, FACOEP
Silver Cross EMS System
1900 Silver Cross Blvd
New Lenox, IL 60451

Dr. Mikolajczak,

I verify that (entry applicant name) _____ is an actively functioning **EMR or EMT (CIRCLE ONE)** with this IDPH approved provider agency with the Silver Cross aforementioned individual will operate and be affiliated with this agency. Should the applicant cease affiliation with this agency, the System EMS Office will be **immediately** notified. Please forward a Silver Cross EMS System Number.

Entry Applicant Address: _____

City: _____ State: _____ Zip: _____

Cell Phone # :(_____) _____ - _____

Date-of-Birth: ___ / ___ / ___ Social Security #: _____ - _____ - _____

EMAIL: _____

Primary System: _____ Secondary System: _____

This individual was initially licensed at his current level in _____ (year).

2016 Region VII SMO Exam Date: ___ / ___ / ___ and Score: _____ %

Attachment: * ALL ON 1 PAGE * EMR/EMT License / Current CPR Card / Drivers License
All copies must be clear and easily readable or the request will not be processed.

EMS Coordinator's Signature and Date

SILVER CROSS EMS SYSTEM

PARAMEDIC, EMT-I/AEMT & PHRN SYSTEM ENTRANCE CHECK LIST & PERSONAL PROFILE

All items must be completed. Print only. All copies must be clear and easily readable.

SYSTEM USE ONLY: App Received: / / **Confirmation Emailed:** / / **System #:**

FULL LEGAL NAME: _____ **SS#** _____ / _____ / _____

STREET ADDRESS: _____ **D.O.B.** _____ / _____ / _____

CITY: _____ **STATE:** _____ **ZIP:** _____ **CELL#:** _____ - _____ - _____

EMAIL:(print neatly) _____

SILVER CROSS EMS AGENCY/DEPARTMENT: _____

WHAT SYSTEM WILL BE YOUR PRIMARY SYSTEM: _____

WHERE WERE YOU TRAINED (SYSTEM NAME) _____ AND YEAR _____

DONE - ✓ DESCRIPTION OF ENTRY REQUIREMENTS

In special circumstances an entry applicant may be allowed to begin functioning prior to completion of the entire checklist > EMS Coordinator must call for permission & email this checklist with copies of the * items. Test date must also be scheduled.

1. * Copy of current IDPH EMT-I/AEMT, PHRN or Paramedic license. { License #: _____
2. * Copy of current CPR card > Expiration: _____ { Expiration: _____
3. * Copy of Driver’s License. Must be legible with clear photo
4. * Letter of “Good Standing” from Primary EMS System including current CE hours: _____
5. **System Entry Date:** (choose either the first or third Tuesday of the month)

Rhythm Strip Written Exam: 1st Attempt: _____, 2nd Attempt: _____

Medical Math Written Exam: 1st Attempt: _____, 2nd Attempt: _____

Mega Code Practical Exam: 1st Attempt: _____, 2nd Attempt: _____

* Region 7 ALS SMO Exam: 1st Attempt: _____, 2nd Attempt: _____

By signing below I agree to review/abide by the SCEMSS policies & procedures including Policy 300-50 on DNR/POLST and 200-20 on System CE, and further agree to review all System entry prep materials on the System website silvercrossems.com System Entry page and SMO page.

Signature of Entry Applicant _____ **Date** _____

Signature of EMS Coordinator _____ **Date** _____

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: SYSTEM ENTRY REQUIREMENTS - PARAMEDIC, A-EMT/EMT-I, AND PHRN

POLICY:

The System requires that all Paramedics, A-EMTs/EMT-Is, and PHRNs of member agencies successfully complete the System entry process and receive a System number in order to function within the System. ALL ENTRY APPLICANTS MUST BE HIRED BY A SCEMSS AGENCY BEFORE APPLYING FOR SYSTEM ENTRY. An agency may state that employment is determinant on passing the SCEMSS entry process, but entry testing will not be initiated until an offer of employment is decided. System entry will be completed as follows:

- I. **The Agency Coordinator will assist the applicant in completing and submitting the attached System Entry Checklist.** The checklist must be filled out and signed by both the applicant and Coordinator and include legible attachments, preferably on one page. The checklist and items 1-3 below must be emailed to the System office (cc the applicant) to begin the applicant's System entry process. **The checklist must state the applicant's desired date of entry testing.** Testing may be waived if the applicant recently graduated from the SCEMSS Paramedic Program or if the applicant was recently removed from the System, but the System makes that determination.
 1. Include a legible copy of the current (Paramedic, EMT-I/AEMT, or PHRN) IDPH license.
 2. Include a legible copy of the current BLS Healthcare Provider certification (must be AHA, ARC or AHA equivalent)
 3. Include a legible copy of a current Driver's license.
 4. Ensure the applicant requests a Letter of **Good Standing** from their current primary EMS System be emailed to the SCEMSS Operations Coordinator. The letter must state that the provider is in good standing and/or that there are no patient care incidents on file. If newly licensed, then this letter will come from the System from which the applicant just graduated. CE hours are required to be included when an applicant is joining SCEMSS and designating SCEMSS as their Primary System. CE submitted from an outside source must comply with Silver Cross Policy 200-8 in order to be accepted (no exceptions).
 5. SYSTEM ENTRY TESTING: is held the first and third Tuesday each month at 1:30pm in the EMS Classroom. Applicants are required to review and held accountable for the preparatory materials on the "System Entry" page of the System's website www.silvercrossems.com. A \$100 retest fee is required for all retests. System Entry Testing includes an:
 - interview with the EMS Medical Director or designee; and
 - 10-question medical math exam, and
 - 10-question EKG rhythm strip identification exam, and
 - practical exam including needle cric, advanced airway and ACLS Mega Code, and the
 - ALS Region 7 SMO exam (if not already completed and included in the letter of good standing).
- II. Failure of any exam may necessitate completion of and ER EMS MD rotation or preclude the applicant from entry completely.
- III. System EMS Personnel may only keep Silver Cross as a system as long as they remain actively employed by a Silver Cross agency.
- IV. Silver Cross EMS official System Numbers are issued after all entry requirements have been successfully completed and will be emailed to the applicant and cc'd to the agency.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: SYSTEM ENTRY REQUIREMENTS - PARAMEDIC, A-EMT/EMT-I, AND PHRN

POLICY: CONTINUED

IV. **New Paramedics already functioning in the Silver Cross EMS System as EMTs will have ONLY 2 WEEKS to initiate System Entry once their new Paramedic license is in hand.** The reason for this is because once the Paramedic license is issued the EMT license is no longer active, therefore leaving the newly licensed Paramedic not able to function in the System. The System allows a 2-week transition time while the entry process is started.

- A. New Graduates of the Silver Cross EMS Paramedic Education Program** are not automatically entered into the System. The Silver Cross Agency EMS Coordinator must send a completed System Entry Checklist with attachments 1-3 (Paramedic license, current CPR card and driver's license) AND verification of the current ALS SMO exam to the System to enter the new Paramedic. **Completion of the ALS SMO exam with Silver Cross or any other Paramedic Program does not automatically enter you into any System or Region. It is merely one portion of the System Entry process.**
- B. New Graduates of any other Paramedic Program** must complete the entire System Entry Checklist with their department's EMS Coordinator and schedule their entry test date within 2 weeks.. The entire checklist is required even if the new Paramedic is already an EMT in the Silver Cross EMS System because a Paramedic undergoes additional entry testing. Item #4, the good standing letter, would come from the System where they just completed the Paramedic Education Program.

Graduates of any program must be actively employed with an in-System agency to join SCEMSS.

ATTACHMENTS: 1 – PAGE (Entry Checklist)

EFFECTIVE DATE: 09-01-94

REVISED DATE: 03-30-20

SILVER CROSS EMS SYSTEM

PARAMEDIC, EMT-I/AEMT & PHRN SYSTEM ENTRANCE CHECK LIST & PERSONAL PROFILE

All items must be completed. Print only. All copies must be clear and easily readable.

SYSTEM USE ONLY: App Received: / / **Confirmation Emailed:** / / **System #:**

FULL LEGAL NAME: _____ **SS#** ____/____/____

STREET ADDRESS: _____ **D.O.B.** ____/____/____

CITY: _____ **STATE:** _____ **ZIP:** _____ **CELL#:** _____ - _____ - _____

EMAIL:(print neatly) _____

SILVER CROSS EMS AGENCY/DEPARTMENT: _____

WHAT SYSTEM WILL BE YOUR PRIMARY SYSTEM: _____

WHERE WERE YOU TRAINED (SYSTEM NAME) _____ AND YEAR _____

DONE - ✓ DESCRIPTION OF ENTRY REQUIREMENTS

In special circumstances an entry applicant may be allowed to begin functioning prior to completion of the entire checklist > EMS Coordinator must call for permission & email this checklist with copies of the * items. Test date must also be scheduled.

1. * Copy of current IDPH EMT-I/AEMT, PHRN or Paramedic license. { **License #:** _____

2. * Copy of current CPR card > Expiration: _____ { **Expiration:** _____

3. * Copy of Driver's License. Must be legible with clear photo

4. * Letter of "Good Standing" from Primary EMS System including current CE hours: _____

5. **System Entry Date:** (choose either the first or third Tuesday of the month)

Rhythm Strip Written Exam: 1st Attempt: _____, **2nd Attempt:** _____

Medical Math Written Exam: 1st Attempt: _____, **2nd Attempt:** _____

Mega Code Practical Exam: 1st Attempt: _____, **2nd Attempt:** _____

*** Region 7 ALS SMO Exam: 1st Attempt:** _____, **2nd Attempt:** _____

By signing below I agree to review/abide by the SCEMSS policies & procedures including Policy 300-50 on DNR/POLST and 200-20 on System CE, and further agree to review all System entry prep materials on the System website silvercrossems.com System Entry page and SMO page.

Signature of Entry Applicant _____ **Date** _____

Signature of EMS Coordinator _____ **Date** _____

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM**TITLE:** PHRN (PRE-HOSPITAL RN)**POLICY:** IDPH CODE 515.730

The System will recognize as a PHRN (Pre-Hospital RN) as any RN who meets all requirements set forth in this policy. A PHRN may function in the prehospital setting as an ALS provider in accordance with System Policy approved SMOs and IDPH code 515.730.

I. **INITIAL LICENSURE:** Any RN wishing to function within the System as a PHRN must be affiliated with an SCEMSS agency and successfully meet the following requirements:

A. **Requirements for Illinois licensed RN that does NOT have an IDPH PHRN license:**

1. Successful completion of an IDPH approved PHRN course, which consists of at least 40 hours of classroom and psychomotor education equivalent to the entry level Paramedic program; and practical education, including, but not limited to, advanced airway techniques, ambulance operations, extrication, telecommunications, and pre-hospital cardiac and trauma care of both the adult and pediatric population.
2. Current Illinois RN license
3. Current BLS Healthcare Provider CPR certification (AHA or AHA equivalent)
4. Current BLS/CPR, ACLS, PALS, and either PHTLS/ITLS/TNS/TNCC certification
5. Completion of 120 hours of clinical ride time with a System approved PHRN or Paramedic preceptor. A minimum of 10 ALS runs must be approved during this time.
6. **New applicants completing course work after January 1, 2018 must successfully pass the Illinois Paramedic licensure exam as the PHRN cognitive competency exam.**

The EMS MD will submit licensure paperwork to IDPH once all of the above have been successfully completed and licensure paperwork with \$30 IDPH fee received.

B. **Requirements for an IDPH licensed PHRN from another EMS system:** who wishes to join/function in the Silver Cross EMS System must successfully meet the requirements of system entrance as stated in policy **200-03 “System Entry Requirements Paramedic, A-EMT/EMT-I, and PHRN”**.

II. **RELICENSURE** SCEMSS PHRNs are required to meet all renewal requirements as stated in policy **200-7 “Paramedic and PHRN Relicensure”**. Please refer to that policy.

EFFECTIVE DATE: 04-30-92**REVISED DATE:** 10-26-18

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM**TITLE: EMT RELICENSURE****POLICY: IDPH CODE 515.590**

It will be the responsibility of the individual EMT and/or their System provider agency to ensure efficient and effective monitoring of CE hours during this 4-year relicensure period. Requirements for EMT license renewals are delineated in the Rules and Regulations set forth by the IDPH (Illinois Department of Public Health).

- I. The EMS MD or designee will process the EMT's relicensure with the IDPH upon documentation of the following:
 - A. A minimum of 60 hours of Continuing Education is required for the 4-year relicensure period. Refer to "Standards for EMT Continuing Education". Proof of CE hours will be submitted in an approved format per System policy 200-8. **All SCEMSS mandatory Moodle CE must be current per policy 200-20.** Visit the System website at www.silvercrosssems.com System Moodle CE Page.
 - B. A current BLS provider CPR card in compliance with AHA guidelines must be maintained with the System office.
 - C. A completed Child Support and Felony Conviction Statement must be made on-line at <https://emslic.dph.illinois.gov/GLSuiteWeb/clients/ildohems/private/OnlineServices.aspx> using the PIN provided by IDPH and last 4 of your SS# along with a renewal fee of \$20 paid to IDPH on-line via credit/debit card.
- II. Always KEEP IDENTICAL COPIES OF EVERYTHING FOR YOUR OWN RECORDS FOR A MINIMUM OF 4 YEARS.
- III. If the EMS MD has appropriate evidence that an EMT's skills performance has not been adequately demonstrated, the EMT will be required to complete a written exam with a minimum score of 80% to pass. An EMT may request to retake the exam in its entirety within 14 days of the original test date. It is the EMT's responsibility to make the necessary arrangements. Should an EMT fail a second attempt, a review must be completed by the EMS MD to make a determination on the EMT's status.
- IV. An EMT who fails to meet all requirements in section I above will not be recommended for relicensure unless one of the following applies:
 - A. The EMT has successfully completed a state approved Intermediate or Paramedic Education Program and has met all requirements for licensure at the A-EMT/EMT-I or Paramedic level.
 - B. The EMT submits a written request for an extension to the EMS MD or designee, who files by form to the IDPH for a final ruling. If the request is granted, the EMT will have until the end of the extension period to meet all requirements for relicensure.
- VI. Any EMT, whose license has expired, **within 60 days** after license expiration, may submit all relicensure material as required in this Part and a fee of \$50.00 made payable to the Illinois Department of Public Health, in the form of a certified check, organizational check, or money order. If all material is in order and there is no disciplinary action pending against the EMT, the System will submit a transaction card to the IDPH.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM**TITLE: EMT RELICENSURE**

- VII. Any EMT whose license has expired for a period of **more than 60 days but less than 36 months** may apply for “**REINSTATEMENT**” with their EMS System. This reinstatement will include submission of all relicensure material as required in this policy, plus a fee of \$45.00 made payable to the Illinois Department of Public Health in the form of a certified check or money order, and in addition to the items listed below. If all material is in order and there is no disciplinary action pending against the EMT, the System will approve and sign the EMT’s IDPH License Reinstatement Application form and forward to IDPH. The applicant would still need to successfully complete the IDPH licensing exam for the level of EMS license sought to be reinstated after all System requirements are met.
- A. The EMT will be required to produce a valid CPR card and 60 hours of CE
 - B. Pay for and submit a State of Illinois background check via ISP.
 - C. 16 hours of ED clinical time with an approved Silver Cross ED preceptor
 - D. EMTs will take and pass with a >80% score:
 - 1. 100-200 question EMT course final written exam
 - 2. A 50-question SMO (most recent) exam
 - 3. A skills evaluation exam scored on NREMT-P guidelines
- VIII. Any EMT whose license has expired for a period of **more than 36 months** will be required to complete a new education program, pass the test, and file for new licensure.
- IX. At any time prior to the expiration of the current license, an EMT may downgrade to EMR status for the remainder of the license period in writing and attached to the individuals actual printed hard copy of their IDPH license as the license is relinquished. EMS Personnel who have downgraded to EMR may not revert to EMT. Once licensed as an EMR the individual would follow all System and State EMR policy and renewal requirements.

EFFECTIVE DATE: 01-01-94

REVISED DATE: 10-26-18

**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM
STANDARDS FOR EMT CONTINUING EDUCATION**

I. RELICENSURE REQUIREMENTS SUMMARY:

ALL MANDATORY SYSTEM CME MUST BE CURRENT FOR SYSTEM TO RENEW LICENSE.

1. 60 Hours of CE (The 60 required hours may include hours from the list below)
2. Current CPR Certification
3. IDPH on-line: Child support and felony conviction statement plus \$20 renewal fee

Submit to System: Items 1 & 2 / Complete w/IDPH ONLINE: item 3.

II. STANDARDS FOR ACCEPTABLE CONTINUING EDUCATION:

Continuing education classes, seminars, clinical time, workshops or other types of programs will have an assigned IDPH approved site code to be submitted as acceptable CE hours. This includes CE hours obtained by attending Fire Department or Agency education. Refer to www.silvercrossems.com or policy 200-16 "Continuing Education Acceptance & Validation Standards" on IDPH site codes.

| <u>Continuing Education Recommendations</u> | <u>(Documentation) & [Hours]</u> | <u>*Over 4 Years*</u> |
|---|--------------------------------------|-----------------------|
| 1. SCEMSS Trimester CE: (10 hours per completed trimester)..... | 60 hours | |
| 2. BLS SCEMSS Moodle CE Monthly PowerPoint and Quiz (2 - 2.5 hours/month) | 60 hours | |
| 3. CPR certification: AHA BLS Provider Card | 3 hours | |
| 4. Audit EMT Class or B topics of I or P Class (Instructor signature required)..... | UNLIMITED | |
| 5. Agency EMS Education including Hazmat (IDPH approved w/site codes listed)..... | 60 hours | |
| 6. Initial: PHTLS, ITLS, CPR Instructor etc. (Card + Course Schedule) hr/hr..... | 16 hours (max) | |
| 7. Renewal: PHTLS, ITLS, CPR Instructor etc. (Card + Course Schedule) hr/hr | 8 hours (max) | |
| 8. ATLS, Wilderness EMS, TEMS (Cert) EMS Hrs only..... | hour for hour | |
| 9. Emergency Vehicle Operators course/EMD course (Cert + Course Schedule) | 12 hours (max) | |
| 10. Clinical Preceptor/Evaluator (signed CE Sheet) hour for hour..... | 15 hours (max) | |
| 11. Emergency Preparedness event/exercise/training (signed CE Sheet) hr/hr | 12 hours (max) | |
| 12. Health Related College Courses [1 college credit hour = 8 CE hours]..... | UNLIMITED | |
| 13. EMS related Conferences and/or Seminars (Certificate)..... | hour for hour | |
| 14. Online: EmCert.com, Eminent.com, ems-ce.com, MedicEd.com, CAPCE.org (Certificate) | 15 hours (max) | |
| May include: Webinars and online offerings with subject matter found in the EMS Education Standards [e.g. sponsored by a governmental agency (infectious diseases, emergency preparedness) legal experts (documentation HIPAA) organizations or commercial offerings] | | |
| 15. Commercial CE: EMS Video and Magazine CE (Certificate)..... | 15 hours (max) | |
| 16. Participation/Observation: Surgery, Phys Therapy, Lamaze, Childbirth, Autopsy | 5 hours (max) | |
| (Written & Signed statement from Charge Nurse or Physician regarding attendance) | | |
| 17. IDPH Approved Locally Offered CE (Certificate or CE sheet w/hrs +site codes listed) | hour for hour | |

Certificates must include EMS Personnel's name, CE topic, hours awarded, site code or CAPCE, etc. Repetition of a specific class session within a twelve-month period will not be accepted for credit. Drug box inventory and ambulance inventory do not qualify for CE hours or credit.

Independent EMTs are limited to 3, 4, 6, 7, 8, 9, 11, 12, 13, 14, 15, and 17 for CE and must submit CE and CPR to the IDPH Regional Coordinator NOT A SYSTEM.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM**TITLE:** A-EMT/EMT-I RELICENSURE**POLICY:** IDPH CODE 515.590

It will be the responsibility of the individual A-EMT/EMT-I and/or their System provider agency to ensure efficient and effective monitoring of CE hours during this 4-year relicensure period (with the System checking accrued hours every 2 years). Requirements for A-EMT/EMT-I license renewals are delineated in the Rules and Regulations set forth by the IDPH (Illinois Department of Public Health).

- I. The EMS MD or designee will process the A-EMT/EMT-I's relicensure with the IDPH upon documentation of the following:
 - A. A minimum of 80 hours of Continuing Education is required for the 4-year relicensure period. Refer to "Standards for A-EMT/EMT-I Continuing Education". Proof of CE hours will be submitted in an approved format per System policy 200-8. **All SCEMSS mandatory Moodle CE must be current per policy 200-20.** Visit the System website at www.silvercrosssems.com System Moodle CE Page.
 - B. A current BLS provider CPR card in compliance with AHA guidelines must be maintained with the System office.
 - C. A completed Child Support and Felony Conviction Statement must be made on-line at <https://emslic.dph.illinois.gov/GLSuiteWeb/clients/ildohems/private/OnlineServices.aspx> using the PIN provided by IDPH and last 4 of your SS# along with a renewal fee of \$30 paid to IDPH on-line via credit/debit card.
- II. Always KEEP IDENTICAL COPIES OF EVERYTHING FOR YOUR OWN RECORDS FOR A MINIMUM OF 4 YEARS.
- III. If the EMS MD has appropriate, evidence that an A-EMT/EMT-I's skills performance has not been adequately demonstrated; the A-EMT/EMT-I will be required to complete a written system examination with a minimum score of 80% to pass. An A-EMT/EMT-I may request to retake the exam in its entirety within 14 days of the original test date. It is the A-EMT/EMT-I's responsibility to make the necessary arrangements. Should an A-EMT/EMT-I fail a second attempt, a review must be completed by the EMS MD to make a determination on the A-EMT/EMT-I's status.
- IV. An A-EMT/EMT-I who fails to meet all requirements will not be recommended for relicensure unless:
 - A. The A-EMT/EMT-I has successfully completed a state approved Paramedic Education Program and has met all requirements for licensure at the Paramedic level; or
 - B. The A-EMT/EMT-I submits a written request for an extension to the EMS MD or designee, who files by form to the IDPH for a final ruling. If the request is granted, the A-EMT/EMT-I will have until the end of the extension period to meet all requirements for Relicensure.
- V. Any A-EMT/EMT-I, whose license has expired, **within 60 days** after license expiration, may submit all relicensure material as required in this Part and a fee of \$50.00, made payable to Illinois Department of Public Health, in the form of a certified check or money order. If all material is in order and there is no disciplinary action pending against the EMT, the System will submit a transaction card to the IDPH.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM**TITLE: A-EMT/EMT-I RELICENSURE continued**

- VII. Any A-EMT/EMT-I whose license has expired for a period of **more than 60 days but less than 36 months** may apply for “**REINSTATEMENT**” with their EMS System. This reinstatement will include submission of all relicensure material as required in this policy, plus a fee of \$45.00 made payable to Illinois Department of Public Health in the form of a certified check or money order, and in addition to the items listed below. If all material is in order and there is no disciplinary action pending against the A-EMT/EMT-I, the System will approve and sign the A-EMT/EMT-I’s IDPH License Reinstatement Application form and forward to IDPH. The applicant would still need to successfully complete the IDPH licensing exam for the level of EMS license sought to be reinstated after all System requirements are met.
- A. The EMT-I will be required to produce a valid CPR card and 80 hours of CE
 - B. Pay for and submit a State of Illinois background check via ISP.
 - C. 16 hours of ED clinical time with an approved Silver Cross ED preceptor
 - D. A-EMT/EMT-Is will take and pass with a >80% score:
 1. 100-200 question A-EMT/EMT-I course final written exam
 2. A 50-question SMO (most recent) exam
 3. A skills evaluation exam scored on NREMT guidelines
- VIII. Any A-EMT/EMT-I whose license has expired for a period of **more than 36 months** will be required to reapply for licensure, complete the education program and pass the test, and pay the fees as required for initial licensure.
- IX. At any time prior to the expiration of the current license, an A-EMT/EMT-I may downgrade to EMT or EMR status for the remainder of the license period in writing and attached to the individuals actual printed hard copy of their IDPH license as the license is relinquished. EMS Personnel who have downgraded to EMR may not revert to their previous level. EMS Personnel who have downgraded to EMT status may subsequently upgrade to their original level of licensure held at the time of downgrade upon EMS MD approval, which will only be granted once re-education is complete and knowledge and skills are validated. Once licensed as the downgraded level the individual would follow all System and State policy and renewal requirements for that level.

EFFECTIVE DATE: 01-01-94

REVISED DATE: 10-26-18

**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM
STANDARDS FOR A-EMT/EMT-I CONTINUING EDUCATION**

I. RELICENSURE REQUIREMENTS SUMMARY:

ALL MANDATORY SYSTEM CME MUST BE CURRENT FOR SYSTEM TO RENEW LICENSE.

1. 80 Hours of CE (The 80 required hours may include hours from the list below)
2. Current CPR Certification
3. IDPH on-line: Child support and felony conviction statement plus \$30 renewal fee

Submit to System: Items 1 & 2 / Complete w/IDPH ONLINE: item 3.

II. STANDARDS FOR ACCEPTABLE CONTINUING EDUCATION:

Continuing education classes, seminars, clinical time, workshops or other types of programs will have an assigned IDPH approved site code to be submitted as acceptable CE hours. This includes CE hours obtained by attending Fire Department or Agency training. Refer to www.silvercrosssems.com or policy 200-16 “Continuing Education Acceptance & Validation Standards” on IDPH site codes.

| Continuing Education Recommendations | (Documentation) & [Hours] | *Over 4 Years* |
|---|---------------------------|----------------|
| 1. SCEMSS Trimester CE: (10 hours per completed trimester)..... | | 80 hours |
| 2. BLS/ILS SCEMSS Moodle CE Monthly PowerPoint and Quiz (2 - 2.5 hours/month) | | 60 hours |
| 3. CPR certification: AHA BLS Provider Card | | 3 hours |
| 4. Audit A-EMT/EMT-I Class or ILS topics in Paramedic class (Instructor signature required) .. | | UNLIMITED |
| 5. Agency EMS Training including Hazmat (IDPH approved w/site codes listed) | | 80 hours |
| 6. Initial: ACLS, PALS, ITLS, CPR Instructor etc. (Card + Course Schedule) hr/hr..... | | 16 hours (max) |
| 7. Renewal: ACLS, PALS, ITLS, CPR Instructor etc. (Card + Course Schedule) hr/hr | | 8 hours (max) |
| 8. ATLS, Wilderness EMS, TEMS (Cert) EMS Hrs only..... | | hour for hour |
| 9. Emergency Vehicle Operators course/EMD course (Cert + Course Schedule) | | 12 hours (max) |
| 10. Clinical Preceptor/Evaluator (signed CE Sheet) hour for hour..... | | 25 hours (max) |
| 11. Emergency Preparedness event/exercise/training (signed CE Sheet) hr/hr | | 12 hours (max) |
| 12. Health Related College Courses [1 college credit hour = 8 CE hours]..... | | UNLIMITED |
| 13. EMS related Conferences and/or Seminars (Certificate)..... | | hour for hour |
| 14. Online: EmCert.com, Eminent.com, ems-ce.com, MedicEd.com, CAPCE.org (Certificate) | | 20 hours (max) |
| May include: Webinars and online offerings with subject matter found in the EMS Education Standards [e.g. sponsored by a governmental agency (infectious diseases, emergency preparedness) legal experts (documentation HIPAA) organizations or commercial offerings] | | |
| 15. Commercial CE: EMS Video and Magazine CE (Certificate)..... | | 20 hours (max) |
| 16. Participation/Observation: Surgery, Phys Therapy, Lamaze, Childbirth, Autopsy | | 5 hours (max) |
| (Written & Signed statement from Charge Nurse or Physician regarding attendance) | | |
| 17. IDPH Approved Locally Offered CE (Certificate or CE sheet w/hrs +site codes listed) | | hour for hour |

Certificates must include EMS Personnel’s name, CE topic, hours awarded, site code or CAPCE, etc. Repetition of a specific class session within a twelve-month period will not be accepted for credit. Drug box inventory and ambulance inventory do not qualify for CE hours or credit.

Independent A-EMT/EMT-Is are limited to 3, 4, 6, 7, 8, 9, 11, 12, 13, 14, 15, and 17 for CE and must submit CE & CPR to the IDPH Regional Coordinator NOT A SYSTEM.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM**TITLE: PARAMEDIC AND PHRN RELICENSURE****POLICY: IDPH CODE 515.590 and 515.730**

It will be the responsibility of the individual Paramedic/PHRN and their System provider agency to ensure efficient and effective monitoring of CE hours during the 4-year relicensure period. Requirements for Paramedic/PHRN license renewals are delineated in the Rules and Regulations set forth by the IDPH (Illinois Department of Public Health).

- I. The EMS MD or designee will process the Paramedic/PHRN's relicensure with IDPH upon documentation of the following:
 - A. A minimum of 100 hours of Continuing Education is required for the 4-year relicensure period. Refer to the "Standards for Paramedic/PHRN Continuing Education". Proof of CE hours will be submitted in a System approved format per System policy 200-08. **All SCEMSS mandatory Moodle CE must be current per policy 200-20.** Visit the System website at www.silvercrosssems.com System Moodle CE Page.
 - B. A current BLS provider CPR card in compliance with AHA guidelines must be maintained with the System office.
 - C. A completed Child Support and Felony Conviction Statement must be made on-line at <https://emslc.dph.illinois.gov/GLSuiteWeb/clients/ildohems/private/OnlineServices.aspx> using the PIN provided by IDPH and last 4 of your SS# along with a renewal fee of \$40 for Paramedic and \$20 for PHRN paid to IDPH on-line via credit/debit card.

- II. Always KEEP IDENTICAL COPIES OF EVERYTHING FOR YOUR OWN RECORDS FOR A MINIMUM OF 4 YEARS.

- III. If the EMS MD has appropriate evidence that a Paramedic/PHRN's skills performance has not been adequately demonstrated, the Paramedic/PHRN will be required to complete a written system examination with a minimum score of 80% to pass. A Paramedic/PHRN may request to retake the exam in its entirety within 14 days of the original test date. It is the Paramedic/PHRN's responsibility to make the necessary arrangements. Should a Paramedic/PHRN fail a second attempt, a review must be completed by the EMS MD to make a determination on the Paramedic/PHRN's status.

- IV. A Paramedic/PHRN who fails to meet all requirements will not be recommended for relicensure unless the Paramedic/PHRN submits a written request for an extension to the EMS MD, who files by form to the IDPH for a final ruling. If the request is granted, the Paramedic/PHRN will have until the end of the extension period to meet all requirements for relicensure.

- V. Any PARAMEDIC/PHRN, whose license has expired, **within 60 days** after license expiration, may submit all relicensure material as required in this Part and a fee of \$50.00, made payable to Illinois Department of Public Health, in the form of a certified check or money order. If all material is in order and there is no disciplinary action pending against the Paramedic/PHRN, the System will submit a transaction card to the IDPH.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM**TITLE: PARAMEDIC AND PHRN RELICENSURE *continued***

- VII. Any Paramedic/PHRN whose license has expired for a period of **more than 60 days but less than 36 months** may apply for “REINSTATEMENT” with their EMS System. This reinstatement will include submission of all relicensure material as required in this policy, plus a fee of \$60.00 made payable to IDPH in the form of a certified check or money order, and in addition to the items listed below. If all material is in order and there is no disciplinary action pending against the Paramedic/PHRN, the System will approve and sign the Paramedic/PHRN’s IDPH License Reinstatement Application form and forward to IDPH. The applicant would still need to successfully complete the IDPH licensing exam for the level of EMS license sought to be reinstated after all System requirements are met.
- A. The EMS Personnel will be required to produce a valid CPR card and 100 hours of CE
 - B. At the discretion of the EMS MD, the EMS Personnel may be required to produce a valid ACLS and PALS card
 - C. Pay for and submit a State of Illinois background check via ISP.
 - D. 16 hours of ED clinical time with an approved Silver Cross ED preceptor
 - E. Paramedic/PHRNs will take and pass with a >80% score:
 - 1. A ten question EKG strip test and a ten question medical math test
 - 2. A 100-200 question PARAMEDIC/PHRN course final written exam
 - 3. A 50 question Region 7 SMO (most recent) exam
 - 4. A skills evaluation exam scored on NREMTP guidelines
- VIII. Any Paramedic/PHRN whose license has expired for a period of **more than 36 months** will be required to complete a new education program, pass the test, and file for new licensure.
- IX. At any time prior to the expiration of the current license, a Paramedic/PHRN may downgrade to A-EMT/EMT-I, EMT or EMR status for the remainder of the license period in writing and attached to the individuals actual printed hard copy of their IDPH license as the license is relinquished. EMS Personnel who have downgraded to EMR may not revert to their previous level. EMS Personnel who have downgraded to EMT or A-EMT/EMT-I status may subsequently upgrade to their original level of licensure held at the time of downgrade upon EMS MD approval, which will only be granted once re-education is complete and knowledge and skills are validated. Once licensed as the downgraded level the individual would follow all System and State policy and renewal requirements for that level.

EFFECTIVE DATE: 01-01-94

REVISED DATE: 10-26-18

**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM
STANDARDS FOR PARAMEDIC & PHRN CONTINUING EDUCATION**

I. RELICENSURE REQUIREMENTS SUMMARY:

ALL MANDATORY SYSTEM CME MUST BE CURRENT FOR SYSTEM TO RENEW LICENSE.

1. 100 Hours of CE (The 100 required hours may include hours from the list below)
2. Current CPR Certification
3. IDPH on-line: Child support and felony conviction statement plus \$40 renewal fee

Submit to System: Items 1 & 2 / Complete w/IDPH ONLINE: item 3.

II. STANDARDS FOR ACCEPTABLE CONTINUING EDUCATION:

Continuing education classes, seminars, clinical time, workshops or other types of programs will have an assigned IDPH approved site code to be submitted as acceptable CE hours. This includes CE hours obtained by attending Fire Department or Agency training. Refer to www.silvercrosssems.com or policy 200-16 “Continuing Education Acceptance & Validation Standards” on IDPH site codes.

| <u>Continuing Education Recommendations</u> | <u>(Documentation) & [Hours]</u> | <u>*Over 4 Years*</u> |
|---|---|------------------------------|
| 1. SCEMSS ALS Trimester CE: (10 hours per completed trimester) | 100 hours | |
| 2. SCEMSS ALS Moodle CE Monthly PowerPoint and Quiz (2 - 2.5 hours/month) | 100 hours | |
| 3. CPR certification: AHA BLS Provider Card | 3 hours | |
| 4. Audit PARAMEDIC Class (Instructor signature required) | UNLIMITED | |
| 5. Agency EMS Education including Hazmat (IDPH approved w/site codes listed) | 100 hours | |
| 6. Initial: ACLS, PALS, ITLS, CPR Instructor etc. (Card + Course Schedule) hr/hr | 16 hours (max) | |
| 7. Renewal: ACLS, PALS, ITLS, CPR Instructor etc. (Card + Course Schedule) hr/hr | 8 hours (max) | |
| 8. ATLS, Wilderness EMS, TEMS, Critical Care Paramedic (Cert) EMS Hrs only | hour for hour | |
| 9. Emergency Vehicle Operators course/EMD course (Cert + Course Schedule) | 12 hours (max) | |
| 10. Clinical Preceptor/Evaluator (signed CE Sheet) hour for hour | 25 hours (max) | |
| 11. Emergency Preparedness event/exercise/training (signed CE Sheet) hr/hr | 12 hours (max) | |
| 12. Health Related College Courses [1 college credit hour = 8 CE hours] | UNLIMITED | |
| 13. EMS related Conferences and/or Seminars (Certificate) | hour for hour | |
| 14. Online: EmCert.com, Eminent.com, ems-ce.com, MedicEd.com, CAPCE.org (Certificate) | 25 hours (max) | |
| May include: Webinars and online offerings with subject matter found in the EMS Education Standards [e.g. sponsored by a governmental agency (infectious diseases, emergency preparedness) legal experts (documentation HIPAA) organizations or commercial offerings] | | |
| 15. Commercial CE: EMS Video and Magazine CE (Certificate) | 25 hours (max) | |
| 16. Participation/Observation: Surgery, Phys Therapy, Lamaze, Childbirth, Autopsy | 5 hours (max) | |
| (Written & Signed statement from Charge Nurse or Physician regarding attendance) | | |
| 17. IDPH Approved Locally Offered CE (Certificate or CE sheet w/hrs +site codes listed) | hour for hour | |
| 18. PHRN ONLY: ECRN Course (Certificate) | 16 hours | |
| 19. PHRN ONLY: TNS or TNCC (Certificate) | hour for hour | |

Certificates must include EMS Personnel’s name, CE topic, hours awarded, site code or CAPCE, etc. Repetition of a specific class session within a twelve-month period will not be accepted for credit. Drug box inventory and ambulance inventory do not qualify for CE hours or credit.

Independent Paramedic/PHRNs are limited to 3, 4, 6, 7, 8, 9, 11, 12, 13, 14, 15, and 17 for CE and must submit CE & CPR to the IDPH Regional Coordinator NOT A SYSTEM.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: METHODS FOR SUBMITTING CONTINUING EDUCATION

POLICY: IDPH CODE 515.560, 515.570, 515.580

The System and the IDPH Regional EMS Coordinator have agreed to accept continuing education hours in the following formats. Acceptable types of CE documentation are listed under the “Standards for Acceptable CE” section in the relicensure policies and should be referred to when assessing valid CE hours. Refer to policy (200-16) “Continuing Education Acceptance & Validation Standards” also, on IDPH site code approval. Once the required number of CE hours has been accumulated they will be submitted in one of the following formats:

- I. **Provider agency computer print-out** that contains the following:
 - A. Fire Department or Ambulance Service agency name.
 - B. EMT, A-EMT/EMT-I, Paramedic or PHRN’s full name.
 - C. Signature of the Chief or EMS Coordinator that verifies the total number of hours stated is correct and on file at that agency.
 - D. Dates and names of the subjects taught **with the corresponding IDPH approved site codes** and number of hours awarded per each attended offering.
 - E. Printout will contain only pertinent data to that EMT, A-EMT/EMT-I, Paramedic or PHRN’s current license period and only hours taught at that department. Do not include SCEMSS CE.
- II. **Certificate** with the EMT, A-EMT/EMT-I, Paramedic or PHRN’s full name, topic/title of educational seminar/conference/education program, IDPH and/or CECBEMS authorization code/number and number of hours awarded for the program.
- III. The proof of CE hours **MUST** be submitted in one of these approved formats a minimum of 30 days prior to the individual’s relicensure date. These records will become part of that EMS Personnel’s permanent file in the System Office, therefore, that individual or Agency should keep identical copies.
- IV. E-MAIL Continuing Education to your primary System office. Utilizing email for this purpose provides a more streamlined process.
- V. Complete your IDPH Renewal Notice/Child Support Statement form online at www.idph.state.il.us/ems. You will need the PIN number mailed to you on the IDPH renewal notice and you will need to input your System’s IDPH assigned number. The SCEMSS System Number is 0710. Please review the full list of System Numbers for other System’s on the website at www.silvercrossems.com “Licensure” page.
- VI. Continuing education records will be kept for a minimum of 4 years per IDPH code.

EFFECTIVE DATE: 09-01-94

REVISED DATE: 10-26-18

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM**TITLE:** EXTENSION/WAIVER OF EMS PERSONNEL LICENSE EXPIRATION**POLICY:** IDPH CODE 515.150

Per IDPH code 515.150 extension requests now fall under Waiver Provisions.

All System personnel are required to fulfill the requirements for relicensure as outlined in the System policies/procedures and the Illinois Department of Public Health Rules/Regulations. If, however, extenuating or extraordinary circumstances prevent the individual from fulfilling those requirements, the individual may petition the EMS MD and the Illinois Department of Public Health for an extension/waiver. IDPH forms are available at <http://dph.illinois.gov/sites/default/files/forms/>.

1. An extension/waiver will be requested for a 6 month time period.
2. An extension/waiver will only be considered by the System in extreme hardship cases. The System's CE platform Moodle is easily accessible and provides 100% of the required CE, therefore, the System allows very few waivers based on lack of CE.
2. Only one extension/waiver request will be granted every two (2) relicensure periods (one every eight (8) years).
3. Concurrent extension/waiver requests for relicensure will not be approved.
4. System EMS Personnel must petition the EMS MD in writing explaining the reason(s) an extension/waiver is necessary. When necessary utilize the System website www.silvercrosssems.org to access the appropriate form attaching the request letter, copies of all current continuing education, and a current CPR card to the request.
5. The EMS MD will review and if approved will forward to IDPH on the EMS Personnel's behalf.
6. If approved, IDPH will forward a revised license to the EMS Personnel, at which time the EMS Personnel must meet all relicensure requirements by the newly issued expiration date.

EFFECTIVE DATE: 08-15-89**REVISED DATE:** 10-26-18

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM**TITLE:** INACTIVE STATUS - EMT, A-EMT/EMT-I, PARAMEDIC, PHRN, & ECRN**POLICY:** IDPH CODE 515.600

Prior to the expiration of the current license, an EMS Personnel may request to be placed on inactive status when he/she is not actively functioning in the profession for a time due to illness, injury, or military duty.

- I. Prior to the end of a four (4) year licensure period, an EMT, A-EMT/EMT-I, Paramedic, ECRN, or PHRN may request to be placed on inactive status.
 - A. The request will be made in writing to the System's EMS MD or designee on the specific IDPH Inactive Status form viewable/printable from the IDPH website at <http://dph.illinois.gov/sites/default/files/forms/ems-inactive-request-062116.pdf>. The EMS Personnel's actual original IDPH state license must be attached.
 - B. The EMS MD will apply to the IDPH in writing and request that the EMT, A-EMT/EMT-I, Paramedic, ECRN, or PHRN be placed on inactive status. The application must be on the appropriate IDPH Application Form and contain the following information:
 1. Name and address of individual;
 2. Level of License and License ID number;
 3. Circumstances requiring inactive status with expected time frame;
 4. Signature of applicant and EMS MD; and
 5. Actual/original IDPH EMS Licenses (both large and small) to be placed inactive.
 - C. IDPH will review requests for inactive status and notify the EMS MD in writing of its decision.
- II. In order for the EMT, A-EMT/EMT-I, Paramedic, ECRN, or PHRN to return to active status, the EMS MD must make application to IDPH confirming that the applicant has been examined (physically and mentally and found capable of functioning within the EMS System; that the applicant's knowledge and psychomotor skills are at the active EMT level for that individual's license; and that the applicant has completed any education and evaluation deemed necessary by the EMS MD and approved by IDPH. If the inactive status was based on a disability, the EMS MD will also verify that the applicant can perform all critical functions of the requested license level.
- III. During inactive status, the EMT, A-EMT/EMT-I, Paramedic, ECRN, or PHRN will not function at any level of EMS licensure.
- IV. EMS Personnel whose inactive status period exceeds 48 months will pass the IDPH licensure exam for the requested level of license upon recommendation of an EMS MD.

EFFECTIVE DATE: 07-01-90**REVISED DATE:** 10-26-18

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM**TITLE: **MULTIPLE SYSTEM LICENSURES******POLICY:**

In the event that an EMT, A-EMT/EMT-I, Paramedic, or PHRN is functioning in one or more EMS Systems in addition to the SCEMSS, the following will apply:

- I. In order for an EMT, A-EMT/EMT-I, Paramedic, or PHRN to function in the SCEMSS while functioning in other Illinois systems, the individual must:
 - A. Submit a written statement that indicates which EMS System will be considered primary for the purpose of relicensure. This is satisfied through completion of the System entry forms or by emailing the Operations Coordinator of any changes. All System status changes must always be submitted in writing/by email directly from the EMS Personnel requesting the change.
 - B. If the SCEMSS is to be the primary system, the individual must meet all requirements as set forth in Relicensure Policy.
 - C. If an Illinois system other than the Silver Cross EMS System is to be considered the primary system, the individual must:
 1. Maintain an active agency affiliation within SCEMSS.
 2. Submit proof of relicensure prior to license expiration.
 3. Successfully complete all SCEMSS mandatory CE as designated.
 - D. If an out of state system is primary (such as Indiana) and the individual only works in SCEMSS for their Illinois job then SCEMSS becomes primary for their Illinois EMS license and all primary policies apply.

Eligibility of Participation in this System will be granted to individuals who meet the requirements in Section I of this Policy unless one of the following circumstances exists:

- A. The EMT, A-EMT/EMT-I, Paramedic, or PHRN fails to obtain relicensure in his/her primary system prior to their license expiration.
- B. The EMT, A-EMT/EMT-I, Paramedic, or PHRN is prohibited from functioning in the State of Illinois because of any disciplinary actions or any other reasons, provided the appropriate due-process has been accorded and the deprivation of rights to act in the capacity of prehospital care provider is consistent with the rules and regulations promulgated by IDPH.
- C. The EMT, A-EMT/EMT-I, Paramedic, or PHRN fails to maintain a SCEMSS agency affiliation.

EFFECTIVE DATE: 08-15-89

REVISED DATE: 10-26-18

REGION 7 EMS
ECRN COURSE APPLICATION / SYSTEM ENTRY APPLICATION
FOR COURSE CANDIDATES & SYSTEM ENTRY

Check One: [] Registering for _____ (date) ECRN Course.
[] Licensed ECRN entering the System.

DATE: ___/___/___ LAST NAME: _____ FIRST NAME: _____

HOME ADDRESS: _____ CITY: _____ ST: ___ ZIP: _____

CELL PHONE: (____) _____ - _____ R.N. LICENSE #: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: ___/___/___

E-MAIL (PRINT LEGIBLY): _____

HOSPITAL WHERE YOU WORK Circle One: Silver Cross or Saint Joes

EMS SYSTEM: Silver Cross EMS System

CIRCLE ANY THAT APPLY

ECRN EMT EMT-I PARAMEDIC PHRN > & include IDPH License# _____

IF ALREADY LICENSED AS AN ECRN: GIVE DATE OF ORIGINAL ECRN COURSE: ___/___/___ and what Region: _____

CHECK AND COMPLETE ANY THAT APPLY

TNS ___ Expiration Date: ___/___/___ IDPH License # _____

TNCC ___ Expiration Date: ___/___/___ PHTLS ___ Expiration date: ___/___/___

ACLS ___ Expiration date: ___/___/___ PALS ___ Expiration date: ___/___/___

ATTACH CLEAR/LEGIBLE COPIES OF LICENSES AND CARDS. SEND COMPLETED APPLICATION TO YOUR HOSPITAL'S EMS COORDINATOR, WHO WILL SUBMIT TO THE SYSTEM RESOURCE HOSPITAL FOR PROCESSING.

*Candidate's ER manager must sign for approval as well as System Resource Hospital EMS Coordinator.

ER Manager or designee Signature/Approval

Silver Cross EMS Coordinator or designee Signature/Approval

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM**TITLE:** ECRN - EMERGENCY COMMUNICATIONS REGISTERED NURSE**POLICY:** IDPH CODE 515.740

The Region 7 ECRN Education Program is designed to enhance the overall quality of pre-hospital patient care of System EMS Personnel by utilizing RNs in the role of medical control during emergency radio communication and after the provider agency has delivered the patient(s) to the receiving medical facility. An individual educated as an ECRN will function as the designee of the EMS MD and will provide appropriate medical direction according to System policy and Region 7 SMOs.

I. ECRN Class Requirements

An individual may enroll in a Region 7 ECRN Class, which consists of at least 40 hours of classroom and practical education for both adult and pediatric population, including telecommunications, Region SMOs, and System policies, are as follows:

- A. Current Registered Professional Nurse licensed in the State of Illinois.
- B. Actively employed as an RN in the Emergency Department at Silver Cross Hospital or Saint Joseph Medical Center Joliet. The applicant must have a minimum of 6 months experience in Emergency or Critical Care nursing. RNs with Guardian CCT may also be allowed to take the ECRN course in lieu of PHRN.
- C. Current ACLS and either TNS, TNCC, ITLS, or PHTLS certifications.

II. Initial System Licensure Requirements

An individual will be allowed to function as an ECRN within SCEMSS upon the following:

- A. ECRN candidate not yet licensed in Illinois (new to Silver Cross or Saint Joes):
 1. Successful completion of a Region 7 ECRN class including all pre-requisites.
 2. 8 hours of field ride time with a System ALS provider agency that must be completed **within 90 days** of course completion.
 3. Participation in ten 10 ALS radio/cellular phone ambulance runs while precepted by a System ECRN that must be completed **within 90 days** of course completion.
 4. A \$55 initial license fee made payable to IDPH in the form of a certified check or money order must be brought to the first day of ECRN class.
- B. ECRN already licensed in Illinois (new to Silver Cross or Saint Joes):
 - Current Illinois RN license, ECRN license, and ACLS certification/card
 - Successful completion of the current Region 7 ECRN SMO exam
 - Participation in 5 ALS radio/cellular phone ambulance runs under the direction of a System ECRN

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: EMERGENCY COMMUNICATIONS REGISTERED NURSE (ECRN)

III. System Re-Certification: ECRN License Renewal

An individual must successfully renew their ECRN license prior to its expiration date (every 4 years) to continue working in an SCEMSS hospital as an ECRN. Failure to renew on time will result in the ECRN repeating the full ECRN class.

PART 1 (SYSTEM): IDPH requires the EMS System verify CE and sign off on all renewals.

1. **4 hours of CE** will be awarded for submitting a required current ACLS card
2. **28 hours of CE** at a minimum is required on the System's online CE Moodle site. Complete only the quizzes marked ALS or Paramedic/RN with a passing score of 80% or higher. Quizzes marked BLS/EMT are not accepted at the RN level.
 - **NOTE:** The **ALS SMO UPDATE in April 2016 in Moodle is MANDATORY** for every RN and Paramedic in the System and counts toward the required 28 hours of Moodle CE. The Region 7 SMOs are typically revised around April every 5 years shortly after American Heart updates their information. ECRNs must complete the all SMO updates to ensure they are familiar with the Region's SMOs while giving medical direction over the radio.
 - The remaining 28 hours of required Moodle CE is the choice of the ECRN as long as it hits at least 3 months per year.
3. **Email mzanelli@silvercross.org stating hours achieved and attach a copy of your current ACLS card once a minimum of 28 hours on Moodle is complete.** The System will log into your Moodle account to verify you've completed the required hours then process your license renewal with IDPH. IDPH requires a total of 32 hours for ECRNS, which is met through the 4-hours of ACLS and 28-hours of Moodle CE.

PART 2 (IDPH): IDPH requires the ECRN to pay a \$20 fee and complete the child support and felony questions using the IDPH Renewal Notice form IDPH mails and the System emails to the ECRN. The ECRN may process this form by mail or online at the IDPH website: <https://emslic.dph.illinois.gov/GLSuiteWeb/clients/ildohems/Public/Verification/Search.aspx>.

Once PART 1 & PART 2 above are logged as complete with IDPH, your license will renew. Always ensure IDPH and the System has correct email, address, phone and name change information. Any ECRN whose license has expired, **no more than 60 days** after license expiration, may still request renewal but will incur an **additional IDPH late fee of \$50.00** and may not work as an ECRN until renewed.

IV. Revocation of System Certification

An ECRN may be denied the ability to function as an ECRN in this System for failure to comply with any requirement set forth in this policy as well as other System policies, Region VII SMOs, or maintaining adequate skills as an ECRN.

EFFECTIVE DATE: 08-26-91

REVISED DATE: 02-05-19

REGION 7 EMS
ECRN COURSE APPLICATION / SYSTEM ENTRY APPLICATION
(PLEASE PRINT LEGIBLY)

FOR COURSE CANDIDATES & SYSTEM ENTRY

Check One: Registering for _____ (date) ECRN Course. Licensed ECRN entering the System.

DATE: ___/___/___ FIRST NAME: _____ LAST NAME: _____

HOME ADDRESS: _____ CITY: _____ ST: ___ ZIP: _____

CELL PHONE: (____) _____ - _____ R.N. LICENSE #: _____

SOCIAL SECURITY #: _____ DATE OF BIRTH: ___/___/___

E-MAIL (PRINT LEGIBLY): _____

HOSPITAL WHERE YOU WORK **Circle One:** Silver Cross or Saint Joes

EMS SYSTEM: Silver Cross EMS System

CIRCLE ANY THAT APPLY

ECRN EMT AEMT/EMT-I PARAMEDIC PHRN >IDPH License# _____

IF ALREADY LICENSED AS AN ECRN: DATE OF ORIGINAL ECRN COURSE: ___/___/___ REGION: _____

CHECK AND COMPLETE ANY THAT APPLY

TNS ___ Expiration Date: ___/___/___ IDPH License # _____

TNCC ___ Expiration Date: ___/___/___ ACLS ___ Expiration date: ___/___/___

PHTLS ___ Expiration date: ___/___/___ BTLS ___ Expiration date: ___/___/___

ATTACH COPIES OF LICENSES AND CARDS (COPY ALL ON ONE PAGE). SEND COMPLETED APPLICATION TO YOUR HOSPITAL'S EMS COORDINATOR, WHO WILL SUBMIT TO THE SYSTEM RESOURCE HOSPITAL FOR PROCESSING.

*Candidate's ER manager must sign for approval as well as System Resource Hospital EMS Coordinator.

ER Manager or EMS Coordinator Signature/Approval

Silver Cross EMS Coordinator Signature/Approval

REGION 7 EMS
ECRN ALS RIDE TIME LOG FORM
(PLEASE PRINT)

CLINICAL FIELD EXPERIENCE / AMBULANCE RIDE-TIME
PRECEPTOR VERIFICATION REPORT FORM
(8 HOURS REQUIRED FOR NEW CANDIDATE LICENSURE)

ECRN – LAST NAME: _____, FIRST NAME: _____

HOSPITAL AFFILIATION: _____ SHIFT: _____

DATE OF RIDE TIME: _____ AGENCY: _____

STATION #: _____ UNIT # ASSIGNED TO: _____

TIME IN: _____ AM/PM TIME OUT: _____ AM/PM TOTAL HOURS LOGGED: _____

TOTAL # OF RUNS MADE: _____ # OF ALS: _____ # OF BLS: _____

NAME OF LEAD PARAMEDIC ON UNIT: _____ SYSTEM # _____

ADDITIONAL CREW MEMBERS: _____

DESCRIPTION OF EXPERIENCE AND PERFORMANCE: _____

SIGNATURE OF LEAD PRECEPTOR: _____ SYSTEM # _____

ECRN CANDIDATE SIGNATURE: _____

Return completed competency form to mzanelli@silvercross.org as this is required for ECRN licensure.

ECRN ALS Telemetry Radio Preceptor Log Form

This form is to be used by ECRN Preceptor monitoring 10 ALS Telemetry calls to complete ECRN education validation

ECRN Student Name _____ **Hospital affiliation** _____**ECRN Class Date** _____ **Site sponsoring class** _____ **Site code #** _____

ALS Call #1 Date _____ Time of run _____ Agency _____

Chief Complaint _____ SMO followed Y N ECRN direction needed/given Y N

ER Log # _____ Transported to _____ Competent on call Y N

Preceptor Signature _____ Preceptor printed name _____

ALS Call #2 Date _____ Time of run _____ Agency _____

Chief Complaint _____ SMO followed Y N ECRN direction needed/given Y N

ER Log # _____ Transported to _____ Competent on call Y N

Preceptor Signature _____ Preceptor printed name _____

ALS Call #3 Date _____ Time of run _____ Agency _____

Chief Complaint _____ SMO followed Y N ECRN direction needed/given Y N

ER Log # _____ Transported to _____ Competent on call Y N

Preceptor Signature _____ Preceptor printed name _____

ALS Call #4 Date _____ Time of run _____ Agency _____

Chief Complaint _____ SMO followed Y N ECRN direction needed/given Y N

ER Log # _____ Transported to _____ Competent on call Y N

Preceptor Signature _____ Preceptor printed name _____

ALS Call #5 Date _____ Time of run _____ Agency _____

Chief Complaint _____ SMO followed Y N ECRN direction needed/given Y N

ER Log # _____ Transported to _____ Competent on call Y N

Preceptor Signature _____ Preceptor printed name _____

ALS Call #6 Date _____ Time of run _____ Agency _____

Chief Complaint _____ SMO followed Y N ECRN direction needed/given Y N

ER Log # _____ Transported to _____ Competent on call Y N

Preceptor Signature _____ Preceptor printed name _____

ALS Call #7 Date _____ Time of run _____ Agency _____

Chief Complaint _____ SMO followed Y N ECRN direction needed/given Y N

ER Log # _____ Transported to _____ Competent on call Y N

Preceptor Signature _____ Preceptor printed name _____

ALS Call #8 Date _____ Time of run _____ Agency _____

Chief Complaint _____ SMO followed Y N ECRN direction needed/given Y N

ER Log # _____ Transported to _____ Competent on call Y N

Preceptor Signature _____ Preceptor printed name _____

ALS Call #9 Date _____ Time of run _____ Agency _____

Chief Complaint _____ SMO followed Y N ECRN direction needed/given Y N

ER Log # _____ Transported to _____ Competent on call Y N

Preceptor Signature _____ Preceptor printed name _____

ALS Call #10 Date _____ Time of run _____ Agency _____

Chief Complaint _____ SMO followed Y N ECRN direction needed/given Y N

ER Log # _____ Transported to _____ Competent on call Y N

Preceptor Signature _____ Preceptor printed name _____

Return completed competency form to mzanelli@silvercross.org as this is required for ECRN licensure.

ECRN LICENSE RENEWAL SUMMARY

ECRN license renewal is a 2-part process (CE through the System and fee through IDPH). Every ECRN at Saint Joes and Silver Cross is part of Silver Cross EMS System and should review ECRN renewal on the System website www.silvercrossems.com ECRN page.

PART 1 (SYSTEM CE REQUIREMENT) is the verification and authorization of the required 32 hours of CE through the Silver Cross EMS System. The System verifies your CE, and then authorizes IDPH to renew your ECRN license.

✿ **The System requires 2 items to satisfy the 32 CE hour requirement: a copy of your current ACLS card worth 4 CE hours plus an additional 28 CE hours completed on the System's Mandatory CE program called MOODLE.** The System's website contains more Moodle information and the link directly to the Moodle site moodle.silvercrossems.com. The System will log into your Moodle account to verify that you've completed the required CE as outlined below:

- Moodle presentations must be viewed prior to completing the quizzes.
- Quizzes will only be counted for credit if scored with an 80% or above.
- ECRNs must complete quizzes marked ALS or Paramedic/RN. (EMT/BLS quizzes do not count).
- EVERY ECRN must complete the April 2016 Moodle marked "ALS SMO UPDATE" to ensure they are aware of the SMO updates in the Region for proper radio communication. This was the last SMO update and the next update should be in or around April of 2021.
- The ECRN may then choose any other monthly Moodle topics to complete the remaining required 28 hours of Moodle CE. You can do more than 28 hours but not less.

✿ Submit an email to mzanelli@silvercross.org Marilyn Zanelli, Operations Coordinator at SCEMSS stating that you've successfully completed the required CE (once you have) and include a picture or copy of your current ACLS card (worth 4 hours of CE)

PART 2 (IDPH FEE REQUIREMENT) is done directly with IDPH online at their website to pay the State of Illinois license renewal fee and answer their child support/felony conviction questions.

✿ Approximately 60 days prior to your ECRN license expiration, IDPH should mail you a "Renewal Notice" form. This form is mailed to the last address you had on file with them. Always ensure your address, email, and name are correctly reported to IDPH. If you do not receive this form, you may use the State License Number and PIN listed on the letter emailed to you from the System. Once you have this information, visit the IDPH website at www.idph.state.il.us/ems to answer the child support and felony conviction questions and pay your \$20 renewal fee.

✿ **Make sure you update your address and email with IDPH when you pay your fee online. Report name changes following the information on the System's website. Because it costs nothing to report your name change, do so prior to your renewal so your license prints with your correct name. IDPH charges \$10 for corrected licenses.**

NOTE: Only once both parts 1 & 2 are logged as complete with IDPH, will your license renew. Keep your email and home address up-to-date with the System, as that is how we will communicate with you regarding your license renewal. If you need assistance with renewals after reviewing the information above and on our website, contact Marilyn at mzanelli@silvercross.org or 815-300-2900.

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☼ Submit an email to mzanelli@silvercross.org Marilyn Zanelli, Operations Coordinator at SCEMSS stating that you've successfully completed the required CE (once you have) and include a picture or copy of your current ACLS card (worth 4 hours of CE)

PART 2 (IDPH FEE REQUIREMENT) is done directly with IDPH online at their website to pay the State of Illinois license renewal fee and answer their child support/felony conviction questions.

☼ Approximately 60 days prior to your ECRN license expiration, IDPH should mail you a "Renewal Notice" form. This form is mailed to the last address you had on file with them. Always ensure your address, email, and name are correctly reported to IDPH. If you do not receive this form, you may use the State License Number and PIN listed on the letter emailed to you from the System. Once you have this information, visit the IDPH website at www.idph.state.il.us/ems to answer the child support and felony conviction questions and pay your \$20 renewal fee.

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NOTE: Only once both parts 1 & 2 are logged as complete with IDPH, will your license renew. Keep your email and home address up-to-date with the System, as that is how we will communicate with you regarding your license renewal. If you need assistance with renewals after reviewing the information above and on our website, contact Marilyn at mzanelli@silvercross.org or 815-300-2900.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM**TITLE:** INITIAL LICENSURE**POLICY:** IDPH CODE 515.540, 515.460, 515.610, and 515.630

To be licensed by IDPH as an EMD, EMR, EMT, A-EMT/EMT-I, Paramedic, or PHRN an individual must have either successfully completed the appropriate IDPH approved course or successfully completed a reciprocity application with an out of state or military EMS license.

I. Initial Licensure after NREMT or State Exam

- Upon successful completion of the NREMT written and psychomotor exams, the applicant will apply for licensure to IDPH through the EMS System in charge of the course. The System will assist the applicant with the appropriate forms and guidance of the process.
- Upon successful completion of the IDPH licensure exam (70 or above), IDPH receives data from the State exam testing company and automatically generates a license fee notice to the applicant. This IDPH license fee notice will contain a PIN and instructions for the applicant to either mail in their license fee to IDPH or pay their fee online at the IDPH website: <https://emslic.dph.illinois.gov/GLSuiteWeb/clients/ildohems/Public/Verification/Search.aspx> Once the license fee is paid, IDPH mails the new license.
IDPH fees: <http://www.ilga.gov/commission/jcar/admincode/077/077005150C04600R.html>

II. Initial Licensure with Reciprocity

- Individuals educated and/or licensed at the EMD, EMR, EMT, A-EMT/EMT-I or Paramedic level in another state wishing to obtain initial licensure in the State of Illinois must satisfy all requirements for Illinois Reciprocity. Once Illinois grants reciprocity and the EMS Personnel receives their Illinois EMS license, System entry may then be applied for. Out of state reciprocity must be requested directly from the State of Illinois Department of Public Health. Print the IDPH Reciprocity Form at <http://dph.illinois.gov/sites/default/files/forms/ems-reciprocity-application-012317.pdf> For more information regarding evaluation and recognition of military experience and education: <http://www.ilga.gov/commission/jcar/admincode/077/077005150D06300R.html>

III. Initial Licensure completing an IDPH approved/System EMR/EMD/PHRN/ECRN course

- The LI of the System EMR/EMD/PHRN/ECRN course will ensure all appropriate paperwork is completed at the end of class and submit to the System for processing with IDPH.

IV. An EMS license will specify the level of licensure, i.e. EMT, A-EMT/EMT-I, Paramedic, or PHRN and will be effective for a period of 4 years.

V. EMS Personnel are required to notify IDPH within 30 days after any change in name or address either by phone, fax, mail, or email. Name and gender changes require certified copies of court orders, marriage license, or court documents.

EFFECTIVE DATE: 08-15-89**REVISED DATE:** 10-26-18

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM**TITLE: UTILIZATION OF HOSPITAL CLINICAL AREAS****POLICY:**

Clinical areas of the Silver Cross EMS Resource hospital are only accessible to licensed EMR, EMD, EMT, A-EMT/EMT- I, Paramedic, and PHRN personnel seeking to become an EMS Personnel with SCEMSS affiliation as approved by the EMS Director and EMSMD, and may be utilized for evaluating education or psychomotor abilities. The following policy will apply:

1. All clinical time must be pre-scheduled with the System's Education Coordinator through the FISDAP program. The student will be required to purchase this program at their own expense in order to complete ride time with any SCEMSS agency or hospital.
2. Clinical Area Dress Code and Code of Conduct:
EMS Personnel will appear and act professional when participating in a clinical setting. They must remember they are representing themselves, Silver Cross EMS System, our affiliated EMS services, and the entire EMS profession and that they are guests at the hospital that is allowing them to complete their clinical time. EMS Personnel must adhere to the following dress code and code of conduct during clinicals:
 - Clean, professional appearance in a uniform or business casual dress clothes are a must. Shirts must cover the entire torso. All tattoos must be covered by appropriate clothing. Full-length pants must be worn. No jeans, skirts, shorts or crop pants will be allowed. Black work shoes or boots will be worn and must be low-heeled, closed toe, in a neat and clean condition. No hats are permitted during clinicals.
 - EMS Personnel will bring a working watch with a second hand (or digital seconds), complete stethoscope, working pen light, working pen and appropriate paperwork. Cell phones must be turned off during clinical time.
 - Hands, including fingernails, must be clean and neat. Nails should be short with clear nail polish only. No artificial nails are permitted per Joint Commission guidelines.
 - Hair must be clean, neatly combed, of a natural color and held off the collar. Long hair should be put up in a ponytail or bun. Facial hair such as mustaches, beards and sideburns must be neat and well trimmed close to the face.
 - Perfumes and colognes will not be worn during clinicals. Excessive jewelry, nose, lip, tongue and eyebrow jewelry, and dangly earrings will NOT be worn. Necklaces must be kept tucked in the shirt.
 - Smoking and smokeless tobacco are prohibited in hospitals and on hospital campuses.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: UTILIZATION OF HOSPITAL CLINICAL AREAS CONTINUED

3. Clinical area attendees are restricted to perform only in the Emergency Department under the supervision of the Medical Director or his designee.
4. EMS Personnel must report to the ED Charge nurse upon arrival. ED Charge Nurse will take the EMS Personnel to the area for clinical and to notify the EMS MD of their arrival.
5. Any individual functioning in the clinical setting may only perform skills that are included in the normal scope of practice. A Paramedic/PHRN may administer medications that are included in the pharmacology section of the Silver Cross EMS Paramedic Education Program Curriculum under the direct supervision of the physician or nurse preceptor.
6. It will be required that any individual being evaluated to function for an approved SCEMSS EMS Personnel in the ED clinical area must possess professional liability insurance either personal in nature or from the provider agency that they are seeking to become a member of.

EFFECTIVE DATE: 06-15-80

REVISED DATE: 10-26-18

REVIEWED DATE:

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM**TITLE: CE SITE CODES, ACCEPTANCE & VALIDATION STANDARDS****POLICY: IDPH CODE 515.560**

An EMS CE program will be conducted according to the most current curriculum and education standards and will comply with the following.

- I. All EMS CE will be coordinated by at least one licensed EMS Lead Instructor. **The LI will be responsible for ensuring the course has received written approval from IDPH, which will be in the form of a numeric site code prior to the start of class**, and for ensuring that all aspects of the course are taught in accordance with the application (curriculum, materials, methods, instructors, etc.).

- II. **APPLICATIONS FOR PRE-APPROVAL OF EMS EDUCATION PROGRAMS**
Complete an IDPH EDUCATION TRAINING PROGRAM APPLICATION form and email it to the System 90 days prior to the start of any CE education/course. The application will include all of the following:
 - A. The completed **IDPH Application Form** (filled out completely and legibly). This form will include the instructors and materials/textbooks utilized. Content and time will be consistent with the national EMS education standards and stated as such. Successful completion of all SCEMSS courses is 80% and will be stated as such.

 - B. Attach the **Course Schedule/Objectives** in a condensed format of 10pt font, single spacing, and no graphics.
 - 1-line header of agency name and course type (example: XYZ FD 2019 CE)
 - 2nd line to state location and times of course. CE applications should also include this statement: “dates/times subject to change based on ambulance response”.
 - Date, hours, class title/topic
 - List only 3 objectives per class title/topic

 - C. Approval will be granted provided the application is complete and the content of the program is based on topics or materials from the national EMS education standards, as modified by the Department. Upon approval, the Department will issue a site code to the course, seminar or program.

- III. CE courses such as fire department monthly CE that is not affiliated with the System’s Moodle CE, seminars, conferences, disaster drills, etc. will have an assigned IDPH approved site code prior to the education dates. SCEMSS applies for its own site code each year, which covers our Moodle CE topics that are taught online and throughout our agency’s firehouses. IDPH site codes are not necessary for on-line CE programs from the following sites: EmCert.com, Eminet.com, ems-ce.com, and MedicEd.com, www.CECBEMS.org/CAPCE and American Heart classes such as CPR, ACLS, and PALS as well as ITLS and PHTLS. Certificates or cards are sufficient to award CE without having a site code.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: CE SITE CODES, ACCEPTANCE & VALIDATION STANDARDS

POLICY: CONTINUED

- IV. An EMS System may apply to IDPH for a single System site code to cover CE activities conducted or approved by the System for System EMS personnel when an urgent education need arises that requires immediate attention or when other appropriate education opportunities present outside of the scheduled approved offerings. Activities conducted under the System site code will not require individual approval by the Department. The single System site code is not intended to replace the routine CE pre-approvals.
- V. EMS personnel functioning within an EMS System will submit written proof of CE attendance as directed under their respective Relicensure policy to the EMS System as designated. An EMT Coordinator pursuant to System policy. An EMT not functioning within an EMS System will submit written proof of CE attendance to the Department Regional EMS Coordinator upon licensure renewal request.
- VI. An EMT will maintain copies of all documentation concerning CE programs that he or she has completed for a period of not less than four years.

EFFECTIVE DATE: 01-30-98

REVISED DATE: 10-26-18

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: EMS LEAD INSTRUCTOR

POLICY: IDPH Section 515.700

- A. All SCEMSS education, training and CE courses for EMD, EMR, EMT, A-EMT/EMT-I, Paramedic, PHRN, and ECRN will be coordinated by at least one System approved IDPH licensed EMS Lead Instructor. A program may use more than one EMS Lead Instructor. A single EMS Lead Instructor may simultaneously coordinate more than one program or course.
- B. To become an IDPH licensed EMS Lead Instructor an individual must first:
1. Be a current IDPH licensed EMT, A-EMT/EMT-I, Paramedic, PHRN, RN, or Physician with a minimum of four years of experience in EMS emergency care;
 2. Have at least two years of documented EMS classroom teaching experience with a recommendation for LI licensure by an EMS MD; and
 3. Successfully complete the NAEMSE Lead Instructor Level I Education Course.
- C. For INITIAL LICENSURE: Once a qualified individual successfully completes the NAEMSE Lead Instructor Level I course, they will need to submit the following to the EMS System in which they teach. Once these 4 items are received, the System will complete the appropriate IDPH forms and submit all required paperwork to IDPH for processing. The instructor will be issued an IDPH LI license valid for 4 years.
1. A copy of the NAEMSE Lead Instructor Level I Certificate of Completion.
 2. A money order made payable to IDPH in the amount of \$40 to cover their IDPH License Fee.
 3. A completed IDPH Renewal Notice/Child Support/Personal History Statement form printable from IDPH website: <http://dph.illinois.gov/sites/default/files/forms/ems-renewal-notice-011717.pdf> . Check mark both statements appropriately, fill out all blanks, and sign.
 4. A 1 page summary of teaching experience of the classes taught over the previous 2 years within the Silver Cross EMS System at the EMD, EMR, EMT, Paramedic, or PHRN level. The list will include name, cell, email and summarized list of classes with dates and locations:
Example: xyz FD CE classes 2018-2019 or xyz Paramedic or EMT class 2018-2019.
- D. For LICENSE RENEWAL: The EMS Lead Instructor will submit the following at least 60 days, but not more than 90 days, **prior** to the LI license expiration:
1. ONLINE WITH IDPH: Complete the IDPH ONLINE Child Support and Felony Conviction Statements and pay the \$20 renewal fee at the IDPH website: <https://emslic.dph.illinois.gov/GLSuiteWeb/clients/ildoheems/Public/Verification/Search.aspx>.
 2. TO THE EMS SYSTEM: The Lead Instructor shall submit an email to the System listing the in-System classes the instructor is teaching or has instructed over the past 4 years. Summarize the list as indicated in C. 4. The System will only renew Lead Instructors that are actively teaching within the Silver Cross System. This email will accompany the CE in section D. 3.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: EMS LEAD INSTRUCTOR CONTINUED

3. TO THE EMS SYSTEM: Documentation of at least 40 CE hours. IDPH now requires that a portion of these 40 CE hours be related to the development, delivery, and evaluation of education programs.
- a. **20 hours (or see prorated table) MUST be related to the development, delivery, and evaluation of education programs to meet this LI CE requirement. Check Moodle.**
 - b. The remaining required hours (to meet or exceed the 4 hour requirement) may be CE used to meet other EMS licenses such as the Moodle CE for Paramedic, PHRN, EMT, AEMT/EMT-I, RN, etc.

| LI License Renewal Date | Minimum hours related to the delivery, development and evaluation of education programs | Other CE Hours |
|-------------------------|---|----------------|
| January, 2019 | 0.5 | 39.5 |
| February, 2019 | 1 | 39 |
| March, 2019 | 1.5 | 38.5 |
| April, 2019 | 2 | 38 |
| May, 2019 | 2.5 | 37.5 |
| June, 2019 | 3 | 37 |
| July, 2019 | 3.5 | 36.5 |
| August, 2019 | 4 | 36 |
| Sept, 2019 | 4.5 | 35.5 |
| October, 2019 | 5 | 35 |
| November, 2019 | 5.5 | 34.5 |
| December, 2019 | 6 | 34 |
| January, 2020 | 6.5 | 33.5 |
| February, 2020 | 7 | 33 |
| March, 2020 | 7.5 | 32.5 |
| April, 2020 | 8 | 32 |
| May, 2020 | 8.5 | 31.5 |
| June, 2020 | 9 | 31 |
| July, 2020 | 9.5 | 30.5 |
| August, 2020 | 10 | 30 |
| September, 2020 | 10.5 | 29.5 |
| October, 2020 | 11 | 29 |
| November, 2020 | 11.5 | 28.5 |
| December, 2020 | 12 | 28 |
| January 2021 and after | 20 | 20 |

- E. The EMS System's EMS MD will upon receipt of above items issue a letter to IDPH verifying the Lead Instructor has satisfactorily coordinated programs for the EMS System during the four-year period. License renewal will not take place without this letter.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM**TITLE: EMS LEAD INSTRUCTOR CONTINUED**

- F. A LI whose license has expired may, within 60 days after the expiration of the license, submit all relicensure requirements and submit the \$50 late fee (payable to IDPH in the form of a cashiers check or money order) to the System only if there is a valid reason for the late renewal. There will be no renewal past 60 days of license expiration.

IDPH will, in accordance with Section 515.160, suspend, revoke or refuse to issue or renew the approval of an EMS LI, after an opportunity for a hearing, when findings show one or more of the following: the EMS LI has failed to conduct a course in accordance with the curriculum prescribed by the EMS Act and IDPH code 515; or the EMS LI has failed to comply with protocols prescribed by IDPH and the System sponsoring the course.

- H. The EMS Lead Instructor will be responsible for the following:
1. Ensuring all State rules and System policies are met including policy 100-01.
 2. Ensuring that no EMT education program begins until after the IDPH issues its formal written pre-approval, which will be in the form of a numeric site approval code; and
 2. Ensuring that all materials presented to participants comply with the national EMS education standards, as modified by IDPH and are approved by both IDPH and the EMS System. No other methods of assessment or intervention may be presented.

EFFECTIVE DATE: 04-30-92

REVISED DATE: 12-17-19

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: EMERGENCY MEDICAL RESPONDER – EMR (FR)

POLICY: IDPH CODE 515.725

EMR (AKA First Responder) – a person who has successfully completed a course of instruction for the EMR as approved by IDPH, who provides EMR services prior to the arrival of an ambulance or specialized emergency medical services vehicle, in accordance with the level of care established in the National EMS Educational Standards for EMR and IDPH.

Emergency Medical Responder Services – a preliminary level of pre-hospital emergency care that includes cardiopulmonary resuscitation (CPR), monitoring vital signs and control of bleeding, as outlined in the EMR curriculum of the National EMS Education standards and IDPH.

- I. Any individual, who acts as an EMR with an affiliated System Provider Agency, must be registered with the System and licensed by IDPH.
 - Reference Policy 200-2 System Entry Requirements – EMR and EMT System Entry.
 - Reference Policy 100-1 EMS Classes for EMR course information and licensure.

- II. An agency providing service at the EMR level will have all required EMR equipment and supplies as indicated on the IDPH (FR) EMR Non-Transport inspection form on the IDPH website:<http://dph.illinois.gov/sites/default/files/forms/opr-non-transport-inspection-form-provider-050516.pdf> and per System policy 300-3.

- III. EMR License Renewal: An EMR (FR) license will be valid for a period of four years. To be relicensed the EMR/FR will submit:
 1. TO THE EMS SYSTEM: A current CPR card AND a total of 24 CE hours. All CE will be IDPH approved and content appropriate for the EMR level. The EMR will be responsible for maintaining their own CE documentation for at least 4 years.
 2. ONLINE WITH IDPH: Complete the IDPH ONLINE Statements and pay the \$20 fee <https://emslic.dph.illinois.gov/GLSuiteWeb/clients/ildohems/Public/Verification/Search.aspx>

- IV. EMRs whose licenses have expired may **within 60 days after license expiration**, submit all relicensure requirements with the \$50 IDPH late fee and still be renewed. EMRs whose licenses have expired past 60 days of license expiration will not be renewed.

- V. Any EMR whose license has expired for a period of **more than 60 days but less than 36 months** may apply for “REINSTATEMENT” with their EMS System. Refer to EMT Relicensure Reinstatement section.

- VI. Any EMR whose license has expired for a period of **more than 36 months** will be required to complete a new education program, pass the test, and file for new licensure.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM**TITLE: EMERGENCY MEDICAL RESPONDER – EMR (FR)****POLICY: CONTINUED**

- VII. PROVISIONAL EMR: A person under the age of 18 will not be issued an EMR license. A person between the ages of 16 and 18 who has successfully completed an EMR course may apply to IDPH for a provisional EMR license. Upon satisfaction of all other applicable requirements, IDPH will issue a provisional license, subject to the following limitations:
- A person with a provisional license will not use his or her provisional license except when affiliated with a recognized Illinois EMS System and will never be placed in a position of primary response to emergencies;
 - A provisional licensee will function as an EMR ONLY while under the direct, personal and continuous supervision of at least one other non-provisional EMS Personnel licensed at or above the level of the EMS Personnel's license. Nothing in this policy will preclude a provisionally licensed EMR from providing nationally recognized basic first aid when not participating as part of the emergency medical response of his or her affiliated agency. A provisional licensee will not be used to satisfy staffing requirements and therefore may only be involved in patient transport when at least two other non-provisional EMS personnel are on the transport;
 - A provisional licensee will not operate, drive or maneuver an IDPH licensed transport vehicle, rescue vehicle or non-transport agency owned vehicle in connection with an emergency response or the transportation of any patient; and;
 - The EMS EMS Personnel agency and the supervising licensee will be jointly responsible for assuring that no provisional licensee violates rules applicable to the provisional licensee and will immediately report details of any violations to the EMS MD. Violation of provisions applicable to provisional licensees will be grounds for disciplinary action, up to and including license suspension and revocation.
 - The Provisional EMR license fee is the same as EMR and will be in effect for four years.
 - Once a provisional EMR reaches 18 all provisional restrictions are removed.

ATTACHMENT: FR/EMR RENEWAL INSTRUCTIONS**EFFECTIVE DATE:** 01-30-98**REVISED DATE:** 10-29-18

**SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM
STANDARDS FOR EMR CONTINUING EDUCATION**

I. RELICENSURE REQUIREMENTS SUMMARY:

ALL MANDATORY SYSTEM CME MUST BE CURRENT FOR SYSTEM TO RENEW LICENSE.

1. 24 Hours of CE (The 24 required hours may include hours from the list below)
2. Current CPR Certification
3. IDPH on-line: Child support and felony conviction statement plus \$20 renewal fee

Submit to System: Items 1 & 2 / Complete w/IDPH ONLINE: item 3.

II. STANDARDS FOR ACCEPTABLE CONTINUING EDUCATION:

Continuing education classes, seminars, clinical time, workshops or other types of programs will have an assigned IDPH approved site code to be submitted as acceptable CE hours. This includes CE hours obtained by attending Fire Department or Agency training. Refer to Policy 200-16 at www.silvercrosssems.com "Continuing Education Acceptance & Validation Standards".

| <u>Continuing Education Recommendations</u> | <u>(Documentation) & [Hours]</u> | <u>*Over 4 Years*</u> |
|---|--------------------------------------|-----------------------|
| 1. BLS SCEMSS Moodle CE Monthly PowerPoint and Quiz (2 - 2.5 hours/month) | 60 hours | |
| 2. CPR certification: AHA BLS Provider Card | 3 hours | |
| 3. Audit EMR or EMT Class (Instructor signature required) | UNLIMITED | |
| 4. Agency EMS Training including Hazmat (IDPH approved w/site codes listed) | 60 hours | |
| 5. Initial: PHTLS, ITLS, CPR Instructor etc. (Card + Course Schedule) hr/hr..... | 16 hours (max) | |
| 6. Renewal: PHTLS, ITLS, CPR Instructor etc. (Card + Course Schedule) hr/hr | 8 hours (max) | |
| 7. ATLS, Wilderness EMS, TEMS (Cert) EMS Hrs only..... | hour for hour | |
| 8. Emergency Vehicle Operators course/EMD course (Cert + Course Schedule) | 12 hours (max) | |
| 9. Clinical Preceptor/Evaluator (signed CE Sheet) hour for hour..... | 15 hours (max) | |
| 10. Emergency Preparedness event/exercise/training (signed CE Sheet) hr/hr | 12 hours (max) | |
| 11. Health Related College Courses [1 college credit hour = 8 CE hours]..... | UNLIMITED | |
| 12. EMS related Conferences and/or Seminars (Certificate)..... | hour for hour | |
| 13. Online: EmCert.com, Eminent.com, ems-ce.com, MedicEd.com, CAPCE.org (Certificate) | 15 hours (max) | |
| May include: Webinars and online offerings with subject matter found in the EMS Education Standards [e.g. sponsored by a governmental agency (infectious diseases, emergency preparedness) legal experts (documentation HIPAA) organizations or commercial offerings] | | |
| 14. Commercial CE: EMS Video and Magazine CE (Certificate)..... | 15 hours (max) | |
| 15. Participation/Observation: Surgery, Phys Therapy, Lamaze, Childbirth, Autopsy | 5 hours (max) | |
| (Written & Signed statement from Charge Nurse or Physician regarding attendance) | | |
| 16. IDPH Approved Locally Offered CE (Certificate or CE sheet w/hrs +site codes listed) | hour for hour | |

Certificates must include EMS Personnel's name, CE topic, hours awarded, site code or CAPCE, etc. Repetition of a specific class session within a twelve-month period will not be accepted for credit. Drug box inventory and ambulance inventory do not qualify for CE hours or credit.

Independent EMRs are limited to 2, 3, 5, 6, 7, 8, 10, 11, 12, 13, 14, and 16 for CE and must submit CE and CPR to the IDPH Regional Coordinator NOT A SYSTEM.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **EMD (Emergency Medical Dispatcher)**

POLICY: IDPH CODE 515.710

EMD – a person who has successfully completed a training course in emergency medical dispatching, is licensed by IDPH as such, and who accepts calls from the public for emergency medical services and dispatches designated emergency medical services personnel and vehicles.

Any dispatch agency giving pre-arrival instructions within the geographical boundaries of SCEMSS may be required to become an EMD System Provider Agency. Any individual, who acts as an EMD with an affiliated System Provider Agency, must be registered with the System and licensed by IDPH.

PER IDPH: A person may not represent him/herself, nor may an agency/business represent an agent or employee of that agency/business, as an EMD unless certified/licensed by IDPH as an EMD.

I. EMD PROTOCOLS – The EMD agency will ensure their EMDs provide prearrival instructions in compliance with the System/IDPH/Will County 9-1-1 approved EMDPRS (emergency medical dispatch priority reference system) protocols, which meet or exceed NHTSA’s 1996 National Standard Curriculum and are in compliance with 515.710.

II. EMD AGENCY CERTIFICATION/LICENSURE

To apply for certification as an EMD Agency, the person, organization or government agency that operates an EMD Agency will submit the following to the System for IDPH licensure:

- A. A completed IDPH EMD agency certification application form with a statement that System EMDPRS will be utilized and that a CQI program will be established to identify compliance with System EMDPRS, random case reviews, regular feedback of performance results, and compliance with confidentiality provisions of the Medical Studies Act. CQI reports will be made available to the System and IDPH as requested.
- B. A completed EMD ENTRY LETTER attached in this policy with copies of the EMD license, driver’s license, and CPR/BLS card must also be included with the application for every EMD to be rostered.

III. MAINTENANCE OF EMD AGENCY ROSTER

Once an initial EMD roster is set at the time of entry, the System requires it to be maintained. The following will be adhered to or the System may suspend/revoke an EMD agency’s System participation.

- A. Only EMDs licensed by IDPH **and registered with the System** may give pre-arrival instructions with one exception. An EMD candidate that has passed a System approved EMD class and is awaiting IDPH licensure may be considered an “EMD in Training” and may give pre-arrival instructions under the supervision of another IDPH licensed EMD.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: EMD (Emergency Medical Dispatcher)

- B. The System **MUST** be notified of any personnel changes within 10 days. This includes the **ADDITION** of any new EMD, **REMOVAL** of any EMD from the agency, **NAME CHANGE**, address change, and phone change.
1. **ADDITIONS** to the agency must be immediately submitted on the EMD ENTRY LETTER attached in this policy and must include a copy of the EMD license, driver's license, and CPR/BLS card.
 2. **REMOVALS** from the agency should be emailed and need only state that the EMD is no longer working at that agency.
 3. **NAME CHANGE** requests will be emailed and include a copy of the marriage license or divorce decree (first page, name change page, and signature page).

IV. EMD INITIAL EDUCATION PROGRAM

- A. See Policy 100-01 for requirements of EMS Classes, which includes EMD.
- B. In addition to teaching a traditional EMD class, 2 online EMD education courses approved for use by IDPH and SCEMSS are PowerPhone and APCO. These online learning systems may be used to educate EMDs in lieu of an educator or teaching institution submitting approval for their own course.

V. EMD INITIAL LICENSURE

- A. To apply for initial licensure as an EMD, the LI of the EMD course will submit the following to the System, who will process the license paperwork with IDPH. The license will be valid for a period of 4 years.
1. A completed IDPH EMD licensure form;
 2. A completed IDPH Renewal Notice form;
 3. A certificate documenting successful completion of an EMD education course that meets/exceeds the US DOT national curriculum for EMDs or its equivalent;
 4. License fee of \$30.00 made payable to IDPH
- B. Reciprocity will be granted to an EMD licensed in another state or nationally certified, who meets IDPH requirements. Reciprocity is handled direct with IDPH.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM**TITLE: EMD (Emergency Medical Dispatcher)****VI. EMD RELICENSURE**

- A. To apply for relicensure, a licensed EMD will do the following **a minimum of 30 days prior** to the license expiration date:
1. Submit proof of completion of at least 48 hours of medical dispatch CE, WHICH INCLUDES ALL MANDATORY SYSTEM MOODLE CE to the System with a current CPR/BLS Card.
 2. Complete online at IDPH the renewal information along with the \$20 renewal fee: <https://emslic.dph.illinois.gov/GLSuiteWeb/clients/ildohems/private/OnlineServices.aspx>
- B. Any EMD whose license has expired, **within 60 days** after license expiration, may still submit all relicensure material as required with an additional fee of \$50.00 made payable to IDPH, in the form of a certified or organization check or money order.
- C. An EMD who has not been recommended for relicensure by a System will submit to IDPH independently. Independent renewal info may be found on the System website.

VII. REVOCATION OR SUSPENSION OF EMD OR EMD AGENCY CERTIFICATION

- A. The EMS MD will report to IDPH whenever an action has taken place that may require the revocation or suspension of a certificate issued by IDPH. Revocation or suspension of an IDPH issued license in accordance with this policy and IDPH Code 515.165.

VIII. WAIVER OF EMD REQUIREMENTS - IDPH may modify or waive EMD requirements based on the scope and frequency of dispatch activities and the EMD's access to training; or whether the previously attended dispatch education program merits automatic relicensure for the EMD. The following individuals are exempt from the requirements of this policy:

1. Public safety dispatchers who only transfer calls to another answering point that is responsible for dispatching of fire or EMS Personnel;
2. 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.

ATTACHMENTS: EMD ENTRY LETTER
EMD RELICENSURE REQUIREMENTS SUMMARY

EFFECTIVE DATE: 01-30-98

REVISED DATE: 10-26-18

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM
EMD ENTRY LETTER

NAME OF EMD CENTER:

Date: ___/___/___

Silver Cross EMS System

I verify that (EMD full name) _____, EMD has been properly trained and is utilizing the pre-arrival medical instructions (EMDPRS) that you approved for our agency. Should the EMD cease affiliation with this agency, we will notify the System in writing immediately. Attached are copies of this EMD's current EMD license, Driver's License, and BLS/CPR card.

EMD's Home Address: _____

City: _____ State: _____ Zip Code: _____

EMD's E-Mail: _____

Cell Phone: (_____) _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Primary System: _____ Secondary System: _____

Dispatch Center Coordinator's Signature

ATTACH: EMD license, Driver's License, and BLS/CPR card (legible copies all on one paper)

ATTACHMENT : EMD Relicensure Requirements

I. EMD RELICENSURE REQUIREMENTS SUMMARY:

1. 48 Hours of CE (The 48 required hours may include hours from the list below)
2. Current BLS/CPR Certification
3. IDPH Renewal Notice: Child support & felony conviction statements and \$20 renewal fee

Submit to System: Items 1 & 2 / Complete ONLINE at IDPH website: Item 3

Will County 9-1-1 Agencies must submit Item 3 to Will County 9-1-1 for payment processing.

ALL MANDATORY SYSTEM CME MUST BE CURRENT FOR SYSTEM TO RENEW LICENSE.

II. STANDARDS FOR ACCEPTABLE CONTINUING EDUCATION:

Continuing education classes, seminars, clinical time, workshops or other types of programs will have an assigned IDPH approved site code to be submitted as acceptable CE hours. This includes CE hours obtained by attending Fire Department or Agency education. Refer to www.silvercrosssems.com or policy 200-16 "Continuing Education Acceptance & Validation Standards" on IDPH site codes.

| <u>Continuing Education Recommendations</u> | <u>(Documentation) & [Hours]</u> | <u>*Over 4 Years*</u> |
|---|--------------------------------------|-----------------------|
| 1. SCEMSS EMD CE: (2.0 hours per completed PowerPoint and Study Guide)..... | | Unlimited |
| 2. SCEMSS EMD Moodle CE Monthly PowerPoint and Quiz (2.5 hours/month) | | Unlimited |
| NOTE: SCEMSS EMS Moodle CE may be used if the EMD is also an EMR,EMT,AEMT/EMT-I,Paramedic) | | |
| 3. CPR certification: AHA BLS Provider Card..... | | 3 hours |
| 4. Agency EMD Education (IDPH approved w/site codes listed)..... | | 48 hours |
| 5. Emergency Preparedness event/exercise/education (signed CE Sheet) hr/hr..... | | 12 hours (max) |
| 6. Health Related College Courses[1 credit hour = 8 CE hours]..... | | UNLIMITED |
| 7. EMS related Conferences and/or Seminars (Certificate) | | hour for hour |
| 8. Online: APCO or PowerPhone CE (Certificate) | | 15 hours (max) |
| 9. Other IDPH Approved Locally Offered CE (Certificate or CE sheet w/hrs +site codes listed)..... | | hour for hour |

Certificates must include EMS Personnel's name, CE topic, hours awarded, site code or CECBEMS, etc. Repetition of a specific class session within a twelve-month period will not be accepted for credit.

EMDs that are also licensed EMRs, EMTs, A-EMT/EMT-Is, Paramedics, or PHRNs may use that CE toward their EMD Relicensure. Refer to those Relicensure policies for CE requirements.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: SYSTEM CONTINUING EDUCATION REQUIREMENT OF EMS PERSONNEL

POLICY:

All System Agency EMS personnel in the Silver Cross EMS System must participate in the System's Mandatory CE program. **Until January 1, 2019 only System EMS Personnel listed primary were mandated to complete the System's CE program, but effective January, 1st, 2019 ALL System EMS Personnel are mandated to complete the System's CE program.** See the System's Moodle CE page on the System website at www.silvercrosssems.com. All EMS personnel in the Silver Cross EMS System must register a user account on the Silver Cross EMS Moodle site: <http://moodle.silvercrosssems.com> and must complete the Monthly CE within the 60-day grace period.

The System CE program utilizes an online platform called MOODLE, which is required to be completed monthly including a presentation and a quiz. Every EMS Personnel will have at least 2 opportunities to successfully complete each quiz. CE presentations and quizzes are contained within the Silver Cross EMS Moodle website. Quizzes will remain open and posted for 4 years to accommodate individuals joining the System mid-way through their renewal that are behind on their CE, however the quiz still must be completed monthly (within 60 days from the time the quiz opens).

THE EMS PERSONNEL MUST TAKE THE QUIZ DURING THE 60-DAY TIME FRAME WITH NO EXCEPTION. ANY SCEMSS EMS PERSONNEL NOT COMPLETING THE MANDATORY CE MONTHLY WILL NOT BE RENEWED AND MAY BE SUSPENDED OR REMOVED FROM THE SYSTEM AT ANY TIME THEY ARE FOUND TO BE DELINQUENT.

TO PRINT THE MOODLE GRADE SHEET:

- Log in then click on "SCEMSS Monthly CE"
- Click GRADES in the column on the left (may need to scroll down to find GRADES button)
- Hit CTRL and the letter P on the keyboard to print the page.
- This will show the grades inside the table like box and the site codes and hours in the left column
- Coordinators viewing all personnel may click on the tiny grey document looking box next to the EMS Personnel's name to view the grades for just that EMS Personnel. CTRL-P to print the page.

80% remains the minimum passing score for all System CE tests/quizzes. Credit is not awarded for any score below an 80%, and any score below an 80% constitutes a delinquency.

Only active SCEMSS System members may participate in our Moodle CE program. All outsiders will be immediately removed.

EFFECTIVE DATE: 01-01-15

REVISED DATE: 11-26-18