SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

300 SERIES

POLICY AND PROCEDURES

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Section IV: Disciplinary Review

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Open Policy Number: 300-78, 300-79

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **NEW EMS AGENCY PROPOSAL**
(INITIAL EMS SYSTEM APPLICATION FOR AMBULANCE PROVIDER)

POLICY: IDPH CODE 515.800 and 515.810

The following policy and procedure has been designed for prospective EMS provider agencies requesting entrance and affiliation with the Silver Cross EMS System to operate and function at an EMR, BLS, ILS, ALS or CCT level of prehospital care. In order to obtain approval for System affiliation by IDPH, the requesting Vehicle Service Provider agency shall be within the geographic area of the System and must submit an initial EMS System Proposal application. The proposal will include all items listed in section 515.800 and 515.810 of the IDPH EMS Administrative Code. Before entering into this long-range service commitment, the System requires that the prospective EMS provider agency and the community realize the implications of such commitments and review the System's policies. All SCEMSS policies must be adhered to including the use of an electronic data collection program.

The format to be followed for the initial EMS System proposal application process of the prospective EMR, BLS, ILS, ALS or CCT provider agency is the IDPH EMS Provider System Application form**.** All application forms are available by request from the Silver Cross EMS System office Operations Coordinator or Manager. The System will review the completed application and if approved, submit the application to IDPH for approval. An agency will not function under SCEMSS until IDPH approved.

IDPH CODE http://www.ilga.gov/commission/jcar/admincode/077/07700515sections.html

Refer to the following IDPH Rules and Regulations as needed:
515.800 Vehicle Service Provider Licensure
515.810 EMS Vehicle System Participation
515.725 EMR
515.825 Alternate Response Vehicle
515.830 Ambulance Licensing Requirements
515.860 Critical Care Transport

Refer to the following System Polices as needed:
300-39 Requirements for IDPH Ambulance Licensing
300-9 Requirements for Alternate Response Vehicles
300-4 Required Equipment - BLS
300-5 Required Equipment - ILS
300-6 Required Equipment – ALS
300-40 Requirements for Critical Care Transport
300-38 Vehicle Service Provider Licensure, Participation, and Plan Amendments

EFFECTIVE DATE: 03-10-82

REVISED DATE: 10-29-18

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **SYS-MOD: REQUEST TO MODIFY AGENCY PROPOSAL**

POLICY: IDPH Code 515.800 and 515.810

This System policy addresses the procedure to modify and/or amend a current and previously approved EMS Vehicle Service Provider Agency proposal by the System and IDPH for all levels of prehospital care. This policy is effective in regards to the following proposal changes and request to modify and/or amend:

1. Upgrades or downgrades in levels of prehospital care.
2. Modify response area.
3. Modify access and dispatch procedures and mechanisms.
4. Replace previously approved EMS vehicles.
5. Additional EMS vehicles.
6. Request to add Special EMS Vehicles (SEMSV), i.e. ALS engines.
7. Request to perform special EMS skills in the system.

For all requests to modify/amend System EMS Agency proposals, the Silver Cross EMS System will utilize the form established by the Illinois Department of Public Health, Division of Emergency Medical Services and Highway Safety. This form is only available from the State's website on the Forms and Publications page: http://dph.illinois.gov/topics-services/emergency-preparedness-response/ems

EFFECTIVE DATE: 03-10-82

REVISED DATE: 07-01-16

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **REQUIREMENTS FOR SEMSV (AEROCARE AIR AMBULANCE)**

POLICY: This policy outlines IDPH CODE: 515.900, 515.910, 515.920, 515.930, 515.935, 515.940, 515.945, 515.950, 515.955, 515.960, and 515.963

SEMSV Program or Specialized Emergency Medical Services Vehicle Program – a program operating within an EMS System, pursuant to a program plan submitted to and certified by the Department, using specialized emergency medical services vehicles to provide emergency transportation to sick or injured persons.

Specialized Emergency Medical Services Vehicle or SEMSV – a vehicle or conveyance, other than those owned or operated by the federal government, that is primarily intended for use in transporting the sick or injured by means of air, water, or ground transportation, that is not an ambulance as defined in the *Act. The term includes watercraft, aircraft and special purpose ground transport vehicles not intended for use on public roads.*

515.900 Licensure of SEMSV Programs − General

a) No person, either as owner, agent or otherwise, shall furnish, operate, conduct, maintain, advertise or otherwise be engaged in the provision of emergency medical care or transportation to a sick or injured patient using a Specialized Emergency Medical Services Vehicle (SEMSV), unless currently licensed by IDPH. This requirement applies to any air medical service that may pick up a patient within the State of Illinois; and any provider that advertises that it provides air medical transport services, regardless of its base of operation, location of vehicle registration, or percentage of vehicle use for air medical transport.

b) An application for licensure shall be filed with IDPH by submitting a Program Plan signed by the SEMSV Medical Director and the System EMS MD.

c) Each license shall be valid for a period of one year from the date of issuance, unless suspended or revoked.

d) Each license shall be issued to the program named in the application for the specific vehicle or vehicles identified in the application and shall not be assignable or transferable.

e) IDPH EMS Act, Section 515.800 regarding application and renewal of licensure shall apply.

f) IDPH shall inspect any vehicles, equipment, records or other documents covered by the applicant SEMSV Program annually to determine initial or continued compliance with the EMS Act.

515.910 Denial, Nonrenewal, Suspension or Revocation of SEMSV Licensure

a) The IDPH Director may *issue an Emergency Suspension Order for any provider or vehicle licensed under the EMS Act, when determined that an immediate and serious danger to the public health, safety and welfare exists. Suspension or revocation proceedings which offer an opportunity for hearing shall be promptly initiated after the emergency suspension order has been issued*.

b) IDPH shall deny an application for licensure or renewal, suspend or revoke a license when the applicant or license holder has failed to meet or has violated any of the requirements of the EMS Act; or any SEMSV personnel, during the provision of emergency services, have engaged in dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud or harm the public, such as not meeting the requirements of the EMS Act, charging for services or equipment not provided or used, or using unqualified personnel.

c) All hearings shall be governed by the Department's Practice and Procedure in Administrative Hearings and Section 3.135(a) and (b) of the Act. Upon receipt of a notice of denial, nonrenewal, suspension or revocation, the applicant or certificate holder shall have 15 days in which to request a hearing.

515.920 SEMSV Program Licensure Requirements for All Vehicles

a) The SEMSV Program shall be part of an IPDH-approved EMS System.

b) The SEMSV Program shall meet and comply with all State and federal requirements governing the specific vehicles employed in the program.

c) The SEMSV Program shall comply with the EMS Act and this Policy during its hours of operation. The SEMSV Program shall operate 24 hours per day, every day of the year, in accordance with weather conditions, except when the service is committed to another medical emergency request, or is unavailable due to maintenance requirements.

d) The SEMSV Program shall provide pre-hospital emergency services within its service area on a per-need basis without regard to the patient's ability to pay for the service.

e) The SEMSV Program shall be supervised and managed by a Medical Director, who shall be a physician who has met at least the following requirements:

1) Educational experience in those areas of medicine that are commensurate with the mission statement of the medical service (e.g., trauma, pediatric, neonatal, obstetrics) or utilize specialty physicians as consultants when appropriate;

2) Valid certification and experience in ACLS; PALS or PEPP; and ATLS or PHTLS;

3) In programs using air vehicles, documentation, such as certificates or proof of completion in course work designed to bring about experience and knowledge in in-flight treatment modalities; altitude physiology; infection control as it relates to airborne and intra-facility transportation; and stress management techniques;

4) In programs using air vehicles, the SEMSV MD shall be knowledgeable and involved in the establishment of flight safety and weather-related parameters.

515.930 Helicopter and Fixed-Wing Aircraft Requirements

In addition to the requirements specified in Sections 515.900 and 515.920, an SEMSV Program using helicopters or fixed-wing aircraft shall submit a program plan that includes the following:

a) Documentation of the SEMSV MD's credentials as required by Section 515.920(e), and a statement signed by the MD containing his or her commitment to the following duties and responsibilities:

1) Supervising and managing the program;

2) Supervising and evaluating the quality of patient care provided by the aeromedical crew;

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TITLE: REQUIREMENTS – SEMSV CONTINUED

3) Developing written treatment protocols and standard operating procedures to be used by the aeromedical crew during flight;

4) Developing and approving a list of equipment and drugs to be available on the SEMSV during patient transfer;

5) Providing periodic review, at least monthly, of patient care provided by the aeromedical crew;

6) Providing for the CE of the aeromedical team (see Section 515.940(a)(2));

7) Providing medical advice and expertise on the use, need and special requirements of aeromedical transfer;

8) Submitting documentation assuring the qualifications of the aeromedical crew;

9) Notifying IDPH when the primary SEMSV is unavailable in excess of 24 hours, stating the reason for unavailability, the expected date of return to service, and the provisions made, if any, for replacement vehicles;

10) Assuring appropriate staffing of the SEMSV, with a minimum of one EMS pilot and one aeromedical crew member for BLS missions. There shall be two aeromedical crew members for ALS and CCT, one of which must be an RN or physician with completion of education required by Section 515.940. Two EMS pilots shall be used for fixed-wing aircraft or helicopters when required by the Federal Aviation Administration (FAA) requiring that staffing. Additional aeromedical personnel may be required at the discretion of the SEMSV MD. The SEMSV MD shall provide the Department with a list of all approved pilots and aeromedical crew members, and shall update the list whenever a change in those personnel is made;

b) The SEMSV MD's list of required medical equipment and drugs for use on the aircraft (see Section 515.950);

c) The SEMSV MD's treatment protocols and standard operating procedures;

d) The curriculum and requirements for orientation and education (see Section 515.940(a)(2), (3) and (4)), including mandatory CE for all aeromedical crew members consisting of at least 16 hours in specialized aeromedical transportation topics, eight hours of which may include quality assurance reviews; operational safety standards; and weather related parameters;

e) A description of the communications system accessing the aeromedical dispatch center, the medical control point, receiving and referring agencies (see Section 515.960);

f) A description and map of the service area for each vehicle;

g) A description of the EMS System's method of providing emergency medical services using the SEMSV Program; and

h) The identification number and description of all vehicles used in the program.

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TITLE: REQUIREMENTS – SEMSV CONTINUED

515.935 EMS Pilot Specifications

a) Approval for EMS System participation for a pilot shall be valid for a period of one year and may be renewed by the SEMSV MD if the pilot has completed renewal education, which shall include, but is not limited to, the requirements of subsections (b)(1) and (5)(A) through (H) or subsections (c)(1) and (3)(A) through (F).

1) Helicopter reference (SCEMSS does not currently have this application)
2) For fixed-wing programs only: One EMS pilot per aircraft who will respond within one-half hour from the receipt of the request.

b) Helicopter reference (SCEMSS does not currently have this application)

c) Each pilot assigned to a fixed-wing aircraft shall be approved by the EMS MD for participation in an EMS System and shall meet the following requirements:

1) Compliance with subparts E and F of Air Taxi Operations and Commercial Operators (14 CFR 135);

2) The pilot shall have a minimum of 2000 flight hours; a minimum of 1000 flight hours as PIC in a fixed wing aircraft; 100 night flight hours and 25 hours in the specific make and model of aircraft before flying as the PIC on patient missions; or completion of a commercially established education program for the specific make and model air craft and the successful completion of the check ride;

3) Provide documentation of completion of education that includes, but is not limited to, the following:
   - Judgment and decision making;
   - Local routine operating procedures, including day and night operations;
   - Flight by reference to instruments, including Instrument Meteorological Conditions (IMC) recovery;
   - Regional area weather phenomena;
   - Area terrain hazards;
   - EMS System and SEMSV Program communications requirements; and
   - Crew resource management education.

515.940 Aeromedical Crew Member Education Requirements

a) Except as provided for by subsection (b), each aeromedical crew member assigned to a helicopter or fixed-wing aircraft shall be approved by the SEMSV MD and shall meet the following requirements:

1) Be a Paramedic, RN or a physician.

2) Each crew member shall be current in, or obtain within six months of hire: ACLS; PHTLS or ITLS; PALS or ENPC) or PEPP; TNS or TNCC; and NRP or an equivalent as approved by the EMS MD.

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TITLE: REQUIREMENTS – SEMSV CONTINUED

3) Initial education program requirements for full-time and part-time critical care and ALS providers. Each critical care and ALS provider shall successfully complete a comprehensive education program or show proof of recent experience, education and competency in the categories listed in subsections (a)(3)(A) and (B) prior to assuming independent responsibility.

A) Didactic Component − Shall be specified and appropriate for the mission statement and scope of the medical transport service:

i) Advanced airway management;

ii) Altitude physiology/stressors of flight if involved in rotor wing or fixed wing operations;

iii) Anatomy, physiology and assessment for adult, pediatric and neonatal patients;

iv) Aviation − aircraft orientation/safety and in-flight procedures/general aircraft safety, including depressurization procedures for fixed wing (as appropriate). Ambulance orientation/safety and procedures as appropriate;

v) Cardiac emergencies and advanced cardiac critical care;

vi) Hemodynamic monitoring, pacemakers, implantable cardiac defibrillator (ICD), intra-aortic balloon pump, and central lines, pulmonary artery and arterial catheters;

vii) Multiple patient incidents;

viii) EMS radio communications;

ix) Environmental emergencies;

x) Hazardous materials recognition and response (all hazards recognition and response);

xi) High risk obstetric emergencies (bleeding, medical, and trauma);

xii) Infectious disease prevention, mitigation and treatment;

xiii) Metabolic/endocrine emergencies;

xiv) Multi-trauma (chest, abdomen, facial);

xv) Neonatal emergencies (respiratory distress, surgical, cardiac);

xvi) Oxygen therapy in the medical transport environment − mechanical ventilation and respiratory physiology for adult, pediatric and neonatal patients as appropriate to the mission statement and scope of care of the medical transport service;

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TITLE: REQUIREMENTS – SEMSV CONTINUED

xvii) Pediatric medical emergencies;

xviii) Pediatric trauma;

xix) Pharmacology;

xx) Quality Management − didactic education that supports the medical service mission statement and scope of care (e.g., adult, pediatric, neonatal);

xxi) Respiratory emergencies;

xxii) Scene management/rescue/extrication (rotor wing and ground ambulance);

xxiii) Stress recognition and management;

xxiv) Survival education;

xxv) Record keeping;

xxvi) Thermal, chemical, inhalation, radiation and electrical burns;

xxvii) Legal aspects; and

xxviii) Toxicology.

B) Clinical Component − clinical experiences shall include, but not be limited to, the following (experiences shall be specific and appropriate for the mission statement and scope of care of the medical transport service):

i) Critical care;

ii) Emergency care;

iii) Invasive procedures or simulations equivalent for practicing invasive procedures;

iv) Neonatal intensive care;

v) Obstetrics − five deliveries;

vi) Pediatric critical care;

vii) Pre-hospital care, for rotor wing programs only; and

viii) Tracheal intubations − 10 performed on live patients either in the field or in the hospital setting when in the presence of and under the direct supervision of a licensed physician or CRNA; or performed on cadavers or a human patient simulator (HPS) while under direct supervision; or when in the presence of and under the direct and immediate supervision of the EMS MD or SEMSV MD or designee.

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TITLE: REQUIREMENTS – SEMSV CONTINUED

4) CE /staff development shall be provided and documented for all full-time and part-time critical care and ALS providers. These shall be specific and appropriate for the mission statement and scope of care of the medical transport service.

A) Didactic CE shall include:

i) Aviation − safety issues (if involved in rotor wing or fixed wing operations);

ii) Requirements of this Part regarding ground and air transport;

iii) Altitude physiology/stressors of flight (if involved in both rotor wing and fixed wing operations);

iv) Critical care courses;

v) Emergency care courses;

vi) Hazardous materials recognition and response;

vii) Infection control;

viii) Stress recognition and management;

ix) Survival education; and

x) Equipment reviews consistent with program scope and mission.

B) Clinical and laboratory CE shall include:

i) Emergency/trauma care;

ii) Critical care (adult, pediatric, neonatal);

iii) Invasive procedure labs;

iv) Labor and delivery;

v) Pre-hospital experience, for rotor wing programs only;

vi) Skills maintenance program documented to comply with number of skills required in a set period of time according to policy of the medical transport service (i.e., endotracheal intubations, chest tubes);

vii) No fewer than five successful intubations per year are required for each Critical Care or ALS provider. These intubations may be on live patients, either in the field or in the hospital setting, when in the presence of a licensed physician or CRNA; or cadavers or when in the presence of and under the direct and immediate supervision of the EMS MD or SEMSV MD. Success rates for all live intubations are documented and monitored through the quality management process; and

viii) Live, HPS or cadaver intubation experience within the following age ranges if served by the air medical/ground inter-facility service: birth to 28 days; 28 days to 12 months; 12 months to 2 years; 2 to 8 years; and 8 years and older.

5) Yearly completion of the CE requirements as described in Section 515.930(d).

b) In addition to at least one aeromedical crew member for BLS who has met the requirements of subsection (a), and two aeromedical crew members, one of whom must be an RN or licensed physician, for ALS or CCT missions who have met the requirements of subsection (a), the EMS MD or SEMSV MD may approve and assign additional crew members to a helicopter or fixed-wing aircraft. The additional crew members shall meet the following requirements:

1) Provide documentation of completion of education that includes, but is not limited to, the following:

A) General patient care in-flight;

B) Aircraft emergencies;

C) Flight safety;

D) EMS System and SEMSV Program communications;

E) Use of all patient care equipment and

F) Rescue and survival techniques.

2) Yearly completion of the CE requirements as described in Section 515.930(d).

515.945 Aircraft Vehicle Specifications and Operation

a) All vehicles shall meet the requirements of subparts A, B, C, and D of Air Taxi Operations and Commercial Operators (14 CFR 135).

b) All vehicles shall have communication equipment to permit both internal crew and air-to-ground exchange of information between individuals and agencies, including at least those involved in SEMSV medical control within the EMS System, the flight operations center, air traffic control and law enforcement agencies. Helicopters must be able to communicate with law enforcement agencies, EMS providers, fire agencies, and referring and receiving facilities.

c) Rotor wing vehicles shall be equipped with a Medical Emergency Radio Communications for Illinois (MERCI) radio.

d) All vehicles shall be designed to allow the loading and unloading of the patient without rotating the patient more than 30 degrees along the longitudinal axis or 45 degrees along the lateral axis.

e) All vehicles shall be climate controlled to prevent temperature extremes that would adversely affect patient care in the judgment of the EMS MD or SEMSV MD.

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TITLE: REQUIREMENTS – SEMSV CONTINUED

f) All vehicles shall have interior lighting to permit patient care to be given and patient status to be monitored without interfering with the pilot's vision.

g) All vehicles shall carry survival equipment including but not limited to:

1) Two sources of heat or fire;

2) Two forms of signaling device;

3) Equipment to provide shelter: blanket, nylon cord and adhesive tape;

4) Knife; and

5) Food and water supply.

h) All patients shall be restrained to the helicopter or fixed-wing aircraft litter to assure the safety of the patient and crew.

i) Helicopter reference (SCEMSS does not currently have this application)

j) For fixed-wing aircraft programs:

1) All single engine fixed-wing aircraft shall be powered by a turbine engine. There shall be at least one dedicated fixed-wing aircraft.

2) Each vehicle shall be staffed with at least one EMS pilot and at least one aeromedical crew member for BLS missions. There shall be two aeromedical crew members for ALS and CCT.

3) The aircraft shall be IFR equipped and certified.

4) All equipment, litters/stretchers and seating shall be arranged so as not to block rapid egress by personnel or patient from the aircraft and shall be affixed or secured in approved racks or compartments or by strap restraint.

515.950 Aircraft Medical Equipment and Drugs

a) Each helicopter or fixed-wing aircraft shall be equipped with medical equipment and drugs that are appropriate for the various types of missions to which it will be responding, as specified by the SEMSV MD.

b) The SEMSV MD shall submit for approval to the Department a list of medical equipment and drugs to be taken on any particular mission based on patient type (adult, child, infant), medical condition (high risk infant, cardiac, burn, etc.) and anticipated treatment needs en route. This shall include, but not be limited to:

1) Cardiac monitor with extra battery;

2) Defibrillator that is adjustable for all age groups;

3) External pacemaker;

4) Advanced airway equipment, including, but not limited to, laryngoscope and tracheal intubation supplies for all age ranges;

5) Mechanical ventilator available;

6) Two suction sources; one must be portable;

7) Pulse oximeter; central and peripheral sensors, adult and pediatric;

8) End tidal CO_2 − quantitative wave form capnography;

9) Automatic blood pressure monitor;

10) Doppler with dual capacity to obtain fetal heart tones as well as systolic blood pressure;

11) Invasive pressure monitor;

12) Intravenous pumps with adjustable rates for appropriate age groups;

13) Two sources of oxygen; one must be portable;

14) A stretcher that is large enough to carry the 95th percentile adult, full length in supine position, and that is rigid enough to support effective cardiopulmonary resuscitation and has the capability of raising the head 30°;

15) Electrical power source provided by an inverter or appropriate power source of sufficient output to meet the requirements of the complete specialized equipment package without compromising the operation of any electrical aircraft equipment;

16) If the patient weighs less than 60 lbs. (27 kg.), an appropriate (for height and weight) restraint device shall be used, which shall be secured by a devise approved by the Federal Aviation Administration (14 CFR 135);

17) An isolette if the service mission profile includes neonate transports; and

18) Opioid antagonist, including, but not limited to, Naloxone, with administration equipment appropriate for the licensed level of care of the SEMSV.

c) IDPH approval shall be based on, but not limited to:

1) Length of time of the mission;
2) Possible environmental or weather hazards;
3) Number of individuals served; and
4) Medical condition of individuals served.

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TITLE: REQUIREMENTS – SEMSV CONTINUED

515.955 Vehicle Maintenance for Helicopter and Fixed-wing Aircraft Programs

a) Helicopter reference (SCEMSS does not currently have this application)

b) For fixed-wing aircraft programs:

1) The maintenance program shall meet the requirements of subpart J of Air Taxi Operations and Commercial Operators (14 CFR 135).

2) Mechanics shall be certified A & P with two years experience, and shall have completed education for the make and model of aircraft used by the SEMSV Program.

3) Hangar facilities shall be available for major maintenance activities as specified in manufacturer's requirements.

4) Progressive maintenance on aircraft used by the SEMSV Program is recommended, including routine daily inspections, as required by the aircraft manufacturer.

515.960 Aircraft Communications and Dispatch Center

a) The SEMSV Program shall have a designated person assigned and available 24 hours per day every day of the year to receive and dispatch all requests for aeromedical services. For fixed-wing aircraft programs, a telephone answering service may be used.

b) Education of the designated person shall be commensurate with the scope of responsibility of the communications center and pertinent to the air medical service, including:

1) Knowledge of EMS roles and responsibilities of the various levels of education;

2) Knowledge of Federal Aviation Administration and Federal Communications Commission regulations;

3) General safety rules, emergency procedures and flight following procedures;

4) Navigation techniques/terminology and understanding weather interpretation;

5) Types of radio frequency bands used;

6) Stress recognition and management;

7) Medical terminology and obtaining patient information;

8) Assistance with all hazards response and recognition procedure using appropriate reference materials; and

9) Crew resource management.

c) The dispatch center shall have at least one dedicated telephone number for the SEMSV Program.

TITLE: REQUIREMENTS – SEMSV CONTINUED

d) A pre-arranged emergency plan shall be in place to cover situations in which an aircraft is overdue, radio communication cannot be established, or an aircraft location cannot be verified.

e) A back-up power source shall be available for all communications equipment used at the SEMSV medical control point.

f) The dispatch center shall have a system for recording all incoming and outgoing telephone and radio transmissions with time recording and playback capabilities. Recordings shall be kept for 30 days.

g) In addition, for helicopter programs:

1) The dispatch center shall have the capability to communicate with the aircraft pilot and aeromedical crew for nonmedical purposes on a separate designated frequency.

2) Continuous flight following every 15 minutes shall be maintained and documented.

515.963 Flight Program Safety Standards

For rotor-wing and fixed-wing programs:

a) Flight crews shall wear the following protective clothing:

1) Reflective material or striping on uniforms during night operations;

2) Flame-retardant clothing;

3) Flight helmets for all rotorcraft crews, including specialty teams; and

4) Boots or sturdy footwear for on-scene operations.

b) Safety and Environment

1) Oxygen storage shall be 10 feet from any heat source and 20 feet from any open flame.

2) All crews shall carry a photo ID with first and last names while on duty.

3) Family members or other passengers who accompany patients shall be identified and listed in the communications center.

4) A policy shall address the security of the aircraft and physical environment (i.e., hangar, fuel farm), including:

A) Security of the aircraft or ambulance if left unattended on a helipad, hospital ramp or unsecured airport or parking lot;

B) Education for pilots, mechanics and medical personnel to recognize signs of aircraft tampering; and

C) A plan to address aircraft or ambulance tampering.

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TITLE: REQUIREMENTS – SEMSV CONTINUED

c) Completion of all of the following educational components shall be documented for each of the flight medical personnel:

1) General aircraft safety:

A) Aircraft evacuation procedures (exits and emergency release mechanisms), including emergency shutdown − engines, radios, fuel switches, and electrical and oxygen shutdown;

B) Aviation terminology and communication procedures, including knowledge of emergency communications and knowledge of emergency communications frequency;

C) In-flight and ground fire suppression procedures (use of fire extinguishers);

D) In-flight emergency and emergency landing procedures (i.e., position, oxygen, securing equipment);

E) Safety in and around the aircraft, including national aviation regulations pertinent to medical team members, landing zone personnel when possible, patients, and lay individuals;

F) Specific capabilities, limitations and safety measures for each aircraft used, including specific education for backup or occasionally used aircraft;

G) Use of emergency locator transmitter (ELT); and

H) All ground support ambulances used for fixed wing operations shall meet minimal State ambulance licensing requirements located in Section 515.830.

2) Ground operations rotor wing (RW)

A) Landing site policies consistent with Federal Aviation Administration Helicopter Emergency Medical Services (HEMS) requirements;

B) Patient loading and unloading – policy for rapid loading/unloading procedures;

C) Refueling policy for normal and emergency situations;

D) Hazardous materials recognition, response and training policy consistent with 2014 Aeronautical Information Manual, Chapter 10 (2014, US Department of Transportation);

E) Highway scene safety management policy that demonstrates coordination with local emergency response personnel;

F) Survival education/techniques/equipment that are pertinent to the environment/geographic coverage area of the medical service based on the program risk assessment;

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TITLE: REQUIREMENTS – SEMSV CONTINUED

G) Smoke in the cockpit/cabin, firefighting in the cockpit/cabin; and

H) Emergency evacuation of crew and patients.

d) A planned and structured safety program shall be provided to public safety/law enforcement agencies and hospital personnel who interface with the medical service that includes:

1) Identifying, designating and preparing an appropriate landing zone (LZ).

2) Personal safety in and around the helicopter for all ground personnel.

3) Procedures for day/night operations, conducted by the medical team, specific to the aircraft, including: High and low reconnaissance; Two-way communications between helicopter and ground personnel to identify approach and departure obstacles and wind direction; Approach and departure path selection; and Procedures for the pilot to ensure safety during ground operations in an LZ with or without engines running.

4) Crash recovery procedures specific to the aircraft make and model shall minimally include:

A) Location of fuel tanks;

B) Oxygen shut-offs in cockpit and cabin;

C) Emergency egress procedures;

D) Aircraft batteries; and

E) Emergency shut-down procedures.

5) Education regarding "helicopter shopping" shall be included.

6) Records shall be kept of initial and recurrent safety education of pre-hospital, referring and receiving ground support personnel.

e) The program shall maintain a safety management system that is proactive in identifying risks and eliminating injuries to personnel and patients and damage to equipment.

f) Special requirements for night operations; SEMSV rotorcraft programs shall incorporate use of night vision goggles (NVG) and shall be compliant by December 31, 2018: Pilot required; and Medical crew recommended.

EFFECTIVE DATE: 12-10-18

REVISED DATE:

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **REQUIRED EQUIPMENT – BLS**

POLICY: IDPH CODE 515.830

Each BLS ambulance operating within the System is required to have all equipment as prescribed by IDPH in System Policy 300-39 in addition to the below requirements. This equipment must be functional and/or readily available at all times.

Other Supplies:

2 - Portable oxygen tank valve wrenches

2 - Blanket rolls for C-spine immobilization or approved head immobilizers

Remains bag: dependent on county policies regarding coroner response and body transports

Hemostatic Agent - Optional

BLS Medications and Supplies:

Baby Aspirin 81 mg blister pack of (4) tablets or (1) bottle

Albuterol/Ventolin 2.5mg (2)

Atrovent/Ipratropium 0.5mg (2)

Nebulizer Kit – (1)

Epinephrine 1mg/ml vial (2)

Glucometer/Glucose Meter (1) and testing strips

Glucose – Oral Paste or Gel 25 Gram tube (1)

Glucagon 1mg/ml vial (1)

Naloxone/Narcan 2mg/2ml syringe (3)

MAD/Mucosal Atomization Device (2)

Zofran/Ondansetron 4mg blister pack of (2) ODT tablets

Syringes: 3ml (3)

Filter needles: 18g for drawing medication (2)

Needles: minimum of 5 assorted sizes of 21g-23g for IM injection

EFFECTIVE DATE: 06-02-80

REVISED DATE: 09-15-22

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **REQUIRED EQUIPMENT – ILS**

POLICY: IDPH CODE 515.830

Each ILS ambulance operating within the System is required to have all equipment as prescribed by IDPH in System Policy 300-39 in addition to the below requirements. This equipment must be functional and/or readily available at all times.

Airway Management:
- Laryngoscope handle (1) with replacement batteries
- Laryngoscope blades (infant, child, adult Lg & Med) straight and curved, w/replacement bulbs
- Magill forceps, adult and child (1 each)
- Hemostat (1)
- End tidal CO2 detectors (adult and peds unless built into the BVM)
- Endotracheal/nasotracheal tubes: (2 each sizes: 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, 6.0, 7.0, 7.5, 8.0)
- Angiocath 10g or ARS kit (1) for Chest Decompression or Needle Cric
- CPAP and Quicktrach optional

Monitor/defibrillator, equipped with adult and pediatric size defibrillation pads or paddles.
- Patient Electrodes, adult (6), pediatric (3)
- Defibrillator Pads (2) adult and (2) pediatric

Cellular telemetry communications and Merci

Other Supplies/Equipment:
- Blanket rolls for C-spine immobilization or approved head immobilizers (2)
- Remains bag: dependent on county policies regarding coroner response and body transports
- Hemostatic Agent – Optional

IV and Medication Supplies:
- IV tubing: 10gtt tubing (4) and Saline Lock (j-loop) (1)
- Angiocaths (3 each): 16g, 18g, 20g, 22g, 25g
- IV start kits (4) or separate tourniquets, alcohol pads, etc
- IV arm boards, large and small (2 each)
- IV arm boards, large and small (2 each)
- Intraosseous Needle manual or drill (2 each for Adult and Peds)
- Syringes: 1ml, 3ml, 5ml, 10ml (2 each)
- Needles: 18g-23g (5ea)
- Filter needles (2)
- Alcohol prep pads (5)
- Nebulizer kit (1)
- MAD (Mucosal Atomization Device) (2)
- Glucometer / Glucose Meter (1) and testing strips

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **REQUIRED EQUIPMENT – ILS**

POLICY: **CONTINUED**

ILS Medications:

0.9 NaCL, Normal Saline, 1000cc bags (4)
0.9 NaCL, Normal Saline Flush, 10cc syringe (5)
50% Dextrose 50ml (2)
Albuterol/Ventolin 2.5mg (2)
Amiodarone 300mg (2)
Atrovent/Ipratropium 0.5mg (2)
Baby Aspirin 81mg blister pack of (4) tablets or (1) bottle
Diphenhydramine/Benadryl 50mg/ml (2)
Epinephrine 0.1mg/ml (old packaging 1: 10,000), 10ML prefilled syringes (6)
Epinephrine 1mg/ml (old packaging 1:1,000) 1mg/ml vial (2)
Glucagon 1mg/ml vial (1)
Glucose – Oral Paste or Gel 25 Gram tube (1)
Naloxone/Narcan (1 - 10ML vial) and 10cc syringes with needles (2) or 10 - 1ml vials.
NTG 0.4mg blister pack of (4) tablets or (1) bottle
Zofran/Ondansetron 4mg blister pack of (2) tablets

EFFECTIVE DATE: 08-15-89

REVISED DATE: 09-15-22

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **REQUIRED EQUIPMENT – ALS**

POLICY: IDPH CODE 515.830

Each ALS ambulance operating within the System is required to have all equipment as prescribed by IDPH in System Policy 300-39 in addition to the below requirements. This equipment must be functional and/or readily available at all times.

Airway Management:
- Laryngoscope handle (1) with replacement batteries
- Laryngoscope blades (infant, child, adult Lg & Med) straight and curved, w/replacement bulbs
- Magill forceps, adult and child (1 each)
- Hemostat (1)
- End tidal CO2 detector (adult and peds)
- Endotracheal/nasotracheal tube(s) 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, 8.0 (1 each size)
- Endotracheal/nasotracheal tube(s) 6.0, 6.5, 7.0, 7.5, (2 each size)
- Angiocath 10g or ARS kit (1) for Chest Decompression or Needle Cric
- CPAP and Quicktrach optional

Cardiac monitor/defibrillator:
- Adaptable to pediatric patients, capable of 12-leads, pacing, synchronized cardioversion, and ECG printouts, includes cables, charging system, extra batteries, maintenance agreement and maintenance log for each unit
- Patient Electrodes, adult (12), pediatric (6)
- Defibrillator and Pacing Pads (2) adult and (2) pediatric

Cellular telemetry communications and Merci

Other Supplies/Equipment:
- Blanket rolls for spinal motion restriction or approved head immobilizers (2)
- Remains bag: dependent on county policies regarding coroner response and body transports
- Hemostatic Agent – Optional

IV and Medication Supplies:
- IV tubing: 10gtt tubing (4) and Saline Lock (j-loop) (1)
- Angiocaths: 14g and 16g (2 each), and 18g, 20g, and 22g, (3each)
- IV start kits (4) or separate tourniquets, alcohol pads, etc
- IV arm boards, large and small (2 each)
- Intraosseous Needle manual or drill (2 each for Adult and Peds)
- Pressure Infusion bags (2 each)
- Syringes: 1ml, 3ml, 5ml, 10ml (2 each)
- Needles: 18g (5) and a minimum of 5 assorted sizes of 21g-23g
- Filter needles (2)
- Alcohol prep pads (5)
- Nebulizer kit (1)
- MAD (Mucosal Atomization Device) (2)
- Glucometer / Glucose Meter (1) and testing strips

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **REQUIRED EQUIPMENT – ALS**

POLICY: **CONTINUED**

ALS Medications:

Each ALS System authorized vehicle will maintain a system approved box or container capable of tamper-proof locking per policy 300-37 and stock a minimum of the following medications and related equipment: (if more than 25 min. ETA to the hospital, higher listed level of drugs may be carried with System approval)

0.9 NaCl, Normal Saline, 1000cc bags (4)
0.9 NaCl, Normal Saline, 100cc bag or 250cc bag (1)
0.9 NaCl, Normal Saline Flush, 10cc syringe (5)
0.9 NaCl, Normal Saline Squirt, 3cc vial (3) (1 for ALS NT)
Adenosine 6mg/2ml (3)
Albuterol/Ventolin 2.5mg (2)
Amiodarone 450mg (1)
Atrovent/Ipratropium 0.5mg (2)
Atropine 1mg/10ml Syrg. (3)
Baby Aspirin 81mg blister pack of (4) tabs or (1) bottle
Calcium Gluconate 10% 1 gram/10ml (100mg/ml) (1)
Dextrose 50% 25gm/50ml (2)
Diphenhydramine/Benadryl 50mg/ml (2)
Epinephrine, 1mg/10ml (old packaging 1:10,000), 10ML prefilled syringes (6)
Epinephrine, 1mg/ml (old packaging 1:1,000) 1mg/ml vial (2)
Furosemide 40mg/4ml (1)
Glucagon 1mg/ml vial (1)
Glucose – Oral Paste or Gel 25 Gram tube (1)
Magnesium Sulfate 2gm/50ml IVPB (2) *OPTIONAL for departments with long transport times
Naloxone/Narcan 10mg vial (1) OR 2ml vials or syringes (5)
NTG 0.4mg blister pack of (3) or (1) bottle
Sodium Bicarbonate 50mEq (2)
Solu-Medrol/Methylprednisolone 125mg/2ml vial (1)
Tetracaine HCL .5% Eye Drops Bottle (1)
Tranexamic Acid 1g (1)
Zofran/Ondansetron ODT 4mg tab (2 for ALS Transport) (1 for ALS NT)
Zofran/Ondansetron IV 4mg/2ml vial (2 for ALS transport) (1 for ALS NT)
CS: Fentanyl 100mcg/2ml vial (2)
CS: Ketamine Hydrochloride 500mg/10ml vial (1)
CS: Versed (Midazolam) 10mg/2ml (2) or 5mg/ml (4)

EFFECTIVE DATE: 08-15-89

REVISED DATE: 09-15-22

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **SYSTEM MASS CASUALTY AND DISASTER PLAN**

POLICY:

The Silver Cross EMS System Mass Casualty and Disaster Plan will serve as a guideline for the operation of EMS Personnel on the scene of a mass casualty disaster incident. These guidelines should be followed to provide services in a coordinated and effective manner. This plan is recognized as part of the Will County and EMS Region 7 Disaster Plans. Contact the System Manager for the most updated plan. The Silver Cross EMS System Disaster Plan may have a different revision date.

EFFECTIVE DATE: 01-01-89

REVISED DATE: 02-15-23

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: FIELD TRIAGE - TRAUMA CENTER CHECK LIST

POLICY:

The Trauma Center Checklist for field triage will provide a reasonable guideline regarding the transportation of patients who are suffering from immediate life-threatening injuries and need to be taken to a Trauma Center. It is recommended that in any questionable situations, medical control be obtained from the Resource Hospital at the earliest possible time for assistance regarding patient transport disposition.

Refer to "Field Triage Protocols" in the Region VII SMOs, which may have a different revision date.

EFFECTIVE DATE: 01-01-89

REVISED DATE: 02-15-23

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **ALTERNATE RESPONSE VEHICLE**

POLICY: IDPH CODE 515.825 and 515.830
Alternate Response Vehicles include Non-Transport vehicles and Ambulance Assistance Vehicles.

I) **Ambulance Assistance Vehicles** are dispatched simultaneously with an ambulance and assist with patient care prior to the arrival of the ambulance. These assistance vehicles include fire engines, trucks, squad cars or chief's cars that contain the staff and equipment required by this Section. These vehicles will not function as assist vehicles if staff and equipment required by this Section are not available. The agency will identify these vehicles as a program plan amendment outlining the type and level of response that is planned. The vehicle will not transport or be a primary response vehicle but a supplementary vehicle to support EMS services. The vehicle will be dispatched only if needed. Ambulance assistance vehicles will be classified as either:

1) ALS ambulance assistance vehicles will be staffed with a minimum of one System authorized Paramedic, PHRN or physician and will have all required equipment;

2) ILS ambulance assistance vehicles will be staffed with a minimum of one System authorized A-EMT/EMT-I, Paramedic, PHRN or physician and will have all required equipment;

3) BLS ambulance assistance vehicles will be staffed with a minimum of one System authorized EMT, A-EMT/EMT-I, Paramedic, PHRN or physician and will have all required equipment;

4) EMR (First Responder) assistance vehicles will be staffed with a minimum of one System authorized EMR, EMT, A-EMT/EMT-I, Paramedic, PHRN or physician and will have all required equipment.

II) **Non-Transport Vehicles** are dispatched prior to dispatch of a transporting ambulance and will have a transporting ALS ambulance within a 10-minute response time. These vehicles include ambulances and fire engines that contain the staff and equipment required by this Section. The vehicle service provider will identify non-transport vehicles as a program plan amendment outlining the type and level of response that is planned. Non-transport vehicles will be staffed 24 hours per day, every day of the year.

1) ALS Non-Transport Vehicles will be staffed with a minimum of either one System authorized Paramedic or PHRN and one additional System authorized EMT, A-EMT/EMT-I, Paramedic, PHRN or physician and will have all required equipment;

2) ILS Non-Transport Vehicles will be staffed with a minimum of either one System authorized A-EMT/EMT-I, Paramedic or PHRN and one additional System authorized EMT, A-EMT/EMT-I, Paramedic, PHRN or physician and will have all required equipment;

3) BLS Non-Transport Vehicles will be staffed with a minimum of either one System authorized EMT, A-EMT/EMT-I, Paramedic or PHRN and one additional System authorized EMT, A-EMT/EMT-I, Paramedic, PHRN or physician and will have all required equipment;

4) EMR (First Responder) Non-Transport Vehicles will be staffed with a minimum of either one System authorized EMR, EMT, A-EMT/EMT-I, Paramedic or PHRN and one additional System authorized EMR, EMT, A-EMT/EMT-I, Paramedic, PHRN or physician and will have all required equipment.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: ALTERNATE RESPONSE VEHICLE CONTINUED

III) Equipment requirements: Each vehicle used as an alternate response vehicle will meet the following equipment requirements, as determined by IDPH by an inspection. Download the latest IDPH NT Inspection Form from https://dph.illinois.gov/topics-services/emergency-preparedness-response/ems

1) Functional portable oxygen cylinder, with a capacity of not less than 350 liters w/tank key
2) Dial flowmeter/regulator for 15 lpm
3) Delivery tubes
4) Adult, child, and infant masks (1 each)
5) Adult squeeze bag and valve w/adult and child masks (1 each)
6) Child squeeze bag and valve w/child, infant and newborn size masks (1 each)
7) Airways, Oropharyngeal: adult, child, and infant sizes 00-5 (1 each)
8) Airways, Nasopharyngeal w/lubrication: sizes 12-30 (1 each)
9) Adult and child nasal cannulas (1 each)
10) Manually operated suction device
11) Triangular bandages or slings (2)
12) Roller bandages, self-adhering 4” by 5 yds (2)
13) Trauma dressings (2)
14) Sterile gauze pads 4” by 4” (2)
15) Vaseline gauze 3” by 8” (1)
16) Bandage shears (1)
17) Adhesive tape rolls (2 each)
18) Blanket, mylar accepted (1 each)
19) Cervical collars - adult, child and infant sizes (1 each)
20) Extremity splints - adult/child, long/short (1)
21) Adult/child/infant blood pressure cuffs and gauge (1each)
22) Stethoscope (1)
23) Burn Sheet, individually wrapped (1)
24) Sterile saline or water solution (1,000ml), plastic bottle or bag (1)
25) OB kit, sterile – minimum one, pre-packaged with instruments, bulb syringe and cord clamps
26) Thermal blanket and head cover, aluminum foil roll or appropriate heat reflective material (1)
27) Cold Packs (2) and Warm Packs (2)
28) EMS run reports (5 minimum)
29) Nonporous disposable gloves (1 box)
30) PPE including gowns, eye/nose/mouth protection or face shields
31) Flashlight and Pen light (1 each)
32) Communication equipment to allow reliable communications with hospital
33) Remains bag: dependent on county policies regarding coroner response and body transport
34) Opioid antagonist, including but not limited to Naloxone. See sections 36-37 for administration equipment appropriate to the licensed level of care
35) Automated external defibrillator (AED) that includes pediatric capabilities

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **ALTERNATE RESPONSE VEHICLE CONTINUED**

36) EMR – System required equipment in addition to items 1-35

- Baby Aspirin 81 mg blister pack of (4) tablets or (1) bottle
- Albuterol/Ventolin 2.5 mg (2)
- Atrovent/Ipratropium 0.5mg (2)
- Nebulizer Kit (1)
- Naloxone/Narcan 2mg/2ml syringe (2)
- MAD/Mucosal Atomization Device (2)
- Syringes: 3ml (2)
- Filter Needles: 18g for drawing medication (2)
- Glucometer/Glucose Meter (1) and testing strips
- Glucose – Oral Paste or Gel 25 Gram tube (1)

37) BLS – System required equipment in addition to items 1-35

- Baby Aspirin 81 mg blister pack of (4) tablets or (1) bottle
- Albuterol/Ventolin 2.5 mg (2)
- Atrovent/Ipratropium 0.5mg (2)
- Nebulizer Kit (1)
- Epinephrine 1mg/ml vial (1)
- Glucometer/Glucose Meter (1) and testing strips
- Glucose – Oral Paste or Gel 25 Gram tube (1)
- Glucagon 1mg/ml vial (1)
- Naloxone/Narcan 2mg/2ml syringe (2)
- MAD/Mucosal Atomization Device (2)
- Zofran/Ondansetron 4mg blister pack of (2) ODT tablets
- Syringes: 3ml (3)
- Filter needles: 18g for drawing medication (2)
- Needles: minimum of 3 assorted sizes of 21g-23g for IM injections

38) ALS – System required equipment in addition to items 1-34

- Laryngoscope handle (1) with replacement batteries
- Laryngoscope blades, straight and curved, with replacement light bulbs
- Magill forceps, adult and child (1 each)
- Endotracheal/nasotracheal tube(s) 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, 8.0 (1 each size)
- Endotracheal/nasotracheal tube(s) 6.0, 6.5, 7.0, 7.5, (2 each size)
- End tidal CO2 detectors (adult and peds unless built into the BVM)
- Angiocath 10g or ARS kit (1) for Chest Decompression or Needle Cric
- Monitor/defibrillator, equipped with adult and pediatric defib pads or paddles (waiver)

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **ALTERNATE RESPONSE VEHICLE CONTINUED**

- King Airway sizes 3, 4, and 5 (optional) (1 each)
- CPAP and Quicktrach optional

ALS Medications and IV Supplies

- 0.9 NaCl, Normal Saline, 1000cc bags (1)
- 0.9 NaCl, Normal Saline flush, 10cc pre-filled syringe (3)
- 0.9 NaCl, Normal Saline squirt, 3cc vial (1)
- Adenosine 6mg/2ml (3)
- Amiodarone 450mg (1)
- Atropine 1mg/10ml (3)
- Albuterol/Ventolin 2.5mg (2)
- Atrovent/Ipratropium 0.5mg (2)
- Nebulizer Kit (1)
- Baby Aspirin 81mg blister pack of (4) tablets or (1) bottle
- Calcium Gluconate 10% 1gram/10ml Vial (1)
- Dextrose 50% 25gm/50ml (1)
- Diphenhydramine/Benadryl 50mg/ml (1)
- Epinephrine 1mg/10ml (old packaging 1:10,000) (3)
- Epinephrine 1mg/ml (old packaging 1:1000) (2)
- Glucagon 1mg/ml (1)
- Glucose Paste (Oral Glucose Gel) – 20-25 gram tube (1)
- Naloxone/Narcan 2 mg (2)
- NTG/Nitroglycerin blister pack of (2) tablets or (1) bottle or (1) Nitrolingual Spray .4mg
- Tetracaine HCL .5% Eye Drops Tube (1)
- Zofran (Ondansetron) ODT 4 mg Tablet (1)
- Zofran (Ondansetron) IV 4mg/2ml Vial (1)
- CS: Fentanyl 100mcg/2ml vial (1) *CS – Refer to Policy 300-37
- CS: Versed (Midazolam) 10mg (1) * CS – Refer to Policy 300-37
- Syringes - 1ml, 5ml and 10ml (2 each)
- Needles: 18g (5) and a minimum of 5 assorted sizes of 21g-23g
- Filter needles (2)
- Alcohol Prep Pads (5)
- MAD/Mucosal Atomization Device (optional for ALS)
- IV tubing: 10gtt tubing (2) and Saline Lock (j-loop) (1)
- Angiocaths: 14g and 16g (1 each) and 18g, 20g and 22g (2 each)
- IV start kits (2) or separate tourniquets, alcohol pads, etc

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **ALTERNATE RESPONSE VEHICLE CONTINUED**

IV) Registration of Non-Transport Provider Agencies: Each non-transport provider will complete and submit to IDPH either the EMS Non-Transport Provider Application or the EMS Non-Transport Application for an Existing Transport Provider, available only from the IDPH official website at https://dph.illinois.gov/topics-services/emergency-preparedness-response/ems.html.

V) Inspection of Non-Transport EMS Providers: IDPH will schedule initial inspections. Thereafter, non-transport ambulance assist providers shall perform annual self-inspections, using forms the Non-Transport Inspection form available at the above link. Upon completion of the self-inspection, forward the completed and signed form to the System for review, who will forward to IDPH for license renewal. IDPH will perform random inspections or as a result of a complaint.

VI) Issuance and Renewal of License: Upon payment of the fee (when assigned), qualifying non-transport providers will be issued a provider license that lists a number for each level of care approved. Licenses will not be issued for individual Non-Transport Vehicles. Providers will inform the EMS System and IDPH of any modifications to the application, using the System Modification (sys-mod) forms. Licenses will be issued for one year and will be renewed upon receipt of self-inspections. Please note that your NT Provider number is your 4-digit Transport Provider number with the letters NT after it.

EFFECTIVE DATE: 08-15-10

REVISED DATE: 02-03-23

EMS Region 7

TITLE: **K9 POLICE WORKING DOG TREAT AND TRANSPORT**

POLICY:

The purpose of this policy is to provide medical support services to several law enforcement agencies who utilize canine officers. It is our intent to support the entire team, including the K9 officers. This support would include a K-9 being used for search and rescue, a K-9 being used as an accelerant detection animal, an ordinance scent trained dog and a K-9 for protection and service to the Police agency. We encourage each provider agency to reach out to their local Emergency Veterinary clinics to establish a list of locations with contact information and procedures of notification of a potential arrival of a K-9 patient to the facility prior to the need for assistance.

A. OVERALL GUIDELINES AND PARAMEDIC SAFETY

1. SCEMSS' primary mission remains the treatment and transport of sick and injured humans. If on a scene both a working dog and a human need treatment and transport, the human always is treated and transported first, even if their injury is comparatively minor to the K-9 officer.
2. Most injury and illness to a working dog is appropriate to be transported exclusively by their dog handler's police vehicle. In a few critical situations, transport by ambulance is authorized to allow better ability to treat the animal in transit.
3. Police working dogs are trained to be capable of inflicting significant injury, and an injured animal can react unpredictably. Except in the circumstance of a dog being fully unconscious or in severe respiratory distress, the animal is to be placed in a muzzle for the duration of care. The K9 handler officer must also ride in back of the ambulance with the animal for the entire duration of ambulance transport.
4. **Agencies will not transport civilian dogs to the Emergency Vet for any reason.** As in the past, ambulance crews and firefighters are welcome to render oxygen aid on a fireground scene to an animal emerging from a structure fire, but such animals must then be transported by their owners if they wish to seek veterinary care.
5. Care should be taken to assure the patient compartment of the ambulance is cleaned and made ready for the next patient after transporting the K-9 just like any other patient that is transported.

B. TREATMENT

1. It is not our intent, or training scope, to provide comprehensive veterinary technician care. EMS staff will focus on a few treatable critical conditions, where simple intervention can save the life of the animal prior to arrival to the veterinarian.

TITLE: **K9 POLICE WORKING DOG TREAT AND TRANSPORT**

2. **Opioid overdose**. Police dog breeds are at the same risk as humans from inadvertent inhalation or ingestion of opioids. Naloxone (Narcan) has the same mechanism of action and safety profile in dogs. Dogs should receive the full 2 mg dose, either intranasal or intramuscular. The appropriate injection site for intramuscular in a canine is the outer side of a rear thigh.
3. **Hemorrhage control**. Pressure on the wound as would occur in a human can stem the bleeding until definitive care occurs. Tourniquets on extremities can be used in the same manner as on a human.
4. **Respiratory support for severe distress or apnea.** Three conditions are most likely to cause respiratory distress; upper airway obstruction (usually from inhalation of an object), severe hypoventilation (from opioid overdose) or a tension pneumothorax.
5. K9 airway is easily visualized when patient is placed lying on stomach/chest. Open mouth and pull the tongue forward. Airway easily visualized with human laryngoscope blade depressing the epiglottis. Magill forceps may be used for foreign body airway obstruction. Most working K-9's will take a large tube (i.e. 8.5-9.0).
6. **Identifying and treating tension pneumothorax**. The dog with a tension pneumothorax will have short shallow breathing and rapid deterioration. Tapping either right or left side of the thorax in the dorsal 3rd of the thorax between the 7th and 9th intercostal space, same basic technique as in a human.
7. **Heat Stroke**. Rapid cooling with cool (not ice) water should be done at the first suspicion. Cooling for 5-10 minutes may be followed by wet/damp towels placed on the dog during transport. We try not to cool below 103F so cooling should be stopped during transport or if the dog becomes cold or begins to shiver.

C. RECORDS

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

EFFECTIVE DATE: 05-14-18

REVISED DATE: 01-09-24

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **RESPONSIBILITY FOR PATIENT DISPOSITION**

POLICY:

EMS Personnel rendering treatment and transport to a patient are responsible for that patient until care is formally transferred (see the policy on Patient Abandonment). All patients transported will be turned over to Emergency Department staff. Transporting agencies will not be required to deliver a patient to any other area of the hospital except for the following:

- EMS Personnel may be requested to take an obstetric patient where birth is imminent and immediate directly to Labor and Delivery, in which case a member of the ED staff will assist the transporting crew.

- EMS Personnel may be requested to take an emergent stroke patient directly to CT, in which case a member of the ED staff will assist the transporting crew.

- EMS Personnel may be requested to take an emergent STEMI patient directly to the Cardiac Cath Lab, in which case a member of the ED staff will assist the transporting crew.

- Non-emergency transfers by private ambulance may require transport of the patient to a particular unit or department. EMS personnel performing these transfers must formally turn over responsibility for patient care to an LPN, RN or Physician once the destination has been reached.

EFFECTIVE DATE: 06-30-83

REVISED DATE: 01-22-16

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **EMERGENCY DEPARTMENT WORKSHEET**

POLICY:

For every ALS ambulance run originating in the Silver Cross EMS System by a Provider Agency, the Silver Cross Certified Emergency Care Registered Nurse (ECRN), or Emergency Department Physician who directly manages/monitors the call on the department's cellular telemetry or MERCI communications system, shall utilize and complete the Emergency Department Worksheet. A copy of the ECRN Worksheet shall be forwarded to the EMS Department for appropriate quality assurance review**.** Worksheets will be kept for seven (10) years.

Associated recordings of the prehospital radio report may be used during the evaluation process of the EMS run.

ATTACHMENT: ECRN TELEMETRY LOG

EFFECTIVE DATE: 06-02-80

REVISED DATE: 07-01-16

SILVER CROSS HOSPITAL

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

ECRN TELEMETRY LOG

PATIENT LABEL

Date _____ Time of Call _____ Provider _____ Age ____ Sex ____

Chief Complaint _____ Onset _____

Trauma History

Driver	Passenger	Restrained	Unrestrained	Airbag deployed
Extrication needed	Loss of consciousness	Inline intubation	Decompression	Ejection
Fall greater than 3x height	Helmet in place	Aeromedical transport	Needle cric	

Past Medical History

Cardiac	Hypertension	Angioplasty	Bronchitis/Pneumonia	Psych/Social
Diabetes	CVA	CABG	Asthma	Suicidal Ideation
Seizure	High Cholesterol	Dementia/Alzheimer's	COPD/CHF	Substance Abuse
ETOH	IBS/Crohn's	MRSA/VRE	Premature birth	Gravida Para

Medications taken daily None **Allergies** to medicine/food latex **NKMA**

Level of Response	***Lung Sounds***		***Skin parameters***			***Pupils***
Awake/Alert x3	Clear/Equal		Pink	Warm	Dry	PEARL
Verbal	Wheeze	L R	Pale	Cool	Diaphoretic	Unequal
Painful	Rales	L R	Ashen	Hot	Moist	Pinpoint
Unresponsive	Rhonchi	L R	Grey		Poor turgor	Dilated
Combative	Absent	L R	Red			Unresponsive
	Diminished	L R	Cyanotic			Sluggish/Slow

Vital Signs

Time	Blood Pressure	Pulse	Respiration	Pulse Oximetry	Pain 0-10	Cardiac Rhythm

Procedures

IV Insertion	Location	Size	Type	Dexi mg/Dl
Oxygen	Type N/C NRM	Flow L/Min	Bag/mask	CPAP/BiPAP
Intubation	ET tube size	Combi/King airway	ETCO2 gold?	Oral/nasal airway
Defibrillation	Watt/sec	Times	AED	Paced
Immobilization	C-Collar	LSB	Head roll	Straps
Neuro check	Before splint	After splint	Restraints	Sedation for ET tube

Intervention ordered by ECRN/EM Dr

_____

Trauma 1 2 **Code Stroke/Stemi** **Initiated by:** Field ED **Time Initiated** _____

Closest Facility _____ Transported To: _____ ETA _____

Is patient competent to refuse transport **Y N** Has patient been told consequences of refusal **Y N**

ECRN Signature _____ Date _____ Time _____

Medical Control Dr. _____ Date _____ Time _____

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **OUT OF SERVICE VEHICLE REPORTING**

POLICY:

The purpose of System Vehicle Service Provider agencies reporting a lengthy but temporary down grading in their level of service or reasons an ambulance is removed from service are to ensure compliance with rules and regulations of IDPH. Failure to report such events is a breach of the System plan. When a System Vehicle Service Provider agency alters its original proposal by downgrading the level of service of a vehicle or takes an ambulance out of service for NON-routine maintenance, the System shall be notified of such occurrences. This includes all deployments when leaving the State for an EMAC or NAC response.

I. Any deployment must be reported to IDPH and approval given prior to deployment. Deployment notifications must include a System modification (Sys-mod) form and a copy of the deployment document that states the deployment is not a self-deploy with date of deployment, date of return, location, number of vehicles, number of staff, equipment, etc. Financial information may be redacted. Vehicles returning from deployment require an IDPH re-inspection.

II. Downgrading service level or ambulance removed from service (10 days or more)

A. The System must be notified by the following method:

1. Complete an IDPH AMEND SYSTEM PLAN (SYS-MOD) form. This form must be printed directly from the IDPH EMS website to ensure the most up-to-date version is used. Email this completed and signed form with an explanation of change to the System for processing with IDPH.

2. If the level of service is returned to normal operational status or the ambulance is back in service, the notification process must be repeated using a Sys-Mod form. Please note the vehicle may require an IDPH inspection prior to being placed back into service if the Agency, System, and/or IDPH determines its needed.

III. Repeated Offenses and Violations

All instances involving the downgrading of service level or out-of-service ambulances by Vehicle Service Provider agencies will be noted in the agency file. This program will be monitored to detect any problem areas, trends or a progression of patterns. A record of repeated events or failure to report such items could lead to a Vehicle Service Provider agency suspension with the System. The State shall be notified of such action. Each instance will be reviewed on a case-by-case basis.

EFFECTIVE DATE: 12-01-93

REVISED DATE: 01-04-24

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **MANAGEMENT OF HOSPITAL OVERRIDES**

POLICY:
The System EMS MD and Resource Hospital are responsible for the quality and effectiveness of pre-hospital care prescribed through emergency department consultation from any System hospital. Ambulance runs directed by a System hospital emergency department may be interrupted and medical control overridden by the Resource Hospital when the prescribed treatment or other direction by that emergency department is determined by the Resource Hospital to be inappropriate or potentially detrimental due to ineffective overall call management.

I. An override may be initiated due to one of the following:

A. A request by the medical personnel in charge on the scene.

B. A request by the radio nurse or emergency department physician at the consulting System hospital.

C. As directed by the radio nurse or emergency department physician at the Resource Hospital who, while monitoring the call, determines that an override is necessary.

II. The procedure for conducting an override is as follows:

A. When initiated from the field:

1. On-scene medical personnel will inform the consulting System hospital of their intent to initiate an override along with supportive reasoning. Ambulance personnel will then contact the Resource Hospital for the purpose of consultation regarding the request for an override.

2. A full report on the patient's condition and the rationale for the override must be communicated to the radio nurse or emergency department physician at the Resource Hospital and documented on the ECRN worksheet.

3. On-scene personnel will continue at the direction of the Resource Hospital and fully document the override occurrence.

B. When initiated by a System hospital:

1. The System hospital providing medical control will inform the on-scene medical personnel of their intent to refer the call to the Resource Hospital for the purpose of an override.

2. Following transfer of the call through the Resource Hospital emergency department, the System hospital radio ECRN or physician will provide a full report of the call including rationale for the override.

3. The Resource Hospital will take over medical control for the duration of the call.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: MANAGEMENT OF HOSPITAL OVERRIDES CONTINUED

C. When initiated by the Resource Hospital:

1. The ECRN or emergency department physician monitoring the call at the Resource Hospital will interrupt the call in progress and inform both parties that an override has been initiated while disclosing the rationale for assuming medical control.

2. The ECRN or physician will confirm all information and events up to that point from the System hospital ECRN or physician and then continue with direction of the call through direct communication with the on-scene medical personnel.

III. Documentation and Review

A. The ECRN or physician at the Resource Hospital will complete the **Override Report Form** immediately following the override occurrence. Each party to an override (ECRN/physician at the System hospital and the involved EMS agency) must also complete documentation regarding the call and submit it to the EMS Office within 72 hours. Any audio-tape of the call will be included as part of the documentation.

B. The System EMS MD and/or EMS Manager are to be notified within 24 hours of the occurrence of an override.

C. Following receipt of all required documentation, the EMS Office will review the override (including any additional interviews if necessary) and, if appropriate, initiate a corrective action plan.

ATTACHMENT: SYSTEM OVERRIDE REPORT FORM

EFFECTIVE DATE: 01-01-89

REVISED DATE: 12-13-18

OVERRIDE REPORT FORM

To be completed by Resource Hospital Emergency Department Personnel handling override call.

ASSOCIATE HOSPITAL originally taking call:_____

Ambulance Service:_____Ambulance Run #_____

Date:_____Patient's Name_____M___F____

TIME:_____Chief Complaint:_____ Age_____

Circumstances Necessitating Override:

Name of Associate Hospital Telemetry Physician:_____
Telemetry Nurse :_____

Describe Resource Hospital's intervention and ultimate completion of the call:

Date ALS/MIC Nurse Coordinator notified:_____ Time: _____

COMMENTS:

_____ _____

Signiature Silver Cross Telemetry Physician Signature Silver Cross Telemetry Nurse

_____(If requested by EMT-Paramedic)

Name of EMT-Paramedic Requesting Override

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **REVIEW AND COMMENT REPORT**

POLICY: IDPH CODE 515.450

The **Review and Comment Report** is the designated form within the EMS System for initiating formal communication to the EMS Office regarding the events of a particular call or other interaction between System hospitals, providers and personnel. Formal communication regarding patient care or treatment issues will also be submitted to IDPH in accordance with IDPH rule 515.450

I. Guidelines for initiating a Review and Comment Report

A Review and Comment Report should be initiated for circumstances including, but not limited to, the following:

A. A deviation from Standing Medical Orders or other established standards of care by either a System hospital or on-scene medical personnel, especially those that may result in patient compromise.

B. To identify any element of an emergency or non-emergency response from the point of 9-1-1 access to final patient disposition which may have impacted the normal delivery of patient care services or routine on-scene call management.

C. To provide information to the EMS MD or EMS Director about any occurrence or situation which is not patient related but involves any System Hospital, provider agency or EMS Personnel.

D. To highlight any outstanding positive or negative performances by a provider agency, EMS Personnel, System hospital employee, or any organization or member of an organization with EMS System affiliation.

II. Review and Comment Procedure - General

A. A report may be initiated by any System member according to the guidelines shown above.

B. Submission of a report should occur within 24 hours of any occurrence, or within a reasonable frame of time considering the date of occurrence or availability of documentation. Reports should include any appropriate documentation that provides support to the description or adds other facts not included.

C. Following review of the submitted report and documentation as well as conducting any necessary interviews, the System EMS MD and Coordinator/Manager will initiate the appropriate action and provide feedback to the individual originating the Review and Comment Report.

TITLE: **REVIEW AND COMMENT REPORT**

III. Review and Comment – Patient Care and/or Treatment Related

a) For the purposes of this Section, "complaint" means a report of an alleged violation of the EMS Act by any System agency providers and/or EMS Personnel covered under the Act. Complaints shall be defined as problems related to the care and treatment of a patient.

b) A person who believes that the EMS Act may have been violated may submit a complaint to IDPH by means of a telephone call, letter, fax, or in person. An oral complaint will be reduced to writing by the Department. The complainant is requested to supply the following information concerning the allegation:
   1) Date and time or shift of occurrence;
   2) Names of the patient, EMS personnel, family members, and other persons involved;
   3) Relationship of the complainant to the patient or to the EMS Personnel;
   4) Condition and status of the patient; and
   5) Details of the situation.

c) All complaints shall be submitted to the IDPH Department's Central Complaint Registry and/or to the EMS MD. If the complaint involves a trauma patient, the complaint shall also be submitted to the Trauma Center Medical Director along with the EMS MD. Complaints received by the EMS MD or Trauma Center Medical Director shall be forwarded to the IDPH Department's Central Complaint Registry within five working days after receipt of the complaint. Complaints received by IDPH shall be forwarded to the EMS MD or Trauma Center Medical Director. The substance of the complaint shall be provided in writing to the System participant or provider no earlier than at the commencement of an on-site investigation pursuant to subsection (e) of this Section.

d) IDPH and the EMS MD or Trauma Center Medical Director shall not disclose the name of the complainant unless the complainant consents in writing to the disclosure.

e) IDPH shall conduct an investigation jointly with the EMS MD, EMS Coordinator or Trauma Center Medical Director if a death or serious injury has occurred or there is imminent risk of death or serious injury, or if the complaint alleges action or conditions that could result in a denial, non-renewal, suspension, or revocation of licensure or designation. If the complaint alleges a violation by the EMS MD, EMS Coordinator or Trauma Center Medical Director, IDPH shall conduct the investigation. If the complaint alleges a violation that would not result in licensure or designation action, IDPH shall forward the complaint to the EMS MD or Trauma Center Medical Director for review and investigation. The EMS MD or Trauma Center Medical Director may request IDPH’s assistance at any time during an investigation. In the case of a complaint between EMS Systems, IDPH will be involved as mediator or lead investigator.

TITLE: **REVIEW AND COMMENT REPORT**

III. Review and Comment – Patient Care and/or Treatment Related - continued

f) The EMS MD or Trauma Center Director shall forward the results of the investigation and any disciplinary action resulting from a complaint to IDPH. Documentation of the investigation shall be retained at the hospital in accordance with EMS System improvement policies and shall be available to IDPH upon request. The investigation file shall be considered privileged and confidential in accordance with the Medical Studies Act [735 ILCS 5/8-2101].

g) Based on the information submitted by the complainant and the results of the investigation conducted in accordance with subsection (e) of this Section, IDPH shall determine whether the EMS Act is being or has been violated. IDPH will review and consider any information submitted by the System agency provider and/or EMS Personnel in response to an investigation.

h) IDPH shall have final authority in the disposition of a complaint. Complaints shall be classified as "valid", "invalid", or "undetermined".

i) IDPH shall inform the complainant and the System agency provider and/or EMS Personnel of the complaint results (i.e., whether the complaint was found to be valid, invalid, or undetermined) within 20 days after its determination.

j) A complainant or EMS System agency provider and/or EMS Personnel who is dissatisfied with the determination or investigation by IDPH may request a hearing pursuant to Section 515.160 of this Part. A request for a hearing shall be submitted to IDPH within 30 days after the determination is mailed.

ATTACHMENT: **CARE REVIEW & COMMENT REPORT FORM**

EFFECTIVE DATE: 06-02-80

REVISED DATE: 12-12-18

Silver Cross Emergency Medical Services System

1900 Silver Cross Blvd New Lenox, IL 60451 815-300-7130 Fax 815-300-7917

Care Review and Comment Report

Reason for Report

( ) Constructive
( ) Complimentary
( ) Hospital Direction Related
( ) Patient Related
( ) Other (Explained below)
( ) EMS Personnel Related

Occurrence Date:____/____/_____ Occurrence Time:_____ (24) EMS Run # _____

Name of Ambulance Service: _____

Ambulance Team Members: _____

Hospital:_____ Nurse: _____

Physician (Hospital):_____ Other(s): _____

Description of Occurrence or Events (Use additional paper if necessary):

Person initiating report:_____ Date Submitted:____/____/_____

Follow-up Report: (For Silver Cross EMS Office use only)

Silver Cross EMS Manager:_____ Date:____/____/_____

Silver Cross EMS MD:_____ Date____/____/_____

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **EMS AGENCY ADVERTISING**

POLICY:

Vehicle Service Provider agencies providing Emergency Medical Services, whether for emergency care or non-emergency transport services, are free to advertise their services to the extent that is allowed by the law.

I. No Vehicle Service Provider agency publicly operated or privately owned, may advertise or identify their vehicles in such a way as to mislead the general public as to which level of care the agency is legally approved and licensed to provide. No Vehicle Service Provider agency, public or private, which operates vehicles at multiple levels of care, may display a permanent logo, emblem, or sign which identifies a vehicle as providing a level of care which is different from that which is routinely provided by that vehicle.

II. The EMS System will require that all complaints or notifications regarding alleged false or misleading advertising by a System Vehicle Service Provider agency be made in writing. The written complaint or notification will be immediately forwarded to the Illinois Department of Public Health, Division of EMS for investigation. The System will facilitate any investigation or inquiries as directed by IDPH.

EFFECTIVE DATE: 08-15-89

REVISED DATE: 12-10-18

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **PHYSICIAN OR NURSE AT THE SCENE OF AN EMERGENCY**

POLICY:
A physician or nurse at the scene of an emergency presents EMS Personnel with a medical/legal concern regarding the control and direction of patient care. An individual on the scene identifying themself as a physician or nurse may attempt to assume responsibility for patient care. The responding EMS Personnel will use the following policy when this occurs.

I. Responsibility for Patient Care

Under all circumstances, any patient under the immediate care of an EMS Personnel is the responsibility of the EMS MD of the System in which the EMS Personnel is currently functioning. Any release of responsibility to another physician will be at the total discretion of the EMS MD or their designee. The EMS Personnel shall request that the physician or nurse validate their qualification as a physician or nurse by providing a copy of a license. If a transfer of care to another physician does occur, the EMS Personnel will still maintain responsibility for overall scene management. The physician or nurse may assist EMS Personnel under the supervision of the EMS MD or their designee within the limitations of their license.

II. Physician at the Scene

A. The person identifying themself as a physician and wishing to assist the EMS Personnel in the provision of care may do so at the EMS Personnel's direction provided licensure is verified. If the qualified physician wishes to assume responsibility for total patient care management, the EMS Personnel must explain the EMS System policy and the transfer of liability. The Resource Hospital must then be notified and the EMS MD or designee will then decide whether to release the patient to the on-scene physician. If approval is granted, the physician at the scene must then:

1. Accompany the patient in the ambulance to the nearest hospital. Any decision to transport to a hospital other than the closest must be approved by the EMS MD or designee.
2. Sign the ambulance report form indicating transfer of responsibility and include their license number.
3. Manage all aspects of patient care and perform all advanced procedures while being assisted by the EMS Personnel, who while functioning under the direction of another physician, may not perform advanced skills.

B. If the request to release responsibility to another physician is denied, the EMS Personnel will continue to manage patient care according to SMOs or as directed by Medical Control. The physician on the scene may assist in patient care only.

III. Nurse at the Scene

The person identifying themselves as a nurse and wishing to assist the EMS Personnel in the provision of care may do so at the EMS Personnel's direction provided licensure is verified.

IV. Documentation

Full documentation of the incident involving a physician or nurse at the scene of an emergency must appear in the "Comments" section of the ambulance run form.

EFFECTIVE DATE: 06-15-80

REVISED DATE: 07-31-23

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **PATIENT RECEIVING FACILITIES**

POLICY: See also 300-23

I. Patients who receive prehospital care at any level must be transported to a hospital based or other approved emergency department such as FECs (Free-Standing Emergency Centers). Transport cannot be made to urgent care facilities, immediate care facilities, physician offices, or any facility not licensed as a hospital, unless approved by IDPH and the System by Online Medical Control or the EMS MD or ECRN.

II. A patient suffering traumatic injury may require transport to a state approved trauma center.

A. The appropriate System/Regional trauma criteria must be utilized to determine which patients are to be transported to a trauma center of a particular level.

B. The consulting hospital, after reviewing the prehospital patient assessment report, may direct a transporting vehicle to a trauma center.

III. Unless otherwise approved or directed, a patient is to be transported to the closest patient receiving facility. Refer to System policy: **300-23 Bypass Policy**.

IV. FEC/Free-Standing Emergency Centers may receive patients by ambulance as designated in State Rule *Section 518.1400 EMS System Participation:*

A) The freestanding emergency center shall limit its participation in the EMS System strictly to receiving a limited number of BLS runs by emergency medical vehicles according to protocols developed by the Resource Hospital within the FEC's designated EMS System and approved by the EMS MD and IDPH.

B) These protocols shall include but not be limited to:

1) Patient status or freestanding emergency center resource limitations that would result in diversion of a patient to another facility.

2) A commitment by the freestanding emergency center to comply with applicable standardized procedures that apply to hospital emergency departments in the EMS System.

EFFECTIVE DATE: 06-15-82

REVISED DATE: 07-31-23

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **STANDING MEDICAL ORDERS – BLS, ILS, ALS**

POLICY:

EMS Region 7 and the EMS System have developed comprehensive SMOs which reflect current, acceptable standards of treatment for prehospital patient care.

I. The approved SMOs are to be utilized as follows:

A. As the prehospital medical treatment protocol to be employed by System/Regional EMS Personnel in the event that communication with a consulting hospital is impossible. Patient care may be initiated by the EMS Personnel according to SMO's until communication is established or until the patient arrives at the hospital. Every effort should be made by the EMS Personnel to contact a consulting hospital by cellular phone or MERCI radio.

B. As the written standards of care to be followed by all System authorized EMS Personnel for treatment of the acutely ill or injured patient.

C. In disaster situations where immediate intervention is necessary or where communication is not required by the Disaster Plan.

II. The System/Region will update and amend the SMOs on a regular basis or when changes occur for acceptable standards of treatment.

EFFECTIVE DATE: 11-10-98

REVISED DATE: 12-13-18

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: INFECTION CONTROL POLICY

OBVECTIVE:

To reasonably protect EMS Personnel from communicable diseases, which may be present in or on their patients, and to safeguard prospective patients from nosocomial infections from the ambulance environment or equipment.

POLICY:

Since medical history and examination cannot reliably identify all patients infected with communicable diseases, blood and body fluid precautions should be consistently used for all patients to protect the EMS Personnel, their patients, and the public. Since all patients infected with communicable diseases may not be reliably identified in the pre-hospital setting, ambulances and ambulance equipment should be consistently decontaminated to make them safe for all persons who come in contact with them.

PROCEDURE:

I. AMBULANCE PERSONNEL PROTECTION AND GENERAL PROVISIONS

1. All prehospital care workers should routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids of any patient is anticipated.

- **a. Gloves:** Gloves will be worn for touching blood and body fluids, mucous membranes, or non intact skin of all patients, for handling items or surfaces that are soiled with blood or body fluids, and for performing venipuncture or other vascular access procedures. Gloves will be changed between contact with different patients. Gloves that have come into contact with a patient should never be brought into the front cab of the ambulance and the EMS Personnel hands should be washed with an antimicrobial soap or hand washing substitute as soon possible upon removing soiled gloves.
- **b. Masks and Protective Eyewear/ Face shields:** These will be worn during procedures that are likely to generate droplets of blood or body fluids. In addition, masks should be worn by all EMS Personnel, as well as the patient anytime the patient is coughing. N95 Masks should be worn for any patients suspected of having TB or a WMD exposure. During any transport where the patient has a mask placed on them for a possible respiratory issue, the patient compartment exhaust fan should be on
- **c. Gowns or Aprons:** Gowns or aprons that are fluid impervious should be worn during procedures that are likely to generate splashes of blood or body fluids.

2. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids as soon as feasibly possible. Gloves should be changed if visibly grossly contaminated.

3. All prehospital care workers should take precautions to prevent injuries caused by needles and all other sharp instruments. To prevent needle stick injuries, needles should not be recapped, bent, broken, removed from the plastic syringes, or otherwise manipulated by hand as these are considered unsafe operations. No attempt to use more than once on same insertion will be made. After sharp items are used, they will be placed in nearby puncture resistant containers for proper disposal as soon as possible.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: INFECTION CONTROL POLICY CONTINUED

4. To minimize the need for emergency mouth to mouth resuscitation, mouthpieces with one way valves, resuscitation bags, or other ventilation devices should be available for use in areas in which the need for resuscitation is predictable.

5. Prehospital Care Workers who have exudative (oozing) lesions or weeping dermatitis (inflammation of the skin) will refrain from all direct patient care and from handling any patient care equipment until the condition resolves.

6. All Prehospital Care Workers who perform or assist in vaginal deliveries will wear gloves, gowns and eye protection for the duration of the procedure until blood and amniotic fluid have been removed from the infant's skin. Fluid impervious gowns or aprons should be considered for this procedure as well. A minimum of gloves will be worn during post delivery care of the umbilical cord as well.

II. CARE OF THE AMBULANCE AND AMBULANCE EQUIPMENT

1. **Linens:** All linen used on a call should be changed out at the receiving hospital after dropping off the patient. It should be placed in the appropriate collection bin per the receiving hospital's Infection Control Policy. Know the difference between collection bags (i.e., linen (blue or white) vs. RED biohazard bags). At no time should hospital linen be thrown in the garbage by EMS Personnel or piled on the ground. All lined should be placed into linen bags.

2. **Aeration/ Ventilation:** The amount of air exchange in most vehicles is such that airborne contamination from infectious agents, if present, will likely have dispersed within 5 minutes after the ambulance is parked and the patient is removed, providing that the doors and windows have been left open. In addition, per the Triple K Standard on Ambulance Manufacture and Specification, the patient care area exhaust fan must be large enough to completely exchange the air in that specific compartment every 2 minutes. This fan will be turned on anytime that a patient is in the ambulance that is suspected of having a Droplet or Airborne communicable disease.

3. Most patient care equipment is single patient use. Items that are single patient use should be utilized when possible to help prevent secondary exposures. Equipment, which is not single patient use, including the interior patient compartment of the vehicle must be appropriately cleaned and disinfected after each patient to protect the patient, EMS Personnel, and public.

III. DISINFECTION METHODS

1. Cleaning (physical removal of soilage) with an effective and safe product is the first step in the decontamination process
- **a.** On washable equipment, use a low sudsing detergent with a neutral pH.
- **b.** The EMS System approved product is any commercially produced Tuberculocidal Disinfectant.
- **c.** Grocery Store detergents do not have a neutral pH and should not be used.
- **d.** Disinfection CANNOT take place unless the equipment is physically cleaned first.
- **e.** Hydrogen Peroxide helps to loosen blood and tissue. Healthcare Grade Hydrogen Peroxide cleaners are acceptable providing that contact times are followed per the manufacturer recommendations.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: INFECTION CONTROL POLICY CONTINUED

2. Uses of Disinfection

a. Disinfection may be used for semi-critical items that will frequently contact skin or mucous membranes, such as environmental surfaces.
b. All Instruments and Equipment must be disassembled and soaked for the prescribed time based on the manufacturer recommendations based on the cleaning product being used.
c. OSHA does require that any durable medical equipment being returned from patient care at a medical facility back to the EMS Personnel either be cleaned, disinfected, and free from blood/OPIM ***OR*** placed in a red biohazard bag so that the EMS Personnel know it needs to be decontaminated

3. "Contact Time" is defined as the amount of time necessary to kill a given organism or pathogen based on the cleaning product that is being used. Contact Time starts when the surface is moistened with the cleaning product and ends when the surface is dry, either by air drying or from wiping the surface dry.

4. Use one of the following methods for Disinfection
a. Method 1: Wash with detergent. Utilize Tuberculocidal Disinfectant or Healthcare Grade Hydrogen Peroxide solutions, adhering to label instructions or enclosed direction for "contact time"
b. Method 2: Soak with 5.25% household bleach in a 1:10 dilution after object is cleaned. If air dried, it will probably not be wet on the surface for the 10 minutes needed to disinfect. Physical cleaning is the most important step. **WARNING** = Never add bleach straight from the bottle directly onto protein spills such as urine, blood, sputum or vomitus. Chlorine and nitrous oxide gases will be liberated in excess of those considered safe by NIOSH standards. Pour 1:10 dilution directly onto the spill and let soak for 10 minutes minimum. Avoid direct breathing of fumes and ventilate area well. Chlorine is very corrosive to metal.

5. The methods listed ABOVE are considered Infection Control Best Practices. The methods listed BELOW are suggestions for some specific equipment normally found on ambulances. Please disinfect your Agency's durable equipment using the ABOVE methods but consulting manufacturer and agency recommendations for all equipment.

EQUIPMENT	METHODS TO USE
Carrying Cases, plastic	A or B
Stretchers, Aluminum/ painted aluminum	A
Backboards	A or B
Scoop Stretcher	A
KED	A
Non disposable Laryngoscope Handles	A
Non disposable Laryngoscope Blades	B

TITLE: **INFECTION CONTROL POLICY CONTINUED**

IV. REPORTING A SUSPECED EXPOSURE

1. Prehospital personnel who experience an exposure to a patient's blood or body fluid that contains visible patient blood should start by washing the affected area with an antimicrobial soap or hand wash substitute if still in the field. As washing is considered the number one step in prevention of exposures, this should be done as soon as possible once the exposure is noticed.

2. It should next be determined if a **true** exposure occurred. The incident in question should be considered a true exposure if one or more of the following conditions exists:
- **a.** Contaminated needle stick
- **b.** Blood/ OPIM contact with the surface of the eyeball, inside of the nose, or the inner surface of the mouth
- **c.** Blood/OPIM in contact with an open area of skin
- **d.** Cuts with sharp objects that are covered in blood/OPIM
- **e.** Human to human bites WITH blood drawn or broken skin

3. What is OPIM: OPIM is defined as Other Potentially Infectious Materials. These materials should be considered as follows:
- **a.** Cerebral Spinal Fluid
- **b.** Synovial Fluid
- **c.** Amniotic Fluid
- **d.** Pleural Fluid
- **e.** Peritoneal Fluid
- **f.** Any body fluid containing VISIBLE BLOOD

4. If it is determined that an exposure has occurred, complete the SCEMSS Exposure Form. If the receiving facility insists on using their own Infection Control Exposure Form (which will most likely be the case), the exposed EMS Personnel should use the SCEMSS Form as a guideline to make sure that the appropriate steps are taken per the System Medical Director and correct source patient labs are drawn. EMS Personnel Baseline Testing should be at the discretion of the Provider's Agency DICO. Due to the window phase of testing (time from the exposure until a lab test will pick up an antibody) and the incubation period of communicable diseases lab testing on the exposed EMS Personnel is not required to be done at the Emergency Department. Other options at the Agency's discretion for this testing are an Occupational Health or an Infectious Disease doctor. Regardless of the option chosen by the Exposed EMS Personnel's Agency/Agency DICO the EMS Personnel Testing should be completed within 72 hours of the exposure incident. If patient testing for a communicable disease is initiated by the receiving hospital as a direct result of proper notification by pre-hospital personnel, then it will be the responsibility of the reporting EMS Personnel, or the EMS Personnel's employer, to follow up with recommended testing. Receiving Facility Infection Control Personnel should help in assuring that the EMS Personnel and or their Agency is aware of what follow up testing/counseling should be provided per OSHA.

5. The receiving facility Emergency Department Charge Nurse will assist in the use of either the SCEMSS Exposure Form or that receiving hospital's Exposure Form. A copy of the Exposure Report Form will be sent to the appropriate Infection Control personnel at the receiving hospital, the SCEMSS Office, and the Exposed EMS Personnel's Agency. The SCEMSS copy should not have any source patient/EMS Personnel identifiers on it as the EMS System's copy is only to ensure that proper procedures are being followed for exposures and to assist in identifying possible trends in regard to patient/EMS Personnel exposure. CDC ATTACHMENT will be given to all healthcare personnel reporting an exposure.

6. Documentation that an exposure did occur should be discussed in the source patient's PCR but should be left at that the exposure happened and that the EMS Personnel is following the appropriate steps as outlined in this Policy. Specific details of what happened should be documented in a separate PCR with the exposed EMS Personnel being the patient.

V. POST EXPOSURE NOTIFICATION TO EMS PERSONNEL

1. EMS Personnel who have been exposed to an Infectious Disease, whether known at the time of transport or not, do have the right to notification by the receiving facility under the Ryan White Act, Extension of 2009, Section 2695 of Public Law 111-87, Part G. This notification will be made as follows per Sec. 2695C Paragraph B:

(1) the medical facility sending the notification will, upon sending the notification, inform the designated infection control officer to whom the notification is sent of the fact that the notification has been sent; and

(2) such designated infection control officer will, not later than 10 days after being informed by the medical facility that the notification has been sent, inform such medical facility whether the designated infection control officer has received the notification.

Section 2695D goes on to state that the designated infection control officer after receiving notification will to the extent practical immediately notify each employee who responded to the emergency and may have been exposed to an infectious disease. System EMS Personnel should then work with their Agency DICO to follow their Agency's guidelines on Employee Exposure Testing.

2. The fee for patient testing cannot be assessed to the patient, so the assignment of costs will be at the discretion of the testing facility

3. A receiving hospital must notify prehospital personnel who have had contact with any patient who was diagnosed with any one of the following diseases:

- Anthrax, cutaneous
- COVID-19 (SARS-CoV-2)
- Diptheria (Corynebacterium Diptheriae)
- Hepatitis B (HBV)
- Hepatitis C (HCV)
- Human Immunodeficiency Virus (HIV)
- Measles
- Meningococcal Disease
- Mumps (Mumps Virus)
- Pertussis (Bordetella Pertussis)
- Plague, Pneumonic (Yersinia Pestis)
- Novel Influenza A Viruses (as defined by CSTE)
- Rabies (Rabies Virus)
- Rubella (German Measles:Rubella Virus)Tuberculosis (Mycobacterium Tuberculosis)
- SARS-CoV
- Vaccinia (Vaccinia Virus)
- Varicella Disease (Varicella Zoster Virus)
- Viral Hemorrhagic Fevers (Lassa, Marburg, Ebola, Crimean-Congo, and others)
- Zika Virus Disease or Infection

VI. SHARPS AND SHARPS CONTAINER DISPOSAL

1. All pre-hospital care personnel should take the proper precautions and follow the recommended procedures for the disposal of sharps.

2. After sharp items have been used, they should be properly and directly placed/inserted into an approved puncture-resistant disposal container.

3. It is recommended that all pre-hospital care personnel observe the recommended safety policy of **NOT** recapping needles or other sharps items.

4. When full, sharps containers should never be emptied. The safety locked lid is for the purpose of preventing exposure to the disposed contaminated sharps items.

5. Sharps disposal containers are the responsibility of the EMS provider agency to replace and dispose of through proper means.

6. The disposal procedure for full sharps containers is as follows:

a. Seal the entire lid with tape to assure the contents cannot get out
b. Close and lock the sharps disposal opening on the container, then use tape to seal this as well
c. Place full sharps containers in a red biohazard bag.
d. Store in a secure location at your station until a medical waste disposal company can dispose of the container properly

VII. RECORD KEEPING, POLICY REVIEW, AND EQUIPMENT TRAINING AND SELECTION

1. Record Keeping

a. All Agencies in the SCEMSS will be required to stay in compliance with IDOL/OSHA as it pertains to Infection Control. This is to include keeping a Monthly Exposure Report and filling out the OSHA 300 Sharps Log

b. All Agencies in the SCEMSS will have their own Infection Plan that list items and processes specific to that Agency. This Agency Infection Control Plan Will be reviewed on a yearly basis

c. All Agencies in the SCEMSS will keep on hand the required documentation per OSHA pertaining to employee vaccination records and or declination forms.

2. Training and equipment selection

a. All Agencies will do their due diligence in choosing products that both conform to the OSHA and CDC best practice standards and fall within the guidelines provided by the Illinois Department of Public Health.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **INFECTION CONTROL POLICY CONTINUED**

b. Training on said equipment, both durable and non-durable will be the responsibility of the Agency

i. Sharps: All Sharps that are used in SCEMSS vehicles are either stocked by the agency or restocked from various receiving patient hospitals. It is the responsibility of anyone placing stock to perform their due diligence in assuring that any sharp meet the Illinois and Federal Needle Stick Act Requirements.

ii. When a "new style" of sharp is introduced to an EMS vehicle, it is the responsibility of the EMS Personnel who received that item to notify their Agency. The Agency will then contact either the Receiving Hospital that restocked it, the sharps manufacturer, or both so that appropriate training can be given to EMS Personnel on the use and safety of the new style sharp.

c. All Agencies will make an "EMS Personnel Infection Control Book. This book or document should be specific to the processes, engineering controls, and equipment of the specific Agency and should also be reviewed on a yearly basis. The purpose of this book is to assist the DICO in assuring proper documentation that all new Agency hires have been educated to the same level as current EMS Personnel in Infection Control and the practices used at that Agency to attempt to prevent or limit illness and or injury.

d. Documentation of all of the above listed training will be the responsibility of the Provider Agency. This documentation will be available for inspection as noted under any and all Federal and State Statues.

e. Policy/Plan Review: This Policy, SCEMSS 300-20, and all Policies, Plans and Documents discussed within will be reviewed by the responsible party for said document on a yearly basis (minimum) or whenever new procedures are put in place, new at risk employee positions are created, new tasks are implemented, or there is consideration of implementation of new effective engineering controls (OSHA 2001)

ATTACHMENTS: CDC's Exposure to Blood: What Healthcare Personnel Need To Know

SCEMSS Exposure Form for Silver Cross Hospital

EFFECTIVE DATE: 09-01-94

REVISED DATE: 07-31-23

Information from the
Centers for Disease Control and Prevention
National Center for Infectious Diseases
Divison of Healthcare Quality Promotion and
Division of Viral Hepatitis

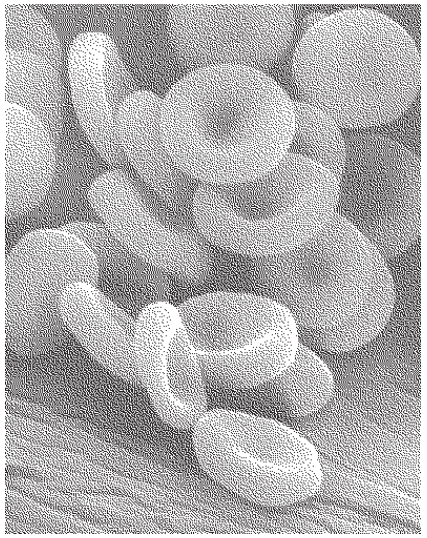
For additional brochures contact:

The Public Health Foundation
877-252-1200 (toll free)
or http://bookstore.phf.org

Updated July 2003

Exposure to Blood

What Healthcare Personnel Need to Know



Department of Health & Human Services

CDC
SAFER · HEALTHIER · PEOPLE™

OTHER SOURCES OF INFORMATION

HBV and HCV

For additional information about hepatitis B and hepatitis C, call the hepatitis information line at 1-888-4-HEPCDC (1-888–443-7232) or visit CDC's hepatitis website at www.cdc.gov/hepatitis.

Any reaction or adverse health event after getting hepatitis B vaccine sould be reported to your healthcare provider. The Vaccine Adverse Event Reporting System (1-800-822-7967) receives reports from healthcare providers and others about vaccine side effects.

HIV

Information specialists who staff the CDC National AIDS Hotline (1-800-342-2437) can answer questions or provide information on HIV infection and AIDS and the resources available in your area. The HIV/AIDS Treatment Information Service (1-800-448-0440) can also be contacted for information on the clinical treatment of HIV/AIDS. For free copies of printed material on HIV infection and AIDS, please call or write the CDC National Prevention Information Network, P.O. Box 6003, Rockville, MD 20849-6003, telephone 1-800-458-5231, Internet address www.cdcnpin.org. Additional information about occupational exposures to bloodborne pathogens is available on CDC's Division of Healthcare Quality Promotion's website at www.cdc.gov/ncidod/hip or by calling 1-800-893-0485 and on CDC's National Institute of Occupational Safety and Health's website at www.cdc.gov/niosh or call 1-800-35 NIOSH (1-800-356-4674).

HBV-HCV-HIV

PEPline (the National Clinicians' Postexposure Prophylaxis Hotline) is a 24-hour, 7-day-a-week consultation service for clinicians managing occupational exposures. This service is supported by the Health Resources and Services Administration Ryan White CARE Act and the AIDS Education and Training Centers and CDC. PEPline can be contacted by phone at (888) 448-4911 (toll free) or on the Internet at http://pepline.ucsf.edu/pepline.

Cover Photo: Human Red Blood Cells,

Exposure to Blood
What Healthcare Personnel Need to Know

OCCUPATIONAL EXPOSURES TO BLOOD

Introduction

Healthcare personnel are at risk for occupational exposure to bloodborne pathogens, including hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV). Exposures occur through needlesticks or cuts from other sharp instruments contaminated with an infected patient's blood or through contact of the eye, nose, mouth, or skin with a patient's blood. Important factors that influence the overall risk for occupational exposures to bloodborne pathogens include the number of infected individuals in the patient population and the type and number of blood contacts. Most exposures do not result in infection. Following a specific exposure, the risk of infection may vary with factors such as these:

- The pathogen involved
- The type of exposure
- The amount of blood involved in the exposure
- The amount of virus in the patient's blood at the time of exposure

Your employer should have in place a system for reporting exposures in order to quickly evaluate the risk of infection, inform you about treatments available to help prevent infection, monitor you for side effects of treatments, and determine if infection occurs. This may involve testing your blood and that of the source patient and offering appropriate postexposure treatment.

How can occupational exposures be prevented?

Many needlesticks and other cuts can be prevented by using safer techniques (for example, not recapping needles by hand), disposing of used needles in appropriate sharps disposal containers, and using medical devices with safety features designed to prevent injuries. Using appropriate barriers such as gloves, eye and face protection, or gowns when contact with blood is expected can prevent many exposures to the eyes, nose, mouth, or skin.

IF AN EXPOSURE OCCURS

What should I do if I am exposed to the blood of a patient?

1. Immediately following an exposure to blood:

- Wash needlesticks and cuts with soap and water
- Flush splashes to the nose, mouth, or skin with water
- Irrigate eyes with clean water, saline, or sterile irrigants

No scientific evidence shows that using antiseptics or squeezing the wound will reduce the risk of transmission of a bloodborne pathogen. Using a caustic agent such as bleach is not recommended.

2. **Report the exposure** to the department (e.g., occupational health, infection control) responsible for managing exposures. Prompt reporting is essential because, in some cases, postexposure treatment may be recommended and it should be started as soon as possible. Discuss the possible risks of acquiring HBV, HCV, and HIV and the need for postexposure treatment with the provider managing your exposure. You should have already received hepatitis B vaccine, which is extremely safe and effective in preventing HBV infection.

RISK OF INFECTION AFTER EXPOSURE

What is the risk of infection after an occupational exposure?

HBV

Healthcare personnel who have received hepatitis B vaccine and developed immunity to the virus are at virtually no risk for infection. For a susceptible person, the risk from a single needlestick or cut exposure to HBV-infected blood ranges from 6-30% and depends on the hepatitis B e antigen (HBeAg) status of the source individual. Hepatitis B surface antigen (HBsAg)-positive individuals who are HBeAg positive have more virus in their blood and are more likely to transmit HBV than those who are HBeAg negative. While there is a risk for HBV infection from exposures of mucous membranes or nonintact skin, there is no known risk for HBV infection from exposure to intact skin.

HCV

The average risk for infection after a needlestick or cut exposure to HCV-infected blood is approximately 1.8%. The risk following a blood exposure to the eye, nose or mouth is unknown, but is believed to be very small; however, HCV infection from blood splash to the eye has been reported. There also has been a report of HCV transmission that may have resulted from exposure to nonintact skin, but no known risk from exposure to intact skin.

HIV

- The average risk of HIV infection after a needlestick or cut exposure to HlV-infected blood is 0.3% (i.e., three-tenths of one percent, or about 1 in 300). Stated another way, 99.7% of needlestick/cut exposures do not lead to infection.

- The risk after exposure of the eye, nose, or mouth to HIV-infected blood is estimated to be, on average, 0.1% (1 in 1,000).

- The risk after exposure of non-intact skin to HlV-infected blood is estimated to be less than 0.1%. A small amount of blood on intact skin probably poses no risk at all. There have been no documented cases of HIV transmission due to an exposure involving a small amount of blood on intact skin (a few drops of blood on skin for a short period of time).

How many healthcare personnel have been infected with blood-borne pathogens?

HBV

The annual number of occupational infections has decreased 95% since hepatitis B vaccine became available in 1982, from >10,000 in 1983 to <400 in 2001 (CDC, unpublished data).

HCV

There are no exact estimates on the number of healthcare personnel occupationally infected with HCV. However, studies have shown that 1% of hospital healthcare personnel have evidence of HCV infection (about 3% of the U.S. population has evidence of infection). The number of these workers who may have been infected through an occupational exposure is unknown.

HIV

As of December 2001, CDC had received reports of 57 documented cases and 138 possible cases of occupationally acquired HIV infection among healthcare personnel in the United States since reporting began in 1985.

TREATMENT FOR THE EXPOSURE

Is vaccine or treatment available to prevent infections with blood-borne pathogens?

HBV

As mentioned above, hepatitis B vaccine has been available since 1982 to prevent HBV infection. All healthcare personnel who have a reasonable chance of exposure to blood or body fluids should receive hepatitis B vaccine. Vaccination ideally should occur during the healthcare worker's training period. Workers should be tested 1-2 months after the vaccine series is complete to make sure that vaccination has provided immunity to HBV infection. Hepatitis B immune globulin (HBIG) alone or in combination with vaccine (if not previously vaccinated) is effective in preventing HBV infection after an exposure. The decision to begin treatment is based on several factors, such as:

- Whether the source individual is positive for hepatitis B surface antigen
- Whether you have been vaccinated
- Whether the vaccine provided you immunity

HCV

There is no vaccine against hepatitis C and no treatment after an exposure that will prevent infection. Neither immune globulin nor antiviral therapy is recommended after exposure. For these reasons, following recommended infection control practices to prevent percutaneous injuries is imperative.

HIV

There is no vaccine against HIV. However, results from a small number of studies suggest that the use of some antiretroviral drugs after certain occupational exposures may reduce the chance of HIV transmission. Postexposure prophylaxis (PEP) is recommended for certain occupational exposures that pose a risk of transmission. However, for those exposures without risk of HIV infection, PEP is not recommended because the drugs used to prevent infection may have serious side effects. You should discuss the risks and side effects with your healthcare provider before starting PEP for HIV.

How are exposures to blood from an individual whose infection

status is unknown handled?

HBV–HCV–HIV

If the source individual cannot be identified or tested, decisions regarding follow-up should be based on the exposure risk and whether the source is likely to be infected with a bloodborne pathogen. Follow-up testing should be available to all personnel who are concerned about possible infection through occupational exposure.

What specific drugs are recommended for postexposure treatment?

HBV

If you have not been vaccinated, then hepatitis B vaccination is recommended for any exposure regardless of the source person's HBV status. HBIG and/or hepatitis B vaccine may be recommended depending on the source person's infection status, your vaccination status and, if vaccinated, your response to the vaccine.

HCV

There is no postexposure treatment that will prevent HCV infection.

HIV

The Public Health Service recommends a 4-week course of a combination of either two antiretroviral drugs for most HIV exposures, or three antiretroviral drugs for exposures that may pose a greater risk for transmitting HIV (such as those involving a larger volume of blood with a larger amount of HIV or a concern about drug-resistant HIV). Differences in side effects associated with the use of these drugs may influence which drugs are selected in a specific situation. These recommendations are intended to provide guidance to clinicians and may be modified on a case-by-case basis. Determining which drugs and how many drugs to use or when to change a treatment regimen is largely a matter of judgment. Whenever possible, consulting an expert with experience in the use of antiviral drugs is advised, especially if a recommended drug is not available, if the source patient's virus is likely to be resistant to one or more recommended drugs, or if the drugs are poorly tolerated.

How soon after exposure to a bloodborne pathogen should treatment start?

HBV

Postexposure treatment should begin as soon as possible after exposure, preferably within 24 hours, and no later than 7 days.

HIV

Treatment should be started as soon as possible, preferably within hours as opposed to days, after the exposure. Although animal studies suggest that treatment is less effective when started more than 24-36 hours after exposure, the time frame after which no benefit is gained in humans is not known. Starting treatment after a longer period (e.g., 1 week) may be considered for exposures that represent an increased risk of transmission.

Has the FDA approved these drugs to prevent bloodborne virus infection following an occupational exposure?

HBV

Yes. Both hepatitis B vaccine and HBIG are approved for this use.

HIV

No. The FDA has approved these drugs only for the treatment of existing HIV infection, but not as a treatment to prevent infection. However, physicians may prescribe any approved drug when, in their professional judgment, the use of the drug is warranted.

What is known about the safety and side effects of these drugs?

HBV

Hepatitis B vaccine and HBIG are very safe. There is no information that the vaccine causes any chronic illnesses. Most illnesses reported after a hepatitis B vaccination are related to other causes and not the vaccine. However, you should report to your healthcare provider any unusual reaction after a hepatitis B vaccination.

HIV

All of the antiviral drugs for treatment of HIV have been associated with side effects. The most common side effects include upset stomach (nausea, vomiting, diarrhea), tiredness, or headache. The few serious side effects that have been reported in healthcare personnel using combinations of antiviral drugs after exposure have included kidney stones, hepatitis, and suppressed blood cell production. Protease inhibitors (e.g., indinavir and nelfinavir) may interact with other medicines and cause serious side effects and should not be taken in combination with certain other drugs, such as non-sedating antihistamines, e.g., Claritin®. If you need to take antiviral drugs for an HIV exposure, it is important to tell the healthcare provider managing your exposure about any medications you are currently taking.

Can pregnant healthcare personnel take the drugs recommended for postexposure treatment?

HBV

Yes. Women who are pregnant or breast-feeding can receive the hepatitis B vaccine and/or HBIG. Pregnant women who are exposed to blood should be vaccinated against HBV infection, because infection during pregnancy can cause severe illness in the mother and a chronic infection in the newborn. The vaccine does not harm the fetus.

HIV

Pregnancy should not rule out the use of postexposure treatment when it is warranted. If you are pregnant you should understand what is known and not known regarding the potential benefits and risks associated with the use of antiviral drugs in order to make an informed decision about treatment.

FOLLOW-UP AFTER AN EXPOSURE

What follow-up should be done after an exposure?

HBV

Because postexposure treatment is highly effective in preventing HBV infection, CDC does not recommend routine follow-up after treatment. However, any symptoms suggesting hepatitis (e.g., yellow eyes or skin, loss of appetite, nausea, vomiting, fever, stomach or joint pain, extreme tiredness) should be reported to your healthcare provider. If you receive hepatitis B vaccine, you should be tested 1-2 months after completing the vaccine series to determine if you have responded to the vaccine and are protected against HBV infection.

HCV

You should be tested for HCV antibody and liver enzyme levels (alanine aminotransferase or ALT) as soon as possible after the exposure (baseline) and at 4-6 months after the exposure. To check for infection earlier, you can be tested for the virus (HCV RNA) 4-6 weeks after the exposure. Report any symptoms suggesting hepatitis (mentioned above) to your healthcare provider.

HIV

You should be tested for HIV antibody as soon as possible after exposure (baseline) and periodically for at least 6 months after the exposure (e.g., at 6 weeks, 12 weeks, and 6 months). If you take antiviral drugs for postexposure treatment, you should be checked for drug toxicity by having a complete blood count and kidney and liver function tests just before starting treatment and 2 weeks after starting treatment. You should report any sudden or severe flu-like illness that occurs during the follow-up period, especially if it involves fever, rash, muscle aches, tiredness, malaise, or swollen glands. Any of these may suggest HIV infection, drug reaction, or other medical conditions. You should contact the healthcare provider managing your exposure if you have any questions or problems during the follow-up period.

What precautions should be taken during the follow-up period?

HBV

If you are exposed to HBV and receive postexposure treatment, it is unlikely that you will become infected and pass the infection on to others. No precautions are recommended.

HCV

Because the risk of becoming infected and passing the infection on to others after an exposure to HCV is low, no precautions are recommended.

HIV

During the follow-up period, especially the first 6-12 weeks when most infected persons are expected to show signs of infection, you should follow recommendations for preventing transmission of HIV. These include not donating blood, semen, or organs and not having sexual intercourse. If you choose to have sexual intercourse, using a condom consistently and correctly may reduce the risk of HIV transmission. In addition, women should consider not breast-feeding infants during the follow-up period to prevent the possibility of exposing their infants to HIV that may be in breast milk.

PREVENTION OF OCCUPATIONAL INFECTIONS WITH HBV, HCV, OR HIV

Hepatitis B virus is largely preventable through vaccination. For HBV, HCV, and HIV, however, preventing occupational exposures to blood can prevent occupational infections with HBV, HCV, and HIV. This includes using appropriate barriers such as gown, gloves and eye protection as appropriate, safely handling needles and other sharp instruments, and using devices with safety features.

Silver Cross Emergency Medical Services System

Affix EMS Personnel Label Here.
NOT SOURCE PATIENT

PRE-HOSPITAL EMS PERSONNEL (EMT/Paramedic)

Exposure/Needle Stick Checklist

✓ Check as completed

EMS EXPOSURE FORM

Responsible Party	Process
☐ EMS PERSONNEL	Wash/flush area as applicable. Notify immediate supervisor at your Fire Department/Ambulance Service. Ask them if you are to have baseline testing done here at the hospital or elsewhere. Follow SCEMSS Exposure Policy 300-20 (see policy next page) to determine if this is a "TRUE" exposure.
☐ EMS PERSONNEL (Fill out this section for reporting results)	Go immediately to the Emergency Department with this form. Occurrence/Exposure Date:_____ Time:_____ Agency Name (FD/Amb Serv):_____ Agency's Designated Infection Control Officer: _____ Agency's Designated Infection Control Officer Phone Number:_____ Agency's Designated Infection Control Officer Fax Number:_____
DO NOT PROCEED UNTIL THE PREVIOUS BOX IS COMPLETELY FILLED OUT	
☐ ER	Treat EMS Personnel as STAT BACK / **ESI2**
☐ ER REGISTRATION	EMS Personnel must register with name and DOB (no other demographics) and list as worker's comp and self-pay. Attach LABEL of EMS Personnel to form.
☐ ER NURSE	Alert ED Phlebotomist of EXPOSURE and copy this form to the phlebotomist.
☐ ALL	EMS Personnel are NOT REQUIRED to have exposure testing at the hospital. Source patient testing IS REQUIRED under the Ryan White Act.
☐ ER NURSE	Order NON-EMPLOYEE EXPOSURE PANEL STAT on EMS Personnel This includes testing on both the non-employee and the SOURCE patient. **If EMS Personnel opt out of testing in the ER, then ER MUST NOTIFY LAB.** (Testing includes: Rapid HIV antibody, Hep B surface antigen and Hep C antibody)
☐ ED PHLEBOTOMIST	Use a chart label for identification, write "source patient for employee exposure" as well as collector ID and time on label. Forward blood and copy of this form to Laboratory Specimen Processing.
☐ LAB	If EMS Personnel opt out of testing in the ER, the LAB shall result the non-employee (EMS Personnel) as "NOT TESTED" Specimen processing clerk will process samples STAT and deliver blood tubes with this form to appropriate Technical Staff. Technical staff shall call ER with the SOURCE patient HIV results
☐ ER	Notify EMS Personnel's DICO (listed above) of source patient results. If exposed EMS Personnel are still present, notification may also be made directly to the EMS Personnel, in addition to notifying the agency's DICO.
☐ ER	Give EMS Personnel medication sheet for HIV Prophylaxis and Exposure to Blood sheet from CDC. If EMS Personnel remain in the ER and consent to HIV prophylaxis, give the 1st dose within 1-2 hours of occurrence.
☐ ER	If EMS Personnel refuse HIV prophylaxis, have them sign a DECLINATION FORM, put a label on the form and place it in the chart.
☐ EMS PERSONNEL	Must follow-up with their employer's DICO for further medications and instructions on next steps, which should include follow-up with an Infectious Disease Physician.

EMS EXPOSURE FORM

Silver Cross codes for testing the source patient are non-billable codes that do not generate a charge. A charge will occur if the EMS Personnel request Silver Cross Hospital ER perform exposure baseline testing on the EMS Personnel.

THIS WORKSHEET IS NOT PART OF THE MEDICAL RECORD

COPY THIS WORKSHEET TO HOSPITAL'S INFECTION CONTROL AND SCEMSS EMS COORDINATOR

Excerpt from SCEMSS Infection Control Policy 300-20: <u>REPORTING A SUSPECTED EXPOSURE</u>

1. Prehospital EMS Personnel who experience an exposure to a patient's blood or body fluid that contains visible patient blood should start by washing the affected area with an antimicrobial soap or hand wash substitute. As washing is considered the number one step in prevention of exposures, this should be done as soon as possible once the exposure is noticed.

2. It should next be determined if a **<u>true</u>** exposure occurred. The incident in question should be considered a true exposure if one or more of the following conditions exists:
   - **a.** contaminated needle stick
   - **b.** blood/OPIM contact with the surface of the eyeball, inside of the nose, or the inner surface of the mouth
   - **c.** blood/OPIM in contact with an open area of skin
   - **d.** cuts with sharp objects that are covered in blood/OPIM
   - **e.** human to human bites WITH blood drawn or broken skin

3. What is OPIM: OPIM is defined as Other Potentially Infectious Materials such as:
   - **a.** cerebral spinal fluid
   - **b.** synovial fluid
   - **c.** amniotic fluid
   - **d.** pleural fluid
   - **e.** peritoneal fluid
   - **f.** any body fluid containing VISIBLE BLOOD

4. Note: The Ryan White Act regarding testing the source patient applies to “true” exposures only.

5. If it is determined that a “true” exposure has occurred, complete the **<u>SCEMSS Pre-Hospital EMS Personnel Exposure Form</u>**. If the receiving facility insists on using their own Infection Control Exposure Form, the exposed SCEMSS EMS Personnel should use the SCEMSS Form as a guideline to make sure that the appropriate steps are taken per the System Medical Director and correct source patient labs are drawn. EMS Personnel baseline exposure testing should be at the discretion of the EMS Personnel’s Vehicle Service Provider Agency’s DICO (Designated Infection Control Officer). Due to the window phase of testing (time from the exposure until a lab test will pick up an antibody) and the incubation period of communicable diseases, **<u>lab testing on the exposed EMS Personnel is not required to be done at the Emergency Department</u>**. Other options at the EMS Agency’s discretion for this testing are an occupational health or an infectious disease physician. Regardless of the option chosen by the exposed EMS Personnel’s Agency’s DICO, EMS Personnel testing should be completed within 72 hours of the exposure incident. If source patient testing for a communicable disease is initiated by the receiving hospital as a direct result of proper notification by EMS Personnel, then it will be the responsibility of the reporting EMS Personnel or their employer, to follow up with recommended testing. The EMS Agency’s DICO and receiving facility infection control personnel should help in assuring that the EMS Personnel and or their Agency is aware of what follow up testing/counseling should be provided per OSHA.

6. The receiving facility Emergency Department Charge Nurse will assist in the use of either the SCEMSS Exposure Form or that receiving hospital’s exposure form. A copy of the Exposure Form shall be sent to the appropriate Infection Control personnel at the receiving hospital, the SCEMSS EMS Coordinator, and the Exposed EMS Personnel’s Agency DICO. The SCEMSS copy should not have any source patient/EMS Personnel identifiers on it, as the System’s copy is used only to ensure that proper procedures are followed for exposures and to assist in identifying possible trends in patient/EMS personnel exposures.

7. Documentation that an exposure did occur should be noted in the source patient’s PCR, but should be left at that the exposure happened and that EMS Personnel is following the appropriate steps as outlined in this policy. Specific details of what happened should be documented in a separate PCR with the exposed EMS Personnel being the patient.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **SCOPE OF EMS SERVICE**

POLICY: IDPH Code 515.320 and 515.550

I) Silver Cross Hospital is the Resource Hospital for the Silver Cross EMS System, which shall have the authority and responsibility for the System, through the EMS MD, as described in the EMS Act and the System Program Plan.

II) All other hospitals that are located within the geographic boundaries of a System and that have standby, basic or comprehensive level emergency departments must function in that System as either an Associate Hospital or Participating Hospital and follow all System policies specified in the System Program Plan, including, but not limited to, the replacement of drugs and equipment used by EMS Personnel who have delivered patients to their emergency departments per the EMS Act. Silver Cross EMS System Associate Hospitals include: Saint Joseph Medical Center in Joliet, Palos Community Hospital in Palos Heights, South Suburban Hospital in Hazel Crest, Bolingbrook Hospital in Bolingbrook and Olympia Fields Hospital in Olympia Fields.

1) All hospitals shall be formally affiliated with a System. A hospital may have a secondary affiliation with another System or may request a waiver to participate in a System other than that in which the hospital is geographically located. (See Section 515.150(d)(5).)

2) Every System Hospital shall identify the level of its emergency IDPH services in its letter of commitment, which is part of the EMS System Program Plan to be submitted to IDPH. Plan commitment letters must be updated as changes necessitate.

3) An "Associate Hospital" shall provide the same clinical and communications services as the Resource Hospital but shall not have the primary responsibility for personnel education and System operations. It shall have a basic or comprehensive emergency department with 24-hour physician coverage and a functioning intensive care and/or cardiac care unit.

4) All "Participating Hospitals" shall maintain ambulance to hospital communications capabilities that, at a minimum, include MERCI radio and comply with the Resource Hospital's communication plan.

5) All System Hospitals shall agree to replace/exchange medical supplies and equipment for System vehicles or other EMS System's whose ambulances transport to them.

6) All Resource and Associate Hospitals monitoring telecommunications from EMS field personnel shall provide voice orders by the EMS MD, a physician appointed by the EMS MD, or an ECRN.

7) All System Hospitals shall allow IDPH, EMS MD and EMS System Coordinator access to all records, equipment, vehicles and personnel during their activities evaluating the EMS Act.

III) The Resource Hospital shall appoint an EMS MD per the EMS Act.

IV) The EMS MD shall appoint an alternate EMS MD per the EMS Act.

V) An EMS System utilizing SEMSVs shall appoint and approve SEMSV Medical Directors to manage and direct the use of SEMSVs and their personnel in the System per the EMS Act.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: SCOPE OF EMS SERVICE CONTINUED

VI) The Resource Hospital shall appoint a full-time EMS System Coordinator, who shall be responsible for coordinating the educational and functional aspects of the System, as described in the Program Plan. He or she shall be an RN or Paramedic licensed in the State of Illinois, and meet qualifications designated in the EMS Act.

VII) The Resource Hospital shall appoint an EMS Administrative Director, who shall be responsible for administrative leadership of the System.

VIII) To avoid any conflict of interest, the EMS MD, EMS System Coordinator and EMS Administrative Director shall notify the IDPH in writing of any association with an ambulance service provider through employment, contract, ownership, or otherwise specifying how he or she is answerable to or directed by the ambulance service provider concerning any matter falling within the scope of the EMS Act. IDPH shall review and address potential or actual conflicts of interest on a case-by-case basis.

IX) The Resource Hospital must identify the EMS System in the facility's budget, with sufficient funds to support the EMS MD, EMS Administrative Director, EMS System Coordinator, and support staff and to provide for the operation of the EMS System.

X) All EMS Resource Hospitals shall obtain recognition as an SEDP, EDAP or PCCC. All Illinois hospitals are encouraged to obtain and maintain SEDP or EDAP status.

XI) All EMR, BLS, ILS, ALS and CCT services, as defined in the EMS Act, shall be provided through EMS Systems. The Silver Cross EMS System includes all levels. All pre-hospital, inter-hospital and non-emergency medical care, as defined in the EMS Act, shall be provided through EMS Systems per the EMS Act.

XII) All Agencies of the Silver Cross EMS System shall provide a letter of commitment as part of the System's Program Plan indicating compliance with IDPH rule 515.810 as well as System policies 300-1 and 300-38. Plan commitment letters must be updated as changes necessitate or as requested by the System or IDPH.

XIII) SCOPE OF PRACTICE – LICENSED EMT, A-EMT/EMT-I, AND PARAMEDIC:

a) Any person currently licensed as an EMT, A-EMT/EMT-I, or Paramedic may only perform emergency and non-emergency medical services in accordance with his or her level of education, training and licensure, the standards of performance and conduct prescribed in the EMS Act, and the requirements of the EMS System in which he or she practices, as contained in the approved Program Plan for the System. The IDPH Director may, by written order, temporarily modify individual scopes of practice in response to public health emergencies for periods not to exceed 180 days.

b) EMS Personnel who have successfully completed an IDPH-approved course in automated external defibrillator operation and who are functioning within an IDPH-approved EMS System may use an automated external defibrillator according to the standards of performance and conduct prescribed by IDPH in the EMS Act, and the requirements of the EMS System in which they practice, as contained in the approved Program Plan for the System.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **SCOPE OF EMS SERVICE CONTINUED**

c) An EMT, A-EMT/EMT-I, or Paramedic who has successfully completed an IDPH-approved course in the administration of epinephrine shall be required to carry epinephrine with him or her as part of the EMS Personnel medical supplies whenever he or she is performing official duties, as determined by the EMS System.

d) An EMR, EMT, A-EMT/EMT-I, or Paramedic may only practice as an EMR, EMT, A-EMT/EMT-I, or Paramedic or utilize his or her EMR, EMT, A-EMT/EMT-I, or Paramedic license in pre-hospital or inter-hospital emergency care settings or non-emergency medical transport situations, under the written or verbal direction of the EMS MD. For purposes of this Section, a "pre-hospital emergency care setting" may include a location that is not a health care facility, which utilizes EMS Personnel to render pre-hospital emergency care prior to the arrival of a transport vehicle. The location shall include communication equipment and all of the portable equipment and drugs appropriate for the EMT, A-EMT/EMT-I, or Paramedic 's level of care, and the protocols of the EMS System, and shall operate only with the approval and under the direction of the EMS MD.

e) This does not prohibit an EMR, EMT, A-EMT/EMT-I, or Paramedic from practicing within an emergency department or other health care setting for the purpose of receiving continuing education or training approved by the EMS MD. This also does not prohibit an EMT, A-EMT/EMT-I, or Paramedic from seeking credentials other than his or her EMT, A-EMT/EMT-I, or Paramedic license and utilizing such credentials to work in emergency departments or other health care settings under the jurisdiction of that employer.

f) A student enrolled in an IDPH-approved EMS Personnel program, while fulfilling the clinical training and in-field supervised experience requirements mandated for licensure or approval by the System and IDPH, may perform prescribed procedures under the direct supervision of a physician licensed to practice medicine in all of its branches, a qualified RN or a qualified EMS Personnel, only when authorized by the EMS MD.

ATTACHMENT: Definitions per the EMS Act

EFFECTIVE DATE: 11-20-18

REVISED DATE: 02-07-23

Definitions per the EMS Act:

Acute Stroke-Ready Hospital or ASRH – hospital designated by IDPH for providing emergent stroke care. https://www.jointcommission.org/assets/1/18/StrokeProgramGrid_abbrev_010518.pdf

Advanced Emergency Medical Technician or A-EMT − a person who has successfully completed a course in basic and limited advanced emergency medical care.

Advanced Life Support Services or ALS Services – an advanced level of pre-hospital and inter-hospital emergency care and non-emergency medical services that includes basic life support care, cardiac monitoring, cardiac defibrillation, electrocardiography, intravenous therapy, administration of medications, drugs and solutions, use of adjunctive medical devices, trauma care, and other authorized techniques and procedures as outlined in the National EMS Education Standards.

Basic Life Support or BLS Services – a basic level of pre-hospital and inter-hospital emergency care and non-emergency medical services that includes medical monitoring, clinical observation, airway management, cardiopulmonary resuscitation (CPR), control of shock and bleeding and splinting of fractures, as outlined in the National EMS Education Standards.

Comprehensive Stroke Center or CSC – hospital certified and designated as a Comprehensive Stroke Center. https://www.jointcommission.org/assets/1/18/StrokeProgramGrid_abbrev_010518.pdf

Critical Care Transport or CCT or Specialty Care Transport or SCT – pre-hospital or inter-hospital transportation of a critically injured or ill patient by a vehicle service provider, including the provision of medically necessary supplies and services, at a level of service beyond the scope of the Paramedic.

Emergency Medical Dispatcher or EMD – a person who has successfully completed a training course in emergency medical dispatching.

Emergency Medical Responder or EMR (AKA First Responder) – a person who has successfully completed a course of instruction for the Emergency Medical Responder as approved by IDPH, who provides Emergency Medical Responder 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.

Emergency Medical Services Personnel or EMS Personnel – persons licensed as an Emergency Medical Responder (EMR) (First Responder), Emergency Medical Dispatcher (EMD), Emergency Medical Technician (EMT), Emergency Medical Technician-Intermediate (EMT-I), Advanced Emergency Medical Technician (A-EMT), Paramedic, Emergency Communications Registered Nurse (ECRN), or Pre-Hospital Registered Nurse (PHRN).

Emergency Medical Technician or EMT (AKA EMT-B) – a person who has successfully completed a course in basic life support.

Emergency Medical Technician-Intermediate or EMT-I – a person who has successfully completed a course in intermediate life support.

Emergent Stroke Ready Hospital – a hospital that has been designated by IDPH as meeting the criteria for providing emergent stroke care.

In-Field Service Level Upgrade – a practice that allows the delivery of advanced care from a lower level service provider by a licensed higher level of care ambulance, alternate response vehicle, or SEMSV according to a pre-approved written plan approved by the local EMS MD.

Intermediate Life Support Services or ILS Services – an intermediate level of pre-hospital and inter-hospital emergency care and non-emergency medical services that includes basic life support care plus intravenous cannulation and fluid therapy, invasive airway management, trauma care, and other authorized techniques and procedures as outlined in the Intermediate Life Support national curriculum.

Level I Trauma Center – a hospital participating in an approved EMS System and designated by IDPH pursuant to Section 515.2030 to provide optimal care to trauma patients and to provide all essential services in-house, 24 hours per day.

Level II Trauma Center – a hospital participating in an approved EMS System and designated by IDPH pursuant to Section 515.2040 to provide optimal care to trauma patients, to provide some essential services available in-house 24 hours per day, and to provide other essential services readily available 24 hours a day.

Paramedic or EMT-P – a person who has successfully completed a course in advanced life support care.

Police Dog – a specially trained dog owned or used by a law enforcement department or agency in the course of the department's or agency's official work, including a search and rescue dog, service dog, accelerant detection canine, or other dog that is in use by a county, municipal, or State law enforcement agency for official duties.

Practitioner Order for Life-Sustaining Treatment on POLST or Do Not Resuscitate or DNR – an authorized practitioner order that reflects an individual's wishes about receiving cardiopulmonary resuscitation (CPR) and life-sustaining treatments, including medical interventions and artificially administered nutrition.

Pre-Hospital Registered Nurse or PHRN – a Registered Professional Nurse, with an unencumbered Registered Nurse license in the state in which he or she practices who has successfully completed supplemental education in accordance with this Part and who is approved by an Illinois EMS MD to practice within an EMS System for pre-hospital and inter-hospital emergency care and non-emergency medical transports. (Section 3.80 of the Act) For out-of-state facilities that have Illinois recognition under the EMS, trauma or pediatric programs, the professional shall have an unencumbered license in the state in which he or she practices.

Primary Stroke Center or PSC – hospital certified and designated as a Primary Stroke Center. https://www.jointcommission.org/assets/1/18/StrokeProgramGrid_abbrev_010518.pdf

Specialized Emergency Medical Services Vehicle or SEMSV – a vehicle or conveyance, other than those owned or operated by the federal government, that is primarily intended for use in transporting the sick or injured by means of air, water, or ground transportation, that is not an ambulance as defined in the EMS Act. The term includes watercraft, aircraft and special purpose ground transport vehicles not intended for use on public roads.

Vehicle Service Provider – an entity licensed by IDPH to provide emergency or non-emergency medical services in compliance with the Act and this Part and an operational plan approved by its EMS Systems, utilizing at least ambulances or specialized emergency medical service vehicles (SEMSV).

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **WAIVER PROVISIONS**

POLICY: IDPH Code 515.150

a) *IDPH may grant a waiver to any provision of the EMS Act for a specified period of time determined appropriate by IDPH. IDPH may grant a waiver when it can be demonstrated that there will be no reduction in standards of medical care as determined by the EMS* MD *or IDPH.* Waivers shall be valid only for the length of time determined by IDPH. For either a single or multiple waiver request, the burden of proof as to the factual basis supporting any waiver shall be on the applicant.

b) *Any entity may apply in writing through the System to IDPH for a waiver to specific requirements or standards for which it considers compliance to be a hardship.* The application shall contain the following information:

1) The applicant's name, address, and license number (if applicable);

2) The Section of the EMS Act or System Policy for which the waiver is being sought;

3) An explanation of why the applicant considers compliance with the Section to be a unique hardship, including:

A) A description of how the applicant has attempted to comply with the Section;

B) The reasons for non-compliance; and

C) A detailed plan for achieving compliance including specific timetables;

4) The period of time for which the waiver is being sought;

5) An explanation of how the waiver will not reduce the quality of medical care established by the EMS Act; and

6) The applicant's System EMS MD shall include in writing whether he or she recommends or opposes the application for waiver, the reason for the recommendation or opposition, and how the waiver will or will not reduce the quality of medical care established by the EMS Act.

c) An EMS MD may apply to IDPH for a waiver on behalf of a System Participant by submitting an application that contains all of the information required.

d) IDPH will grant the requested waiver if it finds the following:

1) The waiver will not reduce the quality of medical care established by the EMS Act;

2) Full compliance with the statutory or regulatory requirement at issue is or would be a unique hardship on the applicant;

3) For EMS Personnel seeking a waiver to extend a relicensure date in order to complete relicensure requirements, the EMS Personnel has previously received no more than one extension since his or her last relicensure; and has not established a pattern of seeking extensions;

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **WAIVER PROVISIONS CONTINUED**

4) For an applicant other than EMS Personnel:

A) The applicant has previously received no more than one waiver of the same statutory or regulatory requirement during the current license or designation period; and has not established a pattern of seeking waivers of the same statutory or regulatory requirement during previous license or designation period; and

B) IDPH finds that the hardship preventing compliance with the particular statutory or regulatory requirement is unique and not of an ongoing nature;

5) For a hospital requesting a waiver to participate in a System other than that in which the hospital is geographically located:

A) Documentation that transfer patterns support the request; and

B) Historic patterns of patient referrals support the request.

e) When granting a waiver, IDPH will specify the statutory or regulatory requirement that is being waived, any alternate requirement that the waiver applicant shall meet, and any procedures or timetable that the waiver applicant shall follow to achieve compliance with the waived requirement.

f) IDPH will determine the length of any waiver that it grants, based on the nature and extent of the hardship and will consider the medical needs of the community or areas in which the waiver applicant functions.

g) IDPH will grant a waiver of IDPH code 515.830(a)(1) on vehicle design for a vehicle that changes ownership if the vehicle meets the requirements of the U.S. General Services Administration's "Specifications for Ambulance" (KKK-A-1822D or KKK-A-1822E).

IDPH Code Section 515.830(a)(1) states:

Section 515.830 Ambulance Licensing Requirements

a) Vehicle Design

1) Each new vehicle used as an ambulance shall comply with the criteria established by the Federal Specifications for Ambulance, KKK-A-1822F, United States General Services Administration, with the exception of Section 3.16.2, Color, Paint and Finish.

EFFECTIVE DATE: 11-29-18

REVISED DATE:

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **CLOSEST APPROPRIATE HOSPITAL - BYPASS**

POLICY: IDPH CODE 515.315, 515.330 and 518.1400
This policy addresses both A) Patient/Ambulance Bypass Requests and B) Hospital/Trauma Center Bypass Requests.

BLS patients may be transported to a Free-standing Emergency Center (FEC) without the need for a bypass if the FEC is closest and the patient authorizes. There are currently two in the System's transport area: Silver Cross FEC in Homer Glen and Edwards FEC in Plainfield. An FEC provides comprehensive emergency treatment, as defined in Hospital Licensing Requirements (77Illinois Administrative Code 250) 24 hours per day, on an outpatient basis. FECs may not accept ALS patients unless the State declares a State of Emergency.

A. Patient/Ambulance Bypass Request

All patients transported by ambulance or SEMSV must be taken to the closest hospital or trauma center unless a bypass to another facility due to patient request has been correctly obtained or signed.

1. When making initial contact with a System hospital by cellular phone or MERCI, the EMS Personnel identify the closest hospital or trauma center (for qualifying trauma patients). The closest appropriate hospital or trauma center (Regional Level I or II) will be determined by travel time as opposed to distance and must operate a full-time emergency department. If a patient requests transport to a facility other than the closest, the EMS Personnel notify the consulting hospital of the patient's choice and the approximate distance by travel time.

2. A patient may be transported to a facility other than the closest hospital or trauma center only when the EMS MD or appointed designee (ER physician or ECRN) makes the determination that the patient request or medical benefits reasonably expected from the provision of care at the more distant hospital outweigh the increased risks to the patient from transport to the more distant hospital. This determination must be based on the following:

   a. The patient assessment information provided to the consulting hospital by the EMT's in the field, and...

   b. The reasonable risks and benefits to the patient, and...

   c. Whether the more distant hospital or trauma center has the available space and qualified personnel to provide treatment.

3. If the requested, more distant facility is not approved by Medical Control and the patient is competent and able to make an informed decision, a refusal must be signed and then transport to the more distant hospital can take place. EMS Personnel must document the refusal.

4. The physician or ECRN making the determination regarding transport will document a bypass request in the ECRN Telemetry Log. The EMS Office maintains a copy of completed ECRN Telemetry Logs.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: CLOSEST APPROPRIATE HOSPITAL – BYPASS CONTINUED

B. Hospital/Trauma Center Bypass Request

A hospital or trauma center may request a temporary bypass of patients transported by ambulance or specialized emergency medical services vehicle if the demand for service at their facility exceeds their current available resources and patient care may be adversely impacted.

1. Any hospital or trauma center wishing to go on temporary bypass must notify the Resource hospital of the System it is affiliated with and the IDPH REMSC.

2. Ambulance provider agencies that routinely transport to the hospital or trauma center on bypass must be notified by that hospital at the time that the bypass condition begins. Notifications may be made to/through respective dispatch centers.

3. Final notification to the IDPH REMSC, Resource Hospital and provider agencies and/or dispatch centers is required when the circumstances, which led to a bypass request, no longer exist and the hospital returns to a normal routine.

4. Any hospital on an approved bypass may be required to receive patients by ambulance or SEMSV if that patient's condition is considered life threatening and the hospital on bypass is the closest facility. The EMS MD or designee will make this decision.

5. During a local disaster, bypass will not be honored.

6. For life threatening conditions, the patient will be transported to the closest hospital whether or not that hospital is on bypass.

Excerpt below taken directly from IDPH Administrative code 515.315

Section 515.315 Bypass or Resource Limitation Status Review

a) *IDPH shall investigate the circumstances that caused a hospital in an EMS System to go on bypass status to determine whether that hospital's decision to go on bypass status was reasonable.* (Section 3.20(c) of the Act)

b) The hospital shall notify the Illinois Department of Public Health, Division of Emergency Medical Services, of any bypass/resource limitation decision, at both the time of its initiation and the time of its termination, through status change updates entered into the Illinois EMResource application, accessed at https://emresource.juvare.com/login. The hospital shall document any inability to access EMResource by contacting IDPH Division of EMS during normal business hours.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **CLOSEST APPROPRIATE HOSPITAL – BYPASS CONTINUED**

c) In determining whether a hospital's decision to go on bypass/resource limitation status was reasonable, the Department shall consider the following:

1) The number of critical or monitored beds available in the hospital at the time that the decision to go on bypass status was made;

2) Whether an internal disaster, including, but not limited to, a power failure, had occurred in the hospital at the time that the decision to go on bypass status was made;

3) The number of staff after attempts have been made to call in additional staff, in accordance with facility policy; and

4) The approved hospital protocols for peak census, surge, and bypass and diversion at the time that the decision to go on bypass status was made, provided that the Protocols include subsections (c)(1), (2) and (3).

5) Bypass status may not be honored or deemed reasonable if three or more hospitals in a geographic area are on bypass status and/or transport time by an ambulance to the nearest facility is identified in the regional bypass plan to exceed 15 minutes.

d) Hospital diversion should be based on a significant resource limitation and may be categorized as a System of Care (STEMI or Stroke), or other EMS transports. The decision to go on bypass (or resource limitation) status shall be based on meeting the following two criteria, and compliance with subsection (c)(3).

1) Lack of an essential resource for a given type or class of patient (i.e., Stroke, STEMI, etc.) Examples include, but are not limited to:

A) No available or monitored beds within traditional patient care and surge patient care areas with appropriate monitoring for patient needs;

B) Unavailability of trained staff appropriate for patient needs; and/or

C) No available essential diagnostic and/or intervention equipment or facilities essential for patient needs.

2) All reasonable efforts to resolve the essential resource limitations have been exhausted including, but not limited to:

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **CLOSEST APPROPRIATE HOSPITAL – BYPASS CONTINUED**

A) Consideration for using appropriately monitored beds in other areas of the hospital;

B) Limitation or cancellation of elective patient procedures and admissions to make available surge patient care space and redeploy clinical staff to surge patients;

C) Actual and substantial efforts to call in appropriately trained off-duty staff; and

D) Urgent and priority efforts have been undertaken to restore existing diagnostic and/or interventional equipment or backup equipment and/or facilities to availability, including but not limited to seeking emergency repair from outside vendors if in house capability is not rapidly available.

3) The hospital will do constant monitoring to determine when the bypass condition can be lifted. Such monitoring and decision making shall include clinical and administrative personnel with adequate hospital authority. Efforts to resolve issues in subsection (d)(1) using all available resource under subsection (d)(2) to come off bypass as soon as such patients can be safely accommodated.

e) For Trauma Centers only, the following situations would constitute a reasonable decision to go on bypass status:

1) All staffed operating suites are in use or fully implemented with on-call teams, and at least one or more of the procedures is an operative trauma case;

2) The CAT scan is not working; or

3) The general bypass criteria in subsection (c).

f) During a declared local or state disaster, hospitals may only go on bypass status if they have received prior approval from IDPH. Hospitals must complete or submit the following prior to seeking approval from IDPH for bypass status:

1) EMResource must reflect current bed status;

2) Peak census policy must have been implemented 3 hours prior to the request of bypass;

3) Hospital and staff surge plans must be implemented;

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **CLOSEST APPROPRIATE HOSPITAL – BYPASS CONTINUED**

4) The following hospital information shall be provided to IDPH:

A) Number of hours for in-patient holds waiting for bed assignment;

B) Longest number of hours wait time in Emergency Department;

C) Number of patients in waiting area waiting to be seen;

D) In-house open beds that are not able to be staffed;

E) Percent of beds occupied by in-patient holds;

F) Number of potential in-patient discharges; and

G) Number of open ICU beds.

5) The IDPH Regional EMS Coordinator will review the above information along with hospital status in the region and determine whether to approve bypass for 2 hours, 4 hours, or an appropriate length of time as determined by the DPH Regional EMS Coordinator, or to deny the bypass request. A bypass request may be extended based on continued assessment of the situation, including status of surrounding hospitals, with the DPH Regional EMS Coordinator and communication with the requesting hospital. A hospital may be denied bypass based on regional status or told to come off bypass if an additional hospital in the geographic area requests bypass.

g) *IDPH may impose sanctions, as set forth in Section 3.140 of the Act, upon an IDPH determination that the hospital unreasonably went on bypass status in violation of the Act.* (Section 3.20(c) of the Act)

h) Each EMS System shall develop a policy addressing response to a system-wide crisis. The Silver Cross EMS System Disaster Plan is available to its System agencies by request and shall not be posted to the general public.

(Source: Amended at 46 Ill. Reg. 20898, effective December 16, 2022)

EFFECTIVE DATE: 08-15-89

REVISED DATE: 01-04-24

SILVER CROSS HOSPITAL BYPASS LOG

Any one of the following criteria must be met to go on bypass

Rationale:	Circle One:
All monitored beds in the hospital are being utilized, including the ED and overflow areas	Yes / No
Specialized equipment needed for trauma patients is unavailable due to equipment failure (CT)	Yes / No
All dedicated trauma surgical personnel are in surgery performing surgery, and another surgical team is unavailable	Yes / No
Internal/External disaster compromising patient safety (attach narrative description of disaster)	Yes / No

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Decision to go on bypass was made on (date) _____ / _____ / _____ in communication with:

Emergency Physician: _____

ED Shift Coordinator: _____

Nursing Supervisor:_____

On Call Administrator: _____

The following staff must also be notified when the decision is made to initiate bypass and when terminating bypass:

Staff Member	Time on bypass:	Re-notified (time)	Re-notified (time)	Time off bypass:
ED Medical Director: Dr. Filiadis (Cell) 440-552-4555				
Administrative Director: Jill Pateros (Cell) 312-388-4873				
ER Manager: Laura Maida (Cell) 815-546-0827				
EMS Manager/EP Chair: Lori Chiappetta (Cell) 708-612-8887				
Trauma Coordinator: Megan Lynch (Cell) 815-955-5825				
On Call Trauma Surgeon: Name:				

Make notification to all Hospitals by indicating bypass status on EMResource

We no longer need to call the hospitals. Notification is done through EMResource.

Please report form changes to Marilyn Zanelli, EMS mzanelli@silvercross.org

Dispatch Centers for Fire Departments and Private Ambulances

Bypass evaluations and notifications must be completed every 4 hours.

Time Bypass Initiated:_____ Time re-evaluated:_____ Time re-evaluated:_____

Time Re-evaluated:_____ Time re-evaluated:_____ Time OFF Bypass:_____

CALL DISPATCH CENTERS ONLY: they'll notify their individual departments

DISPATCH CENTER	ON BYPASS Time&Name Notified	Notified by: Initials	Re-notified Time&Name	Notified by: Initials	Re-notified Time&Name	Notified by: Initials	Re-Notified Time&Name	Notified by: Initials
BYPASS: CIRCLE ONE	ON BYPASS		Staying ON Going OFF		Staying ON Going OFF		Staying ON Going OFF	
Joliet 815-726-2401 (Joliet Fire Dept)								
Laraway 815-485-2500 (Crete, East Joliet, Frankfort, Manhattan, Mokena, Monee, New Lenox, So Chicago Hts Steger)								
Orland 708-349-1247 (Orland, Lemont)								
Wescom 815-439-2830 (Channahon,Homer Lockport, Northwest Homer Plainfield, Wilmington)								
Southwest 708-448-6180 (Palos area)								
Tinley Park 708-444-5400								
Superior 630-832-2000								
Vital 708-478-3800								
Trace 815-464-0088								
Elite 708-478-8880								
Bud's/Daley's 815-725-1203								

Revised 11/8/23

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **EMS SYSTEM MEETINGS**

POLICY:

The Silver Cross EMS System bi-monthly meetings consist of representatives from each System member Vehicle Service Provider agency, the resource, associate and participating hospitals, and the Silver Cross EMS office staff. The purpose of the meeting is to facilitate the flow of information, discuss the normal activities and future progress of the EMS System, and to involve the Agencies and System Hospitals in the development and implementation of special projects.

I. Attendance at the System meeting will be as follows:

A. The Chief/Administrator and/or EMS Coordinator from each provider agency.

B. One representative from the resource and each associate and participating hospital.

C. The System EMS MD, EMS Manager, System Operations Coordinator, Coordinator of EMS Education, EMS Instructor(s), and office clerical staff.

II. The EMS System meeting will function in the following manner:

A. Meetings will be conducted on the third Tuesday of January, March, May, September and November. They will start at 9:00 a.m. and will be limited to two hours in length.

B. The meetings will be chaired by the EMS MD and/or the EMS System Manager or designee.

C. An agenda will be prepared and distributed by the EMS office prior to each meeting. Sessions will be noted and minutes will be made available to all Vehicle Service Provider Chiefs, Administrators, EMS Coordinators and Assistant EMS Coordinators.

D. Meetings will be conducted informally with an emphasis on the sharing of information and ideas.

E. Standing committees will be developed from the membership to address specific and on-going system issues. The committees will meet on an as needed basis and will summarize their progress at each meeting.

III. To ensure that the objectives of this meeting are achieved, it is essential that representatives attend on a regular basis.

A. Attendance records will be kept for each session. If a representative cannot be present, it is strongly suggested that another individual fulfill that role.

EFFECTIVE DATE: 02-01-95

REVISED DATE: 12-14-18

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **COMPLAINTS AND OTHER CONFLICT RESOLUTION**

POLICY: IDPH CODE 515.450

This policy addresses IDPH Code 515.450 Complaints under section I and other conflict resolution under section II. Should a complaint, conflict, or grievance arise in the Silver Cross EMS System, all effort should be made by the involved parties to resolve such conflict on an informal level. If informal resolution of the complaint, conflict, or grievance is not possible between the affected parties, either party involved in the complaint, conflict, or grievance may request a formal review. Refer to System policy 300-26 System Participation Suspension, policy 300-35 Immediate Suspension From System Participation, and Policy 300-27 Local System Review Board as indicated.

I. Section 515.450 Complaints

a) For the purposes of this Section, "complaint" means a report of an alleged violation of the EMS Act or this Part by any System Participants or providers covered under the Act, or members of the public. Complaints shall be defined as problems related to the care and treatment of a patient.

b) A person who believes that the Act or this Part may have been violated may submit a complaint by means of a telephone call, letter, email, fax, or in person to the System or directly to IDPH. An oral complaint will be reduced to writing. The complainant is requested to supply the following information concerning the allegation:

1) Date and time of occurrence;

2) Names of patient, EMS Personnel, entities, family members, and other persons involved;

3) Relationship of the complainant to the patient or to the provider;

4) Condition and status of the patient;

5) Details of the situation; and

6) The name of the facility where the patient was taken.

c) Complaints submitted to the System shall be reviewed by the System's EMS MD and EMS Coordinator. Complaints received by the EMS MD shall be forwarded to IDPH's Central Complaint Registry within five working days after receipt of the complaint.

d) The EMS MD shall not disclose the name of the complainant unless the complainant consents in writing to the disclosure.

e) The System shall conduct an investigation gathering written accounts of events and documentation from involved parties and after review, respond to the parties involved.

f) The System may conduct a joint investigation with IDPH if a death or serious injury has occurred or there is imminent risk of death or serious injury, or if the complaint alleges action or conditions that could result in a denial, non-renewal, suspension, or revocation of licensure or designation.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: COMPLAINTS AND OTHER CONFLICT RESOLUTION CONTINUED

g) The EMS MD shall forward the results of the investigation and any disciplinary action resulting from a complaint to IDPH. Documentation of the investigation shall be retained at the hospital in accordance with EMS System improvement policies and shall be available to IDPH upon request.

h) The investigative files of the EMS System and IDPH shall be privileged and confidential in accordance with the Medical Studies Act [735 ILCS 5/8-2101], except that IDPH and the involved EMS System may share information

II. Other Conflict Resolution

Other conflicts (not related to EMS Act violations), which arise within the System, may be addressed by the System when presented in writing to the System with all items listed in I. b. above. The EMS MD shall gather written accounts of events and documentation from involved parties and after review, respond to the parties involved. If the incident or conflict does not fall under the jurisdiction of the EMS System, the responsibility for resolution will be referred to the parties involved, or to the appropriate authority. If the incident or conflict does fall within the jurisdiction of the EMS System, the EMS MD may elect to resolve the issue through mediation, education, or disciplinary action. The EMS MD may choose to refer the responsibility of resolution to IDPH if doing so would serve the best interests of the EMS System as well as the involved parties. Notification of the EMS MD's decision will be made in writing to the parties involved in the conflict. The decision of the EMS MD will be final, unless reversed or modified by a higher authority after an appropriate appeal process.

III. The System is also responsible for notifying IDPH on a monthly basis of the following:

- Number of EMS patient care complaints including a brief synopsis of the issue;
- Outcome of the System investigation; and
- Names and license of the EMS personnel involved for sustained allegations.

EFFECTIVE DATE: 08-15-89

REVISED DATE: 01-12-24

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **SYSTEM PARTICIPATION SUSPENSION**

POLICY: IDPH CODE 515.430

The EMS MD may suspend from participation within the System any EMS Personnel, EMS LI, individual, individual provider or other participant considered not to be meeting the requirements of the System Program Plan. Suspensions shall be made in writing with a written explanation of the reason, terms, conditions, and length of time. Refer to Policy 300-27 Local System Review Board, 300-28 State Disciplinary Review Board, and 300-35 Immediate Suspension from System Participation as indicated.

Suspensions may be based on one or more of the following:

1. Failure to meet initial or continuing education requirements;

2. Violation of the Act, Rules and Regulations;

3. Failure to maintain (as licensed) EMR, BLS, ILS, ALS CCT, or EMD proficiency;

4. Failure to comply with provisions of the System's Program Plan as approved by IDPH;

5. Intoxication or personal misuse of any drugs, liquors, narcotics, controlled substance, or any other drugs or stimulants in such a manner as to adversely affect the delivery, performance or activities in the care of patients requiring medical care (for the purposes of this subsection, adversely affect means anything which could harm the patient or treatment that is administered improperly);

6. Intentional falsification of any medical reports, or making misrepresentations involving patient care;

7. Abandoning or neglecting a patient requiring emergency care;

8. Unauthorized use or removal of narcotics, drugs, supplies or equipment from any ambulance, health facility, institution or other workplace location as well as failure to complete CS logs as required;

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

10. Discrimination in rendering care because of race, sex, creed, religion, nationality or ability to pay;

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

12. Violation of the System's/Region's standard of care, per SMO's;

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

14. Mental impairment of an EMT to the extent he or she cannot exercise the appropriate judgment, skill and safety for performing the emergency care and life support functions for which he or she is licensed, as verified by a physician, unless the EMT is on inactive status.

EFFECTIVE DATE: 08-15-89

REVISED DATE: 11-29-18

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **LOCAL SYSTEM REVIEW BOARD**

POLICY: IDPH CODE 515.420

The Local System Review Board is a deliberative panel assembled within the System for the purpose of reviewing the suspension orders of the EMS MD. The Board will be enacted at such time when the EMS Personnel requests in writing via certified letter within 15 days of the date the EMS MD enacted a System participation. Failure to request a hearing within 15 days shall constitute a waiver of the right to a Local System Review Board hearing.

I. The Local System Review Board will consist of three (3)-voting members, and a chairperson who will vote only in case of a tie.

   A. The EMS MD shall appoint as two standing members of the Board, the System EMS Coordinator or designee and an emergency department physician from within the system who is not the EMS MD or designee.

   B. The remaining two members and the chairperson shall be selected by the suspended participant from a list of potential panelists provided by the EMS MD. The list will consist of the names of three EMS Personnel from within the System who are of the same EMS Personnel category and level of the suspended participant.

II. Local Review Board hearing:

   A. The hearing shall commence within 21 days after receipt of a written request. The EMS MD shall arrange for a certified shorthand reporter to take record. Records shall be maintained by the System. Transcripts shall be made available to any party who makes the request in writing with authorization at the expense of the requesting party.

   B. The Board shall state in writing its decision to affirm, modify, or reverse the suspension. The decision shall be sent via certified mail to the EMS Personnel, the System, and IDPH.

   C. If the Local Review Board upholds the decision then the EMS Personnel may appeal to the State EMS Disciplinary Review Board. Requests must be submitted to the IDPH EMS Division Chief in writing per IDPH code 515.440.

   D. The suspension stands throughout the review process.

III. The right to a hearing before the Local System Review Board may be waived if the suspended participant chooses to accept the terms of a suspension order,

EFFECTIVE DATE: 08-15-89

REVISED DATE: 04-28-23

Revised: 04/28/2023

SILVER CROSS HOSPITAL SYSTEM 0710
LOCAL SYSTEM REVIEW BOARD LIST

(The names on this list may be subject to substitutions due to unforeseen circumstances)

David Mikolajczak, DO, EMS MD

George Filiadis, MD, Alternate EMS MD

Jill Pateros, MSN, Director

Marilyn Zanelli, Paramedic, Lead Instructor, EMS Operations Coordinator

Brian Baudek, Paramedic, Lead Instructor, EMS Assistant Manager

STANDING VOTING MEMBERS:

Silvio Morales, MD, Emergency Department Physician

Lori Chiappetta, MSN, EMS Manager/ EMSC

OTHER VOTING MEMBERS FROM WHICH THE SUSPENDED MAY CHOOSE THREE:
(1 Chairperson, 1 EMT, and 1 person at the license level of the suspended)

EMT: Todd Friddle, Kirk Kelly, Anthony Marzano, Nathan Basham, Mark Reynolds, Kim Zanelli

PARAMEDIC: Edward Ludwig, Kim Gramlich, Katheryn Meier, Julie Reichhardt, Burke Schuster

RN/PHRN: Megan Lynch, Penny Eriks, Noah Klima, Griffith Legler

RN/ECRN: Megan Lynch, Penny Eriks, Leslie Livett, Stephanie Eutsey

LEAD INSTRUCTOR: Edward Ludwig, Jerry Cooke, Katheryn Meier, Sean Reese

EMD: Cynthia Wilson, Kim Zanelli, Thomas Clifton, Scott Pucel

EMR: The System does not have anyone at this level.

EMT-I: Robert Grachan, Terry Jensen (only 2 in-System)

AEMT: The System does not have anyone at this level.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **STATE DISCIPLINARY REVIEW BOARD**

POLICY: IDPH CODE 515.440

The function of the State EMS Disciplinary Review Board is to review and affirm, reverse or modify the decision of a Local System Review Board; to affirm or reverse an EMS MD's order to suspend EMS Personnel or a provider agency from participating within the EMS System or to revoke an individual EMS Personnel's license.

Requests for a review by the State EMS Disciplinary Review Board may only be made by a System participant whose suspension/request for revocation was affirmed by the Local System Review Board or by an EMS Medical Director whose suspension was reversed by the Local System Review Board.

Refer to IDPH Code 515.440 for details.

EFFECTIVE DATE: 08-15-89

REVISED DATE: 12-01-18

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **FELONY CONVICTIONS**

POLICY: IDPH CODE 515.620

I) Applicants and licensees convicted of an Illinois *Class X, Class 1 or Class 2 felony or an out-of-state equivalent offense* will be subject to adverse licensure actions under Section 3.50(d)(8) of the EMS Act. In determining whether an applicant or licensee has been convicted of *an out-of-state equivalent offense* under Section 3.50(d)(8)(H) of the EMS Act, IDPH will look to the essential elements of the out-of-state offense to determine whether that conviction is substantially equivalent to an Illinois Class X, Class 1 or Class 2 felony. The fact that the out-of-state offense may be named or classified differently by another state, territory or country will not be considered in determining whether the out-of-state offense is equivalent. The controlling factor will be whether the essential elements of the out-of-state offense are substantially equivalent to the essential elements of an Illinois Class X, Class 1 or Class 2 felony (Section 3.50(d) of the EMS Act).

II) All applicants for any license or certification will fully disclose any and all felony convictions in writing to the System and IDPH at the time of initial application or renewal. Failure to disclose felony convictions on an IDPH application will be grounds for license denial or revocation.

III) All licensees and under the EMS Act will report all new felony convictions to IDPH within seven days after conviction. Convictions will be reported by means of a letter to the System and IDPH.

IV) For applicants with a *Class X, Class 1 or Class 2 felony or an out-of-state equivalent offense* (Section 3.50(d) of the Act), IDPH will have the authority to require that the applicant sign an authorization permitting IDPH to obtain a criminal history report from the Illinois State Police or other law enforcement agency at the applicant's cost. The failure or refusal of any felony applicant to provide the authorization and fee required by the applicable law enforcement agency will be grounds for denial of licensure, including renewal.

V) In deciding whether to issue any license to a person with a felony conviction, IDPH will consider the degree to which the applicant's criminal history suggests that the applicant may present a risk to patients. Factors to be considered will include, but not be limited to:
   A) The length of time since the conviction and the severity of the penalty imposed;
   B) Whether the conviction involved theft, deception or infliction of intentional, unjustified harm to others;
   C) Whether there are repeat or multiple convictions or whether the convictions suggest a particular pattern of overall disregard for the safety or property of others;
   D) Whether the conviction suggests a propensity that may pose a threat to the public in stressful situations commonly confronted by EMS Personnel;
   E) The degree to which the applicant provided full, complete and accurate information upon written request of IDPH; and
   F) Other unusual facts and circumstances that strongly suggest that the applicant should not be granted a license.

VI) IDPH or the System may request and the applicant will provide all additional information relevant to the applicant's history and the factors listed in subsection (V). IDPH will deny any application when the applicant fails or refuses to provide additional relevant information requested by IDPH, including, but not limited to, providing the written authorization and fee for a police criminal background check.

EFFECTIVE DATE: 12-05-12

REVISED DATE: 11-14-18

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **PRE-HOSPITAL QA PROGRAM**

POLICY:
The Silver Cross EMS System will be responsible for monitoring its Vehicle Service Provider agencies to ensure the delivery of proper and acceptable patient care for both the adult and pediatric population. The goals and objectives of the System QA program are to establish a mechanism, which will allow the System to detect and address deficiencies, formulate positive solutions, and to enhance and reinforce the overall quality of performance by System Vehicle Service Providers and EMS Personnel.

I. Ambulance Run Report Form Reviews

A. Methodology

1. The System's Patient Care Reports are collected and submitted to IDPH according to the requirements of IDPH Section 515.350 and System Policy 300-57. PCR's shall be stored in a manner to which the System may retrieve data and generate reports for quality assurance.

2. Reviews of field skill performances, successful vs. unsuccessful attempts at advanced skills, adequate documentation, and the objective evaluation of appropriateness of pre-hospital patient care will be conducted according to criteria and SMOs as stipulated by the System EMS MD, Region 7, and IDPH.

3. In addition to the above, each System Agency will complete peer run reviews on 10% of their runs. Proper documentation parameters will be supplied to guide the peer review process. These reviews may be completed as follows:

   - ALS/CCT runs shall be reviewed by a System authorized Paramedic/PHRN not on the call. BLS runs shall be reviewed by a System authorized EMT, A-EMT/EMT-I, Paramedic/PHRN not on the call. Silver Cross EMS System does not have PHPAs or PHAPRNs.
   - In order for the data being collected to be statistically sound, the reviews should collect data from each shift and include approximately 10% of your department runs. The System suggests that a peer from each shift be included in the review process.
   - To assure a fair process, guidelines for run selection should be in place. As an example, chose the first or last run or select a time of day and the run closest to that time may be reviewed.
   - **To assure patient confidentiality, run reviews utilized for training must be free of any patient identifying information.**
   - A run review form should be utilized to assure consistency. Attachment A is an SCEMSS run review form that is PDF fillable and must be used. Individually created documents will not be accepted for review by SCEMSS.
   - All runs selected should be collected and reviewed by the EMS Coordinator or designee from each agency, who shall complete the SCEMSS QA report (Attachment A) on a monthly basis and email to the System designee by the 25th of the following month. Ensure EMS personnel understand this is meant to be an improvement process, not a punitive process. Reviews should be completed with objectivity, not bias. The end result of the reviews will be to set up supplemental CE to meet each department's need based upon the reviews.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: PRE-HOSPITAL QA PROGRAM CONTINUED

B. Results

1. Results of review and analysis reports on a System wide and individual agency basis will be generated, published and made available to the System and IDPH upon request.

2. Deficiencies in all areas of skill performance for particular agencies and EMS personnel will be addressed on a singular basis.

3. Agencies and EMS personnel identified for substandard pre-hospital skill performance will be closely monitored for signs of continued decline or improvement.

4. Agencies and EMS personnel cited for consistently poor performance results for three (3) consecutive review periods will be subject to an investigation to identify problem sources and effect proper corrective measures and action plans.

5. Results will be reviewed by the QA Committee and kept confidential under the QA plan.

II. Call Review - Comment and Review Reports

A. Methodology

The Comment and Review Report is a System QA tool designed and utilized by the System to focus attention to events regarding constructive or complimentary issues, hospital related direction, investigations, and patient/EMS personnel related concerns or issues. This component of the QA Program is a mechanism designed to promote open communication among EMS personnel, hospital personnel, and the EMS MD. **Refer to System Policy: 300-15 Review and Comment Reporting.** Investigative reports shall be sent to the EMS MD for investigation and review according to policy. Investigative reports may contain, but not be limited to field activities, radio communication or equipment issues, full arrests, traumas, bypasses, diversions, and hospital overrides.

B. Results

1. An SCEMSS Comment and Review form may be completed for any event that requires intervention and corrective action. (See policy 300-15) All investigative reports are dealt with on an individual basis.

2. Events of this nature will be closely monitored for signs of continued decline or improvement. Corrective action plans will be implemented to provide corrective measures in any reported event or issue, as deemed necessary.

3. Results will be reviewed by the QA Committee and kept confidential under the QA plan.

IV. CE Approval

An extension of the System QA Program that monitors the overall quality and content of CE offerings conducted in the System by agencies for all levels of EMS personnel. All CE programs and topics conducted in the System and the instructors must be approved by the EMS MD. This approval will allow uniformity and consistency for System wide CE, identify and address potential issues, and ensure all instructors follow educational policies and guidelines.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **PRE-HOSPITAL QA PROGRAM CONTINUED**

V. ALS Radio/Cellular Telemetry Run Monitoring

A. Methodology
The Resource Hospital may monitor ALS runs in progress to detect any substandard performance on behalf of the ECRN and/or EMS personnel. As the run is in progress, a System radio/phone monitor worksheet will be utilized to record findings specific to communication of patient information and medical direction. Evaluation of the ALS run will indicate if the ECRN and EMS personnel are following proper SMOs and System protocols.

B. Results
Real-time intervention will allow run related issues to be monitored, reviewed and addressed either during the actual run or directly upon run completion. Worksheets will be reviewed and a report based on overall results will be generated to target deficiencies and substandard performance by the ECRN and EMS personnel. Identified problem areas will be closely monitored for signs of continued decline or improvement, addressed on an individual basis, and effect proper corrective measures or action plans as warranted.

VI. Associate/Participating Hospital Review

Silver Cross EMS System Associate and Participating hospitals are encouraged to assist with the review of pre-hospital EMS run reports. In addition, Associate and Participating hospitals are encouraged to provide timely constructive feedback to EMS Personnel, as well as participate in the Silver Cross EMS System Quality Assurance projects.

Any Review and Comment form completed by an Associate or Participating hospital should be forwarded promptly to the Silver Cross EMS System Manager.

ATTACHMENT A: Reference copy of SCEMSS MONTHLY QA TEMPLATE. Use the PDF fillable document on the QA page of the SCEMSS website for monthly completions and submissions. HTTPS://WWW.SILVERCROSSEMS.COM/QAQI/

SCEMSS Monthly QA Template.pdf

ATTACHMENT B: SCEMSS Expanded Scope QA/QI Form (for CCT)

EFFECTIVE DATE: 08-15-89

REVISED DATE: 01-09-24

ATTACHMENT B

SCEMSS CCT/Expanded Scope QA/AI

QA Report#:**YYYY-1** AGENCY:_____ MR#_____
Run#_____
Person reviewing run:_____ PHRN/Paramedic___ RN ___ Date:_____
Dispatched:____Enroute:____Arrived on Scene:____Departed Scene:____Arrived at Hospital:____

1. ❑ Vital signs documented at minimum every fifteen minutes.
2. ❑ Change in vitals
3. ❑ Documentation reveals change noted and care rendered accordingly
4. ❑ Documentation reveals ongoing assessment to monitor for
    - ❑ Hypotension
    - ❑ Extreme bradycardia or tachycardia, dysrhythmia
    - ❑ Increasing chest pain
    - ❑ Altered mental status or change in neuro exam
5. ❑ Documentation of appropriate care rendered accordingly
6. ❑ Alterations in IV status documented
    - ❑ IV catheter unexpected discontinued
    - ❑ Rate adjustments of infusions
    - ❑ IV Medications within Advanced Scope Protocol
7. ❑ Documentation of appropriate care rendered accordingly
8. ❑ Ventilator settings changed during transport
    - ❑ Reason and response documented
9. ❑ Medical Control or Ordering Physician contacted after EMS arrival
    - ❑ Reason and response documented
10. ❑ Unusual occurrences documented
    - ❑ Issues reported to SCEMSS System Coordinator
11. ❑ Chart reviewed by EMS System Coordinator
    - ❑ Abnormalities in transport require EMS MD review
    - ❑ Follow up with transporting crew

Deficiencies:_____
_____
_____

Comments and Resolution:_____
_____
_____

PLEASE FORWARD FORMS TO THE SILVER CROSS EMS MANAGER
CONFIDENTIAL UNDER THE SILVER CROSS EMS/ER QA COMMITTEE

Silver Cross Emergency Medical Services System

Agency Name below

Silver Cross EMS System Monthly QA/QI Evaluation

QA/QI for MM/YYYY ____ Total calls for the month: ____ Included 10% of all runs for the month selected at random.

Patient Data

IV's **Total Success Rate Percentage:** ____

Number of attempts: ____ Successful: ____ Unsuccessful: ____

IO Tibial Tuberosity **Total Success Rate Percentage:** ____

Number of attempts: ____ Successful: ____ Unsuccessful: ____

IO Humeral Head **Total Success Rate Percentage:** ____

Number of attempts: ____ Successful: ____ Unsuccessful: ____

Advanced Airway

ET **Total Success Rate Percentage:** ____

Number of attempts: ____ Successful: ____ Unsuccessful: ____

King Airway **Total Success Rate Percentage:**

Number of attempts: ____ Successful: ____ Unsuccessful: ____

I-Gel Airway **Total Success Rate Percentage:**

Number of attempts: Successful: Unsuccessful:

End-Tidal Carbon Dioxide Monitoring

Number of times used: Percentage of use:

Cardiac Arrest

Number of arrest:

Number of times External Automated Device used:

SMO's Deviation Explain:

Number of ROSC: Number of Termination:

Medication Used Example Narcan, Ketamine or anything out of the ordinary

Documentation Issues and Recommendations for Corrections

LAVD contact and was patient transported to the VAD center:

SMO Deviation and Reason for Deviation

Any Other Findings or Calls (trauma's, pediatric calls, ETC.)

Recommendations and Training

Helicopter usage

Nature of call, document each incident separately:

Number of times that a helicopter was used for the month:

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **RECORDS RETENTION POLICY**

POLICY: IDPH CODES: 515.500 / 515.520 / 515.560

The System has developed and established the following policy and procedure regarding retention of records including PCRs, ALS Telemetry Calls and Logs, MERCI calls and other System documentation as stated below.

I. **PCRs (Patient Care Reports)** must be retained by the Vehicle Service Provider for not less than 10 years as designated by the IDPH EMS Act. PCRs must be left at the receiving facility. If the Vehicle Service Provider has been notified in writing by an attorney before the expiration of the 10 year retention period that there is litigation pending in court involving the record of a particular patient as possible evidence and that the patient is his client or is the person who has instituted such litigation against his client, then EMS Personnel shall retain the record of that patient until notified in writing by the plaintiff's attorney, with the approval of the defendant's attorney of record, that the case in court involving such record has been concluded or for a period of 12 years from the date that the record was produced, whichever occurs first in time. PCRs shall be preserved in a format as designated by the IDPH EMS Act.

II. **SCEMSS Carepoint Radio Calls and Logs** including ALS Telemetry and MERCI Radio Calls and ECRN Telemetry Logs must be retained for the purpose of immediate and future call reviews for a period of 10 years, and shall be available for review by the System Manager, EMS MD or Emergency Department staff for call reviews and quality assurance. Telemetry logs with patient identifiers that are part of the patient's medical record will be retained per hospital policy.

III. **SCEMSS Initial Education Records**, in accordance with IDPH code 515.500 and 515.520, must be retained for a period not less than 7 years, including individual student records. Courses taught in conjunction with Joliet Junior College with graduation dates between 2002 and 2015 shall follow JJC record retention policies, of which students must contact JJC direct for details and records.

IV. **SCEMSS CE Records**, in accordance with IDPH code 515.560 must be retained for not less than 4 years.

V. **SCEMSS Controlled Substance Logs** in accordance with the US DOJ, DEA, must be retained for not less than 2 years.

EFFECTIVE DATE: 01-01-89

REVISED DATE: 01-09-19

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **CONFIDENTIALITY OF PATIENT INFORMATION**

POLICY:

All patient records, pre-hospital care or otherwise, are considered confidential and will not be released without appropriate authorization and the following proper medical release mechanisms.

I. **Patient Confidentiality** – Vehicle Service Providers and their EMS Personnel are prohibited from discussing any aspect of an emergency ambulance call with any person, unless it is necessary for current or future medical treatment of the patient or for peer review QA purposes. All current HIPAA regulations will apply.

II. **Release of Information**

A. General Rule – Vehicle Service Provider Agencies and EMS Personnel are prohibited from distributing copies of any PCRs to any persons other than the System Resource Hospital EMS staff unless proper authorization for release of records is obtained.

B. Patient request - If a patient or family member requests a copy of their PCR, the Agency shall provide the form with proper authorization for release of information. Agencies should consult their own Department attorneys for guidance. The Agency may use the attached PCR Release Consent form.

C. Subpoena - If the Vehicle Service Provider Agency receives a subpoena for a copy of the original PCR, the agency shall provide the form with proper authorization for release of information. Agencies should consult their own Department attorneys for guidance. The agency may use the attached PCR Release Consent form.

D. The System has the authority to request an original PCR or copy from any System Vehicle Service Provider Agency at any time.

ATTACHMENT: PCR Release Consent form

EFFECTIVE DATE: 08-15-89

REVISED DATE: 12-09-18

PCR RELEASE CONSENT FORM

Patient Name: _____

Address: _____

I, _____, agree that _____
(Name of patient or legal guardian – print) (Facility/Agency holding records)

may allow: _____
Print above this line: (name of person, facility or organization)

_____
Print above this line: (street address, city, state and zip code)

To review and/or receive copies of the above listed patient's PCR form regarding care and/or transportation received by

_____ on the date of _____
Ambulance Service name date of occurrence

The location of this incident was: _____

I understand that I may inspect and have copies of the information I am releasing (according to hospital policy) and that I may revoke this consent at any time by notifying the Facility/Agency in writing.

I understand that the information identified above cannot be released unless I sign and date this consent form and that the stated purpose of the release may be in jeopardy if I do not allow the information to be released.

I release _____ from all legal responsibility and liability for the information released according to the terms of this written consent.

SIGNED: _____ DATE: _____

If you are not the patient, please specify your relationship to the patient and the reason you are signing the release for him/her:

RELATIONSHIP: _____

REASON: _____

Second Signature if required:

SIGNED: _____ DATE: _____

WITNESS: _____ DATE: _____

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **REUSABLE PREHOSPITAL EQUIPMENT**

POLICY: IDPH CODE 515.330

I. Each item of reusable, prehospital patient care equipment must be clearly and indelibly marked by the Vehicle Service Provider Agency or Hospital for ownership identification. The following items will be considered as reusable equipment:

A. Splinting equipment

B. Patient moving devices: Bariatric movers, Backboards

C. Monitor Cables and Adapters

D. Car seats

II. At the time that the Vehicle Service Provider agency's equipment left with the patient at the receiving medical facility becomes no longer necessary on/with the patient, it shall be placed in the appropriate location in the Receiving Hospital's Ambulance Bay or EMS Report Room.

III. It is the responsibility of the Vehicle Service Provider agency to make the necessary arrangements and to provide the means to pick up their equipment in a timely manner.

IV. Receiving hospitals are not responsible for equipment that is not clearly and indelibly marked with the Vehicle Service Provider's ownership identification.

EFFECTIVE DATE: 03-19-82

REVISED DATE: 12-12-18

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **CRIME SCENE OPERATIONS**

POLICY:

EMS Personnel will often be called upon to function in a crime scene environment. Patient care and rescue operations within a designated crime scene will require modifications of standard procedures. The following guidelines should help to minimize the potential for conflict between the need to provide essential patient care and that of conducting a thorough criminal investigation.

I. Scene Assessment

When arriving at the scene of an emergency where the mechanism of injury or cause of the incident is unknown or questionable, responding personnel should consider the possibility of a criminal occurrence. A request for police assistance should be initiated and caution must be taken when establishing access to any patient or victim.

A. Do not enter any potentially violent or unsafe situation without being accompanied by a police officer.

B. When entering a safe scene, make careful observations of the patient(s) and the immediate area surrounding them.

C. Provide law enforcement personnel with any notable information and document thoroughly on the ambulance run form.

D. If possible, secure the scene from unnecessary personnel or bystanders and attempt to preserve the environment in its original state.

E. A police officer within their jurisdiction has the right to prevent prehospital personnel from entering an alleged crime scene. Prehospital personnel should contact the Resource Hospital via telemetry to discuss the situation with Medical Control.

II. Patient Care

The need for immediate and effective patient care is the top priority for responding EMS personnel. However, it is necessary for EMS and Law Enforcement personnel to function as a team when both are operating at the scene of a potential criminal occurrence.

A. Patient care should be initiated according to SMO's.

B. If the patient or victim is an obvious death as defined in the SMO's, the need for access and treatment may be unnecessary. In this case, the disposition of the patient may be left to the Coroner and/or other Law Enforcement personnel. Consultation with the Resource Hospital is required at this time. If Triple Zero confirmation is directed, care must be taken to preserve the condition of the body as it relates to the possible crime scene.

C. Transportation of any patient is to be carried out according to SMO's. Every effort should be made, however, to give Law Enforcement personnel the opportunity to examine or observe the patient for possible evidence. If this is impossible, it is essential that the EMS personnel communicate any information that may be important to a criminal investigation.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **CRIME SCENE OPERATIONS**

POLICY: CONTINUED

III. Evidence

The gathering of evidence at a crime scene is the cornerstone for a successful criminal investigation. As members of a multi-disciplinary response team, EMS Personnel play an important role in the evidentiary process.

A. Everything at the crime scene is possible evidence, including the patient. When accessing the patient or providing treatment, EMS Personnel should note every aspect of the patient's condition and immediate surroundings (i.e. markings or damage to clothing, objects or substances surrounding the patient, etc.). Operations should proceed while attempting to protect the integrity of evidence. Document all pertinent information in the ambulance run report.

B. Notify Law Enforcement personnel of any alterations in the crime scene prior to their arrival (i.e. moved objects, removal of clothing from the patient, etc.).

C. Maintain and document the chain of evidence. Evidentiary procedure requires that the transfer of evidence be done in a particular fashion: 1) that the evidence be in the custody of an identifiable person; 2) that she/he received it in a particular condition from another identifiable person or from the crime scene; 3) that the evidence was preserved from tampering or contamination, and; 4) that if custody of the evidence is again transferred, it is delivered in the same condition to another identifiable person.

EFFECTIVE DATE: 08-15-89

REVISED DATE: 12-09-18

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **IMMEDIATE SUSPENSION FROM SYSTEM PARTICIPATION**

POLICY: IDPH CODE 515.420

This policy defines under what grounds System EMS Personnel may be immediately suspended. The EMS MD may immediately suspend an EMR, EMD, EMT, A-EMT/EMT-I, Paramedic, PHRN, ECRN, LI or other individual or entity if the EMS MD finds that continuation in practice by the individual or entity would constitute an imminent danger to the public. The suspended individual or entity shall be issued an immediate verbal notification, followed by a written suspension order by the EMS MD that states the length, terms and basis for the suspension.

1. Within 24 hours following the commencement of the immediate suspension, the EMS MD shall deliver to IDPH by messenger, fax, or other approved electronic communication a copy of the suspension order and copies of any written materials that relate to the EMS MD's decision to suspend the individual or entity.

2. Within 24 hours following the commencement of the immediate suspension, the suspended individual or entity may deliver to IDPH, by messenger, telefax, or other Department-approved electronic communication, a written response to the suspension order and copies of any written materials that the individual or entity feels are appropriate.

3. Within 24 hours following receipt of the EMS MD's suspension order or the individual's or entity's written response, whichever is later, the IDPH Director or designee shall determine whether the suspension should be stayed pending an opportunity for a hearing or review in accordance with the EMS Act, or whether the suspension should continue during the course of that hearing or review. The IDPH Director or designee shall issue this determination to the EMS MD, who shall immediately notify the suspended individual or entity. The suspension shall remain in effect during this period of review by IDPH. Other Systems the EMS Personnel is known to be affiliated with may receive notification as IDPH designates.

EFFECTIVE DATE: 08-07-95

REVISED DATE: 11-29-18

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **RESERVE AMBULANCES**

POLICY: IDPH CODE 515.850

I) For the purposes of this policy, "reserve ambulance" means a vehicle that meets all criteria set forth in System Policy 300-4 BLS, 300-5 ILS, 300-6 ALS or 300-39 in accordance with IDPH Administrative Code Section 515.830, **except** for the required inventory of medical supplies and durable medical equipment, which may be rapidly transferred from a fully functional ambulance to a reserve ambulance without the use of tools or special mechanical expertise. (Section 3.85(a)(3)(C) of the Act)

II) No changes to the vehicular operating systems, such as the electrical, plumbing, lighting, emergency warning or dispatch and hospital communication systems, shall be permitted.

III) The vehicle service provider shall complete a vehicle inventory of equipment and supplies each time a reserve vehicle is placed into service.

IV) The vehicle service provider shall notify the EMS System within 48 hours after a reserve ambulance is placed into service. A copy of the vehicle inventory form shall be provided to the EMS System.

V) Any reserve ambulance placed into service for 30 days or more shall be inspected by the EMS System, and the System shall provide notification to IDPH on the IDPH prescribed form - Request to Modify/Amend Previously Approved EMS System Plan commonly referred to as a “Sys-Mod” form.

VI) Reserve ambulances shall be identified on the Vehicle Service Provider license in accordance with Section 515.800 of the IDPH Administrative Code as set forth in System Policy 300-38.

EFFECTIVE DATE: 12-06-12

REVISED DATE: 12-14-18

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: DRUG REQUIREMENTS AND REPLACEMENT

POLICY:

This policy addresses the System's drug requirements and drug replacement process between the System's Vehicle Service Provider agencies and the receiving hospital facilities. Drugs will be replaced on an item-for-item basis. See Policy 300-4, 300-5, 300-6, and 300-9 for required medication lists.

I. Drug Exchange

A. Each System Resource, Associate and Participating Hospital will replace all drugs used by a System authorized Vehicle Service Provider agency during the course of an ambulance run that terminates at the receiving hospital. The exchange will take place in the Emergency Department, or designated area of the receiving hospital after the termination of the run. All Region/System drugs (per the SMOs) will be exchanged on a one-for-one basis. Costs for additional supplies dispensed at the time of the run will be deferred to the Vehicle Service Provider agency.

B. When an agency transports to an out of system hospital, it is the agency's responsibility to obtain a one-for-one drug supply exchange. If the drug supply exchange cannot be completed at the receiving hospital, the provider agency must obtain the proper supplies as soon as possible, either through an Associate or Resource Hospital.

C. To replace expiring or order new drugs, print the most current Pharmacy Order Form directly from www.silvercrossems.com (NEVER USE OLD COPIES) and fax it to the Silver Cross Pharmacy. Wait 24 hours then bring the form to pick-up pre-ordered drugs. Expired narcotics **must be exchanged** at Silver Cross Hospital's pharmacy by bringing the expired vials on a one-for-one basis. The System may take expired non-scheduled System drugs for training. New vehicle narcotics must be obtained through Silver Cross Pharmacy with a script from the System's EMSMD.

D. The FDA may extend the expiration date of a drug by name and lot number. The System allows our Vehicle Service Provider agencies to utilize the FDA's website to carry a drug past its expiration date only if verified on the FDA's website: Search List of Extended Use Dates to Assist with Drug Shorthttps://www.fda.gov/drugs/drug-shortages/search-list-extended-use-dates-assist-drug-shortagesages | FDA. A printed copy of the FDA's verification showing drug name, lot number, and extended expiration date must be kept with the drug.

E. System Agency inventory/inspections of drug box contents and **non**-scheduled drugs must be completed at a minimum of once per month by System authorized EMS Personnel.

F. Scheduled drugs (i.e. Versed, Fentanyl, and Ketamine) must be accounted for on a daily basis, at the start of every shift by the ALS EMS personnel assigned. EMS personnel may be suspended/removed from the System for non-compliance. The scheduled drugs must be locked under 2 (key, code, or biometric) locks AND must have a **tightened** break away tag to allow for a tamper-proof system of accountability. **ANY DISCREPANCY INCLUDING ANY SHORTAGE OR EVIDENCE OF TAMPERING MUST BE REPORTED IMMEDIATELY TO THE SYSTEM USING THE OUT-OF-BALANCE REPORT FORM.** System Agencies are responsible for the security of their drug boxes and their contents at all times.

G. Agencies must retain original drug box inventory forms and Controlled Substance Inventory Logs for not less than 2 years and shall make them available to the System/IDPH upon request.

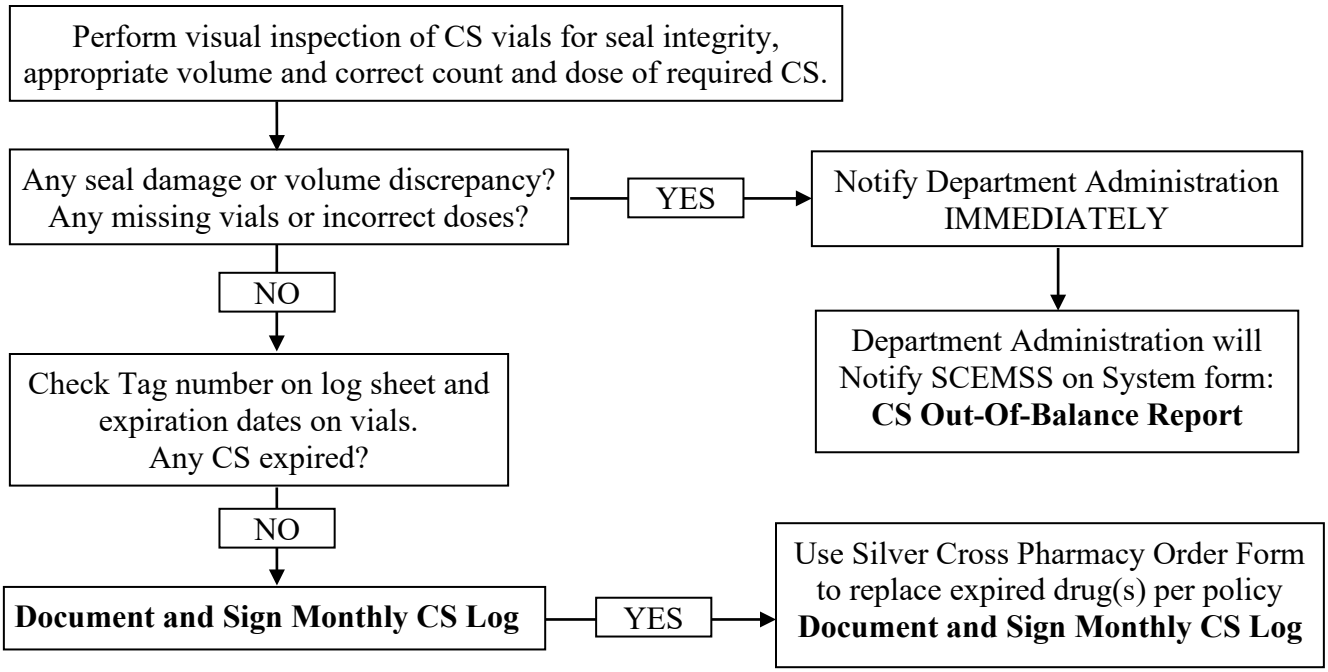
SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

II. MONTHLY CONTROLLED SUBSTANCE (CS) INVENTORY LOG

Agencies must use the attached Monthly CS Inventory Log only. EVERY TIME a CS is used it must be documented on the Log and on the PCR with the amount used and amount wasted. Wasted drugs must be witnessed by at least 2 people and documented on the PCR. One Log form per licensed ALS and CCT vehicle is required. The agency will send an electronic copy of the Log form to the System on a monthly basis **by the 25th of the following month**.

DOCUMENTATION AND INSPECTION

Administration of Controlled Substances (CS) will be uniformly documented to accurately reflect usage and waste. CS will be visually inspected for seal damage and volume discrepancies.



SCEMSS will audit each unit to assure proper procedure and documentation of CS administration. Audits may be random and/or at time of annual IDPH inspection.

EMS Agencies shall forward complete Monthly CS Inventory Logs to SCEMSS on a monthly basis by the 25th day of the following month.

Vehicles that are out-of-service (OOS) should have their controlled substances secured and shall document OOS with signature each OOS day on the Monthly CS Inventory Log.

Investigations that lead to the theft or diversion of Controlled Substances shall have a report filed with Police as indicated on the Out-of-Balance form. The System will notify IDPH REMSC.

ATTACHMENTS: **300-3c PHARMACY ORDER FORM**
300-37d MONTHLY CONTROLLED SUBSTANCE INVENTORY LOG

EFFECTIVE DATE: 08-15-89
REVISED DATE: 01-09-24

Silver Cross EMS System

CONTROLLED SUBSTANCE OUT-OF-BALANCE REPORT

This form is to be used for any instance of shortage, broken, missing, lost, or stolen CS drugs. This includes replacement narcs for patient's not transported to a hospital (deceased/Air).

Out-of-Balance controlled substance (check one)

☐Fentanyl 100mcg/2ml ☐Ketamine 500mg/10ml ☐Versed 10mg/2ml
☐Versed 5mg/ml

Out-of-Balance discovered Date_____ Time_____

Department_____ Vehicle Plate#_____

Paramedic Name_____ System#_____ Signature_____

Name of Department Administrator Notified_____

☐ Out of Balance occurred due to Out-of-State hospital not replacing **OR** used on a patient that SCEMSS agency did NOT transport (patient deceased/helicopter transported). Skip Investigation section and email this form and PCR, to the System Manager and Operations Coordinator.

Investigation required for all other shortages or possible tampering.

- ☐ Confirm accuracy of the Monthly Controlled Substance Inventory Log signatures and tag numbers. Review PCRs for every patient that received Controlled Substances and compare date, dose and waste accuracy to Log. Attach relevant PCRs and Monthly Controlled Substance Inventory Logs to this submission.
- ☐ If Out-Of-Balance still not corrected, attach a separate list of all Paramedics working on this unit since the last accurate drug count.
- ☐ Attach a narrative with an explanation from the previous documented paramedic(s) and the current documented paramedic(s) citing what occurred to cause the out-of-balance between when they signed the form and now.
- ☐ If possibility of tampering or stolen vials, attach copy of police report.
- ☐ Submit this form and required attachments to the Operations Coordinator within 24 hours.

Comments from Agency _____

_____

System resolution_____

Replacement CS Meds will only be issued once this form and required documents are received.

Silver Cross Pharmacy Order Form

Silver Cross Hospital Pharmacy phone number: 815-300-7082.
This form is for System use only.
Vehicle/Location column is for agency use of multiple vehicle/station orders.

DRUG NAME/DOSAGE	ITEM #	QUANTITY	VEHICLE/LOCATION
ADENOSINE 6MG/2ML VIAL	5450887		
ALBUTEROL 2.5MG/3ML SQUIRTS	4580338		
AMIODARONE 450MG/9ML VIAL	3673506		
ASPIRIN 81MG CHEW TAB (single dose)	5552914		
ATROPINE 1MG/10ML JET	5702519		
CALCIUM GLUCONATE 1GM/10ML VIAL	5393525		
DEXTROSE 50% 25GM/50ML JET	2961555		
DIPHENHYDRAMINE 50MG/ML VIAL	1020700		
EPINEPHRINE 1:10,000 10ML JET	4763983		
EPINEPHRINE 1MG/ML AMPS (1:1000)	5065461		
FUROSEMIDE 40MG/4ML VIAL	4936399		
GLUCAGON 1 MG/ML VIAL	5250220		
GLUTOSE 15 GEL TUBE	4551479		
IPRATROPIUM 0.5 MG/2.5ML SQUIRT	4903357		
MAGNESIUM SULFATE 2GM/50ML IVPB	5261078		
NALOXONE 2MG/2ML SYR	4585402		
NITROGLYCERIN 0.4 MG SL TAB BOTTLE	5258595		
ONDANSETRON ODT 4MG TAB	4029419		
ONDANSETRON IV 2MG/ML 2ML VIAL	4541025		
SODIUM BICARB 50MEQ/50ML JET	5680335		
SODIUM CHLOR 0.9% 10ML VIAL	1986298		
SOLU-MEDROL 125 MG/2ML VIAL	4267654		
TETRACAINE OPHTH DROPS 4ML	5294491		
TRANEXAMIC ACID 1 GM/10ML VIAL	5099510		
MIDAZOLAM/VERSED 10MG/2ML VIAL	3698610		
FENTANYL 100MCG/2ML VIAL	3691888		
KETAMINE 500MG/10ML VIAL	5309810		

PRINT Name of Person Placing Order-PRINT:_____

FD/Agency Name:_____ Call-Back Phone #: _____

Date: _____ Time: _____

Fax this form to Silver Cross Pharmacy at 815-300-2713
or email this form to NLPHARMORDRSEMS@silvercross.org

Wait at least 24 hours then bring this form AND FD ID with you to pick up your order.

NARCOTICS ARE NOT FILLED UNTIL PICK UP – BRING EXPIRED VIALS

Silver Cross EMS System Monthly Controlled Substance Inventory Log

CS REQUIRED on ALS Ambulances: Versed 20mg, Fentanyl 200mcg, Ketamine 500mg
CS REQUIRED on ALS Non-Transports: Versed 10mg, Fentanyl 100mcg, Ketamine 0

Agency:	
Month/Year:	
Amb Plate # or NT last 4 VIN:	

Your signature below confirms that you've verified total CS drug amounts are present and accounted for per SCEMSS policy 300-37. If the tag # hasn't changed and you are unable to see through the lock box, reprint the tag number and write "no tag change" through the boxes where you would normally inventory the medications.

Day	Tag #	VERSED/MIDAZOLAM			FENTANYL			KETAMINE			Signature(s)	SCEMSS System #
		mg	Exp	Lot #	mcg	Exp	Lot #	mg	Exp	Lot #		
1												
2												
3												
4												
5												
6												
7												

Agency:	Month/Year:	Amb Plate # or NT last 4 VIN:

Day	Tag #	VERSED/MIDAZOLAM			FENTANYL			KETAMINE			Signature(s)	SCEMSS System #
		mg	Exp	Lot #	mcg	Exp	Lot #	mg	Exp	Lot #		
8												
9												
10												
11												
12												
13												
14												
15												

Agency:	Month/Year:	Amb Plate # or NT last 4 VIN:

Day	Tag #	VERSED/MIDAZOLAM			FENTANYL			KETAMINE			Signature(s)	SCEMSS System #
		mg	Exp	Lot #	mcg	Exp	Lot #	mg	Exp	Lot #		
16												
17												
18												
19												
20												
21												
22												
23												

Agency:	Month/Year:	Amb Plate # or NT last 4 VIN:

Day	Tag #	VERSED/MIDAZOLAM			FENTANYL			KETAMINE			Signature(s)	SCEMSS System #
		mg	Exp	Lot #	mcg	Exp	Lot #	mg	Exp	Lot #		
24												
25												
26												
27												
28												
29												
30												
31												

Agency:	Month/Year:	Amb Plate # or NT last 4 VIN:

If a tag is broken for any reason, an entry must be made below with the reason.
If a tag is changed without an entry below and/or the CS drugs are out-of-balance per policy 300-37, notify your EMS Coordinator immediately.

Date tag Broken	Reason tag broken: Med Name (Exchanged/Used on run/etc)	Amount Used	Amount Wasted	Witness Signature	New Tag Number	Signature(s)	System #	Agency Run #

AGENCY PERSONNEL ARE REQUIRED TO FOLLOW POLICY 300-37 INCLUDING THE COMPLETION OF THIS LOG EVERY DAY.
THE AGENCY COORDINATOR IS REQUIRED TO SUBMIT THIS COMPLETED LOG TO THE SYSTEM BY THE 25TH OF THE FOLLOWING MONTH.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **VEHICLE SERVICE PROVIDER LICENSURE, PARTICIPATION AND PLAN AMENDMENTS**

POLICY: IDPH CODE 515.800 AND 515.810

I. VEHICLE SERVICE PROVIDER LICENSURE

a) An application for a Vehicle Service Provider license shall be submitted to IDPH on a form prescribed by IDPH. The application shall include, but not be limited to, licensee name, address and telephone number; and, for each vehicle to be covered by the license, make, model, year, identification number, State vehicle license number and level of service (EMR, BLS, ILS, ALS or CCT).

b) The application shall be accompanied by a fee of $25 for each vehicle included in the license application up to 100 vehicles. A fee of $2500 shall be submitted for applications with 100 or more vehicles. Fees shall be made payable to Illinois Department Public Health

c) An application for license renewal shall be submitted to IDPH at least 60 days but no more than 90 days prior to license expiration. IDPH shall issue a license valid for one year if, after inspection, IDPH finds that the vehicle service is in compliance with the EMS Act.

d) IDPH and the System shall have the right to make inspections and investigations as necessary to determine compliance and shall be allowed access to all records, equipment and vehicles.

e) Each license is issued to the licensee for the vehicles identified in the application. The licensee shall notify the System and IDPH, in writing, within 10 days after any changes in the information on the application. Additional vehicles shall not be put in service until an application is submitted with the proper fee and an inspection is conducted. To change a vehicle's level of service, notification shall be made in accordance with section g).

f) Each vehicle covered by an ambulance service provider license shall be approved by IDPH to operate at a specific level of service (EMR, BLS, ILS, ALS, or CCT). To change the level of service for a specific vehicle, to take a vehicle out of service, or to add a new vehicle refer to the following.
   1) The licensee shall submit a Sys-Mod form to the System Operations Coordinator. The IDPH Sys-Mod form shall be accessed through the IDPH website.
   2) The System Operations Coordinator shall submit a copy of that Sys-Mod to IDPH
   3) IDPH will then amend the provider/vehicle license to reflect the changes.
   4) All new vehicles must be inspected by IDPH. The agency is required to notify the System Operations Coordinator of all inspection dates as soon as the inspection is scheduled.

g) All Vehicle Service Providers shall function within an EMS System. All System EMS Personnel, provider agencies and licensed vehicle owners are responsible for and shall maintain current certifications, licenses and approvals to continue operation.

h) A Vehicle Service Provider utilizing ambulances shall have a primary affiliation with an EMS System within the EMS Region in which its Primary Service Area is located.

i) A Vehicle Service Provider is prohibited from advertising, identifying its vehicles, or disseminating information in a false or misleading manner concerning the Provider's type and level of vehicles, location, primary service area, response times, level of personnel, licensure status or System participation.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **VEHICLE SERVICE PROVIDER LICENSURE, PARTICIPATION AND PLAN AMENDMENTS CONTINUED**

j) IDPH may suspend, revoke or refuse to renew any license when its findings show that the licensee is in violation of one or more of the requirements of the EMS Act.

II. VEHICLE SERVICE PROVIDER PARTICIPATION

For each EMS vehicle participating in SCEMSS, the following shall be provided:

a) A list documenting the following:

1) The year, model, make and vehicle identification number (17 digit VIN);
2) The license plate number;
3) IDPH license number;
4) The base location address; and
5) The level of service (advanced, intermediate or basic);

b) A description of the vehicle's role in providing EMR, BLS, ILS, ALS, or CCT service and patient transport services within the System;

c) Definitions of the primary, secondary and outlying areas of response for each EMS vehicle used within the System;

d) A map or maps indicating the base locations of each EMS vehicle, the primary, secondary and outlying areas of response for each EMS vehicle, the population base of each service area and the square mileage of each service area;

e) A commitment to optimum response times up to six minutes in primary coverage areas, six to 15 minutes in secondary coverage areas, and 15 to 20 minutes in outlying coverage areas;

f) A commitment to 24-hour coverage;

g) A commitment that within one year after IDPH approval of a new or upgraded vehicle service, each ambulance at the scene of an emergency and during transport of emergency patients to/between hospitals will be staffed per System policy 300-70.

h) Copies of written mutual aid agreements with other providers and a description of the provider's own back-up system, which detail how adequate coverage will be ensured when an EMS vehicle is responding to a call and a simultaneous call is received for service within that vehicle's coverage area;

i) A statement that emergency services that an EMS vehicle is authorized to provide shall not be denied on the basis of the patient's inability to pay for such services;

j) An agreement to file an appropriate EMS run sheet or form for each emergency call, as required by IDPH;

k) An agreement to maintain the equipment required by IDPH per code 515.830 and the System per policies 300-3, 300-4, 300-5, 300-6, 300-9, and 300-39 in working order at all times, and to carry the medication as required by the System;

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: VEHICLE SERVICE PROVIDER LICENSURE, PARTICIPATION AND PLAN AMENDMENTS

l) An agreement to notify the EMS MD of any changes in personnel providing pre-hospital care in the System in accordance with the policies in the System manual;

m) A copy of its current FCC licenses;

n) A description of the mechanism and specific procedures used to access and dispatch the EMS vehicles within their respective service areas;

o) A list of all personnel who will provide care, their license numbers, expiration dates and levels of licensure (EMR, EMT, A-EMT/EMT-I, Paramedic, PHRN);

p) An agreement to allow IDPH access to all records, equipment and vehicles relating to the System during any IDPH inspection, investigation or site survey;

q) An agreement to allow the EMS MD, System Coordinator or designee access to all records, equipment and vehicles relating to the System during any inspection or investigation by the EMS MD or designee to determine compliance with the System program plan;

r) Documentation that its communications capabilities meet the requirements of IDPH code 515.410 and System policies 300-45 and 300-46;

s) Documentation that each EMS vehicle participating in the System complies with the vehicle design, equipment and extrication criteria as provided in IDPH code 515.830;

t) An agreement to follow the approved EMS policies and protocols of the System.

III. **SYSTEM PROGRAM PLAN APPLICATIONS AND AMENDMENTS**

a) An EMS System shall amend its Program Plan as needed or requested by IDPH by submitting one copy of a written EMS System Program Plan to IDPH. IDPH will conduct on-site inspections as needed. IDPH will issue letters of approval once complete.

b) The System shall notify IDPH in writing of any of the following changes: EMS MD or other required staff changes; Resource, Associate, or Participating Hospital role or personnel changes; service area changes; SMO or protocol changes; additional vehicle service providers; changes in existing vehicle service providers level of service, roles, or response area; communication plan changes; equipment or drug requirement changes; CE or QA policy changes; and disciplinary or suspension policy changes.

c) Letters of commitment from each Vehicle Service Provider or Resource, Associate, or Participating hospital shall be updated upon request of the System or IDPH.

EFFECTIVE DATE: 12-06-12

REVISED DATE: 12-03-18

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **AMBULANCE LICENSING REQUIREMENTS**

POLICY: IDPH CODE 515.830 UPDATED TO REFLECT EMERGENCY RULES

I) Vehicle Design

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

2) A licensed vehicle shall be exempt from subsequent vehicle design standards or specifications required by IDPH in this Part, as long as the vehicle is continuously in compliance with the vehicle design standards and specifications originally applicable to that vehicle, or until the vehicle's title of ownership is transferred. (Section 3.85(b)(8) of the Act)

II) Equipment Requirements – BLS Vehicles: Each ambulance used as a BLS vehicle shall meet the following equipment requirements, as determined by IDPH by an inspection. Reference current inspection form on IDPH website.

1) Stretchers, Cots, and Litters

A) Primary Patient Cot

B) Secondary Patient Stretcher

2) Oxygen, portable shall be secured.

3) Suction, portable. A manually operated suction device is acceptable if approved by IDPH.

4) Medical Equipment (QUANTITIES PER IDPH INSPECTION FORM)

A) Squeeze bag-valve-mask ventilation unit with adult size transparent mask and child size bag-valve-mask with child, infant and newborn size transparent masks

B) Lower-extremity traction splint, adult and pediatric sizes

C) Blood pressure cuff, one each, adult, child and infant sizes and gauge

D) Stethoscopes, two per vehicle

E) Long spine board with three sets of torso straps, 72" x 16" minimum

F) Short spine board (32" x 16" minimum) with two 9-foot torso straps, one chin and head strap or equivalent vest type (wrap around) per vehicle; extrication device optional

G) Airway, oropharyngeal – adult, child, and infant, sizes 0-5

H) Airway, nasopharyngeal with lubrication, sizes 14-34F

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **AMBULANCE LICENSING REQUIREMENTS CONTINUED**

I) Two adult and two pediatric sized non-rebreather oxygen masks per vehicle

J) Two infant partial re-breather, or equivalent oxygen masks per vehicle

K) Three nasal cannulas, adult and child size, per vehicle

L) Bandage shears, one per vehicle

M) Extremity splints, adult, two long and short per vehicle

N) Extremity splints, pediatric, two long and short per vehicle

O) Rigid cervical collars – one pediatric, small, medium, and large sizes or adjustable size collars, or equivalent per vehicle. Shall be made of rigid material to minimize flexion, extension, and lateral rotation of the head and c-spine when spine injury is suspected

P) Medical grade patient restraints, arm and leg, sets

Q) Pulse oximeter with pediatric and adult sensors

R) AED or defibrillator that includes pediatric capability

5) Medical Supplies

A) Trauma dressing – six per vehicle

B) Sterile gauze pads – 20 per vehicle, 4 inches by 4 inches

C) Bandages, soft roller, self-adhering type, 10 per vehicle, 4 inches by 5 yards

D) Vaseline gauze – two per vehicle, 3 inches by 8 inches

E) Adhesive tape rolls – two per vehicle

F) Triangular bandages or slings – five per vehicle

G) Burn sheets – two per vehicle, clean, individually wrapped

H) Sterile solution (normal saline) – four per vehicle, 500 cc or two per vehicle, 1,000 cc plastic bottles or bags

I) Material or device intended to maintain body temperature

J) Obstetrical kit, sterile – minimum one, pre-packaged with instruments and bulb syringe

K) Cold packs, three per vehicle

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **AMBULANCE LICENSING REQUIREMENTS CONTINUED**

L) Hot packs, three per vehicle, optional

M) Emesis basin – one per vehicle

N) Drinking water – 1 quart, in non-breakable container; sterile water may be substituted

O) Ambulance emergency run reports – 10 per vehicle, on a form prescribed by IDPH or one that contains the data elements from IDPH-prescribed form

P) Sheets – two per vehicle, for ambulance cot

Q) Blankets – two per vehicle, for ambulance cot

R) Opioid antagonist, including, but not limited to, Naloxone, with administration equipment appropriate for the licensed level of care

S) Urinal

T) Bedpan

U) Remains bag, optional

V) Nonporous disposable gloves

W) Impermeable red biohazard-labeled isolation bag

X) Face protection through any combination of masks and eye protection and face shields

Y) Suction catheters – sterile, single use, two each: 6, 8, 10, 12, 14, and 18F, plus three tonsil tip semi-rigid pharyngeal suction tip catheters per vehicle; all shall have a thumb suction control port

Z) Pediatric specific restraint systems or age/size appropriate car safety seats

AA) Current equipment/drug dosage sizing tape or pediatric equipment/drug age/weight chart

BB) Flashlight, two per vehicle, for patient assessment

CC) Current Illinois Department of Transportation Safety Inspection sticker in accordance with Section 13-101 of the Illinois Vehicle Code

DD) Illinois Poison Center telephone number

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **AMBULANCE LICENSING REQUIREMENTS CONTINUED**

EE) Illinois Department of Public Health Central Complaint Registry telephone number posted where visible to the patient

FF) Medical Grade Oxygen

GG) Ten disaster triage tags

HH) State-approved Mass Casualty Incident (MCI) triage algorithms (START/JumpSTART)

III) Equipment Requirements – BLS, ILS and ALS Support Vehicles
Each ambulance used as a BLS, ILS or ALS Support vehicle shall meet the requirements in subsections (II) and (IV) of this Section and shall also comply with the equipment and supply requirements as designated in System Policy 300-4 for BLS, 300-5 for ILS, 300-6 for ALS and 300-40 for CCT. Drugs shall include both adult and pediatric dosages and the vehicles shall have a current pediatric equipment/drug dosage sizing tape or pediatric equipment/drug dosage age/weight chart.

IV) Equipment Requirements – Rescue and/or Extrication
The following equipment shall be carried on the ambulance, unless the ambulance is routinely accompanied by a rescue vehicle:

1) Wrecking bar, 24"

2) Goggles for eye safety

3) Flashlight – one per vehicle, portable, battery operated

4) Fire Extinguisher – two per vehicle, ABC dry chemical, minimum 5-pound unit with quick release brackets. One mounted in driver compartment and one in patient compartment. Both must be tagged with current dates.

V) Equipment Requirements – Communications Capability (per IDPH Code 515.400)
Each ambulance shall have reliable ambulance-to-hospital radio communications capability.

VI) Equipment Requirements – Epinephrine
An EMT, A-EMT/EMT-I, or Paramedic who has successfully completed an IDPH-approved course in the administration of epinephrine shall be required to carry epinephrine (both adult and pediatric doses) with him or her in the ambulance or drug box as part of the EMS Personnel medical supplies whenever he or she is performing official duties, as determined by the EMS System within the context of the EMS System plan. Refer to the current IDPH approved SMOs and System Policies 300-4 for BLS, 300-5 for ILS, and 300-6 for ALS regarding the requirements of Epinephrine.

VII) Personnel Requirements – See System Policy 300-70 for Staffing Requirements
Each ambulance provider that operates an emergency transport vehicle shall ensure with the EMS System that the agency providing emergency care at the scene and enroute to a hospital meets the requirements of this Policy.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **AMBULANCE LICENSING REQUIREMENTS CONTINUED**

VIII) Operational Requirements

1) An ambulance that is transporting a patient to a hospital shall be operated in accordance with the requirements of the EMS Act and the Agency's IDPH approved System Plan.

2) A licensee shall operate its ambulance service in compliance with this policy and the EMS Act, 24 hours a day, every day of the year. Exception: each individual vehicle within the ambulance service shall not be required to operate 24 hours a day, as long as at least one vehicle for each level of service covered by the license is in operation at all times. An ALS vehicle can be used to provide coverage at either an ALS, ILS or BLS level.

- At the time of application for initial or renewal licensure, and upon annual inspection, the applicant or licensee shall submit to IDPH for approval a list containing the anticipated hours of operation for each vehicle covered by the license.
- A current roster that lists the System authorized EMTs, A-EMT's/EMT-Is, Paramedics, PHRNs or physicians who are employed or available to staff each vehicle during its hours of operation. The roster will include each staff person's name, license number, license expiration date and phone number, and shall state whether the person is scheduled to be on site or on call.
- An actual or proposed four-week staffing schedule shall also be submitted, that covers all vehicles, includes staff names from the submitted roster, and states whether each staff member is scheduled to be on site or on call during each work shift.
- Licensees shall obtain the EMS MD's approval of their vehicles' hours of operation prior to submitting an application to IDPH to assure coverage throughout the System.
- A Vehicle Service Provider that advertises its service as operating a specific number of vehicles or more than one vehicle shall state in the advertisement the hours of operation if individual vehicles are not available 24 hours a day.

3) For each patient transported to a hospital, the ambulance staff shall, at a minimum, measure and record the information required in Section 515.Appendix E: "Submit all data elements as listed in the IDPH, Division of EMS & Highway Safety, NEMSIS Prehospital Dataset".

4) A Vehicle Service Provider shall provide emergency service within the service area on a per-need basis without regard to the patient's ability to pay for the service.

5) A Vehicle Service Provider shall provide documentation of procedures to be followed when a call for service is received and a vehicle is not available, including copies of mutual aid agreements with other ambulance providers.

6) A Vehicle Service Provider shall not operate its ambulance at a level exceeding the level for which it is licensed (BLS, ILS, ALS), unless the vehicle is operated pursuant to an EMS System-approved in-field service level upgrade.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **AMBULANCE LICENSING REQUIREMENTS CONTINUED**

7) IDPH will inspect ambulances each year. If the Vehicle Service Provider has no violations that threaten the health or safety of patients or the public for the previous five years and has no substantiated complaints against it, IDPH will inspect the Vehicle Service Provider's ambulances in alternate years, and the Vehicle Service Provider may, with IDPH prior approval, self-inspect its ambulances in the other years. IDPH may conduct unannounced inspections.

IX) A Vehicle Service Provider may use a replacement vehicle for up to 10 days without an IDPH inspection if the EMS System and IDPH are notified of the use of the vehicle by the second working day.

X) Patients, individuals who accompany a patient, and EMS Personnel may not smoke while inside an ambulance or SEMSV. IDPH will impose a $100 civil penalty on an individual who violates this.

XI) Any provider may request a waiver of any requirements in Section 515.830 of IDPH Administrative Code per provision 515.150 using the IDPH Equipment/Vehicle Waiver Request form available at http://dph.illinois.gov/topics-services/emergency-preparedness-response/ems/prov-vehLic. Refer to System policy 300-22 and IDPH Code 515.150 for details on waiver provisions.

XII) Alternate Rural Staffing Authorization and Alternate Response Authorization pertains to a Vehicle Service Provider that serves a rural or semi-rural population of 10,000 or fewer inhabitants and **exclusively** uses volunteers, paid-on-call personnel or a combination to provide patient care. The System does not currently have any agencies that qualify for this status or for the rural population staffing credentialing exemption (5000 or fewer inhabitants) for volunteer EMS agencies.

XIII) Alternative Staffing for Private Ambulance Providers, Excluding Nonpublic Local Government Employers allows for an ambulance provider to request alternative staffing models for a maximum of one year allowing EMRs as drivers. System minimum staffing patterns will remain per policy 300-70.

EFFECTIVE DATE: 12-07-12

REVISED DATE: 12-16-22

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **CRITICAL CARE TRANSPORT**

POLICY: IDPH CODE 515.860

I) Critical Care Transport (CCT) may be provided by:

1) IDPH-approved CCT vehicle service providers, not owned or operated by a hospital, utilizing Paramedics with additional training, nurses, or other qualified health professionals; or

2) Hospitals, when utilizing any vehicle service provider or any hospital-owned or operated vehicle service provider. Nothing in the Act requires a hospital to use, or to be, an IDPH-approved CCT provider when transporting patients, including those critically injured or ill. Nothing in the Act will restrict or prohibit a hospital from providing, or arranging for, the medically appropriate transport of any patient, as determined by a physician licensed to practice medicine in all of its branches, an Advanced Practice Nurse, or a physician's assistant. (Section 3.10(f-5) of the EMS Act)

II) All CCT providers must function within an IDPH-approved EMS System. Nothing in this Part will restrict a hospital's ability to furnish personnel, equipment, and medical supplies to any vehicle service provider, including a CCT provider.

III) For the purposes of this policy, "expanded scope of practice" includes the accepted national curriculum plus additional education, experience, and equipment (see Section 515.360) as approved by IDPH pursuant to Section 3.55 of the Act, which states all drugs and equipment, other than those covered by the United States Department of Transportation National Standard Curriculum for each EMT level of licensure, must be approved by IDPH before being used in a System. Tier I transports are considered "expanded scope of practice".

IV) For the purposes of this policy, CCT plans are defined in three tiers of care. Tier II and Tier III are considered CCT. Tier I is expanded scope.

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

1) Tier I Personnel Licensure and Staffing:

A) Licensure: Licensed Illinois Paramedic or PHRN with scope of practice more comprehensive than the national EMS scope of practice model approved by IDPH with the EMS System plan; and approved to practice by IDPH in accordance with the EMS System plan.

B) Staffing: System authorized EMT, A-EMT/EMT-I, Paramedic or PHRN as driver; **and** expanded scope of practice Paramedic, PHRN, or physician, who will remain with the patient at all times.

2) Tier I Initial Education, CE, Certification, and Experience:

A) Initial Education: Documentation of initial education and demonstrated competencies of expanded scope of practice knowledge and skills as required by Tier I Level of Care and approved by IDPH and included in the System plan.

POLICY: **CRITICAL CARE TRANSPORT - CONTINUED**

B) CE Requirements: Annual competencies of expanded scope of practice knowledge, equipment and procedures will be completed; and the EMS vehicle service provider will maintain documentation and provide it to the System upon request.

C) Certifications: Tier I personnel will maintain the following valid certifications and credentials: ACLS, PEPP or PALS, ITLS or PHTLS, and any additional educations course work or certifications as required by the System.

D) Experience: Minimum of one year of experience functioning in the field at an ALS level or as a physician in an ED; and documentation of education and demonstrated competencies of expanded scope of practice knowledge and skills required for Tier I Level of Care approved by IDPH and included in the EMS System plan.

3) Tier I Medical Equipment and Supplies: Ventilator and infusion pumps.

4) Tier I Vehicle Standards: Any vehicle used for providing expanded scope of practice care will comply at a minimum with IDPH code 515.830 (Ambulance Licensing Requirements) or 515.900 (Licensure of SEMSV Programs –General) and 515.920 (SEMSV Program Licensure Requirements for All Vehicles) regarding licensure of SEMSV Programs and SEMSV vehicle requirements, including additional medical equipment and ambulance equipment as defined in this Section. Any vehicle used for expanded scope of practice transport will be equipped with an onboard alternating current (AC) supply capable of operating and maintaining the AC current needs of the required medical devices used in providing care during the transport of a patient.

5) Tier I Treatment and Transport Protocols will address the following:

A) EMS MD or designee present at established Medical Control; communication points for contacting System authorized Medical Control and a written Expanded Scope of Practice Standard Operating Procedure signed by the EMS MD and approved for use by IDPH in accordance with the System plan; and

B) Use of a ventilator, infusion pumps with administration of medication drips, and maintenance of chest tubes.

6) Tier I Quality Assurance Program

A) The Tier I transport provider will develop a written Quality Assurance (QA) plan approved by the EMS System and IDPH in accordance with the System's QA policy 300-30. The provider will provide quarterly QA reports to the assigned EMS Resource Hospitals for the first 12 months of operation.

B) The EMS System may require annual quality reports after the first year if the System has identified any deficiencies or adverse outcomes.

C) The EMS MD will oversee the QA program.

D) The QA plan will evaluate all expanded scope of practice activity for medical appropriateness and thoroughness of documentation. The review will include:

- Review of transferring physician orders and evidence of compliance with those orders;

POLICY: **CRITICAL CARE TRANSPORT - CONTINUED**

- Documentation of vital signs and frequency and evidence that abnormal vital signs or trends suggesting an unstable patient were appropriately detected and managed;
- Documentation of any side effects or complications, including, but not limited to, hypotension, extreme bradycardia or tachycardia, increasing chest pain, dysrhythmia, altered mental status and/or changes in neurological examination, and evidence that interventions were appropriate for those events;
- Documentation of any unanticipated discontinuation of a catheter or rate adjustments of infusions, along with rationale and outcome;
- Review of any Medical Control contact for further direction;
- Documentation that any unusual occurrences were promptly communicated to the EMS System; and
- A root cause analysis will be completed for any event or care inconsistent with standards. The EMS MD will recommend and implement a corrective action plan.

E) The QA plan will be subject to review as part of an EMS System site survey and as deemed necessary by IDPH (e.g., in response to a complaint).

VI) **Tier II** provides a level of care for patients who require care beyond the IDPH-approved national EMS scope of practice model and expanded scope of practice ALS (Paramedic) transport program, and who require formal advanced education for ALS Paramedic staff. Tier II transport includes the use of a ventilator, infusion pumps with administration of medication drips, maintenance of chest tubes, and other equipment and treatment, such as, but not limited to: arterial lines; accessing central lines; medication-assisted intubation; patient assessment and titration of IV pump medications, including additional active interventions necessary in providing care to the patient receiving treatment with advanced equipment and medications.

1) Tier II Personnel Licensure and Staffing:

A) Licensure: Licensed Illinois Paramedic or PHRN with scope of practice more comprehensive than the national EMS scope of practice model and Tier I level as approved by IDPH in accordance with the System plan; and approved to practice by IDPH in accordance with the EMS System plan.

B) Staffing: System authorized Paramedic or PHRN; **and** Paramedic, PHRN or physician who is critical care prepared and who will remain with the patient at all times.

2) Tier II Initial Education, CE, Certification and Experience:

A) Initial Advanced Formal Education: At a minimum, 80 didactic hours of established higher collegiate education or equivalent critical care education based on nationally recognized program models; and demonstrated competencies including airway (5 intubations), ventilator, infusion pumps, chest tubes, and critical care medication administration.

POLICY: **CRITICAL CARE TRANSPORT - CONTINUED**

B) CE Requirements: A minimum of 40 hours of critical care level education will be completed every 4 years. Annual competencies of CCT knowledge, equipment and procedures will be completed; and the EMS vehicle service provider will maintain documentation and provide it to the System upon request.

C) Certifications: Tier II personnel will, at a minimum, maintain the following valid certifications and credentials: ACLS, PEPP or PALS, and ITLS or PHTLS. Nationally recognized critical care certifications will be maintained and renewed based on national recertification criteria.

D) Experience: Minimum of two years' experience functioning in the field at an ALS level for Paramedics and PHRNs and one-year experience in an ED for physicians.

3) Tier II Medical Equipment and Supplies: Ventilator and Infusion pumps.

4) Tier II Vehicle Standards: Any vehicle used for providing CCT will comply at a minimum with IDPH code 515.830 (Ambulance Licensing Requirements) or 515.900 (Licensure of SEMSV Programs –General) and 515.920 (SEMSV Program Licensure Requirements for All Vehicles) regarding licensure of SEMSV Programs and SEMSV vehicle requirements, including additional medical equipment and ambulance equipment as defined in this Section. Any vehicle used for CCT transport will be equipped with an onboard alternating current (AC) supply capable of operating and maintaining the AC current needs of the required medical devices used in providing care during the transport of a patient.

5) Tier II Treatment and Transport Protocols will address the following:

A) EMS MD or designee present at established Medical Control; communication points for contacting Medical Control and written CCT protocols signed by the EMS MD and approved for use by IDPH in accordance with the System plan; and

B) The use of a ventilator, infusion pumps with administration of medication drips, and maintenance of chest tubes, and other equipment and treatment, such as, but not limited to: arterial lines, accessing central lines, and medication-assisted intubation; and

C) Patient assessment and titration of IV pump medications, including additional active interventions necessary in providing care to the patient receiving treatment with advanced equipment and medications.

6) Tier II Quality Assurance Program

A) The Tier II transport provider will develop a written Quality Assurance (QA) plan approved by the EMS System and IDPH in accordance with the System's QA policy 300-30. The provider will provide quarterly QA reports to the assigned EMS Resource Hospitals for the first 12 months of operation.

B) The EMS System may require annual quality reports after the first year if the System has identified any deficiencies or adverse outcomes.

C) The EMS MD will oversee the QA Program.

POLICY: **CRITICAL CARE TRANSPORT - CONTINUED**

D) The QA plan will evaluate all CCT activity for medical appropriateness and thoroughness of documentation. The review will include:

- Review of transferring physician orders and evidence of compliance with those orders;
- Documentation of vital signs and frequency and evidence that abnormal vital signs or trends suggesting an unstable patient were appropriately detected and managed;
- Documentation of any side effects or complications, including, but not limited to, hypotension, extreme bradycardia or tachycardia, increasing chest pain, dysrhythmia, altered mental status and/or changes in neurological examination, and evidence that interventions were appropriate for those events;
- Documentation of any unanticipated discontinuation of a catheter or rate adjustments of infusions, along with rationale and outcome;
- Review of any Medical Control contact for further direction;
- Documentation that any unusual occurrences were promptly communicated to the EMS System; and
- A root cause analysis will be completed for any event or care inconsistent with standards. The EMS will recommend and implement a corrective action plan.

E) The QA plan will be subject to review as part of an EMS System site survey and as deemed necessary by IDPH (e.g., in response to a complaint).

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

1) Tier III Personnel Licensure and Staffing:

A) System authorized EMT, A-EMT/EMT-I or Paramedic (as driver); **and**

B) **2** critical care prepared providers (a Paramedic or PHRN; **and** RN or PHRN) who will remain with the patient at all times.

2) Tier III Initial Education, CE, Certification and Experience:

A) Initial Advanced Formal Education:At a minimum, 80 hours established higher collegiate education or equivalent critical care education based on nationally recognized program models; and demonstrated competencies including airway (5 intubations), ventilator, infusion pumps, chest tubes, and critical care medication administration with demonstrated competencies as documented by the EMS MD.

B) CE Requirements: A minimum of 48 hours of critical care level education will be completed every 4 years. Annual competencies of CCT knowledge, equipment and procedures will be completed; and the EMS vehicle service provider will maintain documentation and provide it to the System upon request.

POLICY: **CRITICAL CARE TRANSPORT - CONTINUED**

C) Certifications: Tier III personnel will, at a minimum, maintain the following valid certifications and credentials:

- Paramedics and RNs: ACLS
- Paramedics and RNs: PEPP or PALS
- Paramedics: ITLS or PHTLS
- RNs: ITLS, PHTLS, TNCC or TNS
- RNs: ECRN or equivalent (PHRN, CEN, CCRN, CFRN, or CTRN)
- Nationally recognized critical care certifications will be maintained and renewed based on national recertification criteria.

D) Experience: Minimum of two years' experience functioning in the field at an ALS level for Paramedics or in the ER or another critical care setting for RNs with demonstrated competency in a critical care setting; and documented demonstrated System competencies as designated by the System.

3) Tier III Medical Equipment and Supplies: Tier III transport requires nursing level treatment modalities and interventions as agreed upon by the sending physician and the accepting physician at the receiving facility. If either physician is not available for consult, the EMS MD or designee will direct care.

4) Tier III Vehicle Standards: Any vehicle used for providing CCT will comply at a minimum with IDPH code 515.830 (Ambulance Licensing Requirements) or 515.900 (Licensure of SEMSV Programs –General) and 515.920 (SEMSV Program Licensure Requirements for All Vehicles) regarding licensure of SEMSV Programs and SEMSV vehicle requirements, including additional medical equipment and ambulance equipment as defined in this Section. Any vehicle used for CCT transport will be equipped with an onboard alternating current (AC) supply capable of operating and maintaining the AC current needs of the required medical devices used in providing care during the transport of a patient.

5) Tier III Treatment and Transport Protocols will address the following:

A) Paramedic or PHRN: EMS MD or designee present at established Medical Control; communication points and written Critical Care protocols signed by the EMS MD and approved for use by IDPH in accordance with the System plan;

B) RN: The provider's EMS MD may establish protocols for nursing personnel, or the RN may be approved to accept orders from the sending or receiving physician.

6) Tier III Quality Assurance Program

A) The Tier III transport provider will develop a written Quality Assurance (QA) plan approved by the EMS System and IDPH in accordance with the System's QA policy 300-30. The provider will provide quarterly QA reports to the assigned EMS Resource Hospitals for the first 12 months of operation.

B) The EMS System may require annual quality reports after the first year if the System has identified any deficiencies or adverse outcomes.

C) The EMS MD or designee will oversee the QA Program.

POLICY: **CRITICAL CARE TRANSPORT – CONTINUED**

D) The QA plan will evaluate all CCT activity for medical appropriateness and thoroughness of documentation. The review will include:

- Review of transferring physician orders and evidence of compliance with those orders;
- Documentation of vital signs and frequency and evidence that abnormal vital signs or trends suggesting an unstable patient were appropriately detected and managed;
- Documentation of any side effects or complications, including, but not limited to, hypotension, extreme bradycardia or tachycardia, increasing chest pain, dysrhythmia, altered mental status and/or changes in neurological examination, and evidence that interventions were appropriate for those events;
- Documentation of any unanticipated discontinuation of a catheter or rate adjustments of infusions, along with rationale and outcome;
- Review of any Medical Control contact for further direction;
- Documentation that any unusual occurrences were promptly communicated to the EMS System; and
- A root cause analysis will be completed for any event or care inconsistent with standards. The EMS MD will recommend and implement a corrective action plan.

E) The QA plan will be subject to review as part of an EMS System site survey and as deemed necessary by IDPH (e.g., in response to a complaint).

VIII) IDPH will approve vehicle service providers for CCT when the provider demonstrates compliance with an approved EMS System's CCT Program plan for Tier II or Tier III transports. Only IDPH approved agencies may advertise as CCT providers.

IX) IDPH will suspend a vehicle service provider's approval for CCT if any part of the provider's QA plan is not followed or if a situation exists that poses a threat to the public health and safety. IDPH will provide a notice of suspension of CCT approval and an opportunity for hearing. If the vehicle service provider does not respond to the notice within 10 days after receipt, approval will be revoked.

X) The Director may summarily suspend any licensed provider's authorization to perform CCT under the EMS Act if the Director or designee determines that continued CCT by the provider poses an imminent threat to the health or safety of the public. Any order for suspension will be in writing and effective immediately upon service of the provider or its lawful agent. Any provider served with an order of suspension will immediately cease accepting all CCT cases and will have the right to request a hearing if a written request is delivered to IDPH within 15 days after receipt of the order of suspension. If a timely request is delivered to IDPH, then IDPH will endeavor to schedule a hearing in an expedited manor, taking into account equity and the need for evidence and live witnesses at the hearing. IDPH is authorized to seek injunctive relief in the circuit court if the Director's order is violated.

EFFECTIVE DATE: 12-07-12

REVISED DATE: 11-14-18

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **INTER-FACILITY NON-EMERGENCY PATIENT TRANSFERS**

POLICY:

An interfacility, non-emergency patient transfer is any patient transport that meets the following criteria:

- A patient transport that does not originate through an emergency dispatch center or 911 PSAP,
- A patient transport that is not for rendering emergency prehospital care and assistance to an acute or emergent patient, and
- A patient transport that was specifically established as a pre-arranged, scheduled transfer.

When a System Vehicle Service Provider agency is requested to perform an interfacility non-emergency patient transfer/transport, the following guidelines shall apply:

1. A PCR (Patient Care Report) form must be completed on every patient run and a copy left at the receiving hospital. Refer to Policy 300-57.

2. An ambulance vehicle and its personnel may not transfer a patient that requires a level of care inconsistent with that agency's system and state approved level of delivered service, or a level of care beyond the highest trained/licensed member of the transport team.

2. During transport, ambulance provider agency personnel will have the responsibility for general patient care and comfort. In the event the patient becomes emergent and prehospital intervention is required, EMS personnel will provide patient care according to the System's SMOs.

3. EMS Personnel may only render care within the scope of their level of training, including any advanced transport/transfer procedures approved by the system that were obtained through special training programs. If a patient requires intervention, treatment, or medications during the transport which ambulance personnel have not been trained in, then the patient must be accompanied by a physician, nurse, or other skilled health care professional authorized to provide such care. Physician orders must be utilized by non-EMS licensed personnel and should include all aspects of patient care required for the transport. If written physician orders do not address treatment to be provided in the event a patient's condition deteriorates during transport, the EMS Personnel **must assume control** of prehospital patient care, utilizing the System's SMOs and establishing communications with a System hospital for medical direction.

4. If the patient's physician is present on the transfer, medical control will be deferred to that physician for the duration of the transport. EMS personnel will provide the physician with any required support services within their scope of practice.

5. It is expected that all patients will be properly assessed and monitored throughout the entire transport. **AT NO TIME WILL ANY PATIENT BE LEFT UNATTENDED DURING ANY PATIENT TRANSFER/TRANSPORT.**

6. System agencies may increase the scope of service they provide on non-emergency patient transfers/transports by obtaining advanced or additional educational training for new equipment, medications, or treatment. Training must be approved by the System and IDPH.

EFFECTIVE DATE: 08-15-89

REVISED DATE: 12-09-18

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **NON EMERGENY TRANSPORTATION OF PATIENTS FROM THE SCENE**

POLICY:

The purpose of the policy is to help System EMS Personnel determine the need of lights and sirens for patient transport. This policy is not meant to supersede any System Agencies' response policies. Patients are transported to the hospital for a variety of reasons. The goal of any patient transport is to bring an injured or ill individual to a higher or more appropriate level of care. It is understood that some patients do require immediate care from a doctor, but many patients seen in the prehospital setting do not have life threatening conditions.

RESPONSE TO THE SCENE

Use of emergency warning devices while en route to the scene should be based upon the Agency's policies and the information received from the dispatch center or PSAP. General guidelines on not using warning devices would consist of 1) no immediate danger to life and health and 2) response for a scheduled or inter-facility transport (see Policy 300-41). Special circumstances may require usage of emergency warning devices for some inter-facility transports and should be documented.

TRANSPORT FROM THE SCENE

The use of emergency warning devices from the scene should be determined by the senior or highest qualified individual and should be based on whether or not the patient's outcome will be improved by an emergent ride to the appropriate facility. Basically, is the risk worth the time that's being saved? Below are some circumstances when an emergent trip might be warranted for ALS patients. When in doubt, EMS Personnel can always contact Medical Control for further direction

Vital Signs

- Systolic B/P less then 90mmHg in adults or 70mmHg + 2 times the age for children under 8yo
- Adults with a respiratory rate >32 times per minute or < then 10 times per minute

Airway

- Inability for EMS to establish or for the patient to maintain an airway
- Upper airway stridor
- Pulse oximetry < 90%
- Severe respiratory distres

Circulatory

- Cardiac arrest with persistent V-Fib, hypothermia, overdose, or poisoning
  NOTE: Most other non complicated cardiac arrests could be transported no emergent.

Trauma

- Patients with anatomic or physiologic conditions requiring the need of a Trauma Team

Neurologic

- Patient does not follow commands (motor portion of GCS <5)
- Recurrent or persistent generalized seizure activity
- Acute stroke symptoms that began in the last three hours

EFFECTIVE DATE: **01-01-10**

REVISED DATE: **12-02-18**

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: UTILIZATION OF HELICOPTER TRANSPORT

POLICY:

In order for helicopter transports to be the optimal delivery method for the patient, two (2) conditions must be satisfied:

I. The patient must be so critically injured that the time it will take to reach a definitive care facility becomes vital. This means the patient should have a life-threatening injury that requires rapid transportation and/or specialized medical intervention. If this condition is met, helicopter transport becomes an accepted and approved mode for patient delivery.

II. The helicopter must be the quickest method of delivering the patient to a trauma center. NOTE: Helicopter transport time includes the initial call to the aeromedical network dispatch center, lift-off, and flight to the scene, landing, loading of patient, and return flight time to the trauma center.

If this total time is less than the time it will take to load the patient in an ambulance, including extrication time if required, and to travel by ground to the closest trauma center, then helicopter transport again becomes an accepted and approved mode for patient delivery.

III. If a Vehicle Service Provider utilizes a helicopter for patient transport from the scene, they may contact Medical Control if assistance is needed.

IV. The PCR form should reflect a detailed explanation of events that required helicopter transport.

NOTE: Helicopters should be used only when they can accomplish the best care for your patient.

EFFECTIVE DATE: 04-02-84

REVISED DATE: 09-01-22

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **VOLUNTARY DISCONTINUATION OF ALS OR ILS SERVICES**

POLICY:

A System Vehicle Service Provider Agency providing ALS or ILS may voluntarily discontinue the provision of these levels of services to its response area and/or communities.

1. The notification of intent to discontinue service level must be submitted in writing to the System EMS MD no later than sixty (60) days prior to the effective date.

2. Documentation and material proof must be supplied, which illustrates that the service area has been notified of the discontinuance of ALS or ILS services. Such public notification must utilize two (2) forms for public access, (i.e.: newspaper, radio, television, handbill, etc.).

3. Discontinuation of services cannot take place prior to the specified effective date.

4. All drug box medications and ALS equipment must be removed from the vehicle(s) immediately at the time service is discontinued. The drug box must then be returned to the System.

5. The System will properly notify IDPH and all associated facilities of service discontinuation.

6. A System Agency that discontinues ALS or ILS services may reapply for upgrade at a later date if circumstances allow, and deficiencies have been corrected. This request will be considered independent from previous proposals, with final approval issued by the IDPH.

EFFECTIVE DATE: 01-01-89

REVISED DATE: 12-08-18

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **EMS COMMUNICATIONS SYSTEM**

POLICY:
The Silver Cross EMS System's primary communications center is in the Silver Cross (Resource) Hospital, Emergency Department, and will serve as the System's central access point for all BLS, ILS and ALS emergency run communications, and as hospital medical command in the event of a mass casualty incident. The Silver Cross EMS System will utilize three (3) modes of provider EMS vehicle – hospital communication:

- Cellular Phone Telemetry Communications and ECG capabilities through CAREpoint stations
- MERCI (Medical Emergency Radio Communication of Illinois) Radio Communications
- STARCOM21 Radio Communications

It is required that all BLS Vehicle Service Provider agencies of the System have MERCI, including radio frequencies and designated lines capable to communicate with local police/fire, dispatch centers and other EMS Systems. All ILS/ALS Vehicle Service Provider agencies of the System are required to have MERCI plus cellular telemetry with ECG capabilities as well as radio frequencies and designated lines capable to communicate with local police/fire, dispatch centers and other EMS Systems.

The current equipment allows for the Resource Hospital to serve as a central Medical Control point of contact, with each hospital offering field-hospital communications by the EMS Medical Director or designee and Emergency Department ECRN's. MERCI communications channels on the resource hospital's console equipment are in open mode to effectively monitor continuous System communications. All communications and medical orders/direction are recorded.

Hospital-to-hospital communications are performed through designated direct-access System hospital phone-line extensions. STARCOM21 is utilized as a backup to phone line communication between hospitals and ambulance-hospital communications. All phone lines in the system are power failure protected.

I. ILS/ALS Cellular Phone Telemetry Communications

The cellular phone telemetry console system is a mechanism by which ECG data and voice communications are transmitted and received on ILS/ALS runs via public access cellular wave stations and dedicated standard telephone lines between portable field/EMS vehicles and hospital monitoring consoles. Cellular communications with the resource hospital communications center will also be utilized for provider agency bypass requests, medical control issues, and multiple patient incidents.

A. System ambulances dial the Resource Hospital's EMS receiving phone line of **815-300-7908**. This phone line will be utilized by all ILS/ALS System provider agency EMS vehicles, unless otherwise authorized by the System EMS Coordinator. Once communications have been established, the call will be forwarded to the appropriate receiving facility through an automated selection attendant accessed by the EMS Personnel for continued medical direction. The system is equipped with one (1) primary and eight (8) alternate cellular phone lines.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: EMS COMMUNICATIONS SYSTEM CONFIGURATION & OPERATIONS

B. All MERCI radio and cellular/telemetry communications within the System will be recorded. All on-line medical direction calls are to be recorded for retrospective review for a minimum of 365 days, unless the Hospital's record retention policy requires retention for longer than 365 days in which case such calls shall be maintained consistent with the hospital's policy.

C. Control points for the cellular phone telemetry communications system are located in the System's Resource and Associate hospitals. The EMS Communications Center and the provider agency will determine the consulting hospital based upon the following criteria:

1. The System hospital which is to be the transport destination/receiving facility.

2. Region VII protocols allow System Agencies to contact out-of System receiving facility hospitals direct, as long as the hospital falls within the geographical boundaries of the Region, which will allow for consistent and timely medical control.

D. Medical control/direction will be provided by an ECRN (Emergency Communications Registered Nurse), or an Emergency Department physician, from the Resource or System Associate Hospitals.

E. In the event of an agency entering into a "dead area" of radio contact, they may re-contact medical control via MERCI or re-establish contact with an alternate Associate Hospital.

F. In the event that medical control needs to re-establish radio contact with pre-hospital personnel after the termination of a run, hospitals may phone dispatch centers and relay the request that the provider agency re-contacts the receiving or requesting facility.

II. MERCI Radio Communications

MERCI is a statewide radio network that allows for EMS vehicle/provider agency – hospital communications over VHF frequency radio waves.

A. MERCI radio communication is primarily utilized for BLS type EMS runs, and as a backup, communications support mechanism to ILS/ALS cellular telemetry phone equipment malfunctions.

B. All System EMS vehicles, as well as the resource and associate hospitals of the System are required to have operational MERCI radios.

C. If medical control/direction over MERCI radio is required it will be provided according to section I. (D) of this policy.

D. The MERCI frequency required for all hospitals and EMS vehicles in this System is 155.340. Usage of this frequency is verified through ownership of a current FCC license.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **EMS COMMUNICATIONS SYSTEM CONFIGURATION & OPERATIONS**

III. Mass Casualty Incident Communications

The System Communications Center will function as the central control point for all communications in the event of a Mass Casualty Incident within the System.

A. Field-hospital communications may be conducted over ILS/ALS cellular telemetry phone lines, MERCI radio, or alternate, designated standard telephone lines.

B. All communications will be conducted in the manner prescribed in the System Disaster Plan.

IV. Contingency Plan for Communications Equipment Malfunctions/Failures & Prevention

A. The hospital's Information Technology Department performs maintenance on all communications equipment.

B. The System's Communication Center equipment has 24-hour servicing with the manufacturer of the console equipment and a contacts for a local electronics company.

C. In the event of any equipment malfunction or failure, Emergency Department personnel contact the EMS Department representative for direction and calls are placed in a timely fashion to contracted service centers requesting repair service, to ensure rapid restoration and operations of the communications system. In the event of delay in repairs, the resource hospital may designate a System Associate Hospital to take over primary communication operations and or medical control.

D. All System communication center equipment has standby backups for continuous operation.

EFFECTIVE DATE: 09-01-94

REVISED DATE: 02-14-23

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: OPERATIONAL GUIDELINES FOR FIELD - HOSPITAL COMMUNICATIONS

POLICY:
All pre-hospital patient care EMS vehicles initiating field-hospital communications within the System will adhere to the following guidelines.

I. Cellular Phone Telemetry Communications for ILS and ALS Runs (Patient Care)

A. All initial transmissions/cellular phone contact will be conducted via **815-300-7908** unless otherwise authorized by the System EMS Manager for special circumstances. Through the System's automated selection attendant, the provider agency can access its receiving facility. If transporting outside the System, the Resource Hospital will conduct run communications and contact the receiving facility with the patient report. Communications will begin after arrival on the scene and responding agency EMS Personnel have determined that direct medical consultation is required.

1. Region VII protocols allow System agencies to contact System receiving facility hospitals direct, providing the hospital falls within the geographical boundaries of the Region, to allow consistent and timely medical control.

2. All ILS and ALS patient care EMS vehicles operating within the System must have an approved cellular phone coupler, set at 1400 hz to allow for ECG transmission.

B. All System ambulances will communicate the information listed in Region 7 SMO's Radio Report protocol when communicating patient information to the hospitals.

C. Under the direction of a System ECRN, Emergency Department Physician, communications regarding patient care information and other pertinent items as they pertain to the run will be conducted until the call is terminated or patient care has been transferred to the receiving facility's emergency department staff.

D. It is recommended that field unit cellular phone telemetry equipment be tested monthly when not in constant use.

E. Field unit cellular phone telemetry equipment shall be inspected by the System during annual inspection for vehicle license renewal and for all new vehicle inspections.

II. MERCI Communications

A. MERCI radio communication is the required method of relaying all BLS patient information to the receiving facility, or as a backup mode to cellular communication malfunctions. The VHF frequency is 155.34. All agencies must be licensed through the FCC to operate this frequency. Merci PL code is 91.5. Merci State PL code is 210.7

B. When initiating MERCI radio communications, proper identifiers, and/or call letters must be utilized.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: OPERATIONAL GUIDELINES FOR FIELD-HOSPITAL COMMUNICATIONS

POLICY: CONTINUED

C. Transmitting patient run information over MERCI radio should be concise and brief as outlined in the Region 7 SMO's Radio Report protocol.

D. It is recommended that MERCI radio equipment be tested on a monthly basis.

E. MERCI radio communications shall be inspected by IDPH during annual inspection for vehicle license renewal and for all new vehicle inspections.

III. Standard Communications Protocol

A. Agency name or proper identifiers must be utilized at all times by both provider agencies and the consulting hospital.

B. Plain English is the accepted manner of communication, both on MERCI radio and cellular phone lines. The use of 10-codes or similar terminology is not recommended.

C. All medication and treatment orders provided by the consulting hospital must be repeated by EMS Personnel over either mode of communications to ensure accuracy.

D. All communications should be brief, concise and informational. ECG transmissions should not exceed 6-10 seconds.

E. It is required that the consulting hospital signs-off with its name, a sign-off time and at the termination of the communication transmission.

F. Provider agencies should sign-off with their agency name or call letters and corresponding times at the termination of the communications with the consulting hospital.

G. In the event a System hospital is conducting communications for multiple runs, the ECRN or E.D. Physician will determine priority of patient care and conduct the runs accordingly. If necessary, the resource hospital may assign an Associate Hospital communication operations and control on multiple runs or in a disaster/MVI to ensure consistency of optimum pre-hospital patient care.

H. Refer to Region 7 SMOs for proper Radio Report guidelines

EFFECTIVE DATE: 09-01-94

REVISED DATE: 07-16-16

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **MINOR PATIENT/GUARDIAN CONSENT**

POLICY:

Under Illinois law, a minor is a person who has not attained the age of 18 years. In general, a minor cannot consent to medical treatment, and a parent, guardian, or person *in loco parentis* must consent to the treatment of a minor. However, there are several exceptions that permit a minor to consent for him or herself, and these exceptions depend upon either the minor's legal status or the medical condition or treatment received by the minor.

I. Emergency Treatment

Parental or guardian consent is not necessary for emergency treatment or transport if, in the opinion of the consulting emergency physician, obtaining the consent is not reasonable under the circumstances without adversely affecting the condition of the minor's health. Any attempts to obtain consent prior to treatment or transport should be thoroughly documented.

II. Exceptions

Along with emergency treatment, there are other exceptions to the requirement of obtaining parental/guardian consent. Direct consultation with an emergency physician of a System hospital is required for any of the following circumstances:

A. **Emancipated minors may consent for their own treatment**: A minor between 16 and 18 years old who presents a court order declaring him or her emancipated may lawfully consent to the performance of healthcare services by a physician, chiropractic physician, optometrist, advanced practice nurse, or physician assistant.

B. **Pregnant or married minors may consent for their own treatment**: A pregnant or married minor of any age may lawfully consent to the performance of healthcare services by a physician, chiropractic physician, optometrist, advanced practice nurse, or physician assistant.

C. **Minors who are parents may consent for their own treatment**: A minor who is a parent may consent to his or her own health care treatment. However, if the minor's status as a parent ends, the minor no longer has authority to consent to his or her own treatment. (This could occur if the minor's parental rights were terminated as part of an adoption proceeding.) Minors who are parents may consent to the performance of healthcare services for his or her child.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **MINOR PATIENT/GUARDIAN CONSENT**

POLICY: CONTINUED

D. **In situations where child abuse/neglect or geriatric abuse/neglect is suspected or when a parent/guardian refusal is considered to be potentially harmful**, the consulting emergency department physician may authorize pre-hospital personnel to place the minor/geriatric patient in temporary protective custody.

1. Protective custody should occur, if possible, in the presence of a Law Enforcement officer.

2. Notification of the proper authorities (i.e. D.C.F.S or the Department of Aging.) will be done by the prehospital personnel and receiving hospital emergency department personnel following transport.

3. Thorough documentation of a protective custody situation on the ambulance run form is essential. All elements of the condition of the patient, the physical environment, and notification of DCFS/Dept of Aging must be included.

E. **Medical treatment/counseling for criminal sexual assault or abuse**: When a minor is a victim of sexual assault or abuse, a provider may furnish healthcare services or counseling related to the diagnosis or treatment of "any disease or injury arising from such offense" without obtaining the consent of the minor's parent or guardian. A minor victim of sexual assault or abuse may consent to such counseling, diagnosis, or treatment. A "provider" includes a hospital, physician, chiropractic physician, optometrist, advanced practice nurse, physician assistant, or other medical personnel.

1. A minor sexual assault survivor may consent to and be provided emergency hospital services, forensic services, and follow-up healthcare without the consent of a parent, guardian, custodian, surrogate, or agent.

All Patients under the legal age of 18 must be encouraged to seek medical attention when ill or injured.

If the minor patient refuses treatment/transport, attempt to contact parent/guardian. If not able to reach parent/guardian, contact medical control for further direction. Document all attempts to contact parent/guardian and outcomes from medical control contact.

EFFECTIVE DATE: 08-15-89

REVISED DATE: 09-23-20

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **EMOTIONALLY DISTURBED PATIENTS**

POLICY:
Patients suffering from emotional challenges or illnesses may require treatment and transport for the purpose of protecting themselves and/or others from potential harm. Every effort must be made to fully assess the patient and identify any possible physical conditions that may cause the specific unusual or irrational behavior leading to the call for emergency care. The following guideline suggests the appropriate care for the emotionally disturbed patient.

I. Patients that present as alert & oriented and answer questions appropriately and are in no apparent danger to themselves or others have the right to consent to or refuse care/transportation. If the patient elects to refuse any or all emergency care or transportation, the proper medical release form must be completed and signed.

II. Patients that display an inability to make a rational judgment and who pose a threat to themselves or others may be treated and transported despite their refusal. Transport must be to the closest facility with a licensed emergency department.

III. The decision to use physical restraints must be made carefully and is typically reserved for those patients who present a risk of harm to themselves or others. If necessary, the use of soft restraints is preferred, avoiding the application of handcuffs or other excessive and potentially harmful methods. When restraints are used the following must be documented: 1) time of application; 2) type of restraint used; 3) the rationale behind the decision, and; 4) any alternative measures that were applied/used and proven ineffective. If restraints are removed for any reason, the same information as above must also be documented.

IV. The use of any pharmacological agents for sedation of the patient is totally at the discretion of the consulting Medical Control EMS System Physician per Region 7 protocol.

V. Petition for Certification to a Mental Health Facility: System EMS Personnel are strongly encouraged to initiate a petition to request certification of a potentially emotionally disturbed patient to a mental health facility. Make sure documentation is all factual in nature and not subjective statements.

VI. Under all circumstances involving an emotionally disturbed patient, the responding personnel should approach the situation with caution and ensure personal safety if threatened.

VII. Pediatric Psych Patients: unless they are emancipated minors, EMS Personnel cannot file a petition if under the age of 18. Once their parents or legal guardian indicate they are in need of psychiatric screening, EMS will provide a safe, secure transport to the closest most appropriate comprehensive Emergency Department. The ER will handle the paperwork with the parents. You still need to document on the Run Form, all behavior and statements by the patient and witnesses, just like in the adult psych situation.

NOTE: Complete documentation of scene and patient condition must be identified on the EMS Run Report Form

EFFECTIVE DATE: 08-15-89
REVISED DATE: 12-12-22
REVIEWED DATE:

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **ABUSE OF CONTROLLED SUBSTANCES BY SYSTEM PERSONNEL**

POLICY:

The System recognizes that the use of controlled substances and/or alcohol by System EMS Personnel while performing their EMS duties would lessen the quality of delivered care and put at risk the well being of the patient and associated personnel.

I. Suspected Abuse

If a System EMS Personnel is suspected of abusing a controlled substance and/or alcohol while performing their EMS duties, the following will apply:

A. The individual will be immediately suspended pending an investigation (refer to System policy regarding suspensions).

B. Immediate notification will be given to the administrator of the EMS Personnel's System agency affiliation when the incident occurred.

C. If evidence produced from an appropriate investigation supports and confirms that the EMS Personnel was under the influence of substance (s) while functioning in the field, more severe penalties may be incurred. This includes, but not limited to a recommendation by the System EMS MD for revocation of licensure.

D. The System will recommend appropriate professional intervention to any EMS Personnel who is suffering from chemical dependency. Referrals may be made available upon request.

II. Testing for Substance Abuse

A. An EMS Personnel receiving an upheld suspension for controlled substance abuse as outlined above, may be required to submit to tests for the presence of controlled substances prior to being allowed to resume functioning within the System. This may also apply to individuals who are due for relicensure and/or obtain initial licensure.

B. Specific language in a collective bargaining agreement which references drug testing as a condition for licensure will supersede any rule or policy promulgated by the IDPH and EMS System in which an EMS Personnel covered by that agreement functions.

EFFECTIVE DATE: 08-15-89

REVISED DATE: 12-09-18

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **DNR/ POLST ADVANCED DIRECTIVE**

POLICY: IDPH Code 515.380 and EMS Region VII DNR POLST Policy

Section	EMS REGION VII		
	Do Not Resuscitate (DNR) Practitioner Orders for Life-Sustaining Treatment (POLST)	Issued	09/1997
		Revised	05/2022
		Pages	2

Do Not Resuscitate (DNR) refers to the withholding of CPR, electrical defibrillation\synchronized cardioversion or electrical pacemaker, unless otherwise stated in the DNR order. The policy shall include, but not be limited to, specific procedures and protocols for cardiac arrest\DNR situations arising in long-term care facilities, with hospice and home care patients, and with patients who arrest during interhospital transfers or transportation to or from home.

I. Prehospital care that should be performed in conjunction with a valid DNR order:

A. Provide comfort, care, and compassion for the patient.
B. Treat an acute airway obstruction, even if intubation is required.
C. Treat problems NOT specifically listed (such as Atropine for symptomatic bradycardia (with a pulse), 50% dextrose for hypoglycemia, etc.).

II. Withholding of CPR will be considered applicable in situations where obvious signs of biological death are present (e.g. decapitation, rigor mortis without profound hypothermia, dependent lividity, decomposition, mummification, etc.) or the patient has been declared dead by the coroner/medical examiner or patient's physician.

A. Confirmation of a Triple Zero will be done through contact with the Resource Hospital Emergency Department. Transmission of ECG data will be done at the discretion of the ED Physician or ECRN.
B. Confirmation of a Triple Zero is not to be interpreted as a pronouncement of death, but only a determination that resuscitative measures are unnecessary and inappropriate.
C. Transport of this patient is not necessary, but proper notification of the coroner or funeral home is required.
D. Patient has been declared dead by coroner, physician, or medical examiner, and shall include appropriate signature.

III. DNR / POLST

A DNR/POLST order is an advanced directive that says that cardiopulmonary resuscitation (CPR) cannot be used if heart and/or breathing stops; it can also be used to record desires for life-sustaining treatment. The Department of Public Health has published a Uniform DNR/POLST order.

The Uniform DNR/POLST Order requires the patient's signature or that of an authorized legal representative (legal guardian, heath care power of attorney, or health care surrogate), as well as the signature of an attending practitioner.

A course of action prescribed by a physician to withhold resuscitative measures on a victim of a witnessed or unwitnessed cardiac arrest.

A. A valid DNR order will be a written document, which has not been revoked, containing at least the following information, on a form provided by the Illinois Department of Public Health. If the form is reproduced, brightly colored paper shall be used. Other DNR orders will be recognized also if the following information is included:

   a. Name of patient
   b. Name and signature of attending physician
   c. Effective date
   d. The words "Do Not Resuscitate"
   e. Evidence of consent (any of the following)

      - Signature of patient, or
      - Signature of legal guardian, or
      - Signature of durable power of attorney for health care agent, or
      - Signature of surrogate decision-maker as defined by the IHC (Illinois Health Care) Surrogate Act.

B. A living will by itself cannot be recognized by prehospital care providers.

C. Prehospital personnel must make a reasonable attempt to verify the identity of the patient named in a valid DNR/POLST order.

D. The Emergency Department must be notified in all situations when a DNR/POLST order is involved. Transmission of ECG data will be at the discretion of the physician or ECRN.

E. All Region VII EMS personnel will be authorized to accept a DNR order, which meets the criteria for validity.

F. The original DNR/POLST order, or a copy, should be attached to the Ambulance Run Report Form.

G. After responding to a scene, reasonable efforts should be made by prehospital personnel to determine if a valid DNR order exists for registered hospice or home care patients, patients of long term care facilities, or other patients who are known to suffer from a terminal illness.

H. If a valid DNR/POLST order is not present then patient care should proceed in accordance with the EMS Region VII Standing Medical Orders.

DNR and the IDPH Uniform POLST form shall be referenced/printed from the IDPH website: https://dph.illinois.gov/topics-services/health-care-regulation/nursing-homes/advance-directives.html

EFFECTIVE DATE: 08-15-89

REVISED DATE: 12-01-22

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **CORONER CASE NOTIFICATION/MEDICAL EXAMINER**

POLICY:

When EMS personnel are summoned to the scene and are advised by law enforcement that the deceased patient is a coroner/medical examiner case, the procedures to follow should be coordinated with local law enforcement and may include:

I. If law enforcement allows, establish that there are no vital signs, keeping victim as undisturbed as possible.

II. Contact on-line medical control to confirm triple zero following Triple Zero Region 7 protocol.

III. Record all pertinent information on the PCR form. Note: A PCR form must be completed on all coroner/medical examiner cases and include the following:
   A. Telemetry log number
   B. Name of ER physician or ECRN contacted
   C. Patient and scene assessment (even if no direct patient contact was made)

   Keep detailed records of the incident, including your observations of the victim and the scene. In many felony cases, the EMS Personnel will be called to testify. Clear, concise records are of utmost importance. The PCR must be left at the receiving hospital (when transported) as the Coroner requires a copy.

IV. Once triple zero is confirmed, consult the on-scene law enforcement concerning the disposition of the deceased. Deceased patients who are coroner/medical examiner cases should be transported in such a way as to minimize jurisdictional conflicts.

V. If the deceased is pronounced dead at the scene by a coroner/medical examiner, and released from the scene, the EMS Personnel may transport to the funeral home of the family's choice or arrange transport by local law enforcement or as coroner transport policies apply.

VI. If it is necessary for the deceased to be transported to a morgue (county or local), the ambulance may transport or arrange with coroner or local law enforcement to provide transportation of the deceased to that location.

VII. If transportation to a hospital is indicated, the closest hospital in the jurisdiction should be the receiving facility and contacted prior to going en route.

VIII. Local law enforcement may contact the attending physician of the deceased (if known) to determine if he/she will sign the death certificate.

IX. Be advised each county may be different in regards to the mechanism involving coroner versus medical examiner operations.

EFFECTIVE DATE: 08-15-89
REVISED DATE: 12-12-18

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **DUTY TO PERFORM EMS SERVICES WITHOUT DISCRIMINATION**

POLICY:

All Vehicle Service Provider agencies licensed by IDPH agree to perform all Emergency Medical Services without unlawful discrimination and shall not deny Emergency Medical Services based on a patient's ability to pay as agreed upon signing the State of Illinois IDPH Emergency Medical Services (EMS) Systems Transport Provider Ambulance Application or Non-Transport Provider Application.

EFFECTIVE DATE: 01-30-98

REVISED DATE: 12-11-18

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **MUTUAL AID - SIMULTANEOUS OR MULTIPLE RESPONSES**

POLICY:

Vehicle Service Provider agencies functioning within the System are required to have a mechanism by which service area coverage is guaranteed in the event of simultaneous or multiple emergency call responses. As mandated by the IDPH, this mechanism must be identified in the System/agency operations proposal in the form of a mutual aid agreement.

I. To satisfy System and state requirements, a mutual aid agreement:

A. Must be in writing and formalized with the signatures of the highest ranking official from each agency.

B. Must provide a detailed description of the mechanism by which mutual aid is activated.

C. Must identify the terms which makes mutual aid effective as well as at what point it becomes invalid and no longer active.

D. Must be entered into with the intent of providing and receiving the highest level of prehospital care available between the two agencies. Ambulance provider agencies must attempt to obtain an agreement with an agency of close proximity that provides a level of service, which is equal to that of their own.

E. May either be a unique, custom documented arrangement between agencies or may be a multi-purpose agreement utilized by a MABAS / box alarm or mutual aid organization.

F. May exist with more than one (1) agency.

G. Should consider such issues as procedures, communications, equipment exchange and/or retrieval, and jurisdictional authority.

II. If a System Agency is unable to secure a mutual aid agreement as described in section I, a waiver may be considered. Examples of such circumstances are:

A. Any agency, due to geographical location, can only obtain an agreement with another agency that provides a lesser degree of prehospital care.

B. Any agency which has sufficient resources, vehicles and staff to provide its own backup response. Staffing for second and/or additional vehicles must be readily available to guarantee minimum response times 24 hours per day.

III. The System will investigate any occurrence where it is alleged that a provider agency failed to comply with the intent of a mutual aid agreement. The investigation is limited to only those circumstances involving EMS response and direct patient care. The investigation will be conducted by the EMS MD and EMS System Manager. The EMS MD may initiate disciplinary action against any agency found to be violating a mutual aid agreement.

EFFECTIVE DATE: 04-02-82
REVISED DATE: 12-11-18

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **MULTIPLE PATIENT TRANSPORTS**

POLICY:

In order for System Vehicle Service Provider agencies to correctly use ambulances and personnel that require the transport of multiple patients from a single incident, the following will apply as a guideline.

1. A critical ALS or ILS (red) patient should be the only patient in the ambulance with required staffing.

2. A routine ALS or ILS patient receiving initial/routine medical care per SMO's may have a BLS patient transported in the same ambulance, providing there is one (1) Paramedic for the ALS patient, Paramedic or EMT-I for the ILS patient, and one (1) EMT for the BLS patient.

3. Two (2) BLS patients may be transported in the same ambulance, providing there is proper staffing per level of care the agency is licensed to provide.

4. Incidents that indicate multiple patients will be transported by an ambulance for the convenience of removing them from the scene (transport, no treatment, i.e., school bus) to a receiving facility, the patient may be seat belted on the squad bench. The number of patients on this type transport may not exceed the number of seat belts available on the ambulance vehicle.

EFFECTIVE DATE: 11-02-98

REVISED DATE: 12-11-18

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **PATIENT'S RIGHT TO REFUSE EMERGENCY MEDICAL SERVICES**

POLICY:

The System recognizes the qualified patient's right to make informed decisions about their health care including the right to refuse emergency medical services and/or transportation to a health care facility.

I. Patient Refusal of Services

A. A patient is considered qualified to refuse emergency medical services and/or transportation under the following conditions:

1. The patient is 18 years old or older and is considered legally competent to make her/his own decisions.

2. The patient is not under the influence of any substance that may interfere with her/his capacity to make an informed decision.

3. The patient appears to be capable of making rational judgments at the time of the call (is alert, oriented and answering questions appropriately) and is not under the protective custody of a law enforcement officer.

4. The patient has executed a legally enforceable advanced directive (DNR or Durable Power of Attorney for Health Care) which is valid according to the criteria established by IDPH (refer to System policy 300-50).

5. The patient is a minor and meets the criteria defined in the Minor Patient/Guardian Consent policy 300-47.

B. A qualified patient may refuse any and all aspects of emergency medical services including the following:

1. The refusal of all care and transportation.

2. The acceptance of transport but the refusal of care or specific aspects of care.

3. The acceptance of care and transport but at the Basic Life Support level only.

4. The acceptance of care but refusal of transport.

5. The acceptance of care but the refusal of transport to the closest hospital with corresponding approval from the Resource Hospital.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **PATIENT'S RIGHT TO REFUSE EMERGENCY MEDICAL SERVICES**

POLICY: CONTINUED

II. Procedure for Patient Refusals

A. Every effort should be made to perform an assessment to the extent allowed by the patient regardless of the refusal of services.

B. The patient, or legally empowered decision-maker, must be advised of the assumed risk of refusing services and encouraged to follow-up with alternative sources of care.

C. If on-scene medical personnel determine that the patient may not be qualified, the Resource Hospital should be contacted immediately for further direction. Intervention by Law Enforcement may also be considered at this point.

D. The patient, guardian or legally empowered decision-maker must sign the refusal portion of the ambulance run form. Full documentation of the refusal must be completed utilizing a System approved Refusal Form either electronically or paper (as in the Release of Liability form attached to this policy).

E. It is highly advised that refusal reports should be called in to the Resource Hospital for taping verification.

ATTACHMENT: SCEMSS RELEASE OF LIABILITY FORM

EFFECTIVE DATE: 08-15-89

REVISED DATE: 12-07-18

RELEASE OF LIABILITY

To be read to the person refusing treatment.

Silver Cross EMS System, Silver Cross Hospital and myself are advising you that you should receive medical treatment, which you are refusing. By refusing the medical treatment, your condition could worsen and result in serious illness, injury, or death. Do you still wish to refuse medical treatment?

I, _____, hereby release the Silver Cross EMS System, Silver Cross Hospital, its physicians, nurses and any and all ambulance personnel and their employers of any responsibility and/or liability. I acknowledge that I have been informed regarding the risks I assume in making this decision voluntarily, and have been advised by the ambulance personnel as follows (use whichever applies): (Patient, Guardian, or M.D. to initial on the appropriate line.)

Initial Statement

_____ I am not injured and do not wish to receive medical services, treatment, or transportation to a hospital.

_____ I have been advised that I should receive emergency care and transportation, which I am refusing.

_____ I am refusing ALS/ILS/BLS care, and wish only to be transported to a hospital.

_____ Having received emergency care, I am refusing further aid or transportation to a hospital.

_____ The EMS hospital has recommended transport to _____ Hospital.
I refuse this and request transport to _____ Hospital.

_____ Physician ONLY – I assume full responsibility for the medical care of this patient during this ambulance call, and I will accompany the patient to the hospital. I understand that if I do not accompany this patient to the hospital, the ambulance personnel are obligated to render emergency care under the direction of their EMS Medical Director or their designee.

_____ Other:_____

_____ _____
Signature of: ☐Patient, ☐MD/DO, ☐Guardian(Relationship:_____) *Date*

_____
Signees Address

_____ _____
EMT-B,EMT-I,Paramedic,PHRN Signature *Witness Signature*

REFUSAL TO SIGN RELEASE STATEMENT

Date:_____ Incident #_____ Patient Name:_____

The above patient was informed regarding the risks of refusing care or transportation, and was asked to read and sign the release of liability statement. The patient, or the person authorized to give or withhold consent for the patient, continued to refuse treatment or transportation; and refused to sign the release statement.

_____ _____
EMT-B/I/P/PHRN Signature *Witness (EMT-B/I/P/PHRN)*

_____
Witness (Police Officer, If Available)

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **PATIENT ABANDONMENT**

POLICY:
Patients under the care or attention of EMS Personnel have the right to receive the highest level of care necessary, commensurate with the level of service normally provided by the responding personnel or agency. Patient abandonment occurs when the delivery of care is reduced or terminated without the informed consent of the patient or a legally executed advanced directive.

I. All patients under the direct care of EMS Personnel functioning under the auspices of a licensed IDPH Vehicle Service Provider legally fall under the control of the EMS System MD of the System to which they belong. The patient remains the responsibility of the EMS Personnel until care is transferred to another licensed physician or designee. The reduction, termination or transfer of care without approval granted by the EMS MD or designee will constitute patient abandonment.

II. The following guidelines apply to the initiation and continuation of patient care by System EMS Personnel:

A. Care begins upon the arrival by EMS Personnel at the scene of an incident where an identified patient(s) is present. For non-emergency responses, care is initiated when the responsibility for patient care is legally transferred to the transporting personnel from another health care provider.

B. Basic or Advanced Life Support responders initiating basic level care must continue to provide that level of care until responsibility for the patient is transferred to other approved health care personnel with basic life support capabilities. ILS/ALS responders initiating advanced level care must continue to provide that level of care until responsibility for the patient is transferred to other approved health care personnel with advanced life support capabilities. For emergency transports, transfer of care must be to an approved healthcare facility emergency department. For non-emergency transports, transfer of care is to an approved healthcare facility or at the termination of transport.

C. EMS personnel in the back of the ambulance during transport must be licensed to provide care at the level initially given the patient.

D. Following transport, EMS Personnel maintain responsibility for the patient while inside the receiving healthcare facility until transfer of care is complete. An appropriate transfer of care requires a verbal report and acceptance of responsibility by personnel at the receiving facility. Care at the receiving facility must be turned over to a person of equal license (Paramedic) or a higher medical authority (LPN, RN, NP, or physician).

E. Patient refusal of services must be fully documented. A patient must be informed of the risks inherent to a refusal of care or transportation. Failure to reasonably attempt to inform the patient of the risks, or convincing a patient to refuse services when they are needed may be considered patient abandonment.

EFFECTIVE DATE: 08-15-89
REVISED DATE: 12-02-18

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: DOCUMENTATION OF PATIENT CARE REPORT (PCR) AND AMBULANCE RUN INFORMATION

POLICY: IDPH Code 515.350

To facilitate the processing, utilization, and management of the tools required for patient documentation in the prehospital care setting, all member agencies functioning within the System are required to utilize and complete, according to specific IDPH guidelines, the electronic submission of prehospital patient care reporting for the purpose of patient and call documentation.

I. A patient care run report shall be completed by each Illinois-licensed transport vehicle service provider for every inter-hospital transport and pre-hospital emergency call, regardless of the ultimate outcome or disposition of the call (including refusals and lift-assists). The only exception to this is if the ambulance responds as a fire assist vehicle and returns to the station with no patient involvement.

II. One patient care report shall be provided (paper or electronic) to the receiving hospital emergency department or health care facility BEFORE leaving the facility.

III. Each EMS System shall designate or approve the patient care report to be used by all of its transport vehicle providers. The report shall contain the minimum requirements listed in Appendix E of the EMS Act, which states "Submit all data elements as listed in the Illinois Department of Public Health, Division of EMS and Highway Safety, National Emergency Medical Services Information System (NEMSIS) Prehospital Dataset."

A. Silver Cross EMS System requires the use of an IDPH-approved electronic data collection vendor but does not mandate one over the other. Each agency shall work with their third-party vendor to ensure data collection and submission meets IDPH requirements. Each agency is required to notify the System EMS Operations Coordinator of their EDC vendor choice including changes, who shall perform periodic audits to ensure compliance.

B. In the event that an agency's electronic data collection software is temporarily unavailable, the System requires the use of the attached PREHOSPITAL PATIENT CARE REPORT. Data shall be entered electronically once the software is available. Use black pen when completing the paper report. In the event that a change needs to be made to the back-up paper PCR, the System requires the use of the attached PREHOSPITAL PATIENT CARE REPORT ADDENDUM.

C. Refusals: The completed ambulance run report, narrative section, should reflect that although a patient refuses emergency prehospital treatment and/or transport to the emergency department of a receiving facility, the responding personnel must render a thorough assessment with complete documentation which provides a detailed account of the events that took place during and at the termination of the ambulance run.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: DOCUMENTATION OF EMERGENCY PATIENT CARE REPORT (PCR) AND AMBULANCE RUN INFORMATION

POLICY continued:

IV. The transport vehicle service provider shall submit patient care report data to the EMS System. When an EMS System is unable to import data from one or more providers, those providers may, with EMS System approval, submit their patient care report data directly to IDPH. IDPH will make the patient care report data available to the EMS System upon request. Every EMS System and EMS provider approved to submit data directly shall electronically submit all patient care report data to IDPH by the 15th day of each month. The monthly report shall contain the previous month's patient care report data. Third party software shall be validated by IDPH to ensure compatibility with IDPH's data specifications. Third party software shall not be used until IDPH's validation is complete.

V. All non-transport vehicle providers shall document all medical care provided and shall submit the documentation to the EMS System on a monthly basis. The EMS System shall review all medical care provided by non-transport vehicles and shall provide a report to IDPH upon request.

If there are any questions regarding the need to complete a prehospital run report, contact should be made with Medical Control at Silver Cross Hospital for clarification.

NOTE: ONCE COMPLETED, THE AMBULANCE RUN REPORT BECOMES A CONFIDENTIAL RECORD. THE INFORMATION CONTAINED THEREIN CANNOT BE RELEASED TO ANYONE, BUT THE SYSTEM EMS OFFICE, WITHOUT WRITTEN AUTHORIZATION FROM THE PATIENT OR THEIR AGENT, OR UNLESS OBTAINED THROUGH APPROPRIATE LEGAL CHANNELS. THE SYSTEM RESERVES THE RIGHT TO RECEIVE A COPY OF AN AMBULANCE REPORT FORM FROM ANY MEMBER AGENCY AT ANYTIME.

ATTACHMENT: PREHOSPITAL PCR FORM
PREHOSPITAL PCR ADDENDUM FORM

EFFECTIVE DATE: 08-15-89

REVISED DATE: 12-01-18

Pre-Hospital Patient Care Report

Service Name	Service#	Run#	Today's Date
Incident Location		Hospital Destination	
Patient Name	Patient Phone#	Age	DOB
Patient Street Address			
City	State / Zip	Legal Guardian	
Allergies (Meds)	○ None Known		
Current Medications	○ None Known ○ Brought w/Pt		
(Meds Cont.)			
History	○ None Known		
Chief Complaint			
Narrative			

Controlled Substance Administration: Yes☐ No☐ Name_____ Amount Used_____

Waste Witnessed by (Name & Signature):_____ Amount Wasted_____

Time	P	R	B/P	TEMP	BS	RHYTHM	TREATMENT	DOSE	ROUTE	O2 SAT	RESPONSE TO TX
			/								
			/								
			/								
			/								
			/								
			/								
			/								

Right Lung Sounds			Left		Skin Temp			Skin Moisture			Skin Color			Abdomen			LOC			L Pupils R		
I	L	Clear	I	L	I	Normal	L	I	Normal	L	I	Normal	L	I	Normal	L	I	A&O X ___	L	I	PERL	L
I	L	Rhonchi	I	L	I	Cool	L	I	Moist	L	I	Pale	L	I	Soft	L	I	Verbal	L	I	Midrange	L
I	L	Rales	I	L	I	Cold	L	I	Dry	L	I	Cyanotic	L	I	Rigid	L	I	Pain	L	I	Dialated	L
I	L	Wheezes	I	L	I	Hot	L	I	Wet	L	I	Flushed	L	I	Distended	L	I	Unresponsive	L	I	Const	L
I	L	Diminished	I	L	I	Warm	L				I	Jaundice	L	I	Tender	L	I	GCS _____	L	I	Unequal	L
I	L	Absent	I	L							I	Mottled	L							I	Fixed	L

Call Times (Military Time)				Crew Names	SCEMSS or State Lic #		
Received:		**Pt. Contact:**		Crew 1:	#	D	R
Dispatched:		**Depart Scene:**		Crew 2:	#	D	R
Enroute:		**Arrive Dest.:**		Crew 3:	#	D	R
Arrive Loc.		**Run#**		Crew 4:	#	D	R

MAKE ONE COPY TO LEAVE AT HOSPITAL WITH PATIENT CHART

Pre-Hospital Patient Care Report ADDENDUM

Date of Addendum:	Service Name	Service#	Run #
Date of Original Service:	Patient Name		Patient DOB:

Addendum	

Crew Signatures		Driver/Report	
Crew 1:	SCEMSS#	D	R
Crew 2:	SCEMSS#	D	R
Crew 3:	SCEMSS#	D	R
Crew 4:	SCEMSS#	D	R

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **AGENCY REPRESENTATIVES**

POLICY:

Each member Vehicle Service Provider of the System will designate an individual to function as an agency EMS Coordinator and Chief/Administrator. As an appointed liaison, the agency EMS Coordinator will interact on a regular and as needed basis with the EMS office. If an agency representative is unable to fulfill the specified responsibilities, the appropriate administrator from that particular provider agency should delegate duties and responsibilities accordingly to fulfill the agency EMS Coordinator role.

Qualifications: An individual designated as EMS Coordinator must meet the following qualifications:

- State licensure at the level equal to that which is provided by the provider agency.
- A minimum of six (6) months of prehospital care experience.

Expectations: The Silver Cross EMS System relies heavily on its agencies EMS Coordinators for many System related duties. Some of those duties and expectations are outlined below.

- Be familiar with the SCEMSS policies & procedures; know where and how to reference them; disseminate updates accordingly to their EMS Personnel; ensure all training necessary for compliance is provided to every Agency Vehicle Service Provider.
- Attend and participate in System meetings.
- Ensure paramedic student course field requirements are followed.
- Ensure EMS Personnel roster is ALWAYS current and System is immediately notified of all new EMS Personnel, deletions, Paramedic graduates, address/contact information changes. Follow policies and use the most current System forms for reporting. Print forms from website.
- Monitor Moodle and ensure compliance with the System's mandatory CE program and license renewal policies.
- Ensure everyone on your roster is trained and compliant with current Region VII EMS SMOs.
- Maintain a current EMS license and CPR cert on every EMS Personnel.
- Ensure vehicle roster is ALWAYS current and System is immediately notified of all new vehicles, removals, and changes in level of care. Follow policies and use the most current IDPH and System forms for reporting. Print forms from websites as indicated.
- Report agency changes of Chief, Coordinator, Stations, etc to the System.
- Ensure compliance with the System's CS logs and policy.
- Ensure compliance with IDPH electronic data collection and submission.
- Ensure compliance with the System QA/QI policy and program, as well as any Region VII initiatives.

EFFECTIVE DATE: 08-01-91

REVISED DATE: 12-09-18

SILVER SROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **NOTIFICATION OF RESPONSE TIME**

POLICY: IDPH 515.330

When an ambulance has been requested for Emergency Medical Services by telephone or through a 9-1-1 system, the provider agency dispatcher is obligated to inform the person making the request for EMS of the estimated time of arrival of the ambulance if this information is requested by the caller.

I. This will apply to all levels of Emergency Medical Services when the dispatched vehicle provides any level of EMS care.

II. This policy includes any vehicle which is designated an EMS response vehicle for the purpose of providing patient care services.

EFFECTIVE DATE: 06-01-92

REVISED DATE: 12-11-18

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **ADVANCED DIRECTIVES**

POLICY:

It is considered that competent adults have the right to make decisions about their health care. The State of Illinois has recognized that this right should not be rescinded when an individual becomes unable to make his or her own decisions, including the right to accept or refuse medical treatment under any circumstance. In order to accomplish this, a patient may initiate an Advanced Directive prior to the time when an expected or unexpected medical condition renders him or her incapable of making a decision.

I. Durable Power of Attorney for Health Care: This is a legal instrument through which an individual names an agent to make health care decisions on their behalf.

A. The following conditions must be met to make a Durable Power of Attorney arrangement valid:

1. It must be written on a statutorily approved form (see attachment) or a similar form which has the same information.

2. The form must be signed by the individual granting the power (the principal).

3. The form must be signed by a witness.

4. The form must name an agent.

B. The Durable Power of Attorney becomes effective upon a date or event described in the document. Once it becomes effective, the agent has the powers that are identified. Decisions may include the course of medical treatment or hospital of choice.

C. A valid Durable Power of Attorney for Health Care, which is in effect, must be honored by any health care provider/EMS Personnel.

1. An agent's decision to withhold any treatment or resuscitation measures should be honored only if there is a valid DNR/POLST present.

2. If, for whatever reason, the EMS Personnel feels that the decision of an agent conflicts with the EMS Personnel's right of conscience or medical judgment, the Resource Hospital will assume the direction of the call.

3. If patient is not in full arrest, medical control should be contacted as soon as reasonably possible.

D. If there is a question as to the validity of effectiveness of a Durable Power of Attorney for Health Care, the Resource Hospital should be contacted for medical control and consultation.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **ADVANCED DIRECTIVES**

POLICY: CONTINUED

II. Living Wills:

The Living Will is a document, which allows patients to describe their wishes for the withholding or discontinuance of death-delaying or resuscitative measures when they become terminally ill.

A. This is a patient-physician agreement and, by itself, cannot be honored by EMS Personnel.

B. A Living Will may be used to validate a written DNR/POLST order.

III. A copy of an Advanced Directive should be attached to the System Ambulance Report Form mechanism. Appropriate documentation should be made when an Advanced Directive is involved.

Decisions regarding hospital of choice are subject to the provisions of the System policy regarding Closest Appropriate Hospital.

EFFECTIVE DATE: 06-01-92

REVISED DATE: 02-13-23

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **VICTIMS OF SUSPECTED ABUSE/NEGLECT & SUSPECTED CRIMES**

POLICY:

The Region has protocols in place in the Region 7 SMOs. Please reference the Suspected Child Abuse and Neglect protocol and the Domestic Violence, Spousal Abuse, Geriatric Abuse, and Sexual Assault protocol for direction. This policy also addresses the Safe Haven Law under section III.

It is the responsibility of all System Provider Agency EMS personnel to report suspected abuse cases or cases of suspected domestic violence to the Department of Children and Family Services by phone: **1-800-252-2873**. Willful failure to report will be a Class A Misdemeanor (Elder Abuse and Neglect Act – ILCS 320/1). It is also appropriate to notify local police departments of the above suspected cases.

Report suspicions of geriatric/elder abuse or neglect to ED physician, ED charge nurse AND the 24-hour Adult Protective Services Hotline at **1-866-800-1409.**

As health care professionals, EMS Personnel are required to take appropriate action, as described below, for certain instances of suspected crimes.

I. Suspected Child/Elder Abuse or Neglect:

A. EMS Personnel having reasonable cause to believe that a child/elder may be an abused or neglected child/elder must report such suspicion to law enforcement officials, resource hospital and DCFS and/or appropriate agencies.

B. EMS Personnel, having reasonable cause to believe that a child/elder has died as a result of abuse or neglect must report this suspicion to the coroner or medical examiner, law enforcement officials, and resource hospital.

C. If necessary, a law enforcement officer, physician or designated employee of DCFS or appropriate agency may take or retain protective custody of a child/elder if it is believed that doing so would be in the child's/elder's best welfare.

II. Suspect Victim of Domestic Violence:

A. EMS Personnel responding to a call to render care to a person who is suspected of being a victim of abuse, who is ultimately not transported, must offer immediate and adequate information regarding services available to victims of abuse such as the packet attached.

B. EMS Personnel who care for and transports a person who is suspected of being a victim of abuse must notify the ER staff at the receiving hospital of this suspicion. It will be the responsibility of the receiving hospital to offer immediate and adequate information regarding services available to victims of abuse.

Attachment: Domestic Violence Packet (information may also be found at the below listed website: http://www.illinois.gov/dcfs/safekids/protecting/Pages/dom_violence.aspx

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **VICTIMS OF SUSPECTED ABUSE/NEGLECT & SUSPECTED CRIMES**

POLICY:

III. Abandoned Newborn Infant Protection Act (Refer to policy 300-77 for details.)

Under the Abandoned Newborn Infant Protection Act, 325 Ill. Comp. Stat. § 2/1 et seq., newborn infants may be legally relinquished to the care and custody of a hospital, manned fire station, or other emergency medical facility.

- A newborn is an infant who a licensed physician reasonably believes is 30 days old or younger.
- Relinquish means leaving an infant with the personnel of a hospital, manned fire station, or other emergency medical facility.
- An emergency medical facility is a freestanding emergency center or trauma center as defined in the Emergency Medical Services (EMS) Systems Act. Urgent care and convenient care centers are not included in this designation.

A. The agencies and facilities must provide appropriate and adequate medical care necessary to ensure the safety of the child.

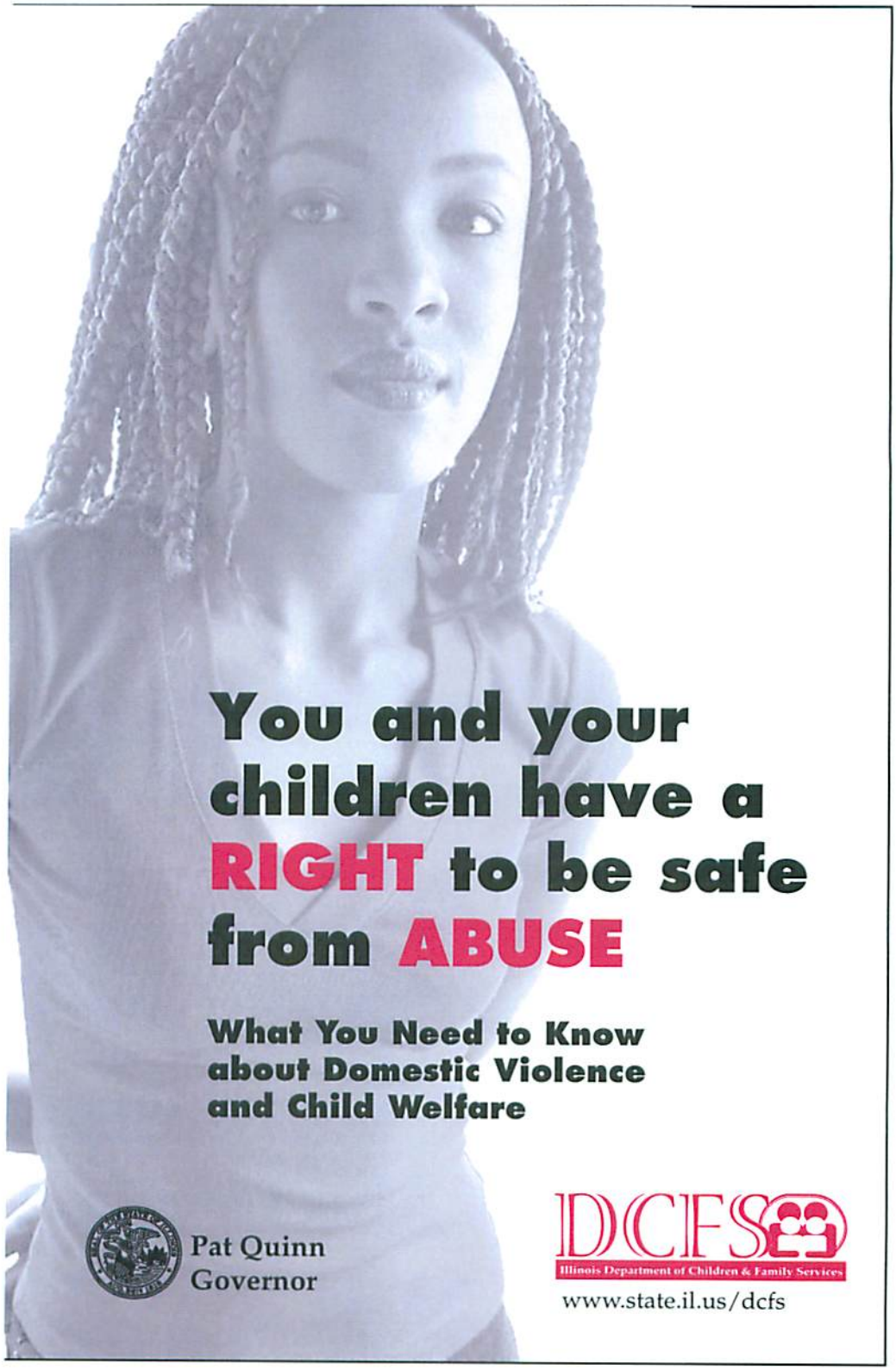
B. If there is suspected child abuse or neglect, not based solely on the infant's relinquishment, prehospital providers and hospital personnel must report that to the DCFS Central Registry (1-800-25- ABUSE), as indicated in this policy.

C. After the relinquishment of a newborn infant to a fire station, personnel must arrange for the transportation of the infant to the nearest appropriate hospital as soon as possible.

D. Each agency should develop its own policy and procedure with respect to relinquished newborn infants following the Illinois Statute 325 ILCS 2/) Abandoned Newborn Infant Protection Act https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1459&ChapterID=32.

EFFECTIVE DATE: 06-01-92

REVISED DATE: 07-31-23



You and your children have a RIGHT to be safe from ABUSE

What You Need to Know about Domestic Violence and Child Welfare

Pat Quinn
Governor

DCFS
Illinois Department of Children & Family Services

www.state.il.us/dcfs

What is domestic violence?

The Illinois Domestic Violence Act defines domestic violence as a crime in which physical abuse, harassment, intimidation of a dependent, interference with personal liberty by or willful deprivation is perpetrated by one family or household member against another. However, someone you have dated or are currently dating can perpetrate domestic violence.

Some people mistakenly believe domestic violence to be caused by mental illness, job stress or substance abuse. In fact, the basic goal of domestic violence is to establish or maintain power and control over the victim. The perpetrator wants to control what you do, when you do it, who you see, what you think, your access to money, medication, transportation, and more. The perpetrator's attempts to establish or maintain power and control come in many forms including, but not limited to, physical attacks and sexual abuse. The scars left by psychological attacks are just as harmful. Psychological abuse can come in the form of verbal insults, mind games, humiliation, excessive criticism and living with the constant fear of physical attacks. Unfortunately, to maintain control of the victim, the perpetrator often uses the victim's children.

Children as Primary and Secondary Victims of Domestic Violence

As primary victims research connecting domestic violence and child maltreatment is strong:

- Child Abuse is 15 times more likely to occur in families where domestic violence is present. (The Family Secret, Boston, 2000)
- Domestic Violence is often linked to severe and fatal cases of child abuse (Felix and McCarthy, 1994).
- Perpetrators sometimes use children to establish or maintain power and control over the victim by physically, emotionally, or sexually attacking the children (Schecter and Carter, 1995).

As **secondary victims** research shows exposure to trauma increases the risk of such things as:

- Eating and sleeping disorders

- Verbally or physically aggressive behaviors
- Feelings of guilt believing themselves to be the cause of domestic violence
- Poor school performance
- Children under five may frighten easily or become anxious, clingy or cry a lot
- Alcohol and drug abuse in adolescents

If the African proverb "It takes a village to raise a child" has any meaning, then private and public agencies, hospitals, churches, synagogues, mosques, and we as individuals must work tirelessly to end domestic violence. Domestic Violence is reduced when abusers are held accountable through a coordinated community response, and when victims are provided services appropriate to their experience with abuse. Our children are depending on us.

Is DCFS responding to the connection between domestic violence and child abuse?

The Department has developed a screening process to identify the presence of domestic violence and its affect on child safety and risk. Child protective service workers will assess families for domestic violence during the initial phase of child abuse or neglect investigations. If your case is opened, your worker will continue to screen for domestic violence dynamics during your family's involvement with DCFS. Your worker will work with you to develop a safety and service plan for domestic violence.

Not all incidences of domestic violence will require intervention services from DCFS. When domestic violence threatens the safety of your family, your worker will work together with the DCFS Domestic Violence Intervention Program to help identify the appropriate services and referrals for you and your family. The Department will provide you with the necessary services and referrals to assist you in keeping yourself and your children safe.

In assessing the level of risk to the child, DCFS child protective service workers are trained to recognize these significant indicators of domestic violence:

- There is current domestic violence or the alleged batterer has a history of domestic violence
- The child is likely to be "harmed" during the violence (being held during the violence, physically restrained from leaving etc.)
- There is reason to believe the child will or is intervening in a violent situation, placing her/him at risk of "substantial harm"

- The alleged batterer is not allowing the adult caregiver and child access to basic needs, impacting their health or safety
- The alleged batterer has killed, committed "substantial harm" or is making a believable threat to do so to anyone in the family, including extended family members and pets
- The child's ability to function on a daily basis is substantially impaired as a result of domestic violence
- The adult non-offending caregiver or alleged batterer blames the child for the domestic violence, describes or acts negatively toward the child
- The batterer has used or threatens the use of weapons

What types of questions will the DCFS worker ask me?

The DCFS worker will need to ask you many questions. Some of these questions are sensitive and may make you feel uncomfortable or embarrassed, but remember, your answers will help to determine the best course of intervention for you and your child.

Questions you may be asked are:

- Who is the batterer?
- Are you or your child in any immediate danger?
- What form of domestic violence does the batterer use: is it physical, sexual, verbal, threats, etc.?
- How often does this occur?
- In what way, if any, is your child directly involved?

- In what way is your child indirectly involved?
- Have you sought outside intervention or help in the past? If so, from what source and what happened?
- How has parenting changed for you as a result of domestic violence?

If the situation you are experiencing does not rise to the level of DCFS involvement, the DCFS worker may still use the opportunity to encourage you to seek intervention. **Remember, domestic violence is a crime and silence protects the batterer.**

Deciding to end a violent relationship

While all victims of domestic violence want the abuse to end, not all victims of domestic violence will decide to end the relationship. Whether this is the best decision for you and your child should be carefully discussed and analyzed with someone you can trust. However, you should know that the most unsafe time for many victims is when the victim is trying or considering ending the relationship. If you are considering leaving or ending the relationship, you should prepare a safety plan for domestic violence with your worker. Here are some things to bear in mind:

- Decide on an escape route and practice it with your child. Be careful that your destination is not one well known and expected by your batterer.
- Pack and hide a bag in case you need to leave quickly. Survivors of domestic violence have identified birth certificates, medication, money, car keys, social security cards and your address book as important items to include in your bag.
- Whether you leave your home or not, legal intervention can be beneficial. A court order, known as an order of protection, can help you in demanding your abuser stay away from your place of employment, your child's school and, of course, your home. Orders of Protection also serve as documentation in case of future court involvement such as custody, visitation or divorce.
- If there is DCFS involvement, let your assigned worker know what is happening. Your worker is there to help you and your children stay safe.

Domestic Violence Victim Services

The following are 24-hour crisis lines unless otherwise indicated. There may be other domestic violence services in your area. Check the telephone yellow pages under "Social Services" or call your local police department and medical/hospital social workers for assistance. The 24-hour, toll free, Illinois Domestic Violence Helpline is: 877/863-6338.

Aledo
Mercer County Family
Crisis Center
309/582-7233

Alton
Oasis Women's Center
800/244-1978

Aurora
Mutual Ground, Inc.
630/897-0080

Belleville
Violence Prevention Center
of SW Illinois
800/924-0069
618/233-0741 TDD

Bloomington
CA-CDV/Neville House
309/827-7070

Cairo
Cairo Women's Shelter, Inc.
618/734-4357

Canton
Fulton/Mason Crisis Service
309/647-8311

Carbondale
The Women's Center, Inc.
800/344-2094

Centralia
People Against Violent
Environments
800/924-8444

Charleston
Hope of East Central Illinois
888/345-3990

Chicago
Apna Ghar
800/717-0757

Connections for Abused Women
and Children
773/278-4566
773/278-4114 TDD

Family Rescue
773/375-8400 or 800/360-6619
773/375-8774 TDD

Between Friends
800/603-4357
773/274-6508 TDD/TTY

Domestic Violence Court –
Legal Advocates
312/325-9300 and 312/325-9175

Metropolitan Family Service
773/884-2210 (Not a Hotline)

Mujeres Latinas En Accion
312/738-5358 or 312/226-3350 TDD

Neopolitan Lighthouse
773/722-0005
773/826-2883 TDD

Legal Assistance Foundation
312/341-1070

Rainbow House
773/521-1815

Danville
YWCA Your Resource
Connection Shelter
888/548-1800

Decatur
Dove, Inc.
217/423-2238

DeKalb
Safe Passage, Inc.
815/756-5228

Des Plaines
Life Span
847/824-4454
849/824-0189 TDD

Effingham
Stopping Women Abuse Now
800/715-6260

Elgin
Community Crisis Center, Inc.
847/742-4182
847/742-4057 TDD

Freeport
VOICES DV Agency
877/994-7233

Galesburg
Safe Harbor Family Crisis
Center, LTD.
309/343-7233

Harrisburg
Anna Bixby's Women's Center
800/421-8456
618/252-8389 TDD

Homewood
South Suburban Family Shelter
708/335-3028
708/481-6808 TDD

Jacksonville
Crisis Center Foundation
877/243-5357
217/245-6816 TTY

Joliet
Guardian Angel Community Services
815/729-1228
815/741-4643 TTY

Kankakee
Kankakee County CADV
815/932-5800

Macomb
Quad City CADV
309/837-5555

Oak Park
Sarah's Inn
708/386-4225
708/386-3687 VTDD

Olney
Stopping Women Abuse Now
888/715-6260

Peoria
Women Strength
309/691-4111 or 800/559-7233

Princeton
Freedom House
800/474-6031

Rockford
PHASE/WAVE
815/962-6102

Springfield
Sojourn Shelter and Service
866/435-7438

Waukegan
A Safe Place
847/249-4450

Wheaton
Family Shelter Service
630/469-5650
630/790-6344 TTY

You and your children have a RIGHT to be safe from ABUSE.

Illinois Department of Children and Family Services
Domestic Violence Intervention Program
A Project of the Division of Clinical Services
100 W. Randolph, 6-100
Chicago, Illinois 60601
Phone: 312/814-4153
Fax: 312/814-5689

To report suspected child abuse or neglect, call
1-800-25-ABUSE (1-800-252-2873)
(TTY: 1-800-358-5117)

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SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **IN-FIELD SERVICE LEVEL UPGRADE – RURAL POPULATION**

DEFINITION:

Rural In-Field Service Level Upgrade – a practice that allows the delivery of advanced care for a lower level service provider that serves a rural population of 7,500 or fewer inhabitants, through use of EMS System approved EMS personnel.

POLICY: IDPH CODE: 515.833

In rural populations a vehicle, which is equipped and staffed to provide service at the EMR, BLS or ILS level, may be temporarily upgraded in the field to provide a higher level of service at the time of patient care. The following will apply:

1. System authorized EMS Personnel from another System vehicle responding mutual-aid, may board a vehicle providing EMR or BLS service in order to render a higher level of prehospital care. System authorized EMS Personnel administering care in System licensed vehicles must be in good standing within the System.

2. The higher level System authorized EMS Personnel will assess the patient's condition and determine the need for advance care. If such care is considered appropriate, the EMS resource hospital must be contacted by telemetry or MERCI to report the upgrade in the level of service.

3. The System EMS MD or designee will have the authority to approve an in-field service level upgrade. Once approved, the System authorized EMS Personnel at the higher- trained level will assume responsibility for the patient and the vehicle will be recognized as providing a higher level of service for the duration of the run until transfer of care at the receiving hospital is complete.

4. Once an in-field service level upgrade has been approved, the appropriate equipment will be transferred from the BLS, ILS or ALS vehicle to the EMR or BLS vehicle where care was previously initiated. Documentation by EMS Personnel must state that a temporary service level upgrade took place and indicate which agency assumed control of patient care. The System authorized EMS Personnel at the higher-trained level will be responsible for the appropriate documentation regarding the treatment given.

5. Each agency is required to submit a copy of the PCR to the System for review of necessity and frequency of use.

EFFECTIVE DATE: 09-13-93

REVISED DATE: 01-09-24

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **MEDICAL DEVICE FAILURE/MALFUNCTION**

POLICY:

In order to comply with a request from IDPH in regards to the Federal Food and Drug Administration's rules and regulations concerning Medical Device Failure/Malfunction, the following system policy will be observed.

The new rules mandate that ambulance provider agencies report any product/equipment that failures or malfunctions, which may have caused significant injury or death of a patient or EMS Personnel.

I. Reporting Mechanism and Guidelines.

A. System agencies and EMS Personnel are required to make reports.

B. System agencies and EMS Personnel must submit a medical device report (MDR) to the device manufacturer, system and the FDA within ten (10) days after becoming aware of a reportable death or serious injury, including serious injury.
Note: If the event involves a device-related death, or if the identity of the device manufacturer is not known, the report **must** be sent to the FDA.

C. System agencies must submit semi-annual reports to the system and the FDA if they have made any reports during the previous six (6) months.

D. System agencies and EMS Personnel must report only information that is reasonably known to them about the device and its malfunction incident, and are not required to investigate adverse events.

E. A System agency is obligated to file a report with the FDA and EMS system on a device malfunction when any of its personnel become aware of a reportable event.

F. Reportable events **include** adverse device events caused by **user** error.

G. Adverse device events are reportable for personnel who are injured and/or receive medical care arising from a device-related event.

H. System agencies **must** develop specifically written individual department policies and procedures to assure compliance with FDA and system regulations regarding device malfunction events. All EMS personnel must be inserviced on this policy as well as new employee orientation.

I. System agencies must maintain MDR event files and retain such documents for two (2) years after the event.

Note: If the System agency determines that an event is **not** reportable, then the information that leads to this conclusion must be kept in the agency's MDR events file.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **MEDICAL DEVICE FAILURE/MALFUNCTION**

POLICY: CONTINUED

I. Reporting Mechanism and Guidelines. (Continued)

J. MDR event files and other information kept by the System agency pursuant to the rules and regulations must be made available to the FDA and EMS System for inspection and audit.

K. Violations of the FDA rules and regulations regarding device failure and malfunction that have gone unreported can result in civil and criminal penalties, depending on specific case violations.

II. Communication Information and the Report Form

A. Reporting Agency:
Food and Drug Administration
Center for Devices and
Radiological Health
Medical Device Reporting
P.O. Box 3002
Rockville, MD 20847-3002
Report "Hotline": **1-800-FDA-1088**

B. Report Form.

The eMDR is available through the FDA's website at:
http://www.fda.gov/MedicalDevices/Safety/ReportaProblem/default.htm

EFFECTIVE DATE: 04-11-96

REVISED DATE: 07-18-16

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: ALTERNATE EMS MEDICAL DIRECTOR

POLICY:

The alternate EMS MD of the Silver Cross Emergency Medical Services System will assume all duties, responsibilities, and medical control of the entire system without restrictions in all instances of notified, scheduled and emergency absences of the system's EMS Medical Director. The alternate EMS MD will access and fulfill all system operational duties as described in the EMS MD's "Job Description" under the Resource Hospital's Departmental Guidelines.

EFFECTIVE DATE: 01-01-98

REVISED DATE: 12-09-18

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **MULTIPLE PATIENT REFUSAL/RELEASE FORM**

POLICY:

Silver Cross EMS System Vehicle Service Provider agencies may utilize the system's Multiple Patient Refusal/ Release Form to expedite the processing and documentation in situations involving multiple patients that refuse prehospital care and transport to a medical facility.

In order for provider agencies to utilize the system's Multiple Patient Refusal/Release Form, the following conditions must apply:

I. **Multiple Patient Refusal/Release Form Criteria**

A. An event that produces three (3) or more patients refusing prehospital treatment and/or transport to a medical facility.

B. Multiple patients may include minors ONLY IF their parent and/or legal guardian is on scene with them and that parent and/or legal guardian is signing for the minor patient.

C. In the best judgement of the EMS Personnel, the individuals involved in the multiple patient incident do not need treatment or transport, are awake, oriented and competent, who are voluntarily refusing assessment.

NOTE: **Medical control shall be established with the resource hospital early in the incident and prior to releasing patients from the scene.**

II. **Incident Documentation and Circulation of Report Forms**

A. At least one (1) patient care report form must be completed for each incident that involves the use of the System's "Multiple Patient Release" form.

B. System agencies must maintain copies of completed "Multi-Patient Release" forms and provide them to the System upon the System's request. All essential data must be entered into the electronic data collection program and therefore retained per policy 300-31.

EFFECTIVE DATE: 05-01-96

REVISED DATE: 12-03-18

SILVER CROSS EMS SYSTEM
MULTIPLE PATIENT RELEASE FORM

Agency:_____ Date:___/___/___ Type of Call:_____ Number of Vehicles:_____

Location of Call:_____ Brief Description of Call:_____

Total # of Patients:_____ # of Patients Transported:_____ # of Patients Refusing:_____ Unit #'s on Scene:_____

State Run Form #:_____ Agency Incident #:_____ Resource Hospital Log #:_____ Radio Contact:_____hrs

Call Recvd:_____hrs / Arrived Scene:_____hrs / Arrived Pt:_____hrs / Return Serv:_____hrs / Total Scene Time:_____

RELEASE FROM MEDICAL RESPONSIBILITY

I/we hereby refuse the emergency medical services, assessment, treatment and/or transportation to a medical facility offered and advised by the above named service provider. I/we hereby release the Silver Cross EMS System, the provider service, their personnel and employees, Silver Cross Hospital and its emergency nursing personnel and physicians of any further responsibility and acknowledge that I have been advised by the ambulance personnel that I should have emergency first-aid treatment, which I am refusing, and acknowledged by my signature below. I understand my refusal may jeopardize the health of the patient, and I/we should consult a private physician regarding medical treatment. I hereby release the above named parties from any claims of liability in connection with this incident and my signed refusal.

PRINT NAME ADDRESS CITY/STATE/ZIP

_____ _____ _____

SIGNATURE:_____ DOB:___/____/____ SEX: M - F
RELATIONSHIP:_____

PRINT NAME ADDRESS CITY/STATE/ZIP

_____ _____ _____

SIGNATURE:_____ DOB:___/____/____ SEX: M - F
RELATIONSHIP:_____

PRINT NAME ADDRESS CITY/STATE/ZIP

_____ _____ _____

SIGNATURE:_____ DOB:___/____/____ SEX: M - F
RELATIONSHIP:_____

PRINT NAME ADDRESS CITY/STATE/ZIP

_____ _____ _____

SIGNATURE:_____ DOB:___/____/____ SEX: M - F
RELATIONSHIP:_____

PRINT NAME ADDRESS CITY/STATE/ZIP

_____ _____ _____

SIGNATURE:_____ DOB:___/____/____ SEX: M - F
RELATIONSHIP:_____

AMBULANCE CREW MEMBERS

1._____ System #_____ 2._____ System #_____

3._____ System #_____ 4._____ System #_____

5._____ System #_____ 6._____ System #_____

Manual Page: 300-65a

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **DRUG DIVERSION REPORTING AND RESPONSE**

PURPOSE:
To provide guidelines for the identification, reporting, and investigation of suspected drug diversion by all Silver Cross EMS System EMS Personnel.

KEY TERMS:
Drug Diversion: Intentionally and without proper authorization, using or taking possession of a prescription medication from SCEMSS supplies, patients, or through the use of SCEMSS prescription, ordering, or dispensing systems. Examples of drug diversion include, but are not limited to, the following:

- Medication theft
- Using or taking possession of a medication without a valid order or prescription
- Forging or inappropriately modifying a prescription
- Using or taking possession of medication waste, i.e., left over medication

Prescription medication: A medication that according to federal law requires a prescription prior to dispensing.
EMS Personnel: Includes System EMR, EMT, EMT-I, Paramedic, PHRN, RN, and ECRN)
Controlled substance: Medications classified as Schedule I through V by the Federal Drug Enforcement Agency and/or applicable state law. (including but not limited to Morphine, Midazolam/Versed, Fentanyl, and Ketamine)

POLICY:
1. The prevention of drug diversion is essential to the safety of patients and is the individual responsibility of all System EMS Personnel.
2. EMS Personnel are required to report known or suspected incidents of drug diversion by other EMS Personnel.
3. All suspected incidents of drug diversion will be thoroughly investigated.
4. Suspicion of drug diversion may arise from a variety of circumstances, including, but not limited to, the following:
   - A witnessed incident of probable drug diversion
   - Behaviors that may indicate an impaired individual
   - Suspicious activity identified during routine monitoring and/or proactive surveillance
   - Self-disclosure of drug diversion by an individual
   - Notification of suspected drug diversion from an external source, such as local law enforcement or a family member of a suspected drug diverter
5. Any employee who reports suspected drug diversion honestly and in good faith will be protected from retaliation.
6. System management will manage the investigation of all reports of suspected drug diversion.
7. System management must receive prompt notification of incidents of probable drug diversion.
8. Drug diversion by System EMS Personnel is grounds for corrective action. In most cases the expected outcome will be suspension or dismissal from the System.
9. Drug diversion by System EMS Personnel will be reported to all appropriate government, licensing, regulatory, and law enforcement agencies.
10. Data relating to drug diversion reports and investigations will be analyzed to identify trends and opportunities for potential improvement in the medication use process.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: DRUG DIVERSION REPORTING AND RESPONSE CONTINUED

Initial Report and Investigation

1. Any EMS Personnel who suspect that drug diversion has occurred should immediately notify his or her supervisor.
2. Upon notification of suspected drug diversion, the supervisor will promptly perform an initial safety assessment and contact the System office. If the suspected diversion is a controlled substance, the completion of a Controlled Substance Out-Of-Balance Report is required per policy 300-37.
3 The supervisor's initial safety assessment will include the following steps:
   a) Determine whether any patient has been harmed or placed at risk of harm and take appropriate action to treat the patient or remove the risk of harm.
   b) Determine whether the suspected drug diversion involves an impaired employee or witnessed drug use by an employee. If so, follow the Abuse of a controlled substance policy.
4. The supervisor will take steps that are immediately necessary to preserve any readily apparent evidence, such as medication vials or syringes.
5. System Management will work with the Agency to initiate a preliminary investigation.
6. If a reasonable suspicion exists that drug diversion may have occurred law enforcement may be called in as further investigation ensues, which may include surveillance and interviews of the suspects and any potential witnesses.

System/EMS Personnel Action

1. If an EMS Personnel is determined to have committed drug diversion, the employee will be subject to corrective action. In most cases the expected outcome will be termination of employment or dismissal from the applicable school or training program. Such action may be taken regardless of whether the diversion occurred within the scope of employment or training, or while the employee was off-duty as a patient or visitor.
2. Termination or dismissal due to drug diversion will be recorded in the EMS Personnel's file. The specific reason for dismissal will be shared with prospective employers or educators who contact the System with appropriate authorization.

EFFECTIVE DATE: 05-01-16

REVISED DATE: 12-01-18

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **SYSTEM POLICY AMENDMENTS**

POLICY: Each provider agency of the system will be supplied with a policy & procedure manual.

This policy address the distribution of amendments to the System's policies and procedures, issues regarding the mechanism that will be utilized by System agencies to provide inservices addressing system policy changes to their personnel, and how communication updates on System or Regional activities will be shared with System agencies by the EMS System.

I. **Distribution of System Policy & Procedure Manual Amendments**

A. Each time the System amends or issues new System policies, the EMS office will e-mail notification to the Agency EMS Coordinators in a timely fashion.

1. The Agency EMS Coordinator shall ensure that only current policies are reflected in any hard copy files or binders. The Agency may choose to utilize the System website instead of printed copies.

II. **Inservices on EMS System Policy Amendments and Additions**

A. Upon the Agency's notification of a policy update, the agency's EMS Coordinator shall inservice their EMS personnel through training sessions, inservices, or written (including electronic) communication.

III. **System Communication of Updates and Information on System/Regional Activities**

A. As new developments, updates and activities arise on System and Regional levels, this information will be communicated in a timely manner to the agencies and associate hospitals of the Silver Cross EMS System through:

1. System Memorandums (including emails)
2. Group emailing
3. System meetings
4. System website
5. Special and general site visits
6. CE

EFFECTIVE DATE: 01-01-98

REVISED DATE: 12-06-18

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **GUIDELINES FOR SCHOOL BUS ACCIDENT / MOTOR VEHICLE COLLISION & SPECIALIZED MULTIPLE RELEASE FORM**

POLICY:

Motor vehicle collisions involving school buses pose a significant potential to overburden initial responding System Vehicle Service Provider units upon their arrival. Not only must agency EMS Personnel contend with the possibility of mass casualty or a multiple victim incident response, they may also have to deal with issues related to school district agency authority over students, refusal of uninjured minor patients, and dissemination of information to students parents or guardians. In the event of a motor vehicle collision involving a school bus in the process of transporting students to their respective schools or to their designated home drop off points, Silver Cross EMS System agency EMS Personnel shall adhere to the following guidelines to maximize use of available resources and not overburden their agency or surrounding mutual aid response agencies:

I. **On-Scene Operational Criteria**

Note: School district superintendents, principals and/or their designated officials are primarily responsible for the students from the time they board the school bus, during the routed trip, to the disembarkation point.

A. Upon arrival to the accident scene, EMS agency personnel will conduct a thorough size-up and patient assessment to determine:

1. Assessment of the nature of the incident.
2. Necessary tactical response.
3. Confirmation of the number of students and potential patients needing transport.
4. Evaluating the need for additional resources and their request to respond if deemed necessary.
5. Obtaining a passenger roster as soon as possible, if feasible.

B. Once first arriving agency units and personnel have confirmed that the motor vehicle collision involved a school bus transporting students, the Incident Commander will request the agency's PSAP or agency headquarters communications center to immediately contact the appropriate school officials and request that they send to the accident scene an authorized representative empowered to exercise authority and control over the students, preferably at the school principal or district superintendent level. If possible, relay to the school authority available information regarding the number of students involved and the particular school being served by the involved bus.

NOTE: The school bus driver or its agent representative cannot act on behalf or in the capacity of the school or school district official and is not qualified to sign any multiple patient release forms.

C. System EMS Personnel shall provide appropriate medical treatment and hospital transport for any students showing signs of having sustained injury/illness, or making a verbal complaint of an injury or illness. Observe existing system policy **300-47** in regards to the medical treatment for minor patients.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **GUIDELINES FOR SCHOOL BUS ACCIDENT / MOTOR VEHICLE COLLISION & SPECIALIZED MULTIPLE RELEASE FORM**

POLICY: CONTINUED

II. **Criteria for Uninjured School Bus Passengers**

A. Students who **do not** demonstrate signs of injury/illness or make no verbal complaints of such should be turned over to the custody of the authorized school agency representative on the scene. If an authorized school representative is unable to respond the scene of the collision, the following will apply:

1. An agency representative will escort the school bus, if operable back to the school of origin.

2. Agency command personnel will advise medical control of the number and condition of any students refusing treatment and transport, and indicating the return of refusal students to the school for transfer of authorization and responsibility to school officials. School officials will take responsibility for contacting the parents/guardians of students involved in the school bus collision, and their disposition: returned to the school or transported to the hospital for treatment.

3. One (1) completed ambulance run report form, documenting the complete incident**.**

4. The use of the Silver Cross EMS System's specialized Multiple Refusal Form (included), for the purpose of school bus / motor vehicle collision incidents. Request the appropriate school agency representative sign the refusal of treatment form for all students not treated or transported.

II. **Disposition of Paperwork**

A. Copies of the ambulance run report form and of the systems school bus multiple refusal form must be forwarded to the EMS office at the earliest convenience.

III. **If a School Agency Representative is Unavailable**

A. Agency EMS personnel will observe existing System policies regarding the medical treatment and refusal of treatment for minor patients, which normally includes transport to hospital.

B. The Incident Commander or Coordinator will appoint an agency individual / individuals to maintain accountability for any students not being transported and to make appropriate parental/guardian notification.

EFFECTIVE DATE: 01-01-98
REVISED DATE: 06-03-19

SILVER CROSS EMS SYSTEM

SCHOOL BUS / MOTOR VEHICLE COLLISION - STUDENT MULTIPLE RELEASE FORM

Agency:_____ **Date:**_____/_____/_____ **Time:**_____:_____ **Hrs. # of Vehicles:**_____

Location of Call:_____ **Brief Description of Call:**_____

School Bus Company:_____ **School Bus #:**_____ **Bus Driver Name:**_____

School District Name:_____ **School Principal/Agent Name:**_____

Total # of Pts._____ **Total # of Pts. Transported:**_____ **Total # of Pts. Refusing/Releases:**_____

State Run Form#:_____ **Agency Incident#:**_____ **Resource Hosp.Log#:**_____ **1st. Radio Contact Time:**_____

Call RCD:_____ **hrs. ARV. Scene**_____ **hrs. Returned to Service:**_____ **hrs. Total Scene Time:**_____

Was School Bus Returned to School with refusal Students: YES - NO EMT on Bus During Return:_____

RELEASE FROM MEDICAL RESPONSIBILITY

After a careful and thorough assessment of school bus passengers by responding EMS agency personnel, indicated by refusal of treatment or transport services, no injuries, illness or complaints were revealed. If any complication should arise later, it is recommended a private physician be consulted. I/We hereby refuse the emergency medical services, treatment and/or transport to a medical facility offered and advised by the above named provider. I/We hereby release the Silver Cross EMS System, the provider service, their personnel and employees, Silver Cross Hospital and its emergency nursing personnel and physicians of any further responsibility and acknowledge that I have been advised by the ambulance personnel that I should seek treatment if necessary, which I/we are refusing, and acknowledged by my signature below. I hereby release the above named parties from any and all claims of liability in connection with this incident. I further understand I and the school district is accepting responsibility for contacting parents/guardians in regards to this incident.

(PLEASE PRINT)

STUDENT NAME: _____ **AGE:**_____ **SEX: M - F GRADE:** _____

STUDENT NAME: _____ **AGE:**_____ **SEX: M - F GRADE:** _____

STUDENT NAME: _____ **AGE:**_____ **SEX: M - F GRADE:** _____

STUDENT NAME: _____ **AGE:**_____ **SEX: M - F GRADE:** _____

STUDENT NAME: _____ **AGE:**_____ **SEX: M - F GRADE:** _____

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STUDENT NAME: _____ **AGE:**_____ **SEX: M - F GRADE:** _____

STUDENT NAME: _____ **AGE:**_____ **SEX: M - F GRADE:** _____

SCHOOL AGENT (print) _____ **SCHOOL AGENT SIGNATURE:** _____

AMBULANCE CREW MEMBERS

1._____ **SYS. #**_____ **3.**_____ **SYS. #**_____

2._____ **SYS. #**_____ **4.**_____ **SYS. #**_____

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **PYXIS SUPPLY AND MEDICATION PROCEDURE**

POLICY:

Hospitals may utilize a PYXIS system for retrieval/exchange of EMS supplies and medications used on ambulance runs. EMS Personnel that transport to these receiving facilities must be programmed into each hospital's Pyxis system in order to gain access for drug and/or supply replacement and follow individual instructions per each hospital.

I. PYXIS - EMS Personnel Entry Process

A. System EMS Personnel that transport to these facilities will have to be entered into the program for PYXIS access. This can be accomplished by the System Agency EMS Coordinator obtaining the appropriate procedure to enter their EMS Personnel and disseminating that information to the members of their department. Each hospital will have their own process so contacting each receiving hospital's EMS Coordinator will allow the most accurate procedure.

II. PYXIS Operations

A. Pyxis operations may occasionally encounter problems so EMS Personnel may need to report difficulties to their Agency EMS Coordinator and request assistance from an ER nurse. If the issue persists, email the receiving hospital EMS Coordinator for resolve.

B. **Drug Exchange:** In instances where controlled substances need to be exchanged by System Paramedics or PHRNS, they are instructed to make the exchange of narcotics/controlled substances with the ER charge nurse on duty ensuring waste is documented and a signature is obtained.

EFFECTIVE DATE: 10-14-98

REVISED DATE: 12-07-18

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **MINIMUM STAFFING PATTERNS FOR SYSTEM EMS VEHICLES**

POLICY: IDPH CODE 515.830

This policy addresses Section 515.830 of the IDPH rules and regulations to ensure System provider agency compliance in regards to minimum staffing patterns for each type and level of EMS vehicles.

I. **EMR Transport and Non-transport Vehicles**

A. Each EMR vehicle will be staffed by a minimum of at least one System authorized EMR, EMT, A-EMT/EMT-I, Paramedic, or PHRN and one other System authorized EMR, EMT, A-EMT/EMT-I, Paramedic, PHRN or physician on all responses.

II. **BLS Transport and Non-transport Vehicles**

A. Each BLS vehicle will be staffed by a minimum of at least one System authorized EMT, A-EMT/EMT-I, Paramedic or PHRN and one other System authorized EMT, A-EMT/EMT-I, Paramedic, PHRN or physician on all responses.

II. **ILS Transport and Non-transport Vehicles**

A. Each ILS vehicle will be staffed by a minimum of at least one System authorized A-EMT/EMT-I, Paramedic or PHRN and one other System authorized EMT, A-EMT/EMT-I, Paramedic, PHRN or physician on all responses.

III. **ALS Transport and Non-Transport Vehicles**

A. Each ALS vehicle will be staffed by a minimum of at least one System authorized Paramedic or PHRN and one other System authorized EMT, A-EMT/EMT-I, Paramedic, PHRN or physician on all responses.

IV. **CCT Vehicles**

A. Refer to Policy 300-40 for CCT staffing requirements.

NOTE: Silver Cross EMS System does not have PHPAs or PHAPRNs.

EFFECTIVE DATE: 01-30-98

REVISED DATE: 01-09-24

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **ETHICS AND CODE OF CONDUCT**

POLICY:

All System EMS Personnel shall follow the national standard Code of Ethics as outlined on the NAEMT website at https://www.naemt.org/about-ems/emt-oath. All System EMS Personnel shall also conduct themselves in a manner in which they adhere to the IDPH EMS Act and System's policies.

Code of Ethics for EMS Practitioners

Professional status as an Emergency Medical Services (EMS) Practitioner is maintained and enriched by the willingness of the individual practitioner to accept and fulfill obligations to society, other medical professionals, and the EMS profession. As an EMS practitioner, I solemnly pledge myself to the following code of professional ethics:

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

EFFECTIVE DATE: 01-30-98

REVISED DATE: 12-01-18

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **MANAGEMENT OF LATEX ALLERGIES**

POLICY:

The purpose of this policy is to identify patients with, suspected of, or at risk for latex allergy, and to provide guidelines to ensure safe, consistent care of patients in the above category.

1. Clinical findings depend upon the sensitivity of the patient, route of administration, and quantity of antigen.
2. Reaction can manifest itself from a contact dermatitis to an anaphylactic reaction. The distinction between the two types of reactions is not always clear.
3. Signs and symptoms of latex reactions can include localized tissue inflammation, redness, irritation, eczema, and in more severe cases urticaria, wheezing, bronchospasm, edema to the mouth, eyes, and face, and anaphylaxis.
4. There are five routes of exposure to latex proteins: 1.) Cutaneous, 2.) Mucous membrane, 3.) Inhalation, 4.) Internal tissue, and 5.) Intravascular. The majority of severe reactions to latex have resulted from latex proteins contacting the mucous membranes of the mouth, vagina, urethra, or rectum.

The patient populations at risk for latex allergy are:

1. Individuals with neural tube defects (spina bifida).
2. Individuals with congenital urologic disorders.
3. Individuals with multiple congenital defects.
4. Individuals who have undergone multiple surgical procedures early in life.
5. Individuals with frequent occupational exposure to latex.

Guidelines for care:

1. Notify the receiving hospital of suspected latex allergy during radio report and again during delivery of the patient to the Emergency Room.
2. Use only known latex-free items in caring for patients with latex sensitivity.
3. Avoid wearing latex gloves for extended periods of time. Wash your hands thoroughly after wearing latex gloves.

ITEMS THAT MAY CONTAIN LATEX INCLUDE:

Gloves	B/P cuffs
Thermometers	Stethoscopes
Syringes	Tape
Tourniquet	Oxygen masks
IV supplies	Cannulas

EFFECTIVE DATE: 05-20-00

REVISED DATE: 12-29-10

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: FREE STANDING EMERGENCY CENTERS

Purpose:

1. To identify patients who may be taken to a Free Standing Emergency Center.

2. To provide guidelines to ensure safe, consistent care of patients in the above category.

Supportive Data:

1. There are now healthcare facilities, known as "Free Standing Emergency Centers (FECs)", which are staffed with emergency department personnel 24 hours a day, 7 days a week.
2. These FECs are required by Illinois Code to accept a limited number of BLS runs.
3. These FECs are not required, and usually do not provide inpatient beds.

Policy:

Silver Cross EMS ambulances should not utilize a Free Standing Emergency Center for any Advanced Life Support (ALS) patients. Silver Cross EMSS strongly recommends that **all** patients who call 9-1-1, be taken to the closest appropriate hospital.

Should any patient refuse to be transported to the closest hospital, and insist on being taken to the FEC, EMS Personnel should contact medical control for approval. Only patients with stable, BLS injuries should be considered for transport to the FEC.

Patients should be informed of the limitations on inpatient capabilities at FECs as part of the refusal process.

EFFECTIVE DATE: 12-29-10

REVISED DATE:

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: QUICK TRACH NEEDLE CRICOTHYROTOMY

POLICY:

Purpose:

1. To be used as a failed airway adjunct when oral intubation is not readily obtainable

2. To signify the medical director has given a standing medical order for the use of this device as a percutaneously placed needle cricothyrotomy airway as identified in the Region 7 SMO Needle Cricothyrotomy.

Supportive Data:

1. All use of this device shall be in accordance with the Region 7 SMO.

2. All attempts at securing an orally placed ET tube should be exhausted.

3. Use of this device will be monitored via QA.

4. All MICU patient care forms will be brought to the attention of the QA coordinator by the EMS Coordinator of the EMS Personnel using this device.

5. Training on the use of this device is mandatory and will be submitted to the EMS office prior to the use of this device.

6. Provider agencies that want to use this device will buy the airway first then it will be restocked when the patient is brought to Silver Cross Hospital. Other hospital's may offer restock of the item as well, if the patient is brought to their facility. Replacements at associate hospitals are at the discretion of those hospitals.

EFFECTIVE DATE: 12-01-11

REVISED DATE: 10-19-18

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **SERVICE DOGS**

POLICY:
In accordance with the Department of Justice regulations implementing the Americans with Disabilities Act, service dogs will be allowed to accompany patients during their transport on an ambulance.

I. Definition

A. The ADA defines a service animal as: Any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability including physical, sensory, psychiatric, intellectual, or other mental disability. Dogs whose sole function is to provide comfort or emotional support in the absence of a disability do not qualify as service dogs.

B. The work or task performed by the dog must directly relate to the patient's disability: i.e. guiding the blind, alerting the deaf, reminding mentally ill patient to take medication, calming an anxiety attack, protecting an epileptic during a seizer, etc.

C. The ADA significantly limits the questions that a covered entity's employees, including EMS crews, can ask to determine if a dog is a service animal. In situations where it's not obvious that the dog is a service animal, EMS crews my only ask:

1. Is the dog a service animal required because of a disability?

2. What work or task has the dog been trained to perform?

II. Training and certification

A. It is not permissible for an EMS crew to ask for or require documentation, such as proof that a service animal has been certified, trained or licensed as a service animal. It is not necessary that the dog wear a vest, ID tag, or anything else that would identify it as a service animal.

B. There is no requirement for specialized training for service dogs.

1. Some patients may have certification from an official training program, while others may not. An individual may train the dog themselves.

2. The patient or the service dog handler must maintain control of the service animal at all times. The dog must be harnessed, leashed or tethered unless these devices interfere with the animal's work. In this case, the patient must demonstrate their ability to control the animal through voice or other commands.

3. If the service dog is unable to be controlled by any of the above means (excessive barking, aggression, insufficient housebreaking, wandering away from the patient, interfering with patient care), the dog will not be allowed to ride with the patient and the patient must make other arrangements for care of the animal.

4. If EMS personnel transport a service animal that is initially under control but manifests behavioral or housebreaking issues mid-transport, they should thoroughly document the incident. The patient should be asked to make other arrangements for their animal for any future transports, per above.

III. Areas allowed

A. EMS Personnel are not responsible for care, comfort or securing of the service dog in the ambulance. Unless a specific location is required for the dog's work, the service dog must be kept in a location in the ambulance (chosen by the EMS personnel) where they will not interfere with medical care or pose a danger to personnel or the patient.

B. EMS Personnel should alert the ED before arrival that a service animal is accompanying the patient. Upon arrival at the hospital, the service dog can accompany the patient into the ED. Service dogs are allowed in areas of the hospital where the general public travels. They are not allowed in operating rooms, procedural rooms, sterile areas or staff-only areas. Hospital staff are not responsible for care of the animal.

EFFECTIVE DATE: **07-09-13**

REVISED DATE: **07-14-17**

REVIEWED:

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **CONCEALED CARRY**

POLICY: Refer to Region 7 SMO "Concealed Carry/Firearm" in addition to this policy.

The purpose of these guidelines is to outline common procedures for intervening with patients and/or their families who under the law may be carrying a concealed weapon. The intent is to reduce the potential risk of injury to emergency responders, healthcare providers and the public. These guidelines are in place to mutually respect the rights of citizens who lawfully carry a concealed weapon as well as to provide safety for emergency responders and healthcare providers.

I. These guidelines are for use by SCEMSS fire departments, emergency medical services, and healthcare facilities when caring for individuals who require medical intervention. These guidelines describe mutually agreed-upon best practices for promoting the safety of the public and those caring for ill and or injured patients.

II. Effective January, 2014 Illinois citizens can obtain a permit to legally carry a concealed weapon. Illinois emergency responders and healthcare providers are likely to encounter an increasing number of patients with such weapons. The most concerning is the potential for unintentional or accidental harm to emergency responders and healthcare providers as they care for these patients, most significantly the unintentional discharge of a firearm around these healthcare providers.

III. DANGEROUS WEAPONS DEFINED

Dangerous Weapon means any instrument, device, or thing capable of inflicting death, and designed or specially adapted for use as a weapon, or possessed, carried or used as a weapon. In Illinois, statute defines dangerous weapon," Dangerous weapon" means any firearm, whether loaded or unloaded; any device designed as a weapon and capable of producing death or great bodily harm; any electric weapon.

IV. PATIENT SCENARIOS

These guidelines will address the following scenarios in the prehospital and hospital setting:

- Conscious patients willing to relinquish a weapon.
- Conscious patients unwilling to relinquish a weapon.
- Patients with altered levels of consciousness.
- Family members and friends who have weapons and want to be with patients in Emergency Response Vehicles.
- Chain of custody transfer between emergency responders and medical facilities.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: CONCEALED CARRY

POLICY: CONTINUED

V. GENERAL GUIDELINES FOR ALL EMERGENCY RESPONDERS AND HEALTHCARE WORKERS

Emergency responders and healthcare workers should anticipate that any patient may have a concealed weapon. The safety of emergency responders and healthcare providers is our most important priority. Emergency responders and healthcare providers should never approach an agitated, threatening, chemically impaired or disoriented patient who is or claims to be armed, no matter how ill the person seems. Law enforcement should be called to secure the scene and to disarm such individuals.

Ideally patients will inform any emergency responder or healthcare provider that they have a weapon. However it is likely that at times patients may choose not to declare or may not be able to inform you that they have a weapon. All emergency responders and healthcare providers should ask not only the patient, but any friends or family that would be transported with the patient. The following concepts apply to the discovery of a concealed weapon on a patient, and are to be considered throughout this document.

- ALWAYS ASK A PATIENT IF THEY HAVE ANY WEAPONS ON THEIR PERSON.
- Emergency responders and healthcare providers should always assume that all firearms are loaded.
- It is not the job of EMS Personnel to determine if the patient is carrying the weapon legally.
- Optimally weapons should be safely secured by the patient at their residence and not be transported with the patient in an emergency response vehicle.
- Patients with an altered level of consciousness, severe pain, or with difficulties in motor functions should not be encouraged to disarm themselves. An emergency responder or healthcare worker may need to obtain control of the weapon for the safety of responding personnel, the public and the patient. Caution should be used at all times when handling a weapon. Emergency responders and healthcare workers should not attempt to unload a firearm. Regardless of a person's familiarity with firearms, there is no way to know if the gun is in proper working order.
- Patients carrying a firearm while being intoxicated are committing a criminal offense. **Law enforcement should be notified immediately**.
- Private EMS agencies and healthcare facilities have the option and are encouraged to designate themselves as a weapons-free facility or a "No-carry zone." "No-carry" signage should be clearly posted in emergency response vehicles and medical facilities. Law enforcement shall be called if patients insist on carrying weapons in emergency vehicles or in hospitals that have declared themselves as no-carry zones, because they are then violating the law.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **CONCEALED CARRY**

POLICY: **CONTINUED**

- **Under no circumstances should an emergency responder or healthcare worker compromise their safety in regards to these guidelines**. **When in doubt about a patient with a weapon or the weapon itself, emergency responders and healthcare providers should contact local law enforcement for assistance.** Law enforcement officers will make the final decisions regarding disarming the patient and the weapon.
- It is recommended that emergency healthcare workers and facility safety/security personnel ask their local law enforcement agencies if they can receive education regarding basic firearm safety.
- Any person under the age of 21 carrying a handgun is in violation of the law. Emergency responders and healthcare workers should contact law enforcement for assistance.

VI. PREHOSPITAL ACTIONS OF EMERGENCY MEDICAL SERVICES

Prehospital emergency responders may discover a weapon on a patient at the scene while doing a hands-on assessment, or in some instances during a secondary assessment while en route to a hospital. Based on the possible scenarios previously listed, an emergency responder shall follow these steps when a weapon is discovered.

Conscious Patient Willing to Relinquish a Weapon.

- Patients who are alert and oriented and for whom the emergency response is occurring at their residence should be asked to leave their weapons in a secure location at home prior to transport. Patients can be told that EMS vehicles and most hospitals are “no-carry zones”.
- When the emergency response is occurring away from their home, the patient may relinquish their weapon to a law enforcement officer on scene if one is available or to another responsible party at the scene.
- If a patient is not at their residence or if a law enforcement officer is not available, emergency response personnel should do the following:

1. Place or have the patient place the weapon into the “Lock Box.” The barrel of a firearm should be pointing in the direction that is indicated on the outside of the Lock Box. Lock Box information located in Section VII and Attachments.
2. Secure the Lock Box with designated Security Seals or similar numbered security seals and place the Box in a locked cabinet or locked exterior vehicle compartment for transport.
3. Complete and have the patient sign the *Chain of Custody Form (Attachment A)*.
4. Conduct a thorough secondary survey of the patient for a secondary weapon.
5. If additional weapons are found, begin again at step (1). If no additional weapons are found, load the patient into the vehicle and transport to an appropriate medical facility.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **CONCEALED CARRY**

POLICY: **CONTINUED**

6. While en route, emergency response personnel shall notify the receiving hospital by stating "I have a firearm on board" which lets the receiving hospital know to alert security to a secured weapon being transported with the patient.
7. Ideally, facility security personnel shall meet the transport vehicle at the doors to take control of the weapon. Emergency response personnel shall hand over the Lock Box with security tags in place.
8. Medical facility and emergency response personnel shall document the transaction on the *Chain of Custody Form.*
9. Facility security personnel shall give an empty replacement box to the emergency responders.
10. Facility security may in conjunction with a law enforcement officer validate and unload a weapon in the Lock Box. Security tags should be replaced and documented on the *Chain of Custody Form* if the Lock Box is opened.

Conscious Patient Unwilling to Relinquish a Weapon.

- Emergency responders should approach an alert and oriented patient in calm discussion about the need to secure the weapon prior to transport. Simple explanations can be given including that these regional guidelines are in place.
- Patients that are conscious but have an altered mental status are considered dangerous because they are unable to make sound decisions, therefore they should be disarmed as soon as possible.
- If the patient continues to refuse to relinquish the weapon, emergency responders may immediately stop the assessment and refuse transporting to a medical facility if their individual protocols and SOG's allow them to do so.
- Emergency responders should be suspicious of ill or injured patients unwilling to relinquish weapons.
  Law enforcement may be called to intervene in the situation.
- If the situation becomes threatening, emergency responders should evacuate the scene to a secure place a safe distance away and notify law enforcement immediately.
- If emergency responders deem a situation "unsafe" at anytime throughout your contact with an individual, you may retreat to a safe place until law enforcement arrives.

Patients with Altered Levels of Consciousness.

- Emergency responders must **use extreme caution** when approaching patients with altered levels of consciousness.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **CONCEALED CARRY**

POLICY: **CONTINUED**

- If a weapon is found on a conscious patient with an altered level of consciousness, emergency responders should not attempt to have the patient hand over the weapon on their own. EMS personnel should not attempt to remove a weapon from a patient whose level of consciousness could make them assume that they would use that weapon against them. Law enforcement should be called to assist in disarming these patients. If a weapon is removed by a law enforcement officer, the officer will then make the weapon safe and place it in the lock box.
- If the patient is unconscious and requires emergent care but law enforcement is not on the scene, EMS personnel will need to carefully separate the weapon from the patient prior to transport. In a perfect situation a firearm should be removed from the patient while still in the holster. If removing the holster and weapon together jeopardizes the safety of the patient or emergency response personnel, or it is physically impossible to remove the holster and firearm together, the weapon may be removed without the holster. Once removed, emergency response personnel shall:
  1. Handle all weapons carefully
  2. Place the weapon or weapon-in-the-holster into the Lock Box.
  3. Secure the Lock Box with Security Seals or similar numbered security seal and place the Box in the locked drug cabinet or locked exterior vehicle compartment for transport.
  4. Complete the *Chain of Custody Form.*
  5. Conduct a thorough secondary exam for a secondary weapon.
  6. If additional weapons are found and removed, begin again at step (1). If no additional weapons are found, load the patient into the vehicle and transport to an appropriate medical facility.
  7. While en route, emergency response personnel shall notify the receiving hospital by stating "I have a firearm on board" which lets the receiving hospital know to alert security to a secured weapon being transported with the patient.
  8. Ideally, facility security personnel, or designated hospital staff shall meet the transport vehicle at the doors to take control of the weapon. Emergency response personnel shall hand over the Lock Box with security tags in place.
  9. Medical facility and emergency response personnel shall document the transaction on the *Chain of Custody Form.*
  10. Procedure for receiving facility with Lock Box exchange and without:
      a) Facility security personnel may give an empty replacement box to the emergency responders if the medical facility is participating in the regional exchange program.
      b) Facility security personnel shall take the weapon from the lock box and secure it per their facility's protocols. Once secured the security personnel shall return the lock box to the transporting agency.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **CONCEALED CARRY**

POLICY: **CONTINUED**

Family members and friends who have weapons and want to be with patients in emergency response vehicles.

- The decision to transport family members and/or friends with the patient solely rests with existing policies of individual emergency response agencies.
- Agencies that permit transport of family/friends with the patient shall:
  1. Ask the family member/friend to announce that they have a concealed weapon.
  2. Explain that no unsecured weapons may be transported in the emergency vehicle
- If a family member/friend discloses a concealed weapon AND the patient's condition is such that the emergency medical personnel deem it in the best interest of the patient to transport the family member/friend with them:
- The family member/friend should be instructed to leave the weapon in a secure place at home.
- If the family member/friend refuses, emergency response personnel have the ability to decline transport of the family member/friend with the patient. ***No family member/friend should be transported with an unsecured weapon.***
- If the scene is not at the family member's/friend's residence, or circumstances prevent the weapon from being secured in the home:
  1. Have the family member/friend place the weapon into the "Lock Box." The barrel of a firearm should be pointing in the direction that is indicated on the outside of the Lock Box.
  2. Secure the Lock Box with Security Seals or similar numbered security seal and place the Box in the locked drug cabinet or locked exterior vehicle compartment for transport.
  3. Complete and have the family member/friend sign the *Chain of Custody Form*.
  4. While en route, emergency response personnel shall notify the receiving hospital by stating "I have a firearm on board" which lets the receiving hospital know to alert security to a secured weapon being transported with the patient.
  5. Ideally, facility security personnel shall meet the transport vehicle at the doors to take control of the weapon. Emergency response personnel shall hand over the Lock Box with coded snap locks in place.
  6. Medical facility and emergency response personnel shall document the transaction on the *Chain of Custody Form*.
  7. Procedure for receiving facility with Lock Box exchange and without:
     a) Facility security personnel may give an empty replacement box to the emergency responders if the medical facility is participating in the regional exchange program.
     b) Facility security personnel shall take the weapon from the lock box and secure it per their facility's protocols. Once secured the security personnel shall return the lock box to the transporting agency.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **CONCEALED CARRY**

POLICY: **CONTINUED**

Patients Transported via Emergency Responders to a Medical Facility

- EMS should make every attempt to screen all patients for concealed weapons prior to transport to a medical facility.
- Patients with concealed weapons that could not be secured at their residence may have had them placed in a Lock Box by emergency personnel. In the absence of an established community protocol where the local law enforcement agency of the emergency responders meets the transport vehicle at the medical facility to assume control of the weapon, medical facilities may need to assume control when the patient is delivered
    1. While en route, emergency response personnel shall notify the receiving hospital by stating "I have a firearm on board" which lets the receiving hospital know to alert security to a secured weapon being transported with the patient. Also advise the receiving facility if the patient is or was uncooperative regarding their weapon.
    2. Ideally, facility security personnel shall meet the transport vehicle at the doors to take control of the weapon. Emergency response personnel shall hand over the Lock Box with Security tags in place.
    3. Medical facility and emergency response personnel shall document the transaction on the *Chain of Custody Form.*
    4. Procedure for receiving facility with Lock Box exchange and without:
        b) Facility security personnel may give an empty replacement box to the emergency responders if the medical facility is participating in the regional exchange program.
        c) Facility security personnel shall take the weapon from the lock box and secure it per their facility's protocols. Once secured the security personnel shall return the lock box to the transporting agency.

VII. LOCK BOX

A consistent program should be established under these guidelines such that all emergency response agencies and healthcare facilities **participating** shall utilize similar safety boxes to secure deadly weapons. The box the System offers is manufactured by *Flambeau*. The box name is the "Flambeau Safe Shot Pistol Gun Case, 14-inch Polymer Black," (*Attachment B*). An agency may procure its own box as long as it meets/exceeds these guidelines. Each box shall have a gun template with indelible medium on the outside of the Lock Boxes to indicate the direction of the barrel of a stored firearm. A gun template is attached with these guidelines *(Attachment C).*

These Lock Boxes shall be secured with Security Seals locks or similar numbered security seal to document a chain of custody. Emergency response agencies and healthcare facilities shall procure their own locks. Each Lock Box shall have an outside label indicating *"CAUTION: LOADED FIREARM (Attachment D)."*

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **CONCEALED CARRY**

POLICY: **CONTINUED**

Lock Boxes containing weapons must be stored in a secure, locked storage compartment or cabinet by emergency response agencies and healthcare facilities. The Lock Boxes will be exchanged at the healthcare facilities when patients are delivered who had a weapon that could not be left at home. Emergency response personnel shall hand-over a Lock Box secured with security tags to a healthcare facility security officer. In exchange healthcare security officer will provide an empty box back to the emergency responder. The intent is to minimize the handling of potentially dangerous weapons by emergency response and healthcare facility staff. Additionally, at the discretion of the emergency response agency, a family member/friend may be transported with the patient. If the family member/friend has a weapon and is transferred, the family member's/friend's weapon must also be secured and given to a healthcare facility's security staff by emergency response personnel. As above, the healthcare facility security officer and emergency responder shall exchange the Lock Box with the weapon for an empty Lock Box

FOR MORE INFORMATION

For more information about these guidelines, contact the SCEMSS Manager at (815) 300-7430.
In addition to the guidelines described in this document we strongly encourage prehospital EMS and medical facilities to establish no-carry policies for visitors.

ATTACHMENT A: Concealed Weapon Chain of Custody Form
ATTACHMENT B: Information on Flambeau Safe Shot Pistol Gun Case 14" Polymer Black
ATTACHMENT C: Gun Template Picture
ATTACHMENT D: "CAUTION: LOADED FIREARM" Labeling

EFFECTIVE DATE: **01-01-14**
REVISED DATE: **03-09-16**
REVIEWED:

POLICY 300-76 ATTACHMENT "A"

Patient Name: _____
DOB: _____
OR AFFIX STICKER

CONCEALED WEAPON CHAIN OF CUSTODY FORM

DOCUMENTATION OF WEAPON(S)

□ Firearm(s) □ Cutting Blade(s) □ Electroshock Weapon □Other

How Many & type(s) of each indicated above_____

CONFINEMENT OF WEAPON(S)

Patient/ Other (Circle one) Signature of Release to Secure Weapon_____

Lock Box Snap Lock Number(s)

Placed by_____ _____ on __/__/__ :__
Agency/Facility Signature Date Time

Witness_____ _____ on __/__/__ :__
Agency/Facility Signature Date Time

DELIVERY OF WEAPON(S) FROM EMS TO HOSPITAL

Patient/ Other (Circle one) Signature of Release to Secure Weapon_____

Lock Box Snap Lock Number(s)

Given by_____ _____ on __/__/__ :__
Agency/Facility Signature Date Time

Received by_____ _____ on __/__/__ :__
Agency/Facility Signature Date Time

DELIVERY OF WEAPON(S) FROM EMS/HOSPITAL TO LAW ENFORCEMENT

Patient/ Other (Circle one) Signature of Release to Secure Weapon_____

Lock Box Snap Lock Number(s)

Given by_____ _____ on __/__/__ :__
Agency/Facility Signature Date Time

Received by_____ _____ on __/__/__ :__
Agency/Facility Signature Date Time

ATTACHMENT “B”

ATTACHMENT “C”

Flambeau Safe Shot Pistol Gun Case 14" Polymer Black

Flambeau #: 6450SC

Technical Information

Material: Hard Plastic **External Dimensions:** 14" Long X 11" Wide X 3-1/4" High **Weight:** 1.45 Pounds
Number of Firearms: 1 Handgun **Type of Lock:** Sliding, Lockable Latches
Notes: Full Egg-Shell Foam Padding; Cases are stackable; Based on inside dimensions, this case will hold one handgun up to a 7" grip length and 12" overall length including barrel

Muzzle Direction

EXAMPLES

ATTACHMENT “D”

CAUTION:
LOADED WEAPON

CAUTION:
LOADED WEAPON


Pursuant to
430 ILCS 66/65


Pursuant to
430 ILCS 66/65

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **ABANDONED (RELINQUISHED) NEWBORN**

The Abandoned Newborn Infant Protection Act offers a protected, legal alternative to unsafe infant abandonment. An unharmed newborn, up to 30 days old, may be handed to staff (a person, not a drop box) at a hospital, emergency medical care facility, police station, firehouse, college/University police station, or Illinois State Police district headquarters. No questions need to be answered and there is no fear of prosecution. To review the full Act: https://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1459&ChapterID=32

I. **DEFINITIONS:**

- **Neonate:** means a child who a licensed physician reasonably believes is 30 days old or less at the time the child is initially relinquished to a hospital, police station, fire station, emergency medical facility, and who is not an abused or neglected child.
- **Relinquish**: means to bring a neonate, who a licensed physician reasonably believes is 30 days old or less to a hospital, police station, fire station, emergency medical facility, and to leave the infant with personnel of the facility, if the person leaving the infant does not express an intent to return for the infant or states that he or she will not return for the infant.
- **Emergency Medical Professional** includes licensed physicians, and any EMT, AEMT, EMT-I, Paramedic, TNS, and Prehospital registered nurse as defined in the EMS Systems Act.
- **Fire Station:** Means a fire station within the State with at least one staff person.

II. **POLICY:**

EMS will provide assessment, treatment, and transportation to the nearest hospital for relinquished infants according to the above named Act. EMS, if possible, will provide the necessary documents to the relinquishing parent as specified in the above named Act.

III. **PROCEDURE: INFANT CARE AND HOSPITAL CONTACT**

A. The relinquishing person is presumed to be the infant's biological parent.

B. Assess the infant. Look particularly for any signs of abuse or neglect.

C. Ask the relinquishing parent for the infant's name and date of birth.

D. If the child is presumed to be more than 30 days old, or appears to have been abused or neglected, EMS personnel should follow the **SUSPECTED CHILD ABUSE AND NEGLECT SMO**. While this is all that is required under the Act, refusing to take an infant presumed to be older than 30 days or one who is abused or neglected from a parent who wishes to relinquish them could possibly result in harm to the infant. It is in the best interest of the child to accept them and proceed as below.

E. Initiate EMS care per indicated SMO under implied consent and contact the closest hospital as soon as possible so a physician can take temporary protective custody of the infant.

F. If the given name is unknown, list the infant's name as "Baby Girl/Boy Doe".

G. EMS shall honor the intent of the Act to allow for the **anonymity of the relinquishing parent**. However, nothing in the Act precludes a relinquishing person from providing their identity, **If the infant is presumed to be 30 days of age or younger and there is no evidence of abuse or neglect:**

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **ABANDONED (RELINQUISHED) NEWBORN**

1. Identify the infant as relinquished in the comments section of the patient care report but omit any descriptive information regarding the relinquishing individual;
2. **The parent has the right to remain anonymous and to leave the fire station at any time and not be pursued or followed.** If abuse or neglect is later suspected, the hospital will report it. The parent will not be prosecuted for relinquishment unless the infant was abused or neglected; and normal patient confidentiality will surround this process.

IV. **PROCEDURE: COMMUNICATION WITH THE RELINQUISHING PARENT**

A. EMS personnel must offer the relinquishing parent the packet of information specified in the Act and if possible, **verbally inform the parent that**:

1. **Their acceptance of the information is completely voluntary;**
2. Completion of the Illinois Adoption Registration form and Medical Information Exchange form is voluntary;
3. A Denial of Information Exchange form may be completed which would allow the relinquishing parent to remain anonymous to the infant and other parties involved in the infant's subsequent adoption;
4. The parent may provide medical information only and remain anonymous; and
5. By relinquishing the infant anonymously, they will have to petition the court to prevent the termination of parental rights and regain custody of the child. This information shall be printed and included in the packet.
6. If the parent returns within 72 hours to reclaim the infant, they should be told the name and location of the hospital to which the infant was transported.

B. **The parent may be unwilling to participate in a discussion.** Document on the infant's PCR that the required information was offered to the parent and whether or not it was received. Note: These packets should be available in every fire station.

C. **Inform the parent** that the fee for filing the application is waived if the medical questionnaire is completed.

D. **RESOURCES**

- https://saveabandonedbabies.org/fire-station-protocol/
- Illinois Adoption Registry and Medical Information Exchange
- Illinois Adoption Registry and Medical Information Exchange Brochure: https://dph.illinois.gov/content/dam/soi/en/web/idph/files/forms/adoptapp.pdf
- **Important Documents needed in the case of a relinquishment:**

  Adoption Agencies in Illinois
  Birth Parent Information Packet (English)
  Birth Parent Information Packet (Spanish)
  Birth Parent Information Packet (Polish)

SAB's crisis line is always open. Please do not hesitate to contact them with questions at (888)510-BABY.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **ABANDONED (RELINQUISHED) NEWBORN**

V. **IMMUNITY** (Section 27): A hospital, fire station, or emergency medical facility, and any personnel of a hospital, fire station, or emergency medical facility, are immune from criminal or civil liability for acting in good faith in accordance with the Act. Nothing in the Act limits liability for negligence for care and medical treatment.

VI. **EVALUATION** (Section 65): IDPH shall collect and analyze information regarding the relinquishment of newborn infants and placement of children under the Act. Fire stations, emergency medical facilities, and medical professionals accepting and providing services to a newborn infant under the Act shall report to the Department data necessary for the Department to evaluate and determine the effect of this Act in the prevention of injury or death of newborn infants. Child-placing agencies shall report to the Department data necessary to evaluate and determine the effectiveness of these agencies in providing child protective and child welfare services to newborn infants relinquished under the Act. The information collected from Fire stations shall include but need not be limited to the number of newborn infants relinquished and the services provided to relinquished newborns.

EFFECTIVE DATE: 08-01-23

REVISED DATE: