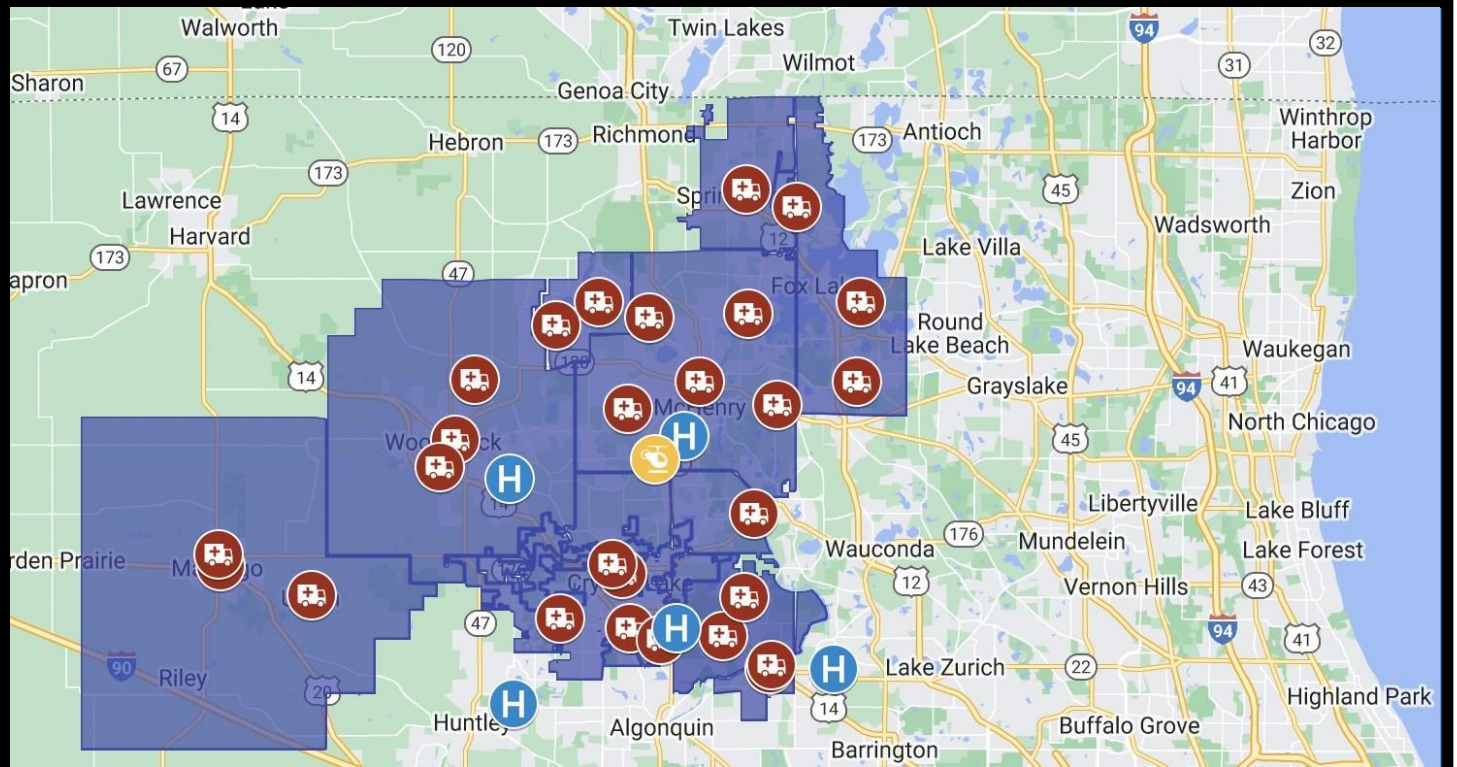





Policy Manual

2025



Statement

	Title	System Narrative		
	Author:		Effective:	January 1, 2024
	Supersedes:		Revised:	November, 2023
	Authorized By:	Dr. John Pacini DO	Date:	January 1, 2024

Purpose

Communicate details of MWLC EMSS.

Goal

1. Provide a brief history of MWLC EMSS.
2. Provide a current description of MWLC EMSS participation and operations.

Motto

Saving Lives, Serving Communities.

Mission

McHenry Western Lake County EMS is committed to being a trusted and responsive partner in emergency medical services. Our goal is to make a positive impact on the health and safety of our community by providing swift, compassionate, and expert care during times of crisis.

Through ongoing training, community outreach, and a relentless pursuit of excellence, McHenry Western Lake County providers aim to ensure the highest level of care for those we serve.

Values

McHenry Western Lake County EMS System **P.R.A.C.T.I.C.E.S.**

- **Professionalism:** Adhering to the highest standards of conduct, ethics, and accountability in all aspects of service delivery and interactions with the community. Showing **respect** for the dignity, diversity, and cultural differences of patients, their families, and colleagues.
- **Adaptability:** Being flexible and adaptive to the dynamic and unpredictable nature of emergency situations, ensuring effective responses in various scenarios.
- **Compassion:** Demonstrating empathy, understanding, and kindness when providing care to patients and their families during times of crisis.
- **Teamwork:** Collaborating seamlessly with colleagues, other healthcare professionals, and public safety agencies to provide a coordinated and efficient response to emergencies.
- **Integrity:** Acting with honesty and integrity in all interactions, maintaining the trust and confidence of the community served.

- **Continuous Improvement:** Embracing a culture of ongoing learning, training, and improvement to stay current with best practices and provide the highest level of care.
- **Excellence:** Striving for excellence in training, education, and the provision of emergency medical care to ensure the best possible outcomes for patients.
- **Safety:** Prioritizing the safety of patients, EMS personnel, and the community in all aspects of service delivery and transport.

History

The McHenry Western Lake County EMS System (MWLC EMSS) organized in 1973 and approved by the Illinois Department of Public Health in 1975 to provide advanced life support emergency medical services (EMS) to the population of McHenry County and Western Lake County areas. At that time, all EMS service was provided by volunteer provider agencies, with the City of Crystal Lake being the largest population served. The general culture of McHenry County was rural, with an emphasis on agriculture and recreational industry.

Over time, the MWLC EMSS service area has experienced significant growth. MWLC EMSS agencies transitioned from all volunteer, to part-time paid-on-call (POC) and paid-on-premise (POP). Today, many agencies have shifted to full-time career staffing. Private ambulance companies and air medical services have grown in response to area development.

2024 Highlights

- Continuous Quality Improvement Committees
 - Airway and Cardiac Committees generate CQI data that culminates in:
 - Developing recommendations for continuing education.
 - Providing feedback on local effectiveness of SOP guidelines.
 - Generating in year-end statistics.
 - Developed CQI Reviewer Handbook.
 - Developed CQI Annual Report.
 - Productive professional development.
- Instituted needle cricothyrotomy skill.
- 37,555 patient encounters system-wide.

Participating Agencies

A-TEC Ambulance (private transport service)
Cary Fire Protection District
Crystal Lake Fire Rescue Department
FoxComm (PSAP)
Fox Lake Fire Protection District
Fox River Grove Fire Protection District
IMG Ambulance (private transport service)
LifeNet (SEMSV-Helicopter)
Marengo Rescue Squad District
McHenry Township Fire Protection District
McHenry County Sheriff's Dispatch (PSAP)
NERCOM (PSAP)
Nunda Rural Fire Protection District
SEECOM (PSAP)
Spring Grove Fire Protection District
Wonder Lake Fire Protection District
Woodstock Fire/Rescue District

Hospitals

Resource:

Northwestern Medicine – McHenry
4201 Medical Center Drive, McHenry, IL 60050

Associate:

Northwestern Medicine – Huntley
10400 Haligus Road, Huntley, IL 60142

Northwestern Medicine – Woodstock
3701 Doty Road, Woodstock, IL 60098

Advocate Good Shepherd Hospital
450 W. Highway 22, Barrington, IL 60010

Advocate Sherman Hospital
1425 N. Randall Road, Elgin, IL 60120

Participating:


Mercy – Crystal Lake Hospital
875 S. Route 31, Crystal Lake, IL 60014

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Policy

	Title:	Abandoned Infant		
	Author:		Effective:	January 1, 2024
	Supersedes:	2010	Revised:	August 2023
	Authorized By:	Dr. John Pacini DO	Date:	January 1, 2024

Purpose

Comply with the Abandoned Newborn Infant Protection Act (325 ILCS 2/).

Goal

1. Provide a mechanism for a newborn infant to be relinquished to a safe environment and for the parents of the infant to remain anonymous if they choose.
2. Outline procedures ensuring care for a relinquished newborn infant.
3. Outline procedures for interaction with relinquishing parents.


Definitions

1. *Agency* is defined as: a public organization that employs personnel 24 hours per day, 7 days per week, 365 days per year (whether compensated or not) approved by MWLC EMSS for the purpose of providing emergency medical services.
2. *DCFS* is defined as: the Illinois Department of Children and Family Services.
3. *EMS Personnel* is defined as: persons licensed as an Emergency Medical Technician (EMT), Emergency Medical Technician-Intermediate (EMT-I), Advanced Emergency Medical Technician (A-EMT), Paramedic, or Pre-Hospital Registered Nurse (PHRN).
4. *MWLC EMSS* is defined as: McHenry Western Lake County Emergency Medical System.
5. *Newborn infant* is defined as: a child who a licensed physician reasonably believes is 30 days old or less at the time the child is relinquished to a hospital, police station, fire station, or emergency medical facility.
6. *Parent Information Packet* is defined as: information given to a relinquishing parent that includes information provided by DCFS outlined in 325 ILCS 2/35(b). Brochures and forms can be located on the DCFS website at:
<https://dcfs.illinois.gov/safe-kids/prevention/com-communications-sumlicen-abinfant.html>
7. *Relinquish* is defined as: the action of leaving a newborn infant with the personnel of a hospital, police station, fire station, or emergency medical facility; and either not expressing an intent to return for the infant, or stating they will not return for the infant.
8. *SOP* is defined as: Region IX MWLC EMSS Standard Operating Procedures.

Procedure

1. Agencies shall comply with requirements of the Abandoned Newborn Infant Protection Act (325 ILCS 2/).
2. Agencies shall post signage and accept relinquished newborn infants in compliance with the Abandoned Newborn Infant Protection Act.
3. EMS personnel shall treat and transport the relinquished newborn infant per SOP to the closest Emergency Department. The action of relinquishing the newborn infant serves as implied consent. If assessment of the relinquished newborn infant reveals suspected abuse or neglect, EMS personnel shall report the suspected abuse/neglect as outlined by SOP and MWLC EMSS policy.
4. EMS personnel shall document all care and the circumstances of relinquishment in the approved MWLC EMSS patient care reporting software.
5. If a parent is present, EMS personnel shall:
 - a. provide and request voluntary completion of a Parent Information Packet:
 - i. the Illinois Adoption Registration Form
 - ii. the Medical Information Form,
 - iii. a Denial of Information Exchange form allowing the relinquishing parent to remain anonymous to the infant and other parties involved in subsequent adoption;
 - b. inform the parent may provide medical information only and still remain anonymous.
 - c. inform the parent of the need to petition the court in order to prevent the termination of parental rights and regain custody of the newborn infant.
6. EMS personnel shall ensure a report to the DCFS hotline is completed within 12 hours of relinquishment. EMS personnel must indicate the newborn has been relinquished under the "Abandoned Newborn Infant Protection Act".
7. If the parent of the relinquished infant returns within 72 hours of relinquishing the infant, agencies shall provide the parent with information regarding the transport destination (name and location).
8. Public disclosure of information is prohibited.

Policy

	Title:	Additional Procedures		
	Author:		Effective:	January 1, 2024
	Supersedes:	2010	Revised:	September 2023
	Authorized By:	Dr. John Pacini DO	Date:	January 1, 2024

Purpose

Provide consideration for approving skills not customary for MWLC EMSS personnel.

Goal

1. Enable the ability to evaluate and implement the need for skills to address special patient needs and/or situations.
2. Outline procedures in cases where a need is identified.


Procedure

MWLC EMSS may consider the benefit and logistics of approving skills not customarily approved for paramedics and PHRNs. The following are examples of ALS skills that may be considered:

- a. Portable Transport Ventilator.
- b. Infusion Pump and PCA Pump Transport.
- c. Neonatal Isolette.
- d. Intra-aortic Balloon Pump.
- e. Approved Transport Medical List – Tier II and Tier III.
- f. SEMSV – Approved Critical Care Plan.
- g. Other needs as identified and approved by the EMS MD.

MWLC EMSS will evaluate and recommend additional skills for paramedics and PHRNs as opportunities present. Ultimately, the recommendations shall be forwarded to the EMS MD for approval. If approved, MWLC EMSS shall manage the logistics of developing, training, and supporting the new skills for MWLC EMSS personnel.

Policy

	Title:	Advanced Airway		
	Author:		Effective:	December 2, 2024
	Supersedes:	August 2023	Revised:	November 2024
	Authorized By:	Dr. John Pacini DO	Date:	December 2, 2024

Purpose

Provide for advanced airway management when indicated.

Goal

1. Provide for adequately managing ventilation needs.
2. Detail skill proficiency and performance requirements.
3. Outline approved advanced airway management methods.
4. Evaluate advanced airway management competency on a quarterly basis.

Definitions

1. *Agency* is defined as: any organization, public or private, that employs personnel (whether compensated or not) approved by MWLC EMSS for the purpose of providing emergency medical services.
2. *Approved EMS Personnel* is defined as: persons licensed and approved by MWLC EMSS to perform airway/ventilatory management as defined in SOP-EMS Scopes of Practice.
3. *BIAD* is defined as: a blind insertion airway device.
4. *ETI* is defined as: Endotracheal intubation.
5. *EMS Medical Director*, or *EMS MD* is defined as: the physician, appointed by the Resource Hospital, who has the responsibility and authority for total management of the EMS System. (as defined in the Illinois Administrative Code, 77 Ill. Adm. Code 515)
6. *MWLC EMSS* is defined as: McHenry / Western Lake County Emergency Medical Services System.
7. *EMS System Coordinator*, or *EMS Coordinator* is defined as: the individual responsible to the EMS Medical Director for coordination of the educational and functional aspects of the System Program. (as defined in the Illinois Administrative Code, 77 Ill. Adm. Code 515).
8. *Preceptor* is defined as: persons approved to attest to competency training per the Preceptor policy.
9. *SOP* is defined as: Region IX MWLC EMSS Standard Operating Procedures

Procedure

Approved EMS personnel shall utilize and manage advanced airways as outlined in MWLC EMSS SOP.

Advanced Airway Management

Approved EMS personnel utilizing an advanced airway must continue responsibility for managing the airway during transport until transfer of care at the destination facility. The management of advanced airway shall include the use of waveform capnography and pulse oximetry throughout the course of treatment and transport.

Proficiency and Performance Requirements

Procedures for advanced airway utilization shall be performed as outlined in MWLC EMSS skill sheets for each approved advanced airway method per this policy.

Approved EMS personnel shall successfully demonstrate quarterly advanced airway skill validation via:

1. advanced airway placement attestation in a live patient from the destination facility physician, or
2. manikin practice with evaluation by an approved preceptor or MWLC EMSS Representative.

Approved Advanced Airway Methods

1. Orotracheal ETI utilizing approved equipment and technique,
2. iGel BIAD.

Quarterly Advanced Airway Skill Validation

All approved MWLC EMSS personnel are required to participate in quarterly advanced airway skill validation sessions. This shall include each Approved Advanced Airway Method listed above. Note: EMT-Basic personnel are authorized to utilize an iGel BIAD if current with Quarterly Advanced Airway Skill Validation when patient presentation warrants *if ALS providers are not available for patient care*. Requirements for attendance, absences, and the consequences of missed sessions are detailed below.

Responsibilities and Definitions:

1. Approved EMS Personnel, or EMS Personnel: Responsible for attending all scheduled skill validations and completing any necessary steps to ensure good standing.
2. Agency EMS Coordinators: Responsible for tracking attendance and communicating any attendance issues to MWLC EMSS.
3. MWLC EMSS Representative: Responsible for overseeing the retesting process and determining the need for remediation sessions.

Details:


1. Quarterly Advanced Airway Skills Validation Requirement:
 - a. All MWLC EMSS Personnel must attend and successfully complete Advanced Airway Skill Validation once every quarter (every three months) unless on an approved leave of absence.
2. Excused Absences:
 - a. One excused absence per year is permitted.

3. Missed Sessions:
 - a. Two consecutive absences missed:
 - i. Approved EMS Personnel who miss two consecutive quarterly Advanced Airway Skill Validations will be required to complete a remediation session and skill retest with a MWLC EMSS representative. This remediation session and skill retest must be scheduled and completed within thirty (30) calendar days of the missed validation.
 - b. Three consecutive absences missed:
 - i. Approved EMS Personnel who miss three consecutive quarterly Advanced Airway Skill Validations will be deemed not in good standing within MWLC EMSS. This status will affect their operational responsibilities and require a remediation session, skill recertification, and possible additional action necessary to restore good standing within MWLC EMSS.
4. Notification:
 - a. Agency EMS Coordinators shall be responsible for keeping track of member absences and report back to MWLC EMSS if MWLC EMSS intervention is needed. EMS Personnel shall stay informed from agency EMS Coordinators regarding all absences and work within their respective agencies to ensure quarterly skill validations are completed within the required time frame.
5. Reinstatement:
 - a. To restore good standing after missing three consecutive quarterly Advanced Airway Skill Validations, EMS personnel must:
 - i. Complete the required skill recertification.
 - ii. Attend a remediation session as determined by the EMS Medical Director or their designee.
 - iii. Any additional requirements as determined by the EMS Medical Director or their designee.

Contact Information:

Questions should be directed to the EMS System Coordinator: Elizabeth DePouw, elizabeth.depouw@nm.org or Associate Coordinator: Cindy Tabert, cindy.tabert@nm.org .

Policy

	Title:	ALS Expanded Scope and Critical Care – Ground		
	Author:		Effective:	July, 2025
	Supersedes:		Revised:	
	Authorized By:	Dr. John Pacini DO	Date:	July, 2025

Purpose

Provide medical oversight for ALS Expanded Scope of Practice and Critical Care Transportation provided by approved ground transport agencies within the MWLC EMSS.

Goal

1. Ensure ALS Expanded Scope / CCT eligibility and program participation compliance by participating Agencies and Providers.
2. Establish and maintain ALS Expanded Scope and CCT operating procedures and protocols.
3. Define eligibility, participation, and continued program compliance.

Definitions

1. *Agency* is defined as: Any organization, public or private, that employs personnel (whether compensated or not) approved by MWLC EMSS for the purpose of providing emergency medical services.
2. *CCT* is defined as: Critical Care Transport.
3. *CCT Apparatus* is defined as: transport vehicles approved by MWLC EMSS utilized in treating and/or transporting patients at the critical care scope of practice.
4. *CCT Personnel* is defined as: persons licensed and approved by MWLC EMSS as critical care providers (Tier I, Tier II and Tier III).
5. *EMS Medical Director* or *EMS MD* is defined as: the physician who has the responsibility and authority for total management of the EMS System.
6. *IDPH* is defined as: the Illinois Department of Public Health.
7. *MWLC EMSS* is defined as: McHenry Western Lake County Emergency Medical Services System.

Procedures

MWLC EMSS recognizes the unique need for ALS Expanded Scope of Practice and Critical Care Transportation services to meet the increased specialized need and demands of the evolving complexity and acuity of the community's patient population.

1. Eligibility and participation requirements:
 - a. Agency eligibility and participation:
 - i. Agencies interested in participating in the Critical Care Transport Plan must apply for participation to MWLC EMSS. Applicants shall provide:
 1. A letter of commitment defining expected Tier Level participation.
 2. An IDPH Request to Modify/Amend Approved System Plan.
 3. A listing of CCT Vehicles.
 4. An initial CCT Personnel list including all applicable licenses and advanced level certifications.
 5. An initial CCT education and training curriculum meeting the didactic, clinical, and field training requirements for each tier level the Agency is requesting to participate.
 - ii. Agencies applying for participation in the Critical Care Transport Plan shall have a minimum of 2 years active participation in MWLC EMSS, desirably at the ALS Level of Service, and be in good standing at the time of application.
 - iii. CCT Agencies shall:
 1. Ensure transparency and adherence to all provisions of the CCT Plan and ensure all information pertaining to any aspect of the agency's services provided in part, directly, or a result of the CCT Plan are made available to MWLC EMSS upon request.
 2. Have a centralized dispatching center, providing clear support for the scope and mission of the Critical Care Transport Plan with Computer Aided Dispatching (CAD) capabilities able to retrieve recordings and/or data pertaining to call intake, call dispatching including any relevant communications during the call, and GPS history of the CCT apparatus during the transport event.
 3. Have available and continue to have available, all advanced medical devices, medications, and equipment needed to continuously perform at the participating Tier Level.
 4. Commit to a robust CQI program and provide timely reporting of determined performance metrics to MWLC EMSS.
 5. Ensure all CCT provider staff have and maintain all appropriate licensures, certification, and regular CCT Continuing Education hours.
 6. Submit CCT rosters with licensure and certification status to MWLC EMSS monthly.
 - b. Provider eligibility and participation:
 - i. CCT personnel shall:
 1. Be currently licensed and actively participating at the ALS level.
 2. Meet the parameters of the appropriate CCT Tier Scope of Practice.
 3. Have been, and remain, in good standing with MWLC EMSS for a minimum of 30 days prior to application.
 4. Provide proof of completion of the agency's initial training and education curriculum for the appropriate tier level for which they intend to participate.

5. Continually promote and ensure the highest standards of professionalism, thus delivering the level of medical care required to transport a critical care patient through the utilization of evidence based critical care guidelines appropriate to the medical needs of the patient.
6. Actively participate in the agency's Peer Review Program, assisting in the continued validation of the consistency and continued quality of care and treatment provided by the agency's CCT Team Members, the Agency's CCT Plan adherence, and the Participating EMS Systems CCT Plans Structure to ensure and identify processes supporting positive patient outcomes.
7. Keep and maintain current all appropriate licenses and certifications required under the Tier Level Scope of Practice and maintain all continuing education requirements.


2. Tiers of Care:

- a. Tier I (ALS Expanded Scope of Practice – Meets 515.860(e))
 - i. Minimum staffing requirements
 1. MWLC EMSS authorized EMT, A-EMT, Paramedic, PHRN, PHPA or PHAPRN as driver; and
 2. MWLC EMSS authorized expanded scope of practice Paramedic, PHRN, PHRN, PHAPRN or physician who shall remain with the patient at all times.
 - ii. Tier I Scope of Practice: Please refer to the MWLC EMSS Critical Care Transport Plan for full detail.
 1. Use of IV infusion pumps with up to two medication infusions.
 2. Use of pre-established Heated Humidified High Flow Nasal cannula.
 3. Monitoring of continuous g-tube feedings.
- b. Tier II (ALS Expanded Scope of Practice – Meets 515.860(e)) and Includes Tier I Scope of Practice.
 - i. Minimum staffing requirements
 1. MWLC EMSS authorized EMT, A-EMT, Paramedic, PHRN, PHPA or PHAPRN as driver; and
 2. MWLC EMSS authorized Paramedic, PHRN, PHRA, PHAPRN or physician who is critical care prepared and shall remain with the patient at all times.
 - a. Critical care prepared Paramedic must have completed at a minimum 80 hours of established higher collegiate critical care education nationally recognized or an EMS MD /SEMSV MD approved training program.
 - ii. Tier II Scope of Practice: Please refer to the MWLC EMSS Critical Care Transport Plan for full detail.
 1. Use IV infusion pumps with up to four medication infusions.
 2. Maintenance of chest tubes during transport.
 3. Monitoring of invasive lines and other invasive pressure monitoring.
 4. Use of mechanical ventilator for non-invasive and invasive ventilatory support.

5. Administration of additional medications above the ALS scope of practice.
- c. Tier III (Critical Care Transportation – (Meets 515.860(g)) and Includes Tier II Scope of Practice.
 - i. Minimum staffing requirements
 1. MWLC EMSS authorized EMR, EMT, A-EMT, Paramedic, PHRN, PHPA or PHAPRN as driver; and
 2. Two MWLC EMSS authorized critical care prepared providers who shall remain with the patient at all times.
 - a. Paramedic, PHRN, PHPA or PHAPRN; and
 - b. RN, PHRN, PHPA, or PHAPRN.
 - ii. Tier III Scope of Practice: Please refer to the MWLC EMSS Critical Care Transport Plan for full details.
 1. Unlimited number of IV medication infusions.
 2. Monitoring of specialized medical devices including Intra-Aortic Balloon Pumps, Left Ventricular Assist devices including Impella, and ECMO.
 3. Provides a level of care for patients beyond the scope of a Critical Care Paramedic who require nursing level treatments, modalities, and interventions.
3. Education, Certification, and Experience:
 - a. Initial Education: Documentation of initial education and demonstrated competencies of expanded scope of practice knowledge and skills as required by Tier Level of Care in accordance with the MWLC EMSS EMS System Plan.
 - b. Continuing education requirements:
 - i. Annual competencies of expanded scope and critical care knowledge, equipment and procedures shall be completed.
 1. Tier I CE: A minimum of 40 hours of critical care level education in the 4-year licensure period.
 2. Tier II and Tier III: A minimum of 48 hours of critical care level education in the 4-year licensure period.
 - ii. The EMS agency shall maintain documentation of competencies and provide documentation to MWLC EMSS upon request.
 - c. Certification Requirements:
 - i. Advanced Cardiac Life Support (ACLS).
 - ii. Pediatric Education for Pre-Hospital Professionals (PEPP) or Pediatric Life Support (PALS).
 - iii. International Trauma Life Support (ITLS) or Pre-Hospital Trauma Life Support (PHTLS).
 - iv. Any additional educational course work or certifications required by the EMS MD.
 - v. RN, PHRN, PHPA or PHAPRN – in addition
 1. Neonatal Resuscitation Program (NRP) or system approved equivalent.
 2. Either ITLS, PHTLS, TNCC or TNS, TPATC or ATLS.
 - d. Experience:
 - i. Minimum of 30 days functioning in MWLC EMSS and in good standing.

- ii. Tier I:
 - 1. Paramedics shall possess:
 - a. A minimum of 6 months of experience functioning in the field at the ALS level and able to provide documentation of team lead on 20 calls at the ALS level.
 - b. Documentation of education and demonstrated competencies of expanded scope of practice knowledge and skills required for Tier I Level of Care, approved by MWLC EMSS.
- iii. Tier II:
 - 1. Paramedics shall possess:
 - a. A minimum of 1 year experience functioning in the field at the ALS level and able to provide documentation of team lead on 50 calls at the ALS level.
 - b. Documentation of education and demonstrated competencies of expanded scope of practice knowledge and skills required for Tier II Level of Care, approved by MWLC EMSS.
- iv. Tier III:
 - 1. RN, PHRN, PHPA or PHAPRN shall possess:
 - a. A minimum of 2 years' full time experience caring for critically ill or injured patients in a critical care environment.
 - b. A minimum of 1 year in-hospital ED, CCU, ICU or equivalent experience.

Policy

	Title:	Clinical Experience		
	Author:		Effective:	January 1, 2024
	Supersedes:		Revised:	November, 2023
	Authorized By:	Dr. John Pacini DO	Date:	January 1, 2024

Purpose

Provide opportunity for MWLC EMSS EMS personnel and MWLC EMSS EMS students to practice supervised patient care in the clinical areas.

Goal

1. Provide opportunity for education and skill development.

Definitions

8. *Associate Hospital* is defined as: a hospital participating in an EMS approved EMS System providing clinical and communications requirements in accordance with the IDPH approved EMS System Program Plan. NM-Huntley, NM-Woodstock, and Good Shepherd Hospital are Associate Hospitals in MWLC EMSS.
9. *EMS Personnel*, or *Personnel* is defined as: persons licensed as an Emergency Medical Technician (EMT), Paramedic, Emergency Communications Registered Nurse (ECRN), or Pre-Hospital Registered Nurse (PHRN) who function primarily in MWLC EMSS. (as defined in the Illinois Administrative Code, 77 Ill. Adm. Code 515)
10. *EMS Student* is defined as: an individual enrolled in an IDPH approved EMS training program conducted by the McHenry Western Lake County EMS System for the purpose of licensure as defined in *EMS Personnel* above.
11. *IDPH* is defined as: the Illinois Department of Public Health.
12. *MWLC EMSS* is defined as: the McHenry Western Lake County Emergency Medical Services System.
13. *Participating Hospital* is defined as: a hospital participating in an approved EMS System in accordance with the EMS System Program Plan, which is not a Resource Hospital or an Associate Hospital. Mercy-Crystal Lake serves as a Participating Hospital in MWLC EMSS.
14. *Resource Hospital* is defined as: the hospital with the authority and the responsibility for an EMS System as outlined in the IDPH approved EMS System Program Plan. NM-McHenry serves as the Resource Hospital in MWLC EMSS.
15. *SOP* is defined as: Region IX MWLC EMSS Standard Operating Procedures.

Procedures

Interested EMS personnel or EMS students are required to sign up for clinical time in the emergency departments at MWLC EMSS Resource or Associate hospitals.

MWLC EMSS Participating hospitals are not eligible for clinical experience.

Conduct in the clinical area should be professional at all times. Dress code includes: departmental uniform shirt or shirt with a collar, dark slacks and dark shoes. EMS Personnel must come prepared with a watch with a second hand, stethoscope, and EMS ID. Gum chewing is not allowed in the clinical area, while providing patient care. EMS Personnel present a professional appearance at all times, as they are perceived as a member of the hospital healthcare team. Use of electronic communications devices (i.e., cell phone, texting devices) is not allowed in the clinical area.


Upon arrival to the clinical area, EMS Personnel should notify the Charge Nurse, who will be responsible for introducing a clinical preceptor and making patient assignments. The preceptor shall be made aware of status as a licensed provider or student. Students shall communicate skill progress in their educational program. The Clinical Preceptor will allow EMS Personnel and Students to provide patient care at his/her discretion, based on the best interest of providing quality patient care.

All skills performed in the clinical area by EMS students must first be completed in the classroom setting, where individual proficiency has been evaluated, recorded, and successfully completed. This information will be communicated to the clinical areas by the EMS Coordinator. All advanced skills performed during the clinical experience must be performed under the direct supervision of a nurse and/or physician involved in the patient's care. All clinical experience must be documented per program requirements.

All information related to patient care during the clinical experience must be maintained confidential. A breach of confidentiality is grounds for immediate dismissal from the program.

In the event of exposure, EMS Personnel must notify the Charge Nurse in the clinical area and follow the MWLC EMSS Communicable Disease/Infection Control Policy.

Policy

	Title:	Complaint Investigation		
	Author:		Effective:	January 1, 2024
	Supersedes:		Revised:	July 2023
	Authorized By:	Dr. John Pacini DO	Date:	January 1, 2024

Purpose

Provide a standardized mechanism to report an occurrence, or report a complaint intended to reduce morbidity and mortality and improve the quality of patient care. All complaints and investigations fall under continuous quality improvement and are thus protected under the Medical Studies Act [735 ILCS 5/8-2101].

Goal

1. Ensure discrepancies between EMS standards of practice and EMS practitioner actions and/or OLMC orders are appropriately investigated and corrected.
2. Provide for supporting continuous quality improvement.

Definitions

1. *Complaint* is defined as: (per IDPH) a report of alleged violation of the EMS Act section 515.450, by system participants, providers, or members of the public, involving problems related to the care and treatment of a patient.

Procedures

A person who believes that a discrepancy exists between EMS standards of practice and EMS practitioner actions and/or OLMC orders may request a review of the run events for clarification as to compliance with standards. The complaint should be initiated by person(s) seeking a review of the incident in writing or email to the MWLC EMSS coordinator within 24 hours of the incident.


Upon receipt of request for review the EMS coordinator, or designee, will conduct an investigation, obtain all records and/or data necessary to evaluate the situation and communicate their findings/recommendations to the persons(s) originating the complaint within 5 business days. The investigator may use the attached EMS-Review Complaint Investigation form.

Reporting a complaint to IDPH

1. Reporting a complaint to IDPH. 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, 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, entities, 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.
2. All complaints shall be submitted to the Department's Central Complaint Registry or to the EMS MD. **Complaint registry hotline: 1-800-252-4343**. Complaints received by the EMS MD or Trauma Center MD shall be forwarded to the Department's Central Complaint Registry within five working days after receipt of the complaint. 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.
3. IDPH and the EMS MD or Trauma Center MD shall not disclose the name of the complainant unless the complainant consents in writing to the disclosure.
4. The IDPH may conduct a joint investigation with the EMS MD, EMS Coordinator or Trauma Center MD 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 MD, the Department shall conduct the investigation. If the complaint alleges a violation that would not result in licensure or designation action, the Department shall forward the complaint to the EMS MD or Trauma Center MD for review and investigation. The EMS MD or Trauma Center MD may request the Department's assistance at any time during an investigation. In the case of a complaint between EMS Systems, the Department will be involved as mediator or lead investigator.
5. The EMS MD or Trauma Center Director shall forward the results of the investigation and any disciplinary action resulting from a complaint to the Department. Documentation of the investigation shall be retained at the hospital in accordance with EMS System improvement policies and shall be available to the Department upon request. The investigation file shall be considered privileged and confidential in accordance with the Medical Studies Act [735 ILCS 5/8-2101].
6. Based on the information submitted by the complainant and the results of the investigation conducted in accordance with subsection (e), the Department will determine whether the Act or this Part is being or has been violated. The Department will review and consider any information submitted by the System participant or provider in response to an investigation.
7. IDPH will have final authority in the disposition of a complaint. Complaints shall be classified as "violation", "no violation", or "undetermined".
8. IDPH will inform the complainant and the System Participant or provider of the complaint results (i.e., whether the complaint was found to be a violation, no violation, or undetermined) within 20 days after its determination.
9. The EMS System shall have a policy in place requiring compliance with this Section.

10. An EMS System participant or provider who is dissatisfied with the determination or investigation by the Department may request reconsideration by the Department.
11. The investigative files of the EMS System and the Department shall be privileged and confidential in accordance with the Medical Studies Act [735 ILCS 5/8-2101], except that the Department and the involved EMS System may share information. The Department's final determination shall be public information subject to FOIA.
12. The EMS MD shall be responsible for developing or approving a system form and submitting the following to the Department on a monthly basis:
 - a. Number of EMS patient care complaints including a brief synopsis of the issue,
 - b. Outcome of the system investigation and,
 - c. Names and licenses of the EMS personnel involved for sustained allegations.
- 13 For repeated occurrences, a meeting will be requested with the parties involved, the Provider EMS Coordinator or nurse manager, and the hospital EMS Coordinator/educator for re-education.

Policy

	Title:	Consent		
	Author:		Effective:	January 1, 2024
	Supersedes:	2010	Revised:	October 2023
	Authorized By:	Dr. John Pacini DO	Date:	January 1, 2024

Purpose

Recognize the need for permission to render medical care.

Goal

1. Respect the need for informed decision making regarding medical care.
2. Recognize the legal and ethical need to provide medical care when informed decision-making is compromised.

Definitions

1. *Consent* is defined as: permission to render medical care after being informed of the recommended medical treatment.
2. *Implied Consent* is defined as: the assumption of permission to render medical care in situations when a patient is unresponsive or unable to make a rational informed decision.
3. *Involuntary Consent* is defined as: the duty to render care for patients demonstrating mental illness, behavioral emergency, imminent risk of harming self or others, or an inability to care for themselves (self-neglect). This also includes those in law enforcement custody experiencing a true emergency.
4. *Minor* is defined as: patients under the age of eighteen years.

Procedure

Consent, including implied or involuntary, shall be determined prior to providing all medical treatment. To comply, the patient may verbally agree to treatment, or gesture in agreement for treatment. After the patient is informed of the recommended treatment, a lack of refusal may also be taken as consent.


Minors should generally have the consent of a parent or legal decision-maker obtained prior to treatment. However, EMS personnel should not delay care for a minor who obviously requires medical care in order to obtain consent from parents or guardians who are not immediately available. With approval from OLMC, medical care may be delayed on scene awaiting a parent or guardian to determine consent. A minor may not refuse treatment, except as noted in MWLC EMSS Refusal policy.

A minor may consent to treatment if they:

- a) are emancipated per legal decree.
- b) are requesting emergency medical treatment.
- c) a member of the U.S. Armed Forces.

Questions regarding consent should be resolved by contacting OLMC and obtaining orders.

Policy

	Title:	Continuing Education		
	Author:		Effective:	January 1, 2024
	Supersedes:		Revised:	July, 2023
	Authorized By:	Dr. John Pacini DO	Date:	January 1, 2024

Purpose

Provide continuing education to EMS personnel.

Goal

1. Comply with all IDPH requirements for providing continuing education for EMS personnel.
2. Provide a MWLC EMSS reference for approved continuing education credit.
3. Detail requirements for re-licensure of EMS personnel.
4. Encourage continual improvement in the provision of quality, modern pre-hospital emergency medical services.

Definitions

1. *Agency* is defined as: any organization, public or private, that employs personnel (whether compensated or not) approved by MWLC EMSS for the purpose of providing emergency medical services.
2. *CAPSE*, or *CECBEMS* is defined as: the Continuing Education Coordinating Board for EMS, (this replaced CECBEMS – Commission on Accreditation for Pre-Hospital Continuing Education).
3. *Continuing Education*, or *CE* is defined as: a course, class, activity, or experience presented to reinforce concepts, demonstrate knowledge or skill, and/or introduce new or revised concepts to encourage confident and capable pre-hospital emergency medical care.
4. *IDPH* is defined as: the Illinois Department of Public Health.
5. *EMS Personnel*, or *Personnel* is defined as: 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), Lead Instructor (LI), Paramedic, Emergency Communications Registered Nurse (ECRN), or Pre-Hospital Registered Nurse (PHRN). (as defined in the Illinois Administrative Code, 77 Ill. Adm. Code 515)
6. *MWLC EMSS* is defined as: McHenry / Western Lake County Emergency Medical Services System.
7. *Region IX* is defined as: the Illinois state EMS region, defined by IDPH, in which MWLC EMSS participates.

Procedures

EMS System Requirements

MWLC EMSS shall annually develop a schedule for continuing education. Continuing education schedules must be submitted for IDPH approval on an approved IDPH form at least 60 days prior to the first scheduled presentation. The application will include, but not be limited to, the following:

1. Name of applicant, agency and address.
2. Lead Instructor's name, license number, address and contact information, including e-mail address.
3. Name and signature of the EMS MD and the EMS System Coordinator.
4. Type of education program.
5. Dates, times and location of the education program (submit course schedule).
6. Goals and objectives at or above the license level.
7. Methods and materials, textbooks, and resources, when applicable.
8. Content consistent with the national EMS education standards.
9. Description of evaluation instruments.
10. Requirements for successful completion, when applicable.

IDPH approval of the annual schedule for continuing education results in issuing a site code. Continuing Education presented to MWLC EMSS shall have an associated IDPH site code (indicating approval from IDPH), or be CAPCE accredited.

EMS Personnel Requirements

4. EMS Personnel are required to, and responsible for, successfully completing IDPH, Region IX, and MWLC EMSS mandatory CE regardless of their commitment status with MWLC EMSS (primary or secondary).
5. Although CE records are kept at system hospitals, **EMS personnel are solely responsible for keeping their own records.** Per IDPH, standard documentation required to validate completion for all CE in Illinois includes CE certificate, course card, or sign-in roster signed by instructor or authorizing person to include:
 - a. Name of participant,
 - b. Date,
 - c. Times,
 - d. Topic(s),
 - e. Number of CE hours awarded,
 - f. IDPH site code(s), CAPCE, and/or medical or nursing accrediting body number.

6. CE obtained from outside MWLC EMSS will be considered provided the content is based on topics or materials from the National EMS Education Standards, and all information prescribed in (2) are submitted for review unless otherwise stated in table (below).
7. Clinical CE may be awarded for credit. EMS personnel interested in obtaining CE credit for clinical time are highly encouraged to first consult MWLC EMSS.
8. No more than 20% of the hours accrued by EMS personnel towards re-licensure may be in the same subject or delivery format. i.e.; self-study; online; clinical, etc.
9. EMS Personnel must complete and submit a minimum number of MWLC EMSS approved CE hours, addressing both adult and pediatric care, to qualify for re-licensure every four years in accordance with MWLC EMSS, Region IX, and IDPH. The amount of CE hours, based upon licensure/certification level, is outlined below:
 - a. EMR: 10 hours
 - b. EMD: 48 hours
 - c. EMT: 80 hours
 - d. Lead Instructor: 40 hours (20 of which shall be related to the development, delivery and evaluation of education programs)
 - e. Paramedic, and PHRN: 100 hours
 - f. ECRN: 32 hours



State of Illinois
Illinois Department of Public Health

Illinois Department of Public Health
Division of EMS & Highway Safety
www.dph.illinois.gov/topics-services/emergency-preparedness-response/ems



Emergency Medical Systems Continuing Education Relicensure Recommendations

This Continuing Education (CE) list is NOT intended to be all-inclusive and should be considered as CE Recommendations ONLY. A wide variety of educational programs, seminars, online offerings, and workshops that are not listed below may also meet the intent of national standards for EMS continuing education.

Standard Documentation required to validate completion for all CE in Illinois: CE certificate, course card, or sign-in roster signed by instructor or authorizing person to include: name of participant; date; times; topic(s); number of CE hours awarded; and Illinois site code, CECBEMS, and/or medical or nursing accrediting body number. All CE hours awarded must be approved by the EMS Medical Director.

Calculating hours for AEMT/EMT-I and EMT: The hours listed in this document are for Paramedics (based on 100 hours in 4 years).

AEMT and EMT-I: Multiply required hours for Paramedics by 0.8 (80 hours in 4 years). **EMT:** Multiply required hours for Paramedics by 0.6 (60 hours in 4 years).

NOTE: EMS personnel should verify the continuing education requirements within their EMS System(s). EMS System Medical Directors may require their EMS personnel to obtain EMS Continuing Education above the minimum requirements outlined in Illinois EMS Administrative Code, Section 515.590 (EMT Licensure Renewal).

Activity	Documentation	Hours Recommended	Comment
Initial education (Life Support courses): ABLS, ACLS, AMLS, EMPACT, ITLS, NRP, PALS, PEPP (ALS), PHTLS etc., CPR instructor	Standard documentation and course schedule	Hr/Hr up to 16 hours for each course	
Advanced Trauma Life Support, Teaching EMS-related courses/CE, Wilderness EMS Training, TEMS, MHH Community PM, Critical Care PM	Standard documentation and course schedule	Hr/Hr for EMS content of course	May not exceed 20% of total hours for one subject area. Educators may not get credit for presenting the same topic/lecture multiple times. Up to 50% of total hours may be earned by teaching participants at a lower level of licensure. Should be considered on a case by case basis for any topics in EMS education standards
Refresher/renewal education (Life Support courses): ABLS, ACLS, AMLS, EMPACT, ITLS, NRP, PALS, PEPP (ALS), PHTLS etc., CPR instructor	Standard documentation and course schedule	Hr/Hr up to 8 hours	
EMTs: PEPP (BLS) course	Standard documentation and course schedule	Hr/Hr up to 8 hours	
Pediatric related CE	Standard documentation and course schedule	Hr/Hr up to 16 hours max	Pediatric education now has much greater emphasis than in the 1998 DOT curriculum. Illinois recommends 16 hours in 4 yrs. Topics include: Pediatrics, Neonatology, Gynecology and Obstetrics.
Initial courses: CPR Instructor, Emergency Vehicle Operations course, Emergency Medical Dispatch course	Standard documentation and course schedule	Hr/Hr up to 12 hours max	
Locally offered CE programs	Standard documentation	Hr/Hr to max content hours	May not exceed 20% of total minimum required hours in one subject area, e.g., cardiac, trauma, rescue, etc.
Audit of entry level EMT, AEMT, Paramedic courses	Standard documentation	Hr/Hr to max content hours	Unlimited hours if subject matter is at the appropriate level for the participant's license. May not exceed 20% of total required hours in one subject area, e.g., cardiac, trauma, rescue, etc.



Activity	Documentation	Hours Recommended	Comment
Clinical preceptor or evaluator	Signed letter from EMS Coordinator or lead instructor	Hr/Hr to max hours allowable	May not exceed 20% of total minimum required CE hours.
Emergency Preparedness	Written statement of participation from EMSC/EMS MD or exercise director.	Hr/Hr up to 12 hours (Paramedic/PHRN) 10 hours (EMT-I) 8 hours (EMT)	EMS personnel must be able to demonstrate an active participating role during the preparedness event, exercise or training.
College courses: Health-related courses that relate to the role of an EMS professional (A&P, assessment, physiology, biology, chemistry, microbiology, pharmacology, psychology, sociology, nursing PA courses, etc.)	Catalog description of course and evidence of successful completion through minimum grade of C (official transcripts or evidence from school)	Hr/Hr 1 college credit = 8 CEU	May not exceed 20% of total hours for one subject area. Should be considered on a case by case basis for any topics in EMS education standards.
Participation/observation in surgery, physical therapy, childbirth, autopsy, etc.	Written statement of participation from: clinical unit leader, preceptor or physician validating attendance	Hr/Hr up to max of 5 hours	Max 5 hours must be part of an approved educational experience or include defined educational objectives.
Seminars/Conferences: EMS related education approved by CECBEMS or medical or nursing accrediting body	Copy of agenda/program plus certificate of attendance	Hr/Hr to max content hours	May not exceed 20% of total minimum required hours in one subject area, e.g., cardiac, trauma, rescue, etc.
Commercial CE: Electronic digital media (e.g. videotapes/CDS), journal articles with publication dates of 5 years or less prior to the date of CE completion. Approved by CECBEMS or medical or nursing accrediting body	Standard documentation	Hr/Hr to max content hours	May not exceed 20% of total minimum required hours in one subject area, e.g., cardiac, trauma, rescue, etc.
Trauma Nurse Specialist or TNS Review Courses: May audit for CE with prior approval of TNS Course Coordinator to ensure space availability	Standard documentation	Hr/Hr to max content hours	May not exceed 20% of total minimum required hours in one subject area. Course covers multiple areas of A&P, fluid & electrolytes, acid base balance, shock pathophysiology and systems trauma appropriate for PNs and PHRNs for full credit.
ECRN Course (apart from Life Support courses): May audit for CE with prior approval of Course Lead Instructor to ensure space availability	Standard documentation	Hr/Hr to max content hours	May not exceed 20% of total minimum required hours in one subject area. Course may cover multiple across the spectrum of EMS appropriate for PNs and PHRNs for full credit
On-line options Webinars and on-line offerings with subject matter found in the EMS Education Standards (e.g. sponsored by a governmental agency (infectious diseases, emergency preparedness), legal experts (documentation HIPAA) organizations or commercial offerings).	Standard documentation	Hr/Hr to max content hours	May not exceed 20% of total minimum required hours in one subject area.



State of Illinois
Illinois Department of Public Health




The below table outlines Illinois recommendations of Core Content breakdown during each relicensure period for Paramedics (hours for AEMT, EMT-I and EMT should be calculated accordingly).

Note: EMS System Medical Directors may require their EMS personnel to obtain EMS Continuing Education above the minimum requirements as outlined in Illinois EMS Administrative Code, Section 515.590 (EMT Licensure Renewal).

CORE CONTENT	ILLINOIS RECOMMENDED HOURS	CORE CONTENT	ILLINOIS RECOMMENDED HOURS
Preparatory	8 hours in 4 years	Medical	20 hours in 4 years
Airway Management & Ventilation	12 hours in 4 years	Special Considerations (Neonatology, Pediatrics, Gynecology, Obstetrics)	16 hours in 4 years
Patient Assessment	8 hours in 4 years	Geriatrics	4 hours in 4 years
Trauma	12 hours in 4 years	Operations	4 hours in 4 years
Cardiology	16 hours in 4 years		
		TOTAL	100 hours in 4 years

Policy

	Title:	Controlled Substances		
	Author:		Effective:	January 1, 2024
	Supersedes:		Revised:	August, 2023
	Authorized By:	Dr. John Pacini DO	Date:	January 1, 2024

Purpose

Detail the administration, EMS agency liability, management, procurement, security, and storage of controlled substances.

Goal

1. Ensure compliance with legal requirements for controlled substances as outlined in (but not limited to): the Controlled Substances Act of 1970, Pub.L. 91–513, Title II, 84 Stat. 1242; Protecting Patient Access to Emergency Medications Act of 2017, Pub.L. 115-83, 131 Stat. 1267 (amending 21 U.S.C. § 823 (2017)), IDPH policies and rules, Region IX policy, and MWLC EMSSS Standard Operating Procedures.
2. Provide procedures for MWLC EMSS, agencies, and EMS personnel.
3. Advocate for a combined and interdisciplinary approach to account for CS diversion prevention and response within MWLC EMSS supporting a culture of safety for patients and health care workers.

Definitions

1. *Administration* is defined as: the direct application of a prescribed medication to a patient by an authorized medical professional.
2. *Agency, or EMS Agency* is defined as: any organization, public or private, that employs personnel (whether compensated or not) approved by MWLC EMSS for the purpose of providing emergency medical services.
3. *ALS* means: Advanced Life Support.
4. *Check* is defined as: the practice of physically confirming CS inventory. Confirmation shall include (at a minimum): the vehicle designation, the seal number (if utilized), the name and quantities (total dose of each) of all CS medications, each CS medication container is intact with no evidence of damage or alteration, the expiration dates of each CS, each medications lot number, the agency's method of accounting for and securing CS. The interval of checks performed is defined by the agency; however, shall occur at least once per shift change and include the names of both incoming and outgoing paramedics / PHRNs.

5. *Controlled Substances (CS)* is defined as: a medication or other substance, or immediate precursor, included in schedule II, III, IV, or V of part B as outlined in the Controlled Substances Act of 1970, Pub.L. 91–513, Title II, 84 Stat. 1242 as approved by MWLC EMSS for the purpose of patient care.
6. *Department Medical Officer* is defined as: the person designated by an EMS agency, and approved by MWLC EMSS, to act as the EMS agency liaison between the agency and the MWLC EMSS. Sometimes referred to as the agency's EMS Coordinator.
7. *Drug Enforcement Agency, or DEA* is defined as: the United States Drug Enforcement Agency.
8. *EMS Medical Director, or EMS MD* is defined as: the physician, appointed by the Resource Hospital, who has the responsibility and authority for total management of the EMS System.
9. *EMS Personnel, or Personnel* is defined as: 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); in good standing with MWLC EMSS, and approved in handling CS as outlined in SOP Scope of Practice.
10. *MWLC EMSS* means: McHenry Western Lake County Emergency Medical System.
11. *Online Medical Control, or OLMC* is defined as: direct verbal communication between prehospital EMS personnel and an ED physician, or ECRN, for the purpose of overseeing patient care and providing direction to EMS personnel.
12. *Patient Care Report, or PCR* is defined as: the patient care report that represents the medical record detailing prehospital care provided by MWLC EMSS agencies.
13. *Region IX* is defined as: the Illinois state EMS region, defined by the Illinois Department of Public Health, in which MWLC EMSS participates.
14. *SOP* is defined as: Region IX MWLC EMSS Standard Operating Procedures, most current version.

Procedures

All CS shall be handled by EMS personnel according to this policy and Region IX MWLC EMSS Standard Operating Procedures in adhering with federal and state regulations.

Under no circumstances shall any medication or pharmacologic (CS or otherwise) provided to an agency or EMS personnel be diverted for personal purposes.

Administration

EMS personnel may administer approved CS outside the physical presence of the EMS MD, within their scope of practice as defined in SOP, while providing EMS patient care in compliance with SOP. All CS administration requires Medication Cross Check Procedure as outlined in SOP.

Medication administration shall be documented in a PCR. Sequential doses required from a single syringe shall be documented as separate entries in the PCR. Each PCR shall be signed by 2 ALS personnel whenever possible.

Label all CS drawn up into syringes, if not immediately administered, with the medication name and dose withdrawn, and the initials of the ALS provider who drew up the medication written on the label.

Syringes containing CS shall remain under the direct control of the person preparing the syringes until administration to the patient. Agencies shall not transfer CS to another agency under any circumstances.

Note the amount wasted (if applicable) in the PCR and at hospital pharmacy.

EMS Agency Liability

Agencies are liable for:

- a. ensuring compliance with this policy.
- b. all CS activities of their EMS personnel.

Management

Agencies shall maintain unbroken chain of custody and internal controls evidenced by a comprehensive, single Agency CS Log. The Agency CS Log shall:

- a. be comprehensive representing all CS activity across all agency operations,
- b. represent up-to-date CS activities as they occur,
- c. provide for all CS activities including: Administration, Checks (shift, daily, and weekly), Exchange, and Procurement,
- d. permit the documentation of an inability to replace a used CS,

- e. be defined in an agency policy detailing:
 - i. the required expectations of personnel completing the Agency CS Log,
 - ii. regular reviews of the Agency CS Log ensuring compliance,
 - iii. procedures in reporting to MWLC EMSS with discrepancies,
 - iv. maintenance of a permanent (non-modifiable) record,
 - v. readily retrievable in its entirety,
 - vi. archiving terms (minimum two years),
 - vii. the immediate availability for review by the DEA and/or MWLC EMSS in a manner that is:
 - 1. efficient,
 - 2. orderly,
 - 3. clearly legible,
 - 4. and sequential in real-time as CS activities occur.
- f. be approved by MWLC EMSS prior to utilization; and subject to required updates.

CS discrepancies must be addressed immediately and reported to the MWLC EMSS System Coordinator within 24 hours for investigation. Report via email to: Elizabeth.depouw@nm.org and cindy.tabert@nm.org.

Suspicion of controlled substance diversion must be reported to the MWLC EMSS System Coordinator within 24 hours for investigation. Report via email to: Elizabeth.depouw@nm.org and cindy.tabert@nm.org.

Procurement

MWLC EMSS Resource and Associate Hospitals must maintain inventory standards for CS in compliance with DEA, Joint Commission, and MWLC EMSS.

- a. New ALS vehicles

Controlled substances are issued by MWLC EMSS upon credentialing of new ALS vehicles. The exception for this is if the new vehicle is replacing a previous ALS vehicle, in which case CS would be transferred from the previous to the new vehicle.

- b. Exchange for expired medications

CS that are expiring on or near the expiration date are to be returned to the Resource Hospital inpatient pharmacy for exchange. Both the hospital form and an Agency CS Log entry require completion.

- c. Restocking

Following field CS administration, agencies may receive CS from a Resource or Associate Hospital for purposes of restocking provided the following are met:

- i. Exchange: Empty CS medication containers are to be given to receiving hospital pharmacy for exchange with information relative to the patient who received the medication,
- ii. The hospital maintains a record of providing CS to the agency. The hospital is required to keep written documentation of this transaction for a period of 5 years,

- iii. After receiving replacement CS, the following shall be verified by two personnel (preferably both ALS) before placing into and resealing the CS:

1. correct medication,
2. correct concentration,
3. correct amount,
4. container intact (no evidence of damage or alteration),
5. an expiration date providing reasonable time for use.

Agency CS Log entry shall be completed and CS secured as per agency's approved practice.

- iv. In cases where the receiving hospital is unable to restock:

1. an Agency CS Log entry shall be completed,
2. the agency can present a completed PCR to the Resource Hospital pharmacy during business hours to restock the medications administered, and complete an Agency CS Log entry.

- v. The supplying hospital shall be noted in the CS log.

Any difficulties with replacing or restocking CS should be communicated to MWLC EMSS by the Department Medical Officer. **Report via email to:**

Elizabeth.depouw@nm.org and cindy.tabert@nm.org.

d. Broken/Damaged Medication

When there is breakage, damage, spillage, or some other form of destruction BRING ALL DAMAGED OR BROKEN CONTAINERS TO pharmacy hospital for disposal. If the breakage or spillage does not allow recovery of the medication, the agency must document the breakage in the Agency CS Log. Two individuals who witnessed the breakage must sign the log indicating what they witnessed.

In the event of broken or damaged vials, please report the incident to the Department Medical Officer. Department Medical Officers must contact MWLC EMSS within 24 hours for replacement (Elizabeth.depouw@nm.org and cindy.tabert@nm.org) and complete an Agency CS Log entry.

Security

To minimize the opportunities for theft or diversion of CS, agencies shall provide effective physical security and initiate procedures to restrict access to authorized persons.


Storage

EMS agencies shall comply with the following requirements:

- a. Controlled substances can be stored in a medication bag, provided they are stored separately from non-controlled substances and secured with a single use, numbered tamper-evident device (seal).
- b. Controlled substances stored in an EMS vehicle shall be stored in a securely locked cabinet of substantial construction. This requirement extends to storage within the agency if CS is removed from vehicles for maintenance or otherwise.
 - a. Note: CS stored within an agency shall be checked as usual per this policy.

- c. EMS personnel shall maintain control of controlled substances at all times when not secured in an EMS Vehicle or EMS Agency facility.
- d. Vehicle must be secured if not occupied or parked in a secure building.
- e. Controlled substances are only permitted to be carried or stored in ALS licensed vehicles.

Policy

	Title:	Coroner / Medical Examiner Notification		
	Author:		Effective:	January 1, 2024
	Supersedes:	2019	Revised:	October 2023
	Authorized By:	Dr. John Pacini DO	Date:	January 1, 2024

Purpose

Provide for the disposition of patients who have expired in the prehospital environment.

Goal

1. Respect the remains of expired patients.
2. Provide for scene security when an investigation and/or further evaluation is warranted.
3. Ensure an appropriate responsibility for the remains of expired patients.

Definitions

1. *Agency* is defined as: any organization, public or private, that employs personnel (whether compensated or not) approved by MWLC EMSS for the purpose of providing emergency medical services.
2. *EMS Personnel*, or *Personnel* is defined as: 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). (as defined in the Illinois Administrative Code, 77 Ill. Adm. Code 515)
3. *MWLC EMSS* is defined as: the McHenry Western Lake County Emergency Medical Services System.

Procedure

The appropriate disposition of expired patients must be ensured by EMS Personnel when patients are not being transported to a medical facility. Region IX MWLC EMSS SOP identifies the need for disposition considerations as outlined in:


- a. Withholding or Withdrawing EMS Care / Resuscitation.
- b. Termination of Resuscitation.

Upon OLMC approval of withholding, withdrawing, or termination of resuscitation per Region IX MWLC EMSS SOP, EMS personnel must:

- a. Make notification to coroner or medical examiner per agency policy.
- b. Provide for continuous, respectful responsibility of patient remains until transferred to either the coroner or medical examiner having jurisdiction. This may be EMS or police. Should police accept responsibility and remain with patient remains until transfer to coroner or medical examiner, EMS may clear scene.

- c. Document:
 - i. OLMC physician declaring death, including date and time.
 - ii. an ECG strip identifying asystole to be included with PCR.
 - iii. name of individual accepting responsibility for patient remains prior to EMS clearing scene.
 - iv. All details surrounding patient care decisions involving a POLST document.

Policy

	Title:	Crime Scenes		
	Author:		Effective:	January 1, 2024
	Supersedes:		Revised:	November, 2023
	Authorized By:	Dr. John Pacini DO	Date:	January 1, 2024

Purpose

Provide direction when operating in suspected or known crime scenes.

Goal

1. Prevent undue risk to EMS Personnel when responding to or providing care at a suspected or known crime scene.
2. Identify reporting requirements involving crime scenes.
3. Preserve evidence whenever possible.

Definitions

1. *Agency* is defined as: any organization, public or private, that employs personnel (whether compensated or not) approved by MWLC EMSS for the purpose of providing emergency medical services.
2. *EMS Medical Director*, or *EMS MD* is defined as: the physician who has the responsibility and authority for total management of the EMS System. (as defined in the Illinois Administrative Code, 77 Ill. Adm. Code 515)
3. *EMS Personnel*, or *Personnel* is defined as: 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). (as defined in the Illinois Administrative Code, 77 Ill. Adm. Code 515)
4. *EMS System Coordinator*, or *EMS Coordinator* is defined as: the individual responsible to the EMS Medical Director for coordination of the educational and functional aspects of the System Program. (as defined in the Illinois Administrative Code, 77 Ill. Adm. Code 515)
5. *IDPH* is defined as: the Illinois Department of Public Health.
6. *OLMC* is defined as: Online Medical Control.
7. *MWLC EMSS* is defined as: the McHenry Western Lake County Emergency Medical Services System.
8. *SOP* is defined as: Region IX MWLC EMSS Standard Operating Procedures.

Procedures

EMS Personnel operate in environments with the potential for personal harm. Agencies shall implement policies and practices in assessing and mitigating risk for EMS responses. SOP communicates:


- Non-medical persons cannot compel EMS Personnel to provide or withhold any EMS care.
- EMS Personnel have no duty to place themselves at risk of bodily harm in the absence of law enforcement assistance and protection.
- OLMC cannot compel EMS Personnel to act in a way that subjects them to risk of harm.

Situations which present an undue risk to EMS Personnel should be secured by the appropriate authority prior to patient contact.

Victims of a crime and suspected criminals must receive quality medical care as outlined in SOP.

When a suspected crime scene is identified, caution should be exercised to preserve evidence that may be present. Patient care shall not be compromised to preserve evidence. Efforts should be made, when possible, in preserving any potential evidence and avoiding scene contamination.

Policy

	Title:	Educational Curriculums		
	Author:		Effective:	January 1, 2024
	Supersedes:		Revised:	November, 2023
	Authorized By:	Dr. John Pacini DO	Date:	January 1, 2024

Purpose

Provide for the professional educational needs of individuals in providing for emergency medical services to the MWLC EMSS service area.

Goal

1. Provide accredited academic EMS training.
2. Ensure compliance with the National Registry of Emergency Medical Technicians.

Definitions

1. *IDPH* is defined as: the Illinois Department of Public Health.
2. *MWLC EMSS* is defined as: the McHenry Western Lake County Emergency Medical Services System.


Procedures

MWLC EMSS, in conjunction with McHenry County College, offers accredited academic EMS training for recognition as an Occupational Certificate in EMT-Basic or EMT-Paramedic; or an Associate Degree in Applied Science-EMS.

EMS training is in accordance with the National Education Standards and IDPH for the following levels of EMS recognition:

- First Responder (Emergency Medical Responder-EMR)
- Emergency Medical Dispatcher (EMD) – (non-credit)
- EMT-Basic (EMT-B)
- EMT-Paramedic (EMT-P)
- Emergency Communications RN (ECRN) – (non-credit)
- Prehospital RN (PHRN) – (non-credit)

Policy

	Title:	Emergency Medical Dispatch		
	Author:		Effective:	January 1, 2024
	Supersedes:	2010	Revised:	October 2023
	Authorized By:	Dr. John Pacini DO	Date:	January 1, 2024

Purpose

Provide medical oversight for pre-arrival medical instruction provided by dispatching agencies within MWLC EMSS.

Goal

1. Ensure dispatching EMD agencies are properly trained and performance complies with the MWLC EMSS Plan.

Definitions

1. *CQI* is defined as: continuous quality improvement.
2. *EMD* is defined as: emergency medical dispatch. It functions to provide EMS pre-arrival instruction to all 911 callers using a format approved by the EMS Medical Director.
3. *EMD Agency or Agency* is defined as: any organization, public or private, that employs personnel (whether compensated or not) approved by MWLC EMSS for the purpose of providing emergency medical dispatch.
4. *EMS Medical Director* is defined as: the physician who has the responsibility and authority for total management of the EMS System.
5. *Qualified EMD Personnel, or Personnel* is defined as: persons licensed as an emergency medical dispatcher.
6. *MWLC EMSS* is defined as: the McHenry Western Lake County Emergency Medical Services System.
7. *PSAP* is defined as: public safety answering point.
8. *SOP* is defined as: Region IX MWLC EMSS Standard Operating Procedures.

Procedure


The EMD Agency must associate through submission of an EMD Agency plan to participate in the McHenry Western Lake County EMS System. The EMD Agency Plan must include:

- a) the name and address of the agency (PSAP location).
- b) an agreement to provide EMD.
- c) current information for all qualified EMD personnel affiliated with the agency to include: name, address, IDPH certification number; phone contact, and e-mail.
- d) a quality improvement plan to address EMD compliance with pre-arrival instruction protocol, performance review of EMD personnel, and accessibility to CQI reports upon request of the MWLC EMSS or IDPH.
- e) an education plan approved by the EMS System to ensure access to appropriate continuing education for all qualified EMD personnel to meet the educational requirements for IDPH certification renewal.

The McHenry Western Lake County EMS System will provide medical direction and oversight in approving EMD operations; CQI program development, EMD training and continuing education.

The EMD Agency Plan will be incorporated into the EMS System Plan recorded with the Illinois Department of Public Health – Division of EMS. It shall be subject to all rules and regulations as outlined within the EMS Administrative Code 515.000.

Policy

	Title:	EMS Apparatus Staffing		
	Author:		Effective:	January 1, 2024
	Supersedes:		Revised:	November, 2023
	Authorized By:	Dr. John Pacini DO	Date:	January 1, 2024

Purpose

Provide for the staffing of EMS Apparatus.

Goal

1. Ensure EMS Apparatus in operation are appropriately staffed for use in accordance with IDPH requirements.

Definitions

1. *Agency* is defined as: any organization, public or private, that employs personnel (whether compensated or not) approved by MWLC EMSS for the purpose of providing emergency medical services.
2. *ALS* is defined as: Advanced Life Support.
3. *BLS* is defined as: Basic Life Support.
4. *EMS Apparatus* is defined as: transport, non-transport and ambulance assistance vehicles approved by MWLC EMSS utilized in treating and/or transporting patients.
5. *EMR* is defined as: Emergency Medical Responder.
6. *EMT* is defined as: Emergency Medical Technician – Basic.
7. *IDPH* is defined as: the Illinois Department of Public Health.
8. *MWLC EMSS* is defined as: the McHenry Western Lake County Emergency Medical Services System.
9. *PHRN* is defined as: Prehospital Registered Nurse.

Procedures


Agencies shall staff the following EMS Apparatus 24 hours a day, 7 days a week, 365 days per year in compliance with IDPH requirements as below:

1. ALS ambulances:
 - a. Minimum: 1 licensed Paramedic/PHRN, and 1 EMT.
 - b. Preferred: 2 licensed Paramedic/PHRNs.
2. BLS ambulances:
 - a. Minimum: 2 licensed EMTs.
3. ALS Non-Transport apparatus:
 - a. Minimum: 1 licensed Paramedic/PHRN.

4. BLS Non-Transport apparatus:
 - a. Minimum: 1 licensed EMT.
5. ALS Ambulance Assistance:
 - a. Minimum: 1 licensed Paramedic/PHRN.
6. BLS Ambulance Assistance:
 - a. Minimum: 1 licensed EMT/Paramedic/PHRN.
7. EMR Ambulance Assistance:
 - a. Minimum: 1 licensed EMR/EMT/Paramedic/PHRN.

Illinois Administrative Rules (Section 515.830) provide for optional alternate staffing authorization for agencies serving communities of 10,000 or fewer inhabitants that cannot provide the required staffing. Approval of application for alternate staffing due to hardship must be also approved by MWLC EMSS.

Policy

	Title:	EMS Apparatus Standards		
	Author:		Effective:	January 1, 2024
	Supersedes:		Revised:	October, 2023
	Authorized By:	Dr. John Pacini DO	Date:	January 1, 2024

Purpose

Ensure compliance for EMS apparatus operation.

Goal

1. Ensure EMS apparatus (ambulances/non-transport response vehicles) are properly equipped and stocked so that all patients may be appropriately treated.
2. Ensure function and efficacy of EMS equipment, supplies, and medications throughout MWLC EMSS.
3. Ensure MWLC EMSS apparatus are compliant with IDPH and MWLC EMSS minimum equipment and supply levels.
4. Ensure nationally recognized standards such as: National Fire Protection Association, Ground Vehicle Standards for Ambulances, the Federal Specifications for the Star of Life Ambulance, and the Commission on Accreditation of Ambulance Services (CAAS) Ground Vehicle Standard for Ambulances are incorporated into EMS vehicle design and operation.

Definitions

1. *Agency* is defined as: any organization, public or private, that employs personnel (whether compensated or not) approved by MWLC EMSS for the purpose of providing emergency medical services.
2. *Associate Hospital* is defined as: a hospital participating in an EMS approved EMS System providing clinical and communications requirements in accordance with the IDPH approved EMS System Program Plan. NM-Huntley, NM-Woodstock, Advocate Good Shepherd and Sherman Hospitals are Associate Hospitals in MWLC EMSS.
3. *EMS Apparatus* is defined as: transport, non-transport and ambulance assistance vehicles approved by MWLC EMSS utilized in treating and/or transporting patients.
4. *EMS System Coordinator, or EMS Coordinator* is defined as: the individual responsible to the EMS Medical Director for coordination of the educational and functional aspects of the System Program. (as defined in the Illinois Administrative Code, 77 Ill. Adm. Code 515)
5. *Equipment* is defined as: durable goods utilized in patient care.
6. *IDPH* is defined as: the Illinois Department of Public Health.
7. *MWLC EMSS* is defined as: the McHenry Western Lake County Emergency Medical Services System.

8. *Non-transport EMS Apparatus* is defined as: a MWLC EMSS recognized second line response vehicle in the absence of an ALS ambulance to provide initial patient care. Non-transport EMS Apparatus must meet the minimum staffing requirements for an ALS service as identified by IDPH Rules and Regulations: Chapter I section 535.830 (f) and maintain the Apparatus Standards Inventory for ALS Response Vehicle Non-Transport as defined by MWLC EMSS.
9. *Resource Hospital* is defined as: the hospital with the authority and the responsibility for an EMS System as outlined in the IDPH approved EMS System Program Plan. NM-McHenry serves as the Resource Hospital in MWLC EMSS.
10. *Supply* is defined as: nondurable goods utilized in patient care.

Procedures

EMS apparatus shall comply with IDPH and MWLC EMSS regarding required minimum staffing and minimum inventory levels for necessary equipment, supplies, and medications. In addition to the MWLC EMSS Apparatus Standards Inventory, agencies shall ensure they are compliant with the IDPH minimum equipment and supply levels for their EMS apparatus. EMS Apparatus shall be regularly checked for readiness, proper function, and be maintained in safe working condition at all times.

EMS Apparatus shall be annually inspected by IDPH and MWLC EMSS in determining compliance with current IDPH and MWLC EMSS standards. A lapse in annual inspection or a non-compliant condition may subject the effected EMS apparatus to be placed out of service until the condition is corrected and approved. MWLC EMSS reserves the right to inspect EMS apparatus at any time. Agencies are responsible for IDPH fees associated with licensure and inspections. Each IDPH vehicle licensure application and annual inspection has an associated fee of \$35 (up to 100 individual vehicles). Fees not paid after thirty (30) days from the documented inspection with incur an additional \$25 fee per vehicle.

All agencies shall have a designated Pediatric Emergency Care Coordinator (PECC). In MWLC EMSS, the EMS System Coordinator serves as the PECC for all MWLC EMSS agencies.

Ambulances shall be operated in accordance with State of Illinois, IDPH, Illinois Region IX, and MWLC EMSS requirements at all times.

Agencies may use replacement apparatus for up to ten (10) days without inspection, provided that MWLC EMSS and IDPH are notified of the use of a replacement apparatus by the second working day of use.

Agencies shall provide emergency service within their service area on a per-need basis without regard to the patient's ability to pay for the service.

Stocking Supplies

MWLC EMSS will furnish BLS supplies for initial stocking of new or additional EMS apparatus within the MWLC EMSS. ALS supplies, including initial medication inventory as identified on the MWLC EMSS ALS Apparatus Standards Inventory, will initially be provided by the Resource Hospital. It is the responsibility of the agency to maintain compliant inventories of BLS and ALS supplies on all EMS apparatus (transport and non-transport).

Replacing Supplies

When replacing supplies and medications used on a patient transported to MWLC EMSS Resource or Associate Hospitals, supplies shall be replaced via an established procedure. The supplies will be replaced at a 1:1 ratio. Bedding (blankets, sheets, towels, and pillow cases) shall be replaced with each patient transfer. Documentation of supplies used in providing patient care may be monitored electronically via electronic storage equipment (Pyxis, Omnicell System, or other).

Supplies and medications that are due for expiration may be replaced 30 days prior to the expiration date for MWLC EMSS agencies. Out of system agencies shall exchange or replace expired supplies and medications with their Resource Hospital / EMS system.

Equipment

ALS and BLS equipment shall be provided by the agency. MWLC EMSS may have required specification, capacity, function, demonstration of competence, or other criteria for compliant operation in MWLC EMSS. Utilization of any and all equipment in patient care is predicated on MWLC EMSS approval.

Equipment, Supply and Medication Storage

All equipment, supplies, and medications shall be stored in compliance with manufacturer recommendations. Agencies shall demonstrate practices ensuring the required environments can be maintained to protect the integrity, functionality, and efficacy.

Agencies should be aware and plan for conditions that affect equipment, supplies, and medications including (but not limited to):

- a. Temperature (both above and below recommendations).
- b. Light (some medications need to be protected from light).
- c. Humidity level (some medications and equipment have maximum humidity operational levels).
- d. Vibrations (some medications may become damaged with vibrations; equipment may need to be recalibrated).
- e. Electronic Interference (confirm with manufacture recommendations).
- f. Security (medications, medication supplies, compressed gas cylinders).

Returning Equipment and Supplies

Agencies are required to return all equipment and supplies provided by MWLC EMS System upon terminating system participation.


Associated References

Current IDPH Inventory / Inspection forms are located at:

<https://dph.illinois.gov/topics-services/emergency-preparedness-response/ems/provider-vehicle-licensing.html>

Current MWLC EMSS Apparatus Standards Inventory forms are located in the appendix of this policy manual.

Policy

	Title:	Entrance Requirements for Paramedic Program		
	Author:		Effective:	January 1, 2024
	Supersedes:		Revised:	December, 2023
	Authorized By:	Dr. John Pacini DO	Date:	January 1, 2024

Purpose

Provide the application guidelines for persons wishing to participate in the paramedic program.

Goal

1. Detail the process of application for acceptance as a paramedic student.
2. Share more information for learning about the paramedic educational program.

Definitions

1. *Agency* is defined as: any organization, public or private, that employs personnel (whether compensated or not) approved by MWLC EMSS for the purpose of providing emergency medical services.
2. *EMS System Coordinator*, or *EMS Coordinator* is defined as: the individual responsible to the EMS Medical Director for coordination of the educational and functional aspects of the System Program. (as defined in the Illinois Administrative Code, 77 Ill. Adm. Code 515)
3. *IDPH* is defined as: the Illinois Department of Public Health.
4. *MCC* is defined as: McHenry County College.
5. *MWLC EMSS* is defined as: the McHenry Western Lake County Emergency Medical Services System.
6. *NREMT* is defined as: the National Registry of Emergency Medical Technicians.

Procedures

Application


1. Persons applying for the paramedic program must:
 - a. Be at least 18 years of age.
 - b. Be a current NREMT and/or IDPH licensed EMT.
 - c. Must demonstrate at least six months of delivering prehospital patient care at the EMT level.
 - d. Provide evidence of current BLS Healthcare Provider CPR.
 - e. Successfully complete a pre-program entrance exam with a minimum score of 75% to include validation of BLS skills proficiency.
 - f. Completion of an application with personal references and ALS agency affiliation.
 - g. All prerequisite classes required.

2. After meeting all requirements above, the applicant must be interviewed by the paramedic program Lead Instructor and/or the EMS Coordinator. Other leadership may be included in the interview process.
3. The applicant must register for the Paramedic Program through MCC. Registrations for the Paramedic Program will be limited to those applicants whom MWLC EMSS reports eligible to MCC.

The hyperlink below may be used to locate more information regarding MCC's Paramedic Certificate Program:

https://catalog.mchenry.edu/preview_program.php?catoid=7&poid=1654&returnto=221

Policy

	Title:	IV Pump Procedure		
	Author:		Effective:	January 1, 2024
	Supersedes:		Revised:	
	Authorized By:	Dr. John Pacini DO	Date:	January 1, 2024

Purpose

Provide for the utilization of IV pumps.

Goal

1. Further improve the safe and accurate administration of medications.
2. Improve time management of patient care activities by EMS personnel.

Definitions

1. *Agency* is defined as: any organization, public or private, that employs personnel (whether compensated or not) approved by MWLC EMSS for the purpose of providing emergency medical services.
2. *Qualified EMS Personnel, or Personnel*, is defined as persons licensed as a Paramedic, or Pre-Hospital Registered Nurse (PHRN) approved in utilizing IV pumps.
3. *MWLC EMSS* is defined as: the McHenry Western Lake County Emergency Medical Services System.
4. *IV infusion therapy* is defined as: a procedure of medication administration utilizing IV pump(s).
5. *LMS* is defined as: a learning management system. Specific software program individualistic to each agency allowing educational content to be created, delivered, and reported.

Procedures

1. Licensure & Scope
 - a. Medications administered utilizing IV pumps shall be initiated, maintained, or adjusted only by qualified EMS personnel, or Paramedic students under direct supervision of qualified EMS personnel; and only after successfully completing in-service and training updates as defined in this policy.
 - b. EMTs may run down the pump IV tubing to a medication and perform daily verification of charge status and IV pump supplies. *EMTs **shall not** initiate, maintain, or adjust IV infusion therapy under any circumstance.*
 - c. IV pump utilization is required for medication administration as identified in Region IX, MWLC EMSS Standard Operating Procedures.

2. Training

- a. Agencies shall provide all in-service and training updates as needed for the use per the manufacturer. Documentation of this training shall be provided to MWLC EMSS for all qualified EMS personnel.
- b. Individuals providing training to qualified EMS personnel shall be approved by MWLC EMSS.
- c. All EMS personnel will successfully complete a MWLC EMS system composed quiz administered and reported to MWLC EMSS via department specific LMS.
- d. All ALS providers will successfully complete MWLC EMSS Math Medication Calculation test with a score of 90% or higher prior to using IV pump.
- e. EMS personnel who have not completed required competency training on agency specific IV pump make/model with appropriate documentation on file with MWLC EMSS will not be permitted to use the device.
- f. Qualified EMS personnel will provide MWLC EMSS proof of successful completion of refresher didactic and psychomotor training annually.

3. Usage

- a. IV Pumps shall be FDA approved and listed by a recognized listing agency and approved for use as intended by the manufacturer.
- b. Whenever feasible, medications to be delivered via IV pump will be verified by two licensed Paramedics. Verification includes confirming all rights of medication administration as defined in Region IX, MWLC EMSS Standard Operating Procedures.
- c. IV pump medications may be delivered via IV or IO, regardless of site, angio catheter size, or patient age.
- d. Medications will be mixed immediately before administration. Only qualified EMS personnel may mix or concentrate medications to be administered via IV infusion pump. Infused medications shall be mixed as outlined in appendix A.
- e. The primed pump tubing will be inserted into the pump and the pump programmed per manufacturer directions.
- f. The pump tubing will be connected directly into the luer lock IV/IO site or piggy backed into main IV tubing as situation dictates using aseptic technique.
- g. The pump infusion/bolus will be initiated by the paramedic who selected and/or mixed the medication.
- h. The pump will be constantly monitored for any alarms or signs of infiltration at the IV/IO site.
- i. Whenever an IV pump is in use, it must be secured safely.

Medications

1. Any medication outlined in Region IX, MWLC EMSS Standard Operating Procedure with a route of administration identified as either slow IVP or infused intravenously / intraosseous over time may be delivered utilizing an IV pump.
2. IV pumps shall be programmed with preset medications and concentrations outlined in the MWLC EMSS IV Pump Drug Library. (See Appendix A)


Maintenance

1. Each agency will perform daily checks, battery service, and annual preventative maintenance.
 - a. Each agency shall be responsible for completing manufacturer recommended preventative maintenance.
 - b. Documentation of daily and annual checks, service, and maintenance will be the responsibility of each individual agency.
 - c. These records are subject to review and approval by MWLC EMSS.
2. Daily IV pump checks will be performed per the manufacturer, and will include the following:
 - a. Pump is present and clean,
 - b. Pump is charging,
 - c. A minimum of two sets of IV pump tubing are present.
3. Battery service will be performed per the manufacturer.
4. The yearly preventative maintenance will be performed per manufacturer recommendations using OEM testing kits and replacement parts.

Reconciliation

1. Each agency utilizing IV pumps must comply with requests to furnish stored data within the device.
2. All IV pumps will be identified with the last 4 digits of their device specific serial number (SN). *Example:* Eitan Sapphire Pump SN located on back of IV pump 30041-4210. IV pump shall be identified as **4210**.
3. The identifier shall be part of every patient care report (PCR) when an IV pump is used.
4. Documentation of the specific device SN will be used to identify the device used on a specific patient. This information will aid in the interrogation and reconciliation of medication use and pump settings.
5. It will be the responsibility of each individual agency to label and maintain each device with the appropriate SN identifier for personnel ease of use & documentation purposes.
6. Data storage is specific to devices and manufacturers.

Policy

	Title:	Lead Instructor		
	Author:		Effective:	July, 2025
	Supersedes:	2010	Revised:	
	Authorized By:	Dr. John Pacini DO	Date:	July, 2025

Purpose

Provide quality educational development and presentation to MWLC EMSS EMS personnel.

Goal

1. Comply with IDPH Section 515.700 administrative rules.
2. Encourage and support quality professional development of EMS personnel.

Definitions

1. *EMS Medical Director*, or *EMS MD* is defined as: the physician, appointed by the Resource Hospital, who has the responsibility and authority for total management of an EMS System.
2. *EMS Personnel*, or *Personnel* is defined as: persons licensed as an 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).
3. *IDPH* is defined as: the Illinois Department of Public Health.
4. *Standard Operating Procedures*, or *SOP* is defined as: McHenry Western Lake County EMS Region IX Standard Operating Procedures.


Procedures

MWLC EMSS, in pursuit of our mission and values, recognizes the value of formally prepared educators in emergency medical services. MWLC EMSS requires all educators to be licensed as Lead Instructors with IDPH.

To be eligible for licensure as a Lead Instructor, applicants shall:

1. Be currently licensed as EMS Personnel, Registered Nurse, Prehospital Physician Assistant, Prehospital Advanced Practice Registered Nurse, or Physician.
2. Demonstrate a minimum of two years' experience in EMS or emergency care.
3. Demonstrate at least one year of teaching experience.
4. Demonstrate EMS classroom teaching experience with a recommendation for Lead Instructor licensure by an EMS MD or licensed Lead Instructor.
5. Demonstrate successful completion of the National Standard Curriculum for EMS Instructors, or equivalent, as approved by IDPH.

Policy

	Title:	Lead Preceptor		
	Author:		Effective:	September 1, 2024
	Supersedes:		Revised:	September, 2024
	Authorized By:	Dr. John Pacini DO	Date:	September 9, 2024

Purpose

Provide for administering and supervising the professional development of EMS professionals.

Goal

1. Maintain and encourage high patient care quality expectations.
2. Coordinate precepting activities for their agency.
3. Provide an opportunity for learning and foster improved patient care performance.
4. Communicate performance results to MWLC EMSS.

Definitions

1. *Agency* is defined as: any organization, public or private, that employs personnel (whether compensated or not) approved by MWLC EMSS for the purpose of providing emergency medical services.
2. *EMS Personnel*, or *Provider* is defined as: persons licensed as an 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). (as defined in the Illinois Administrative Code, 77 Ill. Adm. Code 515)
3. *EMS System Coordinator*, or *EMS Coordinator* is defined as: the individual responsible to the EMS Medical Director for coordination of the educational and functional aspects of the MWLC EMSS Program. (as defined in the Illinois Administrative Code, 77 Ill. Adm. Code 515)
4. *IDPH* is defined as: the Illinois Department of Public Health.
5. *Lead Preceptor* is defined as: EMS Personnel recognized and approved by MWLC EMSS to provide as a primary resource for quality assurance, mentoring, and performance evaluations for prehospital clinical performance. Lead preceptors shall serve as a resource, role model, and mentor to prehospital preceptors, students, and licensed EMS Personnel while demonstrating critical thinking in SOP, leadership, and skill proficiency.
6. *MWLC EMSS* is defined as: the McHenry Western Lake County Emergency Medical Services System.

7. *Preceptor* is defined as: EMS Personnel, registered nurses, physicians, respiratory therapists, anesthesiologists, or other subject matter experts recognized and approved by MWLC EMSS to supervise and/or evaluate patient care performance. Preceptors shall be authorized to provide patient care in the clinical setting in which they are supervising and/or evaluating others. Preceptors shall be licensed at a level commensurate or exceeding those they supervise and/or evaluate. Preceptors shall serve as a resource, role model, and mentor while demonstrating critical thinking in SOP, leadership, and skill proficiency.
8. *SOP* is defined as: Region IX MWLC EMSS Standard Operating Procedures.

Procedures

Lead Preceptor roles and responsibilities include:

1. Supervising and evaluating patient care performance for:
 - a. applicants wishing to affiliate with MWLC EMSS.
 - b. students developing professionally towards licensure.
 - c. existing EMS personnel with identified professional development opportunities.
2. Identification of needs in pre-hospital care.
3. Providing feedback following each patient interaction to review evaluations with those being supervised.
4. Supervise, coordinate, and support assigned Preceptors.


EMS Personnel wishing to apply for the role of Lead Preceptor should preferably be primary in MWLC EMSS, and must:

1. Be in good standing with MWLC EMSS.
2. Hold a current Illinois license.
3. Have experience in MWLC EMSS practicing for a minimum of two years.
4. Submit an application to the EMS Coordinator. The Lead Preceptor application is located in the MWLC EMSS Policy Appendix. Information required includes:
 - a. Name, email address, and phone number.
 - b. MWLC EMSS agency affiliation.
 - c. Recommendation from agency leadership.
 - d. Interest statement committing to the requirements and duties of a Lead Preceptor.
 - e. Any questions related to the expectations for performance for discussion.

Lead Preceptor requirements:

1. Obtain acceptance from MWLC EMSS EMS Coordinator for entry into training program.
2. Obtain agency leadership commitment to support Lead Preceptor roles and responsibilities.
3. Successfully complete a MWLC EMSS Lead Preceptor program orientation.
4. Meet role and responsibility requirements as presented in the MWLC EMSS Lead Preceptor program.
5. Successfully complete a MWLC EMSS Lead Preceptor refresher annually or more often if changes in practice or field internship processes have occurred.

Policy

	Title:	Licensure		
	Author:		Effective:	January 1, 2024
	Supersedes:		Revised:	December, 2023
	Authorized By:	Dr. John Pacini DO	Date:	January 1, 2024

Purpose

Processing licensure activity in support of MWLC EMSS operations.

Goal

1. Comply with IDPH rules and regulations.
2. Facilitate licensure activity as needed.

Definitions

1. *Agency* is defined as: any organization, public or private, that employs personnel (whether compensated or not) approved by MWLC EMSS for the purpose of providing emergency medical services.
2. *EMS Apparatus* is defined as: transport, non-transport and ambulance assistance vehicles approved by MWLC EMSS utilized in treating and/or transporting patients.
3. *EMS Medical Director*, or *EMS MD* is defined as: the physician who has the responsibility and authority for total management of the EMS System. (as defined in the Illinois Administrative Code, 77 Ill. Adm. Code 515)
4. *EMS Personnel*, or *Personnel* is defined as: persons licensed as an Emergency Medical Responder (EMR) (First Responder), Emergency Medical Dispatcher (EMD), Emergency Medical Technician (EMT), Lead Instructor (LI), Paramedic, Emergency Communications Registered Nurse (ECRN), or Pre-Hospital Registered Nurse (PHRN). (as defined in the Illinois Administrative Code, 77 Ill. Adm. Code 515)
5. *Extension* is defined as: a delayed licensure expiration, up to six months maximum, enabling EMS Personnel time in meeting relicensure requirements. Extensions must be approved by both the EMS MD and IDPH.
6. *IDPH* is defined as: the Illinois Department of Public Health.
7. *MWLC EMSS* is defined as: the McHenry Western Lake County Emergency Medical Services System.
8. *NREMT* is defined as: the National Registry of Emergency Medical Technicians.
9. *Reduction in licensure* is defined as: a downgrade in scope of practice as signified by a change in licensure level granted by IDPH.
10. *Reinstatement in licensure* is defined as: to reestablish a scope of practice licensure level previously granted by IDPH.
11. *Relicensure* or *Renewal* is defined as: the issuance of an IDPH license to practice at the same level for another 4-year licensure term.

Procedures

Provisional Licensure – EMR

Persons under the age of 18 are not eligible for EMR licensure; however, persons between the ages of 16 and 18 who have successfully completed a MWLC EMSS EMR course may apply for a provisional EMR license subject to the following conditions:

1. Provisional EMR personnel shall only practice when affiliated and approved by MWLC EMSS.
2. Provisional EMR personnel shall not be placed in a position of primary response to emergencies by any agency unless under the direct, personal and continuous supervision of at least one other non-provisional EMR, EMT, Paramedic, or PHRN.
3. Provisional EMR personnel shall not operate, drive or maneuver EMS apparatus in connection with an emergency response or the transportation of any patient.

MWLC EMSS agencies and supervising EMS Personnel shall be jointly responsible for assuring that no provisional EMR personnel violate these policy requirements. Agencies and supervising EMS Personnel shall each report, in writing, the nature and details of any violations of this policy within 48 hours after the occurrence. A failure to make written reports as required shall be grounds for disciplinary action as required by IDPH. Violation(s) shall be grounds for disciplinary action, up to and including license suspension and revocation.

Applicants for Provisional EMR shall verify submission of IDPH Renewal Notice/Child Support/Personal History Statement. This statement is located on the IDPH website at:

<https://dph.illinois.gov/content/dam/soi/en/web/idph/files/forms/ems-renewal-notice-011717.pdf>

Applicants for Provisional EMR shall comply with reporting and all requirements regarding felony convictions (or an entered plea of guilty or nolo contendere) in compliance with Illinois Administrative Code 77 Ill. Adm. Code 515.190.

Provisional EMR Personnel will be recognized by IDPH as an licensed EMR upon turning 18 years of age as required in Section 515.725.

Initial

The process of initial licensure with IDPH is outlined below:

1. Candidates for licensure through MWLC EMSS shall successfully complete a MWLC EMSS sponsored training program and meet MWLC EMSS requirements.
2. Candidates shall register for licensure examination through NREMT within ninety (90) days after course completion, including all clinical and field requirements.
 - a. Candidates shall follow the [NREMT policy](#) for initial licensure examination within 12 months after initial authorizations to test.
 - b. Candidates are responsible for all associated fees and cost.
 - c. Candidates will notify MWLC EMSS with:
 - i. Name.
 - ii. Address.
 - iii. Date of Birth.
 - iv. Social Security Number.
 - v. Driver's License Number.
 - vi. A completed IDPH Renewal Notice/Child Support/Personal History Statement. This statement is located on the IDPH website at:
<https://dph.illinois.gov/content/dam/soi/en/web/idph/files/forms/ems-renewal-notice-011717.pdf>
 - vii. The testing site.
 - viii. The testing date.
3. MWLC EMSS will attest the candidate has successfully completed an EMS program with NREMT.
4. Candidates shall successfully pass licensure examination per NREMT requirements.
5. IDPH requires that all candidates for state licensure apply for initial licensure through IDPH within twenty-four (24) months of NREMT certification. The candidate shall provide MWLC EMSS a copy of their NREMT license in a timeframe permitting the processing and submission to IDPH for state licensure within twenty-four (24) months.
6. MWLC EMSS will submit an electronic application with authorization from the EMS Medical Director to IDPH for approval and processing.

IDPH will process the electronic application (transaction card) from MWLC EMSS. IDPH will contact candidate via email to collect fees. Once payment is completed, IDPH will issue licensure to the candidate.

Relicensure

The process of relicensure (renewal) for EMS Personnel primary in MWLC EMSS is outlined below:

1. EMS personnel shall:
 - a. Ensure validation of current Healthcare Provider CPR recognition is on file with MWLC EMSS.
 - b. Ensure a minimum of approved continuing education is on file with MWLC EMSS per the Continuing Education policy.
 - c. Ensure mandatory dementia training is completed and on file with MWLC EMSS.

- d. Ensure current contact data (name, address, phone, and email) is on file with MWLC EMSS.
- e. Maintain participation in good standing with MWLC EMSS.

EMS Personnel are responsible for ensuring their licensure renewal.

MWLC EMSS will review progress on requirements for relicensure. If requirements are met, MWLC EMSS will electronically notify IDPH of the completed renewal requirements.

EMS Personnel secondary in MWLC EMSS must follow requirements of the System Participation Policy.

Extension

The process of requesting an extension in licensure to MWLC EMSS is outlined below:

1. EMS personnel must submit a signed, written or emailed request to MWLC EMSS addressed to the EMS Medical Director including:
 - a. Full name, current address, contact email address, and phone number.
 - b. The intention of the request (extend the expiration date of) an EMS license.
 - c. A copy of the current printed license attached to the request.
 - d. The circumstance surrounding the request detailing why the extension is necessary.
 - e. A validation of current Healthcare Provider CPR recognition.
 - f. A completed IDPH Renewal Notice/Child Support/Personal History Statement. This statement is located on the IDPH website at:
<https://dph.illinois.gov/content/dam/soi/en/web/idph/files/forms/ems-renewal-notice-011717.pdf>
2. The EMS Medical Director will evaluate the request to:
 - a. Ensure all required information outlined in (1) above is provided for review.
 - b. Evaluate accrued continuing education against continuing education required to satisfy relicensure.
 - c. Ensure the requestor is in good standing with MWLC EMSS.
 - d. Consider unique circumstances associated with the request.
3. The EMS Medical Director will either:
 - a. Contact the requestor with a need to clarify or garner additional information.
 - b. Deny the request and provide the reason for the denial to the requestor.
 - c. Approve the request and submit a change of licensure status to IDPH.

Only one extension will be considered in a 4-year licensure term. A new licensure expiration will be provided by IDPH, if approved. All requirements shall be met by the deadline of the new expiration date. **Failure to meet the outstanding requirements will result in lapse of licensure.** EMS Personnel have the responsibility to provide the documentation of completion of outstanding renewal requirements to MWLC EMSS prior to the expiration date. Upon satisfying all outstanding requirements, MWLC EMSS will notify IDPH for licensure renewal.

Reduction, Reinstatement, and Inactive Status

The process of requesting voluntary reduction, reinstatement, or inactive status in licensure to MWLC EMSS is outlined below:

1. EMS personnel must submit a signed, written request to MWLC EMSS addressed to the EMS Medical Director including:
 - a. Full name, current address, contact email address, and phone number.
 - b. The intention of the request (reduce, reinstate, or inactivate) an EMS license. The requestor must indicate both their current licensure level and the level requested.
 - c. The current printed license attached to the request.
 - d. The circumstance surrounding the request.
 - e. A completed IDPH Renewal Notice/Child Support/Personal History Statement. This statement is located on the IDPH website at:
<https://dph.illinois.gov/content/dam/soi/en/web/idph/files/forms/ems-renewal-notice-011717.pdf>
2. The EMS Medical Director will review the request to validate:
 - a. All required information outlined in (1) above is provided for review.
 - b. Current continuing education requirements are met per the Continuing Education Policy.
 - c. The requestor is in good standing with MWLC EMSS.
 - d. Ensure skill proficiencies and current knowledge is consistent with requested licensure level.
3. The EMS Medical Director will either:
 - a. Contact the requestor with a need to clarify or garner additional information.
 - b. Deny the request and provide the reason for the denial to the requestor.
 - c. Approve the request and submit a change of licensure status to IDPH.


Remediation of skills and/or knowledge are at the EMS Medical Director's discretion. Requestor is responsible for all fees. Those requesting inactivation of a license must be current with relicensure requirements and may NOT utilize inactive status in lieu of meeting requirements.

For reinstatement, contact MWLC EMSS for process details.

Fees

Candidates, Provisional, and EMS Personnel are responsible for all fees paid to IDPH at the time of application for examination, initial licensure, licensure renewal, duplicate license, and/or reciprocity. A list of fees payable to IDPH can be found online at:
ilga.gov/commission/jcar/admincode/077/077005150C04600R.html.

Policy

	Title:	Line of Duty Death Notification		
	Author:	MWLC EMSS	Effective:	January 1, 2024
	Supersedes:		Revised:	July, 2023
	Authorized By:	Dr. John Pacini DO	Date:	January 1, 2024

Purpose

Report line of duty deaths in an accurate and timely manner.

Goal

1. Establish procedures to communicate line of duty deaths.
2. Ensure appropriate response and support from MWLC EMSS.
3. Maintain confidentiality and privacy of personnel and their families.


Definitions

1. *Agency* is defined as: any organization, public or private, that employs personnel (whether compensated or not) approved by MWLC EMSS for the purpose of providing emergency medical services.
2. *EMS Medical Director*, or *EMS MD* is defined as: the physician who has the responsibility and authority for total management of the EMS System. (as defined in the Illinois Administrative Code, 77 Ill. Adm. Code 515)
3. *EMS System Coordinator*, or *EMS Coordinator* is defined as: the individual responsible to the EMS Medical Director for coordination of the educational and functional aspects of the System Program. (as defined in the Illinois Administrative Code, 77 Ill. Adm. Code 515)
4. *IDPH* is defined as: the Illinois Department of Public Health.
5. *MWLC EMSS* is defined as: the McHenry Western Lake County Emergency Medical Services System.
6. *EMS Personnel*, or *Personnel* is defined as: 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). (as defined in the Illinois Administrative Code, 77 Ill. Adm. Code 515)

Procedures

1. Agencies experiencing the death of MWLC EMSS personnel in the line of duty shall notify MWLC EMSS as soon as possible, but no later than 9:00am the next business day, with the following:
 - a. Name of the MWLC EMSS personnel,
 - b. Detailed information regarding the incident,
 - c. The date and time of the incident,
 - d. The location of the incident,
 - e. The circumstances surrounding the line of duty death.
2. MWLC EMSS staff shall immediately notify the EMS Medical Director and the EMS System Coordinator.
3. MWLC EMSS will provide support as able to the personnel, family, and agency involved.
4. As soon as possible, but no later than 9:00am the next business day, MWLC EMSS shall notify either the IDPH Region 9 EMS Coordinator or the IDPH EMS Division Chief with the details of the line of duty death.
5. MWLC EMSS will cooperate with any review or investigation initiated by IDPH, and implement changes as needed.
6. Line of duty death information and details of any review or investigation shall remain confidential following MWLC EMSS policy, direction from IDPH, and any other applicable laws or regulations. Any inquiries, media or otherwise, shall be forwarded to the EMS System Coordinator.

Policy

	Title:	Mechanical Chest Compression Devices		
	Author:		Effective:	January 1, 2024
	Supersedes:	2010	Revised:	August 2023
	Authorized By:	Dr. John Pacini DO	Date:	January 1, 2024

Purpose

Provide for the use of mechanical chest compression devices.

Goal

1. Further improve the quality of chest compressions in CPR.
2. Improve time management of patient care activities by EMS personnel.
3. Further improve patient outcomes.

Definitions

1. *Agency* is defined as: any organization, public or private, that employs personnel (whether compensated or not) approved by MWLC EMSS for the purpose of providing emergency medical services.
2. *Qualified EMS Personnel*, or *Personnel* is defined as: persons licensed as a EMR, EMT-B, Paramedic, or Pre-Hospital Registered Nurse (PHRN).
3. *MWLC EMSS* is defined as: the McHenry Western Lake County Emergency Medical Services System.
4. *SOP* is defined as: Region IX MWLC EMSS Standard Operating Procedures.

Procedure


1. Licensure & Scope Qualified
 - a. Qualified EMS personnel may apply and utilize mechanical chest compression devices in patient care as outlined in SOP.
 - b. **Defibrillation should not be delayed in the application of a mechanical chest compression device.**
2. Training
 - a. Agencies shall provide all in-servicing and training updates as needed for the use per the manufacturer. Documentation of this training shall be provided to MWLC EMSS for all qualified EMS personnel.
 - b. Training provided to qualified EMS personnel shall be provided by either manufacturer representative or MWLC EMSS approved agency educator. Qualifications for such status (train the trainer, etc.) must be substantiated in writing.
 - c. EMS personnel who have not received formalized training on agency specific device, or do not have appropriate documentation, are not permitted to use the device.

- d. Qualified EMS personnel will receive a refresher didactic and psychomotor training annually.

3. Usage

- a. Mechanical chest compression devices shall be FDA approved, listed by a recognized listing agency, and approved for use as intended by the manufacturer.
- b. Application of mechanical chest compression devices should be practiced to facilitate quick and proper application.
- c. Use of mechanical chest compression devices shall comply with SOP.

Policy

	Title:	Medication Administration, Replacement, and Exchange		
	Author:		Effective:	January 1, 2024
	Supersedes:		Revised:	September 20, 2024
	Authorized By:	Dr. John Pacini DO	Date:	September 20, 2024

Purpose

Detail requirements for the administration and procurement of medications (except controlled substances) and solutions in maintaining inventory levels as approved by MWLC EMSS.

Goal

1. Ensure MWLC EMSS approved medication and solution inventory is accounted for, and maintained in a ready state for use, as indicated in MWLC EMSS Standard Operating Procedures, at all times by all EMS agencies.
2. Provide for the approved administration of Region IX MWLC EMSS medications.

Definitions

1. *ADM* is defined as: automated medication dispensing machine.
2. *Agency* is defined as: any organization, public or private, that employs personnel (whether compensated or not) approved by MWLC EMSS for the purpose of providing emergency medical services.
3. *Associate Hospital* is defined as: a hospital participating in an approved EMS System in accordance with the EMS System Program Plan, fulfilling the same clinical and communications requirements as the Resource Hospital. This hospital has neither the primary responsibility for conducting education programs nor the responsibility for the overall operation of the EMS System program. The Associate Hospital must have a basic or comprehensive emergency department with 24-hour physician coverage. It shall have a functioning Intensive Care Unit or a Cardiac Care Unit. In MWLC EMSS, Associate Hospitals include: NM-Huntley, NM-Woodstock, and Good Shepherd Hospital.
4. *EMS Personnel*, or *Personnel* is defined as: 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). (as defined in the Illinois Administrative Code, 77 Ill. Adm. Code 515)
5. *IDPH* is defined as: the Illinois Department of Public Health.
6. *Medications* is defined as: medications, other than controlled substances, authorized and used by MWLC EMSS per SOP.
7. *MWLC EMSS* is defined as: McHenry Western Lake County Emergency Medical Services.

8. *Participating Hospital* is defined as: a hospital participating in an approved EMS System in accordance with the EMS System Program Plan, which is not a Resource Hospital or an Associate Hospital. In MWLC EMSS, Participating Hospitals include: Mercy – Crystal Lake.
9. *Region IX* is defined as: the Illinois state EMS region, defined by IDPH, in which MWLC EMSS participates.
10. *Resource Hospital* is defined as: the hospital with the authority and the responsibility for an EMS System as outlined in the Department-approved EMS System Program Plan. The Resource Hospital, through the EMS Medical Director, assumes responsibility for the entire program, including the clinical aspects, operations and education programs. This hospital agrees to replace medical supplies and provide for equipment exchange for participating EMS vehicles. In MWLC EMSS, this the Resource Hospital is NM-McHenry.
11. *SOP* is defined as: Region IX MWLC EMSS Standard Operating Procedures.

Procedures

EMS personnel shall be responsible for checking their medications and solutions on a daily basis to ensure that there are sufficient numbers of each in accordance with the System Medication and Supply List, that the packaging is MWLC EMSS appropriate, intact, and that they are well within their expiration dates.

1. Any EMS medications/solutions that are found to be outdated, damaged, tampered with, or having broken seals shall be removed immediately from the EMS vehicle and brought to MWLC EMSS Resource or Associate Hospitals for exchange.
2. They may be exchanged through ADM placed in a designated medication return container in the ADM, for replacement, or exchanged (depending on the individual hospital protocol).
3. They are never to be returned to the EMS exchange supplies. If placed back into EMS supplies, other units would foreseeably replace their stock with expired or defective medications.
4. EMS personnel are not to resupply their medications from ED inventories. The ED may have medications/solutions/supplies with a different manufacturer, dose, and/or concentration than those used on EMS vehicles.
5. All medications and solutions should be checked for compliance with MWLC EMSS specifications before being placed into service. The MWLC EMSS Medication and Supply List shall serve as the reference for approved items. Medications shall only be exchanged/replaced for the matching total dose replacement. If unable to exchange/replace for the matching total dose, contact MWLC EMSS.
6. Outdate exchanges should not be performed prior to 30 days from the expiration date and must be delivered with intact packaging.

CS discrepancies must be addressed immediately and reported to the MWLC EMSS System Coordinator within 24 hours for investigation. Report via email to: elizabeth.depouw@nm.org and cindy.tabert@nm.org.


Suspicion of controlled substance diversion must be reported to the MWLC EMSS System Coordinator within 24 hours for investigation. Report via email to: elizabeth.depouw@nm.org and cindy.tabert@nm.org.

Administration

The list of approved medications for pre-hospital administration is outlined in SOP. The administration of approved medications will be performed by EMS Personnel as authorized in SOP - EMS Scopes of Practice. Aseptic technique shall be utilized when preparing and administering medications. The following requirements during medication preparation and/or administration shall be followed per SOP:

- 7 RIGHTS of medication administration
- Medication Administration Cross Check procedure

Policy

	Title:	Online Medical Control		
	Author:		Effective:	January 1, 2024
	Supersedes:		Revised:	November, 2023
	Authorized By:	Dr. John Pacini DO	Date:	January 1, 2024

Purpose

Provide Online Medical Control to MWLC EMSS personnel and establish a System-Patient Relationship for patient care.

Goal

1. Comply with IL Admin Code 515.410.
2. Comply with IDPH requirements in establishing system-patient relationships.
3. Outline approved communication methods.
4. Practical establishment of system-patient relationships exercising OLMC.

Definitions

1. *Associate Hospital* is defined as: a hospital participating in an approved EMS System in accordance with the EMS System Program Plan, fulfilling the same clinical and communications requirements as the Resource Hospital. This hospital has neither the primary responsibility for conducting education programs nor the responsibility for the overall operation of the EMS System program. The Associate Hospital must have a basic or comprehensive emergency department with 24-hour physician coverage. It shall have a functioning Intensive Care Unit or a Cardiac Care Unit. In MWLC EMSS, Associate Hospitals include: NM-Huntley, NM-Woodstock, and Advocate Good Shepherd Hospital.
2. *IDPH* is defined as: the Illinois Department of Public Health.
3. *MWLC EMSS* is defined as: McHenry Western Lake County Emergency Medical Services.
4. *MWLC EMSS MD or EMS MD* is defined as: the physician responsible for the overall operation of McHenry / Western Lake County Emergency Medical Services.
5. *OLMC* is defined as: MWLC EMSS MD or designee (either ECRN or ED Physician) approved within Region IX MWLC EMSS Standard Operating Procedures who exercise authority to direct pre-hospital medical care.
6. *Participating Hospital* is defined as: a hospital participating in an approved EMS System in accordance with the EMS System Program Plan, which is not a Resource Hospital or an Associate Hospital. In MWLC EMSS, Participating Hospitals include: Mercy – Crystal Lake.
7. *EMS Personnel, or Personnel* is defined as: 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). (as defined in the Illinois Administrative Code, 77 Ill. Adm. Code 515)

8. *Resource Hospital* is defined as: the hospital with the authority and the responsibility for an EMS System as outlined in the Department-approved EMS System Program Plan. The Resource Hospital, through the EMS Medical Director, assumes responsibility for the entire program, including the clinical aspects, operations and education programs. This hospital agrees to replace medical supplies and provide for equipment exchange for participating EMS vehicles. In MWLC EMSS, the Resource Hospital is NM-McHenry.
9. *SOP* is defined as: Region IX MWLC EMSS Standard Operating Procedures.
10. *System-Patient Relationship* is defined as: an expectation of physician directed patient care. This is preferably accomplished by MWLC EMSS approved EMS Personnel speaking directly with OLMC. When communications with OLMC is not possible, or would delay life-saving interventions; physician directed patient care occurs by providing care as outlined in Region IX MWLC EMSS Standard Operating Procedures.

Procedures

IDPH Rules dictate there shall be prehospital to hospital communication from the scene and/or in transit on all emergency calls involving the establishment of a System-Patient Relationship as soon as practical. MWLC EMSS communications are achieved utilizing communications equipment located at the Resource and each Associate Hospital. Communications between OLMC and EMS personnel via radio, telemetry, or cellular phones shall:

- a) follow protocols outlining procedures for the operation of the communications equipment. Procedures for the operation of the communications equipment shall be readily available for reference at each Resource and Associate hospital.
- b) be formatted as outlined in Region IX MWLC EMSS Standard Operating Procedures. This format functions to encourage standardization of efficient, concise, and comprehensive communication.
- c) enable OLMC to direct patient care.

Compliance with IL Admin Code 515.410

Communications equipment shall:

1. be configured to allow the EMS MD, or designee, to monitor all communications from the field within MWLC EMSS.
2. permit physician direction provided from the operational control point of the resource or associate hospitals.
3. provide the resource and all associate hospitals with:
 - a. an operational control point for use through all approved communications methods identified in this policy.
 - b. hospital to hospital intercom lines.
4. Fulfill the requirements that telecommunications equipment is staffed and maintained 24-hours every day, including VHF and UHF base stations and their required telephone equipment.
5. permit compatibility with prehospital communications equipment.
6. ensure all communications are recorded.
7. be maintained to minimize interruptions in communications capability. Procedures are established to provide immediate action to be taken by operating personnel to ensure rapid restoration when needed.

Other than a means of voice communication, OLMC contact over the radio, telemetry, and/or cellular routes provides for:

1. Recording of communications. Communications 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 record retention policy.

Communications shall be documented on a system approved, sequentially numbered ECRN Run Report by the ECRN (see appendix for example). A copy of this ECRN Run Report shall become part of the patient's permanent medical record. A second copy shall be created for quality improvement purposes and may be discarded after review or stored per individual hospital policy either electronically or in paper format.

Communications to OLMC for a transport to another hospital or approved licensed facility shall be relayed to the receiving facility by the ECRN directing care. A nurse or physician at the receiving facility shall be informed of the patient's status, care rendered, and ETA utilizing the the communications equipment and be recorded.

Approved Communication Methods

The following methods are approved for MWLC EMSS communications. Agencies shall constantly maintain at least two MWLC EMSS approved methods for communications with OLMC. **All communications with OLMC are recorded and maintained by MWLC EMSS.**

EMS Personnel may contact OLMC utilizing:

1. MERCI 400 or MERCI 340. (Normally reserved for BLS care)
 - a. Radio equipment shall be programmed to isolate radio communication to the specific hospital being contacted.
2. Cellular phone contact as below:
 - a. NM-McHenry (Resource Hospital)
 - i. 815-385-9080 (primary)
 - ii. 815-385-9081 (alternate)
 - b. NM-Huntley (Associate Hospital)
 - i. 847-669-9029 (primary)
 - ii. 847-669-9034 (alternate)
 - c. NM-Woodstock (Associate Hospital)
 - i. 815-338-6521 (primary)
 - ii. 815-338-2025 (alternate)
 - d. Advocate – Good Shepherd Hospital (Associate Hospital)
 - i. 847-381-9525 (primary)
 - ii. 847-381-9555 (alternate 1)
 - iii. 847-842-4426 (alternate 2)
 - e. Advocate - Sherman Hospital (Associate Hospital)
 - i. 847-742-3530 (primary)

Following Region IX MWLC EMSS SOP, EMS personnel providing patient care in the field call reports into OLMC via approved communications equipment (or MERCI radio) to receive direction. This direction is ultimately provided by ED Physicians at MWLC EMSS Resource or Associate hospitals. ECRNs function to answer calls, take and document reports provided, and provide direction obtained from ED Physicians consistent with SOP.


Review and approval of ED Physicians and ECRNs functioning as OLMC is the responsibility of the EMS MD. ED Physician performance should be reviewed at least annually.

The format of pre-hospital reports called into OLMC is defined in a MWLC EMSS radio report skills sheet. ECRNs are responsible for documenting radio reports on the MWLC EMSS ECRN Run Report. The completed ECRN Run Report then becomes a permanent part of the medical record if the patient is received the Resource or Associate hospitals. Otherwise, the permanent record is stored by MWLC EMSS.

ED Physician and ECRN Duties as OLMC

1. Be thoroughly familiar with SOP.
2. Be thoroughly familiar with utilizing communications equipment, MERCI equipment, and receiving telemetry data.
3. Be proficient at providing voice medical orders to EMS personnel in accordance with SOP. **Voice orders to EMS personnel shall be given by or under the direction of the EMS Medical Director or designee, who shall be either ECRN or ED Physician on duty.**
4. Document radio report and medical control orders on the ECRN Run Report.
5. Be familiar with the scope and depth of training of EMS personnel.

Policy

	Title:	Patient Abandonment		
	Author:		Effective:	January 1, 2024
	Supersedes:	2010	Revised:	August 2023
	Authorized By:	Dr. John Pacini DO	Date:	January 1, 2024

Purpose

Provide for quality medical care from presentation to discharge or refusal.

Goal

1. Ensure a continuum of appropriate medical care is provided to all patients.

Definitions

1. *Abandonment* is defined as: the unilateral termination of a health practitioner-patient relationship and/or the unreasonable discontinuation of care by the health care provider when there is a need for continuing medical attention, contrary to the patient's will, and/or without the patient's knowledge.
2. *MWLC EMSS* is defined as: McHenry / Western Lake County EMS System.

Procedure


MWLC EMSS personnel shall not knowingly abandon a patient.

Examples of abandonment include (but are not limited to):

- a. executing an inappropriate refusal.
- b. releasing a patient to a less qualified individual without OLMC approval.
- c. discontinuing needed medical monitoring before patient care is assumed by other professionals of equal or greater licensure level of care.
- d. transfers of patient care that do not comply with this policy.

It is the responsibility of EMS personnel to maintain patient care until transfer of care, when needed, can be made to medical personnel that are licensed to an equivalent or higher level. Transfer of patient care must include a detailed report of assessment findings, treatments, and the patient's response to treatment to the satisfaction of the medical personnel assuming care. All EMS personnel involved in patient care shall document their patient care in the MWLC EMSS approved patient care reporting software.

Policy

	Title:	Personal Protective Equipment		
	Author:		Effective:	January 1, 2024
	Supersedes:		Revised:	July, 2023
	Authorized By:	Dr. John Pacini DO	Date:	January 1, 2024

Purpose

Provide direction for use of personal protective equipment (PPE) in preventing occupational exposure and disease transmission.

Goal

1. Ensure understanding of concepts in utilizing PPE for preventing occupational exposure to infectious materials and prevent the spread of disease,
2. Provide procedures for the use of PPE to prevent occupational exposure to bloodborne pathogens and other potentially infectious materials.

Definitions

1. *Agency* is defined as: organizations recognized by McHenry Western Lake County EMS System (MWLC EMSS) as participating prehospital healthcare providers.
2. *IDPH* is defined as: the Illinois Department of Public Health.
3. *MWLC EMSS* is defined as: McHenry Western Lake County Emergency Medical Services.
4. *MWLC EMSS MD or EMS MD* is defined as: the physician responsible for the overall operation of McHenry / Western Lake County Emergency Medical Services.
5. *MWLC EMSS personnel* is defined as: approved prehospital healthcare personnel (EMTs, Paramedics, and PHRNs) providing care through *agencies* functioning within the MWLC EMSS.
6. *Personal Protective Equipment (PPE)* is defined as: specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.
7. *Occupational Exposure* is defined as: anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
8. *Bloodborne Pathogens* are defined as: pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
9. *Other Potentially Infectious Materials (OPIM)* is defined as:
 - a. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids,


- b. Any unfixed tissue or organ (other than intact skin) from a human (living or dead),
 - c. HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
10. *Parenteral* means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Procedures

1. MWLC EMSS personnel often work in unpredictable and uncontrolled situations. PPE shall be routinely used properly in achieving body substance isolation from bloodborne pathogens and OPIM for:
 - a. all patient care encounters,
 - b. cleaning and disinfecting ambulances and medical equipment,
 - c. disposing of soiled materials,
 - d. laundering soiled materials (clothing, towels, linens, etc.).
2. PPE shall include (but not be limited to):
 - a. Medical gloves,
 - b. Gowns,
 - c. Eye protection,
 - d. Masks,
 - e. Resuscitation bags or other ventilation devices.
3. PPE shall be readily available, properly sized, hypoallergenic, replaced as necessary, and properly fit tested where applicable for use by all MWLC EMSS personnel for each patient encounter.
 - a. The EMS MD may allow for the Administration of an Initial Occupational Safety and Health Administration (OSHA) Respirator Medical Evaluation Questionnaire on behalf of fire personnel provided the following is in place:
 - i. A licensed EMT, AEMT, EMT-I, Paramedic, PHRN, PHAPRN, or PHPA may administer the OSHA respiratory medical evaluation questionnaire according to the agency's written respiratory protection program and if permitted by the EMS MD.
 - ii. The licensed EMT, AEMT, EMT-I, Paramedic, PHRN, PHAPRN, or PHPA must have the appropriate training and education to administer the respiratory evaluation questionnaire.
 - iii. Training and education on the administration of the respiratory evaluation questionnaire is the responsibility of the agency.
 - iv. Any individual who administers the respiratory evaluation questionnaire shall make the appropriate referrals for medical examination with a Licensed Physician, APRN, or Physician Assistant as indicated in the Agency's Respiratory Protection Program.
 - v. The agency must maintain all records regarding training and education of EMS personnel designated to administer the respiratory medical evaluation questionnaire and EMS MD approval of their ability to administer the medical evaluation questionnaire at their agency. All records shall be made available to MWLC EMSS or IDPH upon request.

4. Agencies shall provide PPE training to MWLC EMSS personnel as required by law PRIOR to any patient care encounters. The training must include:
 - a. The agency's communicable disease and exposure control policy,
 - b. Epidemiology,
 - c. Modes of transmission,
 - d. Hazards of HBV, HIV, tuberculosis, and all other legally mandated hazard training,
 - e. Location and proper use of PPE,
 - f. Handling of infectious waste and contaminated articles,
 - g. Proper cleaning of contaminated ambulance, equipment, and all other soiled materials,Continuing PPE training shall occur at least annually, and as changes to PPE and/or changes to agency policies warrant. Training records shall be maintained as outlined by law.
5. Agencies must ensure single-use PPE is disposed of properly, or multiple use PPE is cleaned and disinfected properly per manufacturer's guidelines.
6. Agencies shall monitor personnel adherence to properly utilizing PPE, and provide documented remediation when deficiencies are noted.

Policy

	Title:	Physical Restraints		
	Author:		Effective:	January 1, 2024
	Supersedes:	2020	Revised:	August 2023
	Authorized By:	Dr. John Pacini DO	Date:	January 1, 2024

Purpose

Provide direction for physically restraining patients who demonstrate a threat or potential threat to themselves and/or others.

Goal

1. Safely restrain patients in a humane and judicious manner.
2. Maintain a safe and effective patient care environment.
3. Prevent damage to EMS equipment and facilitate safe transport.

Definitions

1. *ECRN* is defined as: Emergency Communications Registered Nurse.
2. *EMS Personnel* is defined as: persons licensed as an Emergency Medical Responder (EMR) (First Responder), Emergency Medical Technician (EMT), Emergency Medical Technician-Intermediate (EMT-I), Advanced Emergency Medical Technician (A-EMT), Paramedic, or Pre-Hospital Registered Nurse (PHRN).
3. *IDPH* is defined as: the Illinois Department of Public Health.
4. *MWLC EMSS* is defined as: the McHenry Western Lake County Emergency Medical Services System.
5. *Restrained by law enforcement* is defined as: any process utilized by law enforcement to restrain a patient (handcuffs, zip ties, etc.). **Tools utilized by police are not considered an EMS restraint tool.**
6. *SOP* is defined as: Region IX MWLC EMSS Standard Operating Procedures.

Procedure

The use of physical restraints shall comply with both this policy and SOP.

In ALL cases where a patient is restrained, the patient care report shall include details including:

1. Justification for restraining the patient.
2. The distal neurological and circulatory status of the restrained extremities at an interval of at least every fifteen minutes throughout transport.
3. Patient positioning with restrained limbs visible (proximal and distal to restraint devices) at all times.

In situations where a patient is restrained by law enforcement, the patient may be treated and/or transported with restraints in place provided:


1. EMS personnel agree that the method utilized by law enforcement will not pose a health threat to the patient and will successfully restrain the patient throughout treatment and transport.
2. a method of quickly removing the restraint device is available to EMS personnel at all times.
3. a law enforcement officer accompanies the patient to the hospital during transport through transfer of care. This may be in the back of an ambulance, or following the ambulance in the law enforcement officer's vehicle.

Application of physical restraints by EMS

If needed, restraints may be applied prior to OLMC contact and approval. As soon as possible, OLMC will be provided a report including the situation necessitating restraints and details in restraining the patient. EMS personnel must receive OLMC approval for continuing restraints during treatment and transport. The ECRN must document, both in the radio report and report sheet, the physician authorizing the use of restraints. Additionally:

1. Patients shall never be transported prone. Access to assess and support a patient's airway is always a priority.
2. EMS restraint devices shall be quick release. Per IDPH, restraints with keys are not permitted.
3. Physical restraints shall not include placing anything into a patient's airway and/or covering a patient's head.

Policy

	Title:	Physician and/or Nurse On Scene		
	Author:	MWLC EMSS	Effective:	January 1, 2024
	Supersedes:		Revised:	September 20, 2024
	Authorized By:	Dr. John Pacini DO	Date:	September 20, 2024

Purpose

Facilitate the assistance of a physician and/or nurse who renders patient care at the scene of an EMS incident.

Goal

1. Ensure every patient receives adequate, efficient, and timely emergency care that meets or exceeds the standard of care in MWLC EMSS.
2. Ensure patient care is provided in accordance with procedures outlined in this policy and/or SOP.


Procedures

1. Licensed physicians at the scene of a traumatic injury or medical emergency may offer their service and direct patient care. The physician may direct patient care when the following are established:
 - a. Shall provide evidence of proper identification.
 - b. Shall agree to accept responsibility for patient care.
 - c. Shall accompany the patient in the ambulance during transport to the hospital.
 - d. Shall confer with OLMC (ED Physician) regarding the plan for patient care.
2. Licensed registered nurses or advanced practice nurses at the scene of a traumatic injury or medical emergency may offer their service and direct patient care. The nurse may direct patient care when the following are established:
 - a. Shall provide evidence of proper identification.
 - b. Shall agree to accept responsibility for patient care.
 - c. Shall accompany the patient during transport to the hospital if ALS procedures are performed.
 - d. Shall confer with OLMC regarding the plan for patient care.
 - e. Shall practice patient care within the limitations of their scope of practice.
3. EMS personnel shall not exceed their scope of practice in providing patient care to comply with the direction from a physician or nurse.
4. Documentation in the PCR shall include:
 - a. the name of the physician or nurse.
 - b. direction provided by the physician or nurse.
 - c. care provided and/or ordered by the physician or nurse.
 - d. communications with OLMC.

5. **EXCEPTION:** Physicians and nurses do NOT need to comply with the following in cases involving medium to large scale multiple patient incidents:
 - a. **OLMC contact.**
 - b. **Accompany patient in ambulance during transport.**

All other requirements apply. The overall incident report shall document physician and nurse names involved in any patient care and/or direction provided. Transport decisions shall continue to be made in conjunction with Incident Command and OLMC.

Policy

	Title:	POLST		
	Author:		Effective:	August, 2025
	Supersedes:		Revised:	
	Authorized By:	Dr. John Pacini DO	Date:	July 17, 2025

Purpose

Provide direction for application and use of Practitioner Orders for Life-Sustaining Treatment (POLST).

Goal

1. Ensure patient treatment and disposition comply with POLST directives.
2. Outline requirements for validating a properly executed POLST form.

Definitions

1. *Agency* is defined as: organizations recognized by McHenry Western Lake County EMS System (MWLC EMSS) as participating prehospital healthcare providers.
2. *EMS Personnel* is defined as: persons licensed as an Emergency Medical Responder (EMR) (First Responder), Emergency Medical Technician (EMT), Emergency Medical Technician-Intermediate (EMT-I), Advanced Emergency Medical Technician (A-EMT), Paramedic, or Pre-Hospital Registered Nurse (PHRN).
3. *Health Practitioner* is defined as: Medical Doctors (MD), Doctors of Osteopathic Medicine (DO), Advanced Practice Registered Nurses (APRN), Nurse Practitioners (NP), and Physician's Assistants (PA).
4. *IDPH* is defined as: the Illinois Department of Public Health.
5. *MWLC EMSS* is defined as: McHenry Western Lake County Emergency Medical Services.
6. *MWLC EMSS MD or EMS MD* is defined as: the physician responsible for the overall operation of McHenry / Western Lake County Emergency Medical Services.
7. *MWLC EMSS personnel* is defined as: approved prehospital healthcare personnel (EMTs, Paramedics, and PHRNs) providing care through *agencies* functioning within the MWLC EMSS.
8. *OLMC* is defined as: MWLC EMSS MD or designee (either ECRN or ED Physician) approved within Region IX MWLC EMSS Standard Operating Procedures who exercise authority to direct pre-hospital medical care.
9. *POA* is defined as: Durable power of attorney for healthcare. Persons appointed as an "agent" or "attorney in fact" to act on a patient's behalf in making medical care decisions for them in the event that they are unable to make their own medical decisions.
10. *POLST* is defined as: a health practitioner's medical order communicating specific instructions to healthcare professionals about what treatments to provide or withhold, especially in emergency situations. POLST contains both refusal and consent components.

Procedures

A properly executed POLST form communicates a health practitioner's order to provide (or restrict) medical treatment(s) based upon their patient's informed decision. A national or state POLST form shall be honored by EMS Personnel. EMS Personnel are not responsible for investigating the presence of other forms; the form presented is considered the most current.

Considerations

1. If resuscitation is already in process when an Illinois POLST order is presented that indicates "No CPR", temporarily continue resuscitation, confirm that all required elements are present, and **contact OLMC for orders**. Medical control should authorize cessation of all resuscitation.
2. If death occurs during transport and a valid Illinois POLST order was presented that indicates "No CPR", honor the POLST and **contact OLMC for further orders**.
3. If an on-scene person disputes an Illinois POLST order:
 - a. Determine if they have POA for healthcare for the patient.
 - b. Determine if they had provided consent to the order as the designated agent / surrogate (POA). **A POA may rescind a "No CPR" order for which they, or another POA, consented to earlier. Contact OLMC.**
 - c. **Contact OLMC** immediately and inform them of the dispute. Family members or significant others who do not have the designation of POA (agent or surrogate) have no legal standing to overrule the POLST Order.

When a POA and the POA paperwork is physically present, consultation with OLMC is required to clarify any requests regarding the patient's treatment. The agent named in a Durable Power of Attorney for Health Care (POA) document may consent to or refuse any or all care, including resuscitation, on behalf of the patient ***when the patient is non-decisional***. Any requests must be reported to OLMC and orders issued to comply with the POA's request. Follow all subsequent orders from OLMC, even if such orders contradict the requests of the POA.

Requirements for validating properly executed POLST

For EMS Personnel to honor a POLST, it must be presented to EMS Personnel and properly executed. For more information on POLST, visit: [POLST Illinois \(https://www.polstil.org/\)](https://www.polstil.org/)

If POLST is improperly executed: PROVIDE BLS CARE AND CONTACT OLMC FOR ORDERS.

A properly executed POLST **MUST** contain at least all of the following (highlighted yellow in example):

1. The patient information section must be completely filled.
2. Section A: Orders for patient in cardiac arrest must indicate “yes” or “no”.
3. Section E: Signature of patient or legal representative must be completed and signed.
4. Section F: Qualified Health Care Practitioner must be completed and signed.

■ HIPAA PERMITS DISCLOSURE OF POLST TO HEALTH CARE PROFESSIONALS AS NECESSARY FOR TREATMENT ■ VERSION REVISED SEPTEMBER 2022 ■


 State of Illinois
Department of Public Health

**IDPH UNIFORM PRACTITIONER ORDER FOR
LIFE-SUSTAINING TREATMENT (POLST) FORM**

For patients: Use of this form is completely voluntary. If desired, have someone you trust with you when discussing a POLST form with a health care professional. For health care providers: Complete this form only after a conversation with the patient or the patient's representative. The POLST decision-making process is for patients who are at risk for a life-threatening clinical event because they have a serious life-limiting medical condition, which may include advanced frailty. With significant change in condition, new orders may need to be written.

PATIENT INFORMATION. <i>For patients: Use of this form is completely voluntary.</i>			
Patient Last Name		Patient First Name	MI
Date of Birth (mm/dd/yyyy)		Address (street/city/state/ZIP code)	
A <i>Required to Select One</i>	ORDERS FOR PATIENT IN CARDIAC ARREST. Follow if patient has NO pulse. <input type="checkbox"/> YES CPR: Attempt cardiopulmonary resuscitation (CPR). Utilize all indicated modalities per standard medical protocol. (Requires choosing Full Treatment in Section B.) <input type="checkbox"/> NO CPR: Do Not Attempt Resuscitation (DNAR).		
B <i>Section may be Left Blank</i>	ORDERS FOR PATIENT NOT IN CARDIAC ARREST. Follow if patient has a pulse. Maximizing comfort is a goal regardless of which treatment option is selected. (When no option selected, follow Full Treatment.) <input type="checkbox"/> Full Treatment: Primary goal is attempting to prevent cardiac arrest by using all indicated treatments. Utilize intubation, mechanical ventilation, cardioversion, and all other treatments as indicated. <input type="checkbox"/> Selective Treatment: Primary goal is treating medical conditions with limited medical measures. Do not intubate or use invasive mechanical ventilation. May use non-invasive forms of positive airway pressure, including CPAP and BiPAP. May use IV fluids, antibiotics, vasopressors, and antiarrhythmics as indicated. Transfer to the hospital if indicated. <input type="checkbox"/> Comfort-Focused Treatment: Primary goal is maximizing comfort through symptom management. Allow natural death. Use medication by any route as needed. Use oxygen, suctioning and manual treatment of airway obstruction. Do not use treatments listed in Full and Selective Treatment unless consistent with comfort goal. Transfer to hospital only if comfort cannot be achieved in current setting.		
C <i>Section may be Left Blank</i>	Additional Orders or Instructions. These orders are in addition to those above (e.g., withhold blood products; no dialysis). [EMS protocols may limit emergency responder ability to act on orders in this section.]		
D <i>Section may be Left Blank</i>	ORDERS FOR MEDICALLY ADMINISTERED NUTRITION. Offer food by mouth if tolerated. (When no selection made, provide standard of care.) <input type="checkbox"/> Provide artificial nutrition and hydration by any means, including new or existing surgically-placed tubes. <input type="checkbox"/> Trial period for artificial nutrition and hydration but NO surgically-placed tubes. <input type="checkbox"/> No artificial nutrition or hydration desired.		
E <i>Required</i>	Signature of Patient or Legal Representative. (Signed documents are valid.) <input checked="" type="checkbox"/> Printed Name (required) _____ Date _____ Signature (required) I have discussed treatment options and goals for care with a health care professional. If signing as legal representative, to the best of my knowledge and belief, the treatments selected are consistent with the patient's preferences. <input checked="" type="checkbox"/> Relationship of Signee to Patient: <input type="checkbox"/> Patient <input type="checkbox"/> Agent under Power of Attorney for Health Care <input type="checkbox"/> Health care surrogate decision maker (See Page 2 for priority list) <input type="checkbox"/> Parent of minor		
F <i>Required</i>	Qualified Health Care Practitioner. Physician, licensed resident (second year or higher), advanced practice nurse, or physician assistant. (Signed documents are valid.) <input checked="" type="checkbox"/> Printed Authorized Practitioner Name (required) _____ Phone _____ Signature of Authorized Practitioner (required) To the best of my knowledge and belief, these orders are consistent with the patient's medical condition and preferences. <input checked="" type="checkbox"/> _____ Date (required) _____		

Policy

	Title:	Position Descriptions		
	Author:		Effective:	January 1, 2024
	Supersedes:		Revised:	September, 2024
	Authorized By:	Dr. John Pacini DO	Date:	September 9, 2024

Purpose

Outline responsibilities of positions within MWLC EMSS.

Goal

1. Clarify the functional responsibilities within MWLC EMSS.

Definitions

1. *Agency* is defined as: any organization, public or private, that employs personnel (whether compensated or not) approved by MWLC EMSS for the purpose of providing emergency medical services.
2. *Associate Hospital* is defined as: a hospital participating in an approved EMS System in accordance with the EMS System Program Plan, fulfilling the same clinical and communications requirements as the Resource Hospital. This hospital has neither the primary responsibility for conducting education programs nor the responsibility for the overall operation of the EMS System program. The Associate Hospital must have a basic or comprehensive emergency department with 24-hour physician coverage. It shall have a functioning Intensive Care Unit or a Cardiac Care Unit. In MWLC EMSS, Associate Hospitals include: NM-Huntley, NM-Woodstock, and Advocate Good Shepherd Hospital.
3. *EMS Administrative Director* is defined as: the individual who coordinates the administrative responsibilities of MWLC EMSS in coordination with the EMS MD and EMS System Coordinator.
4. *EMS Agency Liaison* is defined as: the individual primary contact between individual agencies and MWLC EMSS. As the primary contact for an agency, this individual serves as the resource for MWLC EMSS follow up to any patient care issue.
5. *EMS Associate EMS System Coordinator* is defined as: the individual responsible to the EMS System Coordinator in coordinating daily activities of MWLC EMSS representing associate hospitals.
6. *EMS Educator* is defined as: individuals coordinating educational programs offered to the prehospital care providers served by MWLC EMSS for the purpose of licensure renewal, skill proficiency, and professional growth.
7. *EMS Medical Director, or EMS MD* is defined as: the physician who has the responsibility and authority for total management of the EMS System. (as defined in the Illinois Administrative Code, 77 Ill. Adm. Code 515)
8. *Preceptor* is defined as: an individual assisting with prehospital training, supervision, mentoring, and evaluation of skills performed by students enrolled in MWLC EMSS training programs and probationary members.

9. *EMS System Coordinator*, or *EMS Coordinator* is defined as: the individual responsible to the EMS Medical Director for coordination of the educational and functional aspects of the System Program. (as defined in the Illinois Administrative Code, 77 Ill. Adm. Code 515)
10. *IDPH* is defined as: the Illinois Department of Public Health.
11. *MWLC EMSS* is defined as: the McHenry Western Lake County Emergency Medical Services System.
12. *Resource Hospital* is defined as: the hospital with the authority and the responsibility for an EMS System as outlined in the IDPH approved EMS System Program Plan. NM-McHenry serves as the Resource Hospital in MWLC EMSS.

EMS Administrative Director

1. Provides administrative representation to the EMS System on behalf of NM-McHenry as the Resource Hospital.
2. Supports the activities of the EMS System in accordance with System Policy and IDPH Rules and Regulations.
3. Maintains an awareness of current issues in EMS through ongoing communication with the EMS System Coordinator regarding information presented at Regional EMS committee meetings and State EMS Council.
4. Works with EMS Medical Director and EMS System Coordinator to facilitate the delivery of prehospital patient care within the McHenry Western Lake County System.

EMS Agency Liaison

1. Attend the EMS Council meetings to provide communication representation between the EMS agency and the EMS System.
2. Represent the interests of the EMS Provider Agency to which he/she is affiliated, regarding the ongoing management of prehospital patient care within the System.
3. Facilitate agency specific EMS training with the EMS System for IDPH recognition site code application.
4. Assist the EMS System Coordinator/Associate EMS Coordinator in follow-up of EMS training, QI issues or patient care concerns as indicated.
5. Communicate clinical progress for current provider agency students enrolled in EMS coursework to appropriate leadership within the EMS Provider Agency structure, to support the student's learning.
6. Participate in EMS committee assignments as indicated, for the ongoing development of quality prehospital care, ie. product evaluation, policy/procedure revision, etc.
7. Coordinate the System Entry process from the agency perspective, for EMS providers new to the EMS System.
8. Maintain and validate training records necessary for the licensure renewal of EMT-B system providers. The records are to be submitted to the EMS System, as requested to facilitate the licensure renewal process.
9. Facilitate the registration process for EMS members enrolling in EMS courses, ie. MCC classes, ACLS, ITLS, PALS, etc.
10. Maintain apparatus inventory for all EMS vehicles per system policy and coordinate EMS vehicle inspections with IDPH and the EMS System.

EMS Associate EMS System Coordinator

1. Assists in the coordination of training for ECRN's and System Providers for continuing education, disaster drills and seminars.
2. Maintains a working knowledge of the McHenry Western Lake County EMS System Policy/Procedure and Standard of Care Manual and the operations of the CHM/CHW EMS office (in accordance with the Emergency Medical Services Act, Rules and Regulations established by the Illinois Department of Public Health).
3. Works with Emergency Medical Service providers to facilitate the delivery of prehospital patient care within the McHenry Western Lake County EMS System. Communicates with EMS associates and EMS provider agencies regarding provider performance and quality of care issues.
4. Assists in coordinating System Entry procedures and provisional field experience for EMT-Basic, EMT-Paramedic, PHRN and ECRN candidates as requested.
5. Maintains System EMS Run Records, communication tapes and logs. Provides access to records upon request.
6. Maintains information related to EMS licensure through the IDPH-HHAN EMS licensing database.
7. Maintains knowledge and skill proficiencies necessary to direct prehospital care relative to the patient's age specific needs.
8. Demonstrates knowledge of the principles of growth and development over the life span, and possess the ability to assess data reflective of the patient's status.
Includes being able to interpret the appropriate information needed to identify each patient's requirements for treatments relative to the patient's age specific needs.
9. Coordinates the EMS Quality Improvement Program. Serves as System Liaison to the Region CQI Committee.
10. Actively participates in organizational development programs and encourages staff participation throughout the department.
11. Performs other duties as assigned.

EMS Educator

1. This position integrates living the Northwestern Medicine values into each of the responsibilities of this job and daily communication with our customers and coworkers.
2. Develops educational goals as identified through needs assessment of prehospital providers or as indicated as a results of Quality Improvement studies.
3. Organizes an annual education calendar, to include the ALS CE and testing program, as well as additional programming designed to enrich the professional practice of prehospital patient care as an EMT-Basic, EMT-Paramedic, EMT-Intermediate, ECRN, and Prehospital RN.
4. Participates in education and training, as a representative of Northwestern Medicine in coordination with Region IX EMS
5. Coordinates continuing education programs to include: room scheduling, curriculum design, assisting instructor scheduling and orientation, program registration, instructor evaluations, and program recognition through the appropriate agencies (AHA, ACEP, IDPH, etc.)
6. Develop a program of educational resources accessible to provider agencies associated with the McHenry Western Lake County EMS System. Maintain account of the utilization of this resource and the provider response to program presentation.
7. Applies principles of adult learning theory as well as growth and development over the life span in the design and delivery of educational programming.
8. Maintains knowledge and skill proficiencies necessary to direct prehospital care relative to the patient's age specific needs.
9. Participates in new product evaluation, equipment updates and equipment skill proficiency training for prehospital providers and ECRN staff.
10. Actively participates in organizational development programs and encourages staff participation throughout the department.
11. Actively participates in the McHenry Western Lake County EMS System EMS Council to communicate educational programming goals and receive input from system provider agencies.
12. This position adheres to and is responsible for the safety standards of Northwestern Medicine including the completion of the mandatory organizational safety standards on an annual basis.
13. This position actively maintains confidentiality for our patients and their families as outlined in the Northwestern Medicine Patient Confidentiality Policy and shows the same level of respect for every Associate within NM.
14. This position performs other duties as assigned.

EMS Medical Director / Associate EMS Medical Director

The EMS Medical Director must:

1. Be a graduate of an approved, accredited medical school.
2. Be licensed to practice medicine in all of its branches.
3. Be licensed to practice medicine in the State of Illinois.
4. Be certified by the American Board of Emergency Medicine or the American Board of Osteopathic Emergency Medicine.
5. Demonstrate experience in the prehospital setting with an ALS EMS provider agency.
6. Have completed an approved residency program in emergency medicine or have extensive critical or emergency care experience.
7. Have completed, within six months of appointment, an IDPH-approved EMS Medical Director's course (ACEP – Principles of EMS Systems – A course for Medical Director or Base station Course – National Association of EMS Physicians [NAEMSP]).
8. Have experience in an EMS vehicle, or be willing to make provisions to gain experience in the vehicle.
9. Be thoroughly knowledgeable about and able to demonstrate all skills including extrication as presented in the EMT initial training programs at all levels.
10. Have or make provisions to gain experience instructing students at a level up to and including EMT-Paramedic and Prehospital RN.

Responsibilities

1. The EMS Medical Director shall establish Standing Orders for the delivery of prehospital patient care within the McHenry Western Lake County EMS system, in coordination with the Regional EMS Advisory Board.
2. The EMS Medical Director shall establish system policies and procedures to direct the delivery of prehospital patient care within the McHenry Western Lake County EMS System.
3. The EMS Medical Director shall establish an inventory of EMS medications and supplies for all provider agencies associated with the McHenry Western Lake County System.
4. The EMS Medical Director shall be involved in the development of curriculum and assessment processes for EMS training programs, including validation of didactic and clinical competency for those who complete the program.
5. The EMS Medical Director shall appoint an Associate EMS Medical Director, who shall assume the responsibilities as designated by the EMS Medical Director in maintaining the administrative operations of the System.
6. The EMS Medical Director, or Associate EMS Medical Director, will participate as a member of the Region IX EMS Advisory Board as a member of the EMS Medical Director's Committee, being available to serve as Board Chair as elected by the membership.
7. The EMS Medical Director or Associate EMS Medical Director will represent the MWLEMS System to the Region IX Trauma Advisory Board and EDAP meetings as indicated.
8. The EMS Medical Director, or Associate EMS Medical Director, will be recognized as a Faculty member through McHenry County College for program instruction in all levels of EMS training, as well as member of the EMS Advisory Committee for program development.

9. The EMS Medical Director/Associate EMS Medical Director will provide medical direction for additional educational programming to include – International Trauma Life Support (ITLS-ACEP), Advanced Cardiac Life Support (ACLS-AHA), and Pediatric Advanced Life Support (PALS-AHA).
10. The Associate EMS Medical Director shall assume all responsibilities of the EMS Medical Director, in his/her absence.

EMS Meeting Commitments

EMS System Meetings

- MCC EMS Advisory Committee
- MWLC EMSS Chiefs Meeting

Region Meetings

- Region IX EMS Advisory Committee
- Region IX Trauma Advisory Board

IDPH Meetings

- IDPH EMS Chief Council

Lead Preceptor

Serves and oversees an agency's preceptor program. Promotes professionalism and ensures good communication of preceptor activities between an agency and MWLC EMSS.

Qualifications

- Demonstration of critical thinking, leadership, and clinical proficiency.
- Successful completion of MWLC EMSS Lead Preceptor orientation program.
- Minimum two years experience with the McHenry Western Lake County EMS System.
- Ideally, has experience in performing the Preceptor role.
- Letter of recommendation from agency leadership.
- MWLC EMSS recommendation.

Recommended

- Advanced Cardiac Life Support (ACLS)
- Pediatric Advanced Life Support (PALS)

Responsibilities

1. Oversees and supports Preceptors in their responsibilities.
2. Maintains an ongoing awareness of their agency's Preceptor activities, the progression of students/probationary members progress and performance.
3. Working knowledge of the goals and objectives of the EMS training/probationary program.
4. Meets monthly with Preceptors and the EMS personnel being evaluated in their agency's Preceptor program.
5. Collects, summarizes, and delivers Precepting documentation to MWLC EMSS for discussion and documentation of progress of EMS personnel being evaluated in the Preceptor program.
6. Responsible for supporting all their agency's Preceptors.

Preceptor

Serves as a critical link to the professional maintenance and evolution of quality prehospital medical care.

Qualifications

- Demonstration of critical thinking, leadership, and clinical proficiency.
- Successful completion of MWLC EMSS Preceptor orientation program.
- Minimum one year experience with the McHenry Western Lake County EMS System.
- Letter of recommendation from agency leadership.
- MWLC EMSS recommendation.

Recommended

- Advanced Cardiac Life Support (ACLS)
- Pediatric Advanced Life Support (PALS)

Responsibilities

1. Assists the student/probationary member in the development of patient assessment techniques, communications, and documentation practices, overall patient management and other technical skills, while he/she makes the transition to the leadership role.
2. Maintains an ongoing awareness of the EMS student's advancing skill level and communicates need for remediation to the EMS Staff.
3. Working knowledge of the goals and objectives of the EMS training/probationary program.
4. Communicates progress of skills to student/probationary member and EMS staff, both written and verbal summary.
5. Evaluates and documents performance for EMS Personnel involved in a Performance Improvement Plan.
6. Responsible for the quality of patient care delivered. Expected to assume management of patient care at any time the student/probationary members does not provide appropriate care in a timely manner.

EMS System Coordinator

Serves the primary administrative role for MWLC EMSS Operations.

Qualifications

Education Certification / Registration:

- Illinois Licensed EMT-Paramedic or RN-Required
- IDPH EMS Instructor Certification-Required
- ACLS certification-Required; Instructor Preferred
- ITLS or TNS certification-Required; Instructor Preferred
- CPR for Healthcare Provider-Required; Instructor Preferred
- PALS certification-Required; Instructor Preferred

Recommended


- 3-5 years' experience providing ALS patient care in the prehospital, ED or Critical Care setting
- 3-5 years' experience as in EMS education or quality improvement activities

Responsibilities

1. Coordinate Emergency Medical Services training in cooperation with McHenry County College for EMR, EMT-Basic, EMD and EMT-Paramedic. Assists EMS Faculty in curriculum updates, syllabus development, course instruction and course evaluation.
2. Assists in the coordination of training for ED Physicians, ECRN's and System Providers for continuing education, disaster drills and seminars.
3. Assists the EMS Medical Director with the maintenance of the EMS System Policy/Procedure and Standard of Care Manual for the McHenry Western Lake County EMS System. Maintains a working knowledge of these procedures and the EMS office (in accordance with the Emergency Medical Services Act, Rules and Regulations established by the Illinois Department of Public Health).
4. Work with Emergency Medical Service providers to facilitate the delivery of prehospital patient care within the McHenry Western Lake County EMS System. Communicate with EMS associates and EMS provider agencies regarding provider performance and quality of care issues.
5. Coordinate System Entry procedures and field internship experience for EMT, Paramedic, ECRN, and PHRN candidates.
6. Maintains updated information related to EMS licensure through the IDPH HHAN-EMS licensing database.
7. Serves as coordinator to the American Heart Association Community Training Center.
8. Maintains knowledge and skill proficiencies necessary to direct prehospital care relative to the patient's age specific needs.
9. Demonstrates knowledge of the principles of growth and development over the life span, and possesses the ability to assess data reflective of the patient's status. Includes being able to interpret the appropriate information needed to identify each patient's requirements for treatments relative to the patient's age specific needs.

10. Participates in the EMS Quality Improvement Program. Provides direction for EMS Staff in developing focus areas for review. Coordinates QI educational reviews with system provider agencies as indicated based on data review, or specific occurrence.
11. Participates in Emergency Management/Disaster Preparedness Planning for organizations, regional and community preparedness response.
12. Participates in Associate performance appraisal process by evaluating specific EMS clinical job-related functions/skills.
13. Actively participates in organizational development programs and encourages staff participation throughout the department.
14. Performs other duties as assigned.

Policy

	Title:	Preceptor		
	Author:		Effective:	January 1, 2024
	Supersedes:		Revised:	September, 2024
	Authorized By:	Dr. John Pacini DO	Date:	September 9, 2024

Purpose

Provide for evaluating patient care skill performance, teamwork, and compliance with SOP.

Goal

1. Maintain and encourage high patient care quality expectations.
2. Evaluate Prehospital medical care performance.
3. Document medical care performance for review.

Definitions

1. *Agency* is defined as: any organization, public or private, that employs personnel (whether compensated or not) approved by MWLC EMSS for the purpose of providing emergency medical services.
2. *EMS Personnel*, or *Provider* is defined as: persons licensed as an 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). (as defined in the Illinois Administrative Code, 77 Ill. Adm. Code 515)
3. *EMS System Coordinator*, or *EMS Coordinator* is defined as: the individual responsible to the EMS Medical Director for coordination of the educational and functional aspects of the MWLC EMSS Program. (as defined in the Illinois Administrative Code, 77 Ill. Adm. Code 515)
4. *IDPH* is defined as: the Illinois Department of Public Health.
5. *Lead Preceptor* is defined as: EMS Personnel recognized and approved by MWLC EMSS to provide as a primary resource for quality assurance, mentoring, and performance evaluations for prehospital clinical performance. Lead preceptors shall serve as a resource, role model, and mentor to prehospital preceptors, students, and licensed EMS Personnel while demonstrating critical thinking in SOP, leadership, and skill proficiency.
6. *MWLC EMSS* is defined as: the McHenry Western Lake County Emergency Medical Services System.

7. *Preceptor* is defined as: EMS Personnel, registered nurses, physicians, respiratory therapists, anesthesiologists, or other subject matter experts recognized and approved by MWLC EMSS to supervise and/or evaluate patient care performance. Preceptors shall be authorized to provide patient care in the clinical setting in which they are supervising and/or evaluating others. Preceptors shall be licensed at a level commensurate or exceeding those they supervise and/or evaluate. Preceptors shall serve as a resource, role model, and mentor while demonstrating critical thinking in SOP, leadership, and skill proficiency.
8. *SOP* is defined as: Region IX MWLC EMSS Standard Operating

Procedures

Preceptors serve to facilitate:

1. Supervision and educational support for students and others assigned to them.
2. Organization and dissemination of evaluations to Lead Preceptors.
3. Schedule regular feedback meetings to Lead Preceptors and those being supervised to encourage:
 - a. professional success in providing quality emergency medical care.
 - b. maintaining the best possible learning environment.


EMS Personnel wishing to apply for the role of Preceptor must:

1. Be in good standing with MWLC EMSS.
2. Hold a current Illinois license.
3. Have experience in MWLC EMSS practicing for a minimum of one year.
4. Submit an application to the EMS Coordinator. The Preceptor application is located in the MWLC EMSS Policy Appendix. Information required includes:
 - a. Name, email address, and phone number.
 - b. MWLC EMSS agency affiliation.
 - c. Recommendation from agency leadership.
 - d. Interest statement committing to the requirements and duties of a Preceptor.
 - e. Any questions related to the expectations for performance for discussion.

Preceptor requirements:

1. Obtain acceptance from MWLC EMSS EMS Coordinator for entry into training program.
2. Obtain agency leadership commitment to support Preceptor roles and responsibilities. Preceptors shall operate with an agency assigned Lead Preceptor.
3. Successfully complete a MWLC EMSS Preceptor program orientation.
4. Meet role and responsibility requirements as presented in the MWLC EMSS Preceptor program.
5. Successfully complete a MWLC EMSS Preceptor refresher every two years or more often if changes in practice or field internship processes have occurred.

Policy

	Title:	Prehospital Medical Record		
	Author:		Effective:	January 1, 2024
	Supersedes:		Revised:	October, 2023
	Authorized By:	Dr. John Pacini DO	Date:	January 1, 2024

Purpose

Collect data in MWLC EMSS approved patient care report software for all EMS incident responses by MWLC EMSS agencies.

Goal

1. To collect EMS incident response data for analysis by the MWLC EMSS Resource Hospital.
2. Analyze collected data to facilitate quality assurance, research, and compliance with various regulations.
3. Establish the standard for collection, submission, handling, use, storage, retrieval, and use of data within MWLC EMSS.

Definitions

1. *Agency* is defined as: any organization, public or private, that employs personnel (whether compensated or not) approved by MWLC EMSS for the purpose of providing emergency medical services.
2. *EMS Incident* is defined as: any incident that includes transport and/or non-transport approved apparatus response, and includes conditions warranting patient assessment.
3. *EMS Personnel, or Provider* is defined as: 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). (as defined in the Illinois Administrative Code, 77 Ill. Adm. Code 515)
4. *EMS System Coordinator, or EMS Coordinator* is defined as: the individual responsible to the EMS Medical Director for coordination of the educational and functional aspects of the System Program. (as defined in the Illinois Administrative Code, 77 Ill. Adm. Code 515)
5. *HIPAA* is defined as: the Health Insurance Portability and Accountability Act.
6. *IDPH* is defined as: the Illinois Department of Public Health.
7. *MWLC EMSS* is defined as: the McHenry Western Lake County Emergency Medical Services System.
8. *OLMC* is defined as: Online Medical Control.

9. *Patient* is defined as: A person who requests, potentially needs, and/or receives prehospital care as defined by the EMS Act: Practically speaking, a patient means a person encountered by EMS who meets any one of the following criteria:
 - a. a person with any sort of [medical] complaint, possible illness, or mechanism of trauma that could suggest injury.
 - b. has signs or symptoms of illness or injury that can be assessed by EMS personnel.
 - c. appears to be disoriented, impaired, and/or lacks decisional capacity.
 - d. Has evidence of a behavioral health emergency and/or suicidal risk/intent
 - e. Is apparently deceased and requires EMS assessment to confirm their status.
10. *PCR* is defined as: the MWLC EMSS approved patient care report that represents the prehospital medical record detailing EMS incident response and actions. These medical records do not include investigations or reports that are prepared in connection with utilization review, peer review, or quality management activities.
11. *Protected health information* or *PHI* is defined as: Information that is a subset of health information, including demographic information collected from an individual and; is created or received by a health care provider, health plan, employer, or health care clearing house; and relates to the past, present or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual. **This information identifies the individual.** PHI may only be disclosed for the purpose of providing patient medical care in the course of treatment, payment, or healthcare operations.
12. *Short Patient Care Report Form* is defined as: a hand written document approved by MWLC EMSS to temporarily communicate pertinent patient care information. It is utilized while transferring care to hospital medical providers when a PCR cannot be submitted in a timely fashion. Short Patient Care Report Forms shall not be considered a part of the patient's medical record.

Procedures

Collection and Submission

All data collection requirements for EMS incidents shall be determined, approved by MWLC EMSS, and approved by IDPH. This includes (but not limited to) the software utilized, the format of reporting, and minimally required information to validate report completion to 100 percent.

1. A separate PCR shall be completed for each patient at every EMS incident utilizing the MWLC EMSS approved PCR software. The PCR shall include:
 - a. all pertinent and required information.
 - b. all assessment findings (both scene and patient). This includes all information from monitors (i.e. blood pressures, capnography, 12-lead ECGs)
 - c. reference to all OLMC communications,
 - d. refusal information, including signed forms and ECRN Run Report log number. (if applicable – see Refusal policy).
 - e. all treatment information.
 - f. all details of transfer of care.

EXCEPTION: As defined by Region IX Standing Operating Procedures for Multiple Patient Incidents of medium to large scale; PCR's not required.

2. Each PCR shall validate to 100% substantiating, at a minimum, all required information as determined by MWLC EMSS. The approved PCR software will be programmed to identify any required data elements EMS personnel shall include in their PCR.
3. A PCR should be completed and submitted to the Resource Hospital prior to leaving, but no later than 2 hours after arrival at hospital. If this is not possible, EMS shall leave a completed short patient care report form, and complete and submit a PCR to the Resource Hospital within 12 hours of arrival at hospital.
4. PCR information shall be accessible by:
 - a. MWLC EMSS.
 - b. the associated EMS agency.
 - c. the receiving hospital.
5. Each PCR must be signed by at least two EMS personnel. Signatures indicate attestation for the accuracy of all information in the report. Each signature must be accompanied by the person's full name in printed, clearly legible format. Additionally, each person signing the report must be a crew member on the incident and be listed as such in the report.
6. In situations where the approved PCR software is not available for use, MWLC EMSS will provide a temporary solution until use of the approved PCR software is restored.
7. When agencies are unable to submit PCR(s) to the Resource Hospital, agencies may submit PCR(s) directly to IDPH with MWLC EMSS approval. IDPH will make the PCR(s) available to MWLC EMSS upon request. All PCR data shall be submitted to IDPH by the 15th day of each month. The monthly report shall contain the previous month's PCR data and shall be submitted to IDPH no later than the 15th day of the following month. IDPH shall make erroneous data available to submitters within one day of receipt of each PCR submission. PCR data submitters shall correct all erroneous data within 14 days of the original submission date.

Out of system EMS personnel transporting to and transferring patient care to MWLC EMSS medical facilities shall complete PCR's in accordance with their primary EMS System's requirements. Reporting shall comply with:

1. ensuring transfer of care includes a verbal report to the receiving medical professional (equal or higher level of care) to the receiving medical professional's satisfaction per Region IX MWLC EMSS SOPs.
2. a PCR shall be completed and submitted to the destination hospital prior to leaving after transferring patient care.

Short Patient Care Report Form

Short Patient Care Report Forms used to transfer patient care shall communicate, at a minimum, the following information:

- a. Name of patient,
- b. Patient age,
- c. Vital signs,
- d. Chief complaint,
- e. List of current medications,
- f. List of allergies,
- g. All treatment rendered,
- h. Date,
- i. Time of patient contact,
- j. Mechanism of injury.

Handling, Storage, Retrieval, and Use

PCRs, regardless of completeness and/or validation score, shall be considered to always contain protected health information. The handling and use of PCRs and all information contained within PCRs shall comply with HIPAA. People working with PCRs via electronic devices must make reasonable efforts to maintain confidentiality of the information contained within the PCR. Printed PCRs shall remain confidential utilizing practices restricting access to appropriate information sharing for justified reasons. Discarded PCRs shall be destroyed in a manner to prevent unauthorized access.

PCR information is stored digitally in the MWLC EMSS approved PCR software. All information must be secured appropriately from unauthorized access. Retrieval of PCR information is permitted for justified purposes as specified, in part, by HIPAA and this policy. Examples include (but are not limited to):

- a. Freedom of Information Act requests.
- b. Continuous Quality Improvement activities.
- c. Compliant investigations.
- d. Patient care.
- e. Billing.

Patient privacy shall not be violated by any Agency or EMS Personnel.

Communications between EMS personnel and hospital staff must not violate patient's privacy in any manner. In order to assure this, the patient's name is NOT to be used in MERCI radio transmissions. With patient permission, it may be used during telemetry or cellular phone transmission for the purpose of obtaining hospital records.

Discussion of EMS patient care amongst EMS personnel, EMS students, instructors, and other members of the EMS System must not violate patient's right to privacy. To ensure that the patient's rights are not violated, no discussion should occur that is beyond the purpose of treatment, operations, quality improvement, performance, and education. Any discussion must be conducted in such a manner as to provide a secure environment, which eliminates the risk of inadvertent disclosure to those parties not involved in the purpose of the information sharing.

EMS personnel may make requests for information regarding patient's follow-up condition for the purpose of operations, performance, quality improvement and education. All requests must be made by the agency involved in providing the patient's prehospital treatment. Follow-up condition requests are to be directed to the EMS System Coordinator. Under no circumstances should EMS Personnel or agencies make direct contact with the receiving ED staff for information regarding patient condition reports after transport.

All requests for copies of PCRs are to be routed to MWLC EMSS, or to the responding agency and disseminated in accordance with this policy.

All subpoena requests should be communicated between the MWLC EMSS and the responding agency and must include:


- a. the date of the incident.
- b. the assigned electronic record number/Incident number.
- c. the party requesting the records copy.

A subpoena request for EMS patient records required by an attorney is not sufficient to release the PCR/PHI, without signed authorization from the patient or a court order requiring production of the document, which includes the following language:

- a. The parties will not use or disclose the medical record for any purpose other than the litigation or proceeding for which the information was requested.
- b. The parties will return or destroy all copies of the medical record at the end of the litigation or proceeding.

Violations of the patient's privacy are to be reported to the EMS System Coordinator. Violations of patient's privacy may be subject to disciplinary actions and litigation.

Policy

	Title:	Quality Improvement		
	Author:		Effective:	January 1, 2024
	Supersedes:		Revised:	September, 2023
	Authorized By:	Dr. John Pacini DO	Date:	January 1, 2024

Purpose

Provide a quality improvement plan describing how quality indicators and quality benchmarks are selected, and how results and improved processes are communicated to MWLC EMSS providers.

Goal

1. Promote continuous patient care improvement.
2. Standardization of EMS practices.
3. Facilitate feedback on observations when the need for improvement is identified.

Definitions

1. *Quality Benchmark* is defined as: a predetermined standard upon which a continuous process of evaluating operational performance is measured.
2. *Quality Indicator* is defined as: specified measure(s) of operational performance intended for evaluation.

Procedures


1. MWLC EMSS shall implement quality performance measures, for all patients, utilizing the National EMS Quality Alliance program (www.nemsqa.org/measures). MWLC EMSS will strive to obtain input from internal and external stakeholders when developing quality performance measures for implementation.
 - a. Quality indicators and quality benchmarks shall be designated by MWLC EMSS. Designations must then be published with definitions to communicate functional understanding to MWLC EMSS providers.
 - b. Data collection will be achieved utilizing MWLC EMSS approved patient care reporting (PCR) software. The approved PCR software must be compliant with current NEMSIS guidelines, and require the data needed to validate each report to 100%.
 - c. The approved PCR software shall be utilized to enable summarizing data, facilitating the ability to evaluate the designated indicators and benchmarks.

2. The patient care improvement process shall utilize NEMSIS (<https://nemsis.org>) to benchmark MWLC EMSS patient care data against NEMSIS data collected nationwide.
 - a. MWLC EMSS data shall be shared with NEMSIS for inclusion in nationwide benchmarking.
 - b. MWLC EMSS benchmarking will result in both substantiating patient care performance that meets or exceeds standards, and identifying and promoting patient care improvement measures where data reflects substandard performance.
 - c. In fostering continuous improvement, data evaluation, communication of evaluation findings, and improvement strategy development shall be ongoing.
3. The MWLC EMSS quality improvement plan shall encourage patient care providers to communicate opportunities to improve (OI). This method shall not be limited to the designated quality indicators and quality benchmarks described earlier. Submitted OI will result in follow-up to the submitting provider and other providers or agencies needed to encourage patient care improvement.
 - a. An automated, digital method of OI process is preferred including:
 - i. A readily accessible submission process.
 - ii. Succinct information collection that includes the submitter's contact information.
 - iii. Immediate feedback confirming receipt and confirms forthcoming feedback.
 - b. The OI process (evaluation, communication of findings, and improvement strategy) may incorporate peer review.

Communication of results and improvements

1. MWLC EMSS shall communicate the designated quality indicators and quality benchmarks to each agency EMS Coordinator.
2. MWLC EMSS shall communicate data evaluation and improvement strategies to EMS Coordinators.
3. Improvement strategy implementation shall be communicated to providers as appropriate (continuing education, memo, etc.).

Policy

	Title:	Red Lights and Siren		
	Author:		Effective:	January 1, 2024
	Supersedes:		Revised:	August 2023
	Authorized By:	Dr. John Pacini DO	Date:	January 1, 2024

Purpose

Ensure expedient transport of patients to definitive care while recognizing the risk associated with the use of red lights and siren.

Goal

1. Compliance with the Illinois Vehicle Code (625 ILCS 5/) in its entirety. References to ambulance operations are located at: 625 ILCS 5/11-1421, Conditions for operating ambulance and rescue vehicles.
2. Detail specific conditions authorizing the use of red lights and siren to request the right-of-way on roadways.

Definitions

1. *Agency* is defined as: any organization, public or private, that employs personnel (whether compensated or not) approved by MWLC EMSS for the purpose of providing emergency medical services.
2. *EMS Personnel*, or *Personnel* is defined as: persons licensed as an Emergency Medical Technician (EMT), Emergency Medical Technician-Intermediate (EMT-I), Advanced Emergency Medical Technician (A-EMT), Paramedic, or Pre-Hospital Registered Nurse (PHRN).
3. *MWLC EMSS* is defined as: McHenry Western Lake County Emergency Medical System.
4. *OLMC* is defined as: Online Medical Control.
5. *SOP* is defined as: Region IX MWLC EMSS Standard Operating Procedures.

Procedure

Any authorization for the use of red lights and siren shall be carried out under the premise of **requesting right-of-way** from all other vehicles. At no time shall an ambulance otherwise authorized to utilize red lights and siren operate in such a manner as to demand the right-of-way. No such demand is authorized in any circumstance.

Safety, not speed, is the first priority when responding to and transporting from incidents. Operators of ambulances must drive with due regard, and not endanger life or property. Good judgement should govern the use of lights and siren when warranted. **Routine use of red lights and siren is not authorized.**


Red lights and siren is authorized when:

1. Responding to a bona fide emergency call.
2. Transporting a time-sensitive patient as noted by black box notations in SOP.
3. Notwithstanding conditions that EMS personnel believe creates unacceptable risk to the public, their patient, and themselves when ordered by:
 - a. a licensed physician who is transporting with the patient in the ambulance and has assumed responsibility for patient care.
 - b. OLMC.

Agencies shall ensure:

- a. All EMS personnel successfully complete emergency driver's training prior to driving with red lights and siren. The emergency driver's training shall include acknowledgment of this policy.
- b. All EMS personnel have successfully completed in-service training of ambulances they operate.
- c. Ambulances are regularly checked for proper function and maintained in safe working condition.

Policy

	Title:	Refusal		
	Author:		Effective:	January 1, 2024
	Supersedes:	2010	Revised:	October 2023
	Authorized By:	Dr. John Pacini DO	Date:	January 1, 2024

Purpose

Recognize a patient's right to refuse any and all medical treatment.

Goal

1. Respect the ability for patients to refuse any and all medical treatment.
2. Identify requirements for honoring a refusal for medical treatment and/or transport.

Definitions

1. *Adult* is defined as: patients the age of eighteen years or older.
2. *Minor* is defined as: patients under the age of eighteen years.
3. *OLMC* is defined as: Online Medical Control.
4. *Refusal or Refuse* is defined as: a decisional adult, or qualifying decisional minor, who declines any or all medical treatment and/or transport offered after being informed of the recommended treatment and transport, and the potential consequences of not consenting. This also includes declining transport to the closest medical facility.

Procedure

Adult patients refusing any or all care shall be evaluated to:

- a. comply with the general guidelines of the Region IX Standard Operating Procedures Introduction, and
- b. Determine decisional capacity according to the decisional capacity / risk assessment criteria outlined in Region IX Standard Operating Procedures.

Parents or guardians must be immediately available to refuse care for a minor. A minor may refuse treatment of their own accord only if they:

- a. are an emancipated minor per legal decree.
- b. a member of the U.S. Armed Forces.

Patients may be transported to the hospital of their choice, bypassing the closest hospital, only with OLMC approval. OLMC approval to bypass the closest hospital shall be documented per the Prehospital Medical Record policy, along with the completion of a patient signed refusal indicating informed consent.


EMS personnel are to complete the following when a patient refuses:

- a. assess the patient condition.
- b. discuss the patient's assessment findings with the patient.
- c. discuss the treatment and transport plan of care with the patient.
- d. identify and discuss the potential risks of refusing treatment and/or transport according to the plan of care with patient.
- e. ***while on scene with patient***, provide a medical report to OLMC per the EMS System Communications policy. ***Refusals shall be approved by OLMC. If approval not granted, follow orders received.***
- f. OLMC approved refusal of any or all treatment and/or transport shall be documented on a patient signed release of liability form.
- g. Document the refusal as outlined in the Prehospital Medical Record policy.

Adult patients evaluated and determined not decisional according to these criteria are not permitted to refuse treatment. EMS personnel shall follow Region IX Standard Operating Procedure for patients posing a risk to EMS personnel safety where law enforcement declines to intervene.

Questions regarding decisional capacity and/or a patient's right to refuse shall be resolved by contacting OLMC and obtaining orders.

Policy

	Title:	Resource Hospital Override		
	Author:		Effective:	January 1, 2024
	Supersedes:	2010	Revised:	August 2023
	Authorized By:	Dr. John Pacini DO	Date:	January 1, 2024

Purpose

Provide Resource Hospital supervisory control for pre-hospital operations.

Goal

1. Ensure medical orders are appropriate.
2. Ensure medical orders are consistent with SOP.

Definitions

1. *Associate Hospital* is defined as: a hospital participating in an EMS approved EMS System providing clinical and communications requirements in accordance with the IDPH approved EMS System Program Plan. NM-Huntley, NM-Woodstock, Advocate Good Shepherd and Sherman Hospitals are Associate Hospitals in MWLC EMSS.
2. *EMS Medical Director* is defined as: the physician who has the responsibility and authority for total management of the EMS System.
3. *MWLC EMSS* is defined as: McHenry / Western Lake County Emergency Medical Services System.
4. *Override* is defined as: a mechanism for system members when they believe that EMS orders originating from an Associate Hospital could result in unreasonable or medically inappropriate treatment harmful to the patient. Initiation of an override does not imply fault, blame, or error.
5. *Resource Hospital* is defined as: the hospital with the authority and the responsibility for an EMS System as outlined in the IDPH approved EMS System Program Plan. NM-McHenry serves as the Resource Hospital in MWLC EMSS.
6. *SOP* is defined as: Region IX MWLC EMSS Standard Operating Procedures.

Procedure


An override occurs when Resource Hospital personnel intervene to take medical control of an ALS call originally directed to an Associate Hospital. The override may be requested by EMS personnel in the field or be initiated, for cause, by the physician or ECRN at the Resource Hospital.

After request from EMS personnel, NM McHenry Hospital shall assume OLMC for the duration of transport. The Resource Hospital shall have supervisory control for all MWLC EMSS pre-hospital operations. Medical orders of an Associate Hospital may be overridden by the Resource Hospital when the EMS Medical Director or ED Physician believes such orders conflict with appropriate medical care or SOP.

The Resource Hospital ECRN or OLMC physician shall notify the MWLC EMSS of override occurrence and details prior to end of shift, via email to Elizabeth.depouw@nm.org, or Cindy.tabert@nm.org.

The EMS Medical Director, and the MWLC EMSS System Coordinator, must contact and meet with all parties within 72 hours to critique the run.

Policy

	Title:	Service Area		
	Author:		Effective:	January 1, 2024
	Supersedes:	2010	Revised:	August 2023
	Authorized By:	Dr. John Pacini DO	Date:	January 1, 2024

Purpose

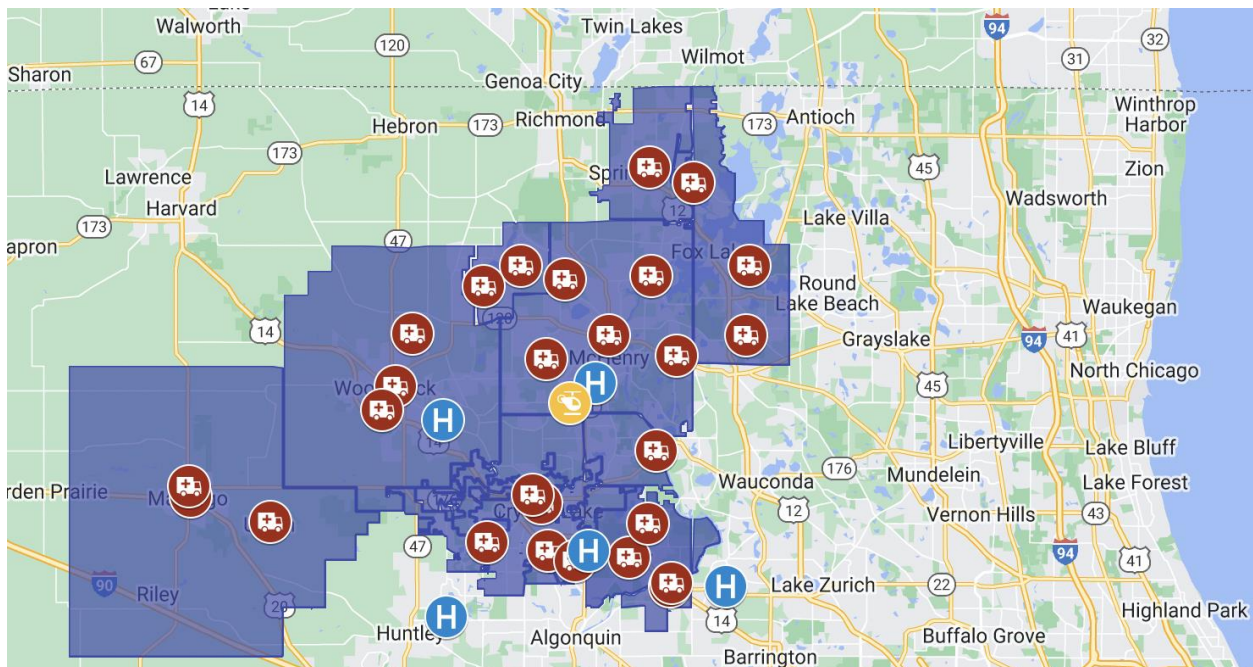
Provide the current MWLC EMSS service area.

Goal


1. Provide a map outlining the current MWLC EMSS service area that includes:
 - a. Hospital locations
 - b. Agency locations

Definitions

1. *MWLC EMSS* is defined as: McHenry Western Lake County EMS System.



Policy

	Title:	Special Events		
	Author:		Effective:	November 21, 2024
	Supersedes:		Revised:	October 2, 2024
	Authorized By:	Dr. John Pacini DO	Date:	November 21, 2024

Purpose

Comply with IDPH Special Event requirements in temporarily amending an existing EMS System Plan by MWLC EMSS in supporting an EMS agency for qualified special events.

Goal

2. Facilitate the completion and review of the MWLC EMSS Special Events Application.
3. Comply with IDPH Special Event requirements.
4. Communicate Special Event plans to medical provider stakeholders impacted, or potentially impacted, by increased demand for EMS services.
5. Enable collective preparation for surge capacity in MWLC EMSS.

Definitions

16. *Activity* is defined as: athletic events, attractions, celebrations, festivals, gatherings, protests, rallies, or any other event requiring the implementation of this policy by MWLC EMSS agencies that has the potential to place a strain on community resources.
17. *Agency* is defined as: any organization, public or private, that employs personnel (whether compensated or not) approved by MWLC EMSS for the purpose of providing emergency medical services.
18. *EMS* is defined as: Emergency Medical Services.
19. *EMS Personnel, or Personnel* is defined as: 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) who function primarily in MWLC EMSS. (as defined in the Illinois Administrative Code, 77 Ill. Adm. Code 515)
20. *EMS System Coordinator, or EMS Coordinator* is defined as: the individual responsible to the EMS Medical Director for coordination of the educational and functional aspects of the System Program. (as defined in the Illinois Administrative Code, 77 Ill. Adm. Code 515)
21. *IDPH* is defined as: Illinois Department of Public Health.
22. *MWLC EMSS* is defined as: the McHenry Western Lake County Emergency Medical Services System.
23. *Non-routine* is defined as: an activity that occurs infrequently. An activity not of a commonplace or repetitious character.

24. *EMS Medical Director, or EMS MD* is defined as: the physician, appointed by the Resource Hospital, who has the responsibility and authority for total management of the EMS System. (as defined in the Illinois Administrative Code, 77 Ill. Adm. Code 515)
25. *Special Event* is defined as: a non-routine activity within the boundary of MWLC EMSS that brings, or potentially brings, together a large number of people.
26. *Surge Capacity* is defined as: the ability to effectively manage a significant increase in demand for patient care services.

Procedures


Special events have the potential to overwhelm MWLC EMSS resources in providing medical care services. MWLC EMSS recognizes the need to effectively communicate and operate with stakeholders to best prepare in providing for surge capacity. To this end, IDPH requires formal notification and approval of plans to temporarily alter the MWLC EMSS System Plan for EMS when special events may reasonably cause a surge in demand for medical care. This process is meant to permit the EMS Medical Director to better support pre-hospital care needs, and ensure local hospitals are both aware and prepared for potential impacts of the special event.

When possible, agencies should complete and submit a MWLC EMSS Special Events Application sixty days prior to the event to the EMS Coordinator for review. The application is located in the appendix. A Special Event Application is required when one or more of the following occurs:

1. A special event is planned within an agency's jurisdiction.
2. The special event:
 - a. Requires any type of permitting and/or plan review by local and/or county requirements.
 - b. can be reasonably expected to potentially cause the need to plan for surge capacity.
3. IDPH and/or MWLC EMSS determines a need.

MWLC EMSS will review the application, determine if the EMS System Plan is impacted with an identified need to temporarily alter the EMS Plan, and forward the application to IDPH. Once submitted and approved by IDPH, MWLC EMSS will communicate special event impact considerations to local hospitals to foster better preparedness.

Policy

	Title:	Spinal Motion Restriction		
	Author:		Effective:	April 3, 2025
	Supersedes:		Revised:	
	Authorized By:	Dr. John Pacini DO	Date:	April, 2025

Purpose

Provide guidelines in utilizing and applying spinal motion restriction in treating patients with possible spinal injuries.

Goal

1. Communicate expected patient care performance in cases of suspected spinal injury.
2. Comply with accepted standards.

Definitions

1. *Spinal Motion Restriction*, or *SMR* is defined as: a procedure used to limit patient movement with possible spinal injuries. The procedure: reduces gross movement, minimizes the potential of additional damage to the spine, and includes regular reassessment of motor/sensory function.
2. *Elderly Patient* is defined as: a patient greater than the age of 64 years.
3. *MWLC EMSS* is defined as: McHenry Western Lake County Emergency Medical System.
4. *PCR* is defined as: the MWLC EMSS approved patient care report that represents the prehospital medical record detailing EMS incident response and actions.
5. *SOP* is defined as: Region IX MWLC EMSS Standard Operating Procedures.


Procedures

When spinal injury is suspected, motion along the entire spinal column must be limited by using methods listed in 1(a) and 1(b). *If the patient experiences negative effects from a particular SMR method, alternative measures should be implemented.* Assessment criteria and indications for applying SMR to patient care are outlined in SOP. Elderly patients shall be treated with SMR in all cases involving falls. Under no circumstances will any patient walk when SMR is indicated per SOP. Any deviation to this policy shall be thoroughly documented with justification in the PCR.

1. Acceptable methods to achieve spinal motion restriction:
 - a. Cervical Spinal Motion Restriction:
 - i. Appropriately sized cervical collar
 - ii. If the patient has significant kyphosis, lordosis, pain with movement of the cervical spine to the midline or is otherwise not able to tolerate a cervical collar, use manual c-spine stabilization, towels or other padding to restrict movement of the cervical spine in a manner which is most beneficial for the patient.

- b. Thoracic and Lumbar Spinal Motion Restriction:
 - i. Supine positioning on ambulance cot, vacuum mattress (head to toe) splinting, undamaged infant car seat with appropriate supplemental padding, approved child SMR / restraint commercial device, scoop stretcher or long backboard per SMR Skills Sheet.
 - ii. If elevation of the head is required, the device used to stabilize the spine may be elevated to a maximum of thirty (30) degrees while maintaining alignment of the neck and torso. **SMR cannot be properly performed with a patient in a sitting position.**

Policy

	Title:	Suspension of Practice		
	Author:		Effective:	January 1, 2024
	Supersedes:		Revised:	August, 2023
	Authorized By:	Dr. John Pacini DO	Date:	January 1, 2024

Purpose

Provide for suspension of practice of EMS personnel when needed.

Goal

1. Detail considerations for the suspension of practices in MWLC EMSS.
2. Ensure clear and timely communication between MWLC EMSS, IDPH, agencies, EMS personnel, and other EMS systems in which EMS personnel participate when practices are suspended.
3. Outline the process of notifications in suspending practice for EMS personnel.
4. Communicate options in having the suspension reviewed.

Definitions

1. *Agency* is defined as: any organization, public or private, that employs personnel (whether compensated or not) approved by MWLC EMSS for the purpose of providing emergency medical services.
2. *EMS Medical Director*, or *EMS MD* is defined as: the physician who has the responsibility and authority for total management of the EMS System. (as defined in the Illinois Administrative Code, 77 Ill. Adm. Code 515)
3. *EMS System Coordinator*, or *EMS Coordinator* is defined as: the individual responsible to the EMS Medical Director for coordination of the educational and functional aspects of the System Program. (as defined in the Illinois Administrative Code, 77 Ill. Adm. Code 515)
4. *IDPH* is defined as: the Illinois Department of Public Health.
5. *MWLC EMSS* is defined as: the McHenry Western Lake County Emergency Medical Services System.
6. *EMS Personnel*, or *Personnel* is defined as: 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). (as defined in the Illinois Administrative Code, 77 Ill. Adm. Code 515)

Procedures


1. MWLC EMSS shall comply with the Illinois EMS Act (210 ILCS 50/) and the Illinois Administrative Code, 77 Ill. Adm. Code 515.420) in all suspension proceedings. Wherever a conflict exists between this policy and the aforementioned Act and Code, the Act and Code shall govern.
2. Considerations for suspension of practice in MWLC EMSS include (but are not limited to):
 - a. Failure to meet continuing education requirements,
 - b. Violation of, or as outlined in, the EMS Act, Illinois Administrative Rules, MWLC EMSS policies, and/or IL Region IX Standard Operating Procedures,
 - c. Felony convictions (or an entered plea of guilty or nolo contendere) in compliance with Illinois Administrative Code, 77 Ill. Adm. Code 515.190,
 - c. Failure to maintain proficiency in the provision of basic or ALS services,
 - d. Failure to comply with the provisions of the System's Program Plan approved by IDPH,
 - e. Intoxication or misuse of any drugs (prescribed or illicit), alcohol, or liquors in such manner as to adversely affect the delivery, performance, or participation in MWLC EMSS activities (patient care, education, meetings, etc.),
 - f. Intentional falsification of any medical reports or order,
 - g. Making misrepresentations involving patient care,
 - h. Unauthorized use or removal of controlled substances, medications, supplies, or equipment,
 - i. Performing or attempting emergency care, techniques or procedures without proper permission, licensure, education or supervision,
 - j. Discrimination in rendering emergency care because of race, sex, creed, religion, national origin or ability to pay,
 - k. Medical misconduct or incompetence, or a pattern of continued or repeated medical misconduct or incompetence in the provision of emergency care,
 - m. Physical impairment of an EMT/PHRN/ECRN to the extent that he/she cannot physically perform the emergency care and life support functions for which he/she is licensed, as verified by a physician, unless the EMT/PHRN/ECRN is on inactive status,
 - n. Mental impairment of an EMT/PHRN/ECRN to the extent that he/she cannot provide appropriate judgement, skill and safety for performing emergency care and life support functions for which he/she is licensed, as verified by a physician, unless the EMT/PHRN/ECRN is on inactive status.
 - o. Any condition deemed by the EMS Medical Director or EMS System Coordinator that reasonably warrants suspension.

3. Suspensions shall be communicated:
 - a. Verbally and in writing to the EMS personnel being suspended detailing (at a minimum):
 - i. Practice suspension in MWLC EMSS,
 - ii. Indication of whether the suspension is immediate, or non-immediate,
 - iii. The date and time of the commencement of suspension,
 - iv. The condition supporting the need for suspension,
 - v. All other persons, organizations, and government agencies being notified of the suspension,
 - vi. The opportunity for the suspended EMS personnel to be heard as outlined in the Illinois EMS Act (210 ILCS 50/3.40 and 210 ILCS 50/3.45). This shall include contact information for the EMS Medical Director for sending a written request for the suspension to be heard by the MWLC EMSS Review Board.
 - b. In writing as soon as possible, but no later than 24 hours, to:
 - i. IDPH,
 - ii. Other EMS systems in which the suspended EMS personnel functions,
 - iii. Each MWLC EMSS agency in which the suspended EMS personnel is employed (whether compensated or not).
4. Suspended personnel and/or the EMS Medical Director may elect to have the suspension reviewed either locally and/or at the state level.
 - a. Any person desiring to have a suspension reviewed by the MWLC EMSS Review Board shall provide a request, in writing, to the EMS Medical Director no later than fifteen business days of the suspension date indicated on the written suspension notice. **Failure to request a review within fifteen business days shall constitute a waiver of the right to a MWLC EMSS Review Board hearing. (77 IL Adm Code 515.420(c))**
 - b. Either party desiring to have a suspension reviewed by the State Review Board shall submit a written request to the Chief of IDPH, Division of Emergency Medical Services and Highway Safety. The written request must be sent within ten business days after either:
 - i. Receiving the MWLC EMSS Review Board decision, or
 - ii. The suspension date indicated on the written suspension notice.

Requests sent to the State Review Board shall include a copy of:

- i. The MWLC EMSS Review Board's decision (if applicable),
- ii. The suspension order.

Policy

	Title:	System Entry - Agency		
	Author:		Effective:	January 1, 2024
	Supersedes:		Revised:	November, 2023
	Authorized By:	Dr. John Pacini DO	Date:	January 1, 2024

Purpose

Provide the application process for agency recognition as a participating provider.

Goal

1. Detail the process of application for acceptance of agencies into MWLC EMSS.

Definitions


1. *Agency* is defined as: any organization, public or private, that employs personnel (whether compensated or not) approved by MWLC EMSS for the purpose of providing emergency medical services.
2. *EMS Apparatus* is defined as: transport, non-transport and ambulance assistance vehicles approved by MWLC EMSS utilized in treating and/or transporting patients.
3. *EMS Personnel*, or *Personnel* is defined as: 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). (as defined in the Illinois Administrative Code, 77 Ill. Adm. Code 515)
4. *EMS System Coordinator*, or *EMS Coordinator* is defined as: the individual responsible to the EMS Medical Director for coordination of the educational and functional aspects of the System Program. (as defined in the Illinois Administrative Code, 77 Ill. Adm. Code 515)
5. *IDPH* is defined as: the Illinois Department of Public Health.
6. *MWLC EMSS* is defined as: the McHenry Western Lake County Emergency Medical Services System.

Procedures

Agencies applying for affiliation must:

1. Complete and submit an EMS Transport Provider Application form to the EMS System Coordinator. The IDPH form may be obtained online at: <https://dph.illinois.gov/topics-services/emergency-preparedness-response/ems/provider-vehicle-licensing.html>
2. Agree to comply with all:
 - a. IDPH EMS Rules and Regulations.
 - b. Region IX Standard Operating Procedures.
 - c. MWLC EMSS Policies.
3. Have all of their EMS personnel successfully test into MWLC EMSS.
4. Have all EMS apparatus inspected, licensed, and approved by both IDPH and MWLC EMSS.

Policy

	Title:	System Entry – EMS Personnel		
	Author:		Effective:	January 1, 2024
	Supersedes:		Revised:	September, 2024
	Authorized By:	Dr. John Pacini DO	Date:	September 20, 2024

Purpose

Provide the application process for EMS Personnel affiliation with MWLC EMSS as patient care providers.

Goal

1. Detail the process of application for affiliation of EMS Personnel with MWLC EMSS.
2. Ensure compliance with MWLC EMSS System Participation policy.
3. Comply with IDPH requirements.

Definitions

1. *Agency* is defined as: any organization, public or private, that employs personnel (whether compensated or not) approved by MWLC EMSS for the purpose of providing emergency medical services.
2. *Candidate* is defined as: EMS Personnel applying for affiliation to practice in MWLC EMSS as a patient care provider, and having received approval to provide supervised patient care.
3. *EMS Personnel, or Provider* is defined as: 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). (as defined in the Illinois Administrative Code, 77 Ill. Adm. Code 515)
4. *EMS System Coordinator, or EMS Coordinator* is defined as: the individual responsible to the EMS Medical Director for coordination of the educational and functional aspects of the System Program. (as defined in the Illinois Administrative Code, 77 Ill. Adm. Code 515)
5. *IDPH* is defined as: the Illinois Department of Public Health.
6. *MWLC EMSS* is defined as: the McHenry Western Lake County Emergency Medical Services System.
7. *MWLC EMSS Preceptor or Preceptor* is defined as: EMS Personnel recognized and approved by MWLC EMSS to supervise and evaluate probationary providers per system policy.
8. *Probation* is defined as: a required amount of time, minimally three months (ninety days), utilized to evaluate a candidate's performance in patient care and teamwork for affiliation with MWLC EMSS.

9. *Ride Time* is defined as: a minimum of eight hours of scheduled pre-hospital observational clinical experience with a pre-designated MWLC EMSS ALS agency. Recommendation is a minimum of one (1) ALS transport.

Procedures

Application

EMS Personnel (having received their EMS training in Illinois) applying for affiliation must:

1. Provide a copy of NREMT and Illinois state licensure. MWLC EMSS must validate NREMT licenses with the National Registry.
2. Provide a copy of BLS Healthcare Provider CPR.
3. Provide a copy of all other certifications (if applicable).
4. Provide a letter of validation and good standing from their primary EMS System. If newly licensed, provide validation of evaluation from EMS training center and course completion records.
5. Provide confirmation of membership/employment or approval for “ride-along” privileges or educational sponsorship.
6. Indicate the intended commitment status with MWLC EMSS per System Participation policy.
7. Provide personal contact information including:
 - a. Mailing address.
 - b. Email address.
 - c. Phone number.
8. Agree to comply with all:
 - a. IDPH EMS Rules and Regulations.
 - b. Region IX Standard Operating Procedures.
 - c. MWLC EMSS Policies.

Reciprocity

EMS Personnel (having received their EMS training outside of Illinois) applying for affiliation must apply for reciprocity with IDPH using the approved Reciprocity Application located here: [IDPH Reciprocity Application](#). Once approved by IDPH, affiliation with MWLC EMSS is accomplished by:

1. Provide a copy of NREMT and their Illinois state licensure. MWLC EMSS must validate NREMT licenses with the National Registry.
2. Provide a copy of BLS Healthcare Provider CPR.
3. Provide a copy of all other certifications (if applicable).
4. Provide a letter of validation and good standing from their primary EMS System. If newly licensed, provide validation of evaluation from EMS training center and course completion records.
5. Provide confirmation of membership/employment or approval for “ride-along” privileges or educational sponsorship.
6. Indicate the intended commitment status with MWLC EMSS per System Participation policy.
7. Provide personal contact information including:
 - a. Mailing address.
 - b. Email address.
 - c. Phone number.

8. Agree to comply with all:
 - a. IDPH EMS Rules and Regulations.
 - b. Region IX Standard Operating Procedures.
 - c. MWLC EMSS Policies.

Evaluation and Recognition of Military Experience and Education

EMS Personnel receiving their EMS training in the military, and having been honorably discharged may apply for affiliation with IDPH using the approved Emergency Medical Services (EMS) Systems Military Licensure Request accessed here: [EMS Military Licensure Request](#). Once approved by IDPH, affiliation with MWLC EMSS is accomplished by:

1. Provide a copy of Illinois state licensure.
2. Provide a copy of BLS Healthcare Provider CPR.
3. Provide a copy of all other certifications (if applicable).
4. Provide confirmation of membership/employment or approval for “ride-along” privileges or educational sponsorship.
5. Indicate the intended commitment status with MWLC EMSS per System Participation policy.
6. Provide personal contact information including:
 - a. Mailing address.
 - b. Email address.
 - c. Phone number.
7. Agree to comply with all:
 - a. IDPH EMS Rules and Regulations.
 - b. Region IX Standard Operating Procedures.
 - c. MWLC EMSS Policies.

ECRNS:

1. ECRNs recognized in another Illinois EMS system may be affiliated with MWLC EMSS by providing:
 - a. Current IDPH ECRN license.
 - b. Current Illinois RN license.
 - c. Letter of good standing from primary EMS system.
 - d. Current ACLS, PALS, CPR for Healthcare Provider, and TNS/TNCC or ITLS Advanced certification.
 - e. Successfully pass a MWLC EMSS SOP exam with a minimum score of 80%.
 - f. Precepted evaluations of nine EMS radio calls (minimum) following a radio / communication equipment operation orientation.

Note: An individual with a Class X, Class 1 or Class 2 felony conviction (or an entered plea of guilty or nolo contendere) or out-of-state equivalent offense, as described in Section 515.190, is not eligible for System Entry and/or Reciprocity. (Source: Amended at 48 Ill. Reg. 16159, effective November 1, 2024)

Evaluation

Upon receipt of the above, the applicant will receive communication from the EMS Coordinator to begin evaluation. To progress to candidate, the applicant must:


1. Successfully complete a MWLC EMSS entry testing.
 - a. EMTs complete MWLC EMSS BLS SOP exam (minimum 80% to pass), and iGel/BLS skill competencies.
 - b. PHRN and Paramedic complete MWLC EMSS ALS SOP exam and system entry exams (minimum 80% to pass), and DAI / ET intubation skill competencies.

Probationary Practice

Upon successful evaluation completion, and with EMS Coordinator approval, the applicant will be considered a candidate for a minimum of three months (ninety days). The candidate shall:

1. Provide patient care supervised by MWLC EMSS Preceptors of the same or higher licensure. Candidates shall be supervised directly throughout each transport.
2. Receive an EMS summary evaluation for all patient encounters by the MWLC EMSS Preceptor utilizing an approved MWLC EMSS form. Candidates shall complete and provide run documentation for every run to their Preceptor.
3. Each month, ensure all EMS summary evaluations are sent to the MWLC EMSS EMS Coordinator. Candidates who fail to submit required all EMS summary evaluations on time are subject to a pause in their probation.
4. Receive remediation as needed.
5. Upon successful completion of probation, the candidate will receive written recognition of full MWLC EMSS practice privileges within the scope of licensure.
6. A candidate's failure to successfully complete probation will be notified in writing by the MWLC EMSS EMS Coordinator. Once the probationary term has expired (regardless of a notice provided), the applicant:
 - a. is no longer a candidate and shall not function in MWLC EMSS.
 - b. Shall contact MWLC EMSS EMS Coordinator with any questions or disputes regarding their performance, patient care evaluations, or status absent any received communications.

Policy

	Title:	System Participation		
	Author:		Effective:	January 1, 2024
	Supersedes:		Revised:	July, 2023
	Authorized By:	Dr. John Pacini DO	Date:	January 1, 2024

Purpose

Delineate requirements for Illinois licensed EMS personnel who participate in EMS Systems that include McHenry Western Lake County Emergency Medical System (MWLC EMSS).

Goal

1. Define EMS personnel commitment statuses available by MWLC EMSS,
2. Detail requirements for MWLC EMSS personnel based upon their approved commitment status.

Definitions


1. *MWLC EMSS* is defined as: the McHenry Western Lake County Emergency Medical Services System.
2. *Primary provider* is defined as: a commitment status representing MWLC EMSS personnel who function principally in MWLC EMSS, and meet all procedural criteria below for this status.
3. *Secondary provider* is defined as: a commitment status representing MWLC EMSS personnel who function in a non-primary capacity in MWLC EMSS, and meet all procedural criteria below for this status.

Procedures

1. All MWLC EMSS personnel must be designated a commitment status within six months of their start date.
2. MWLC EMSS shall make all commitment status determinations.
3. MWLC EMSS primary providers shall:
 - a. Adhere to all MWLC EMSS policies and MWLC EMSS Region IX SOP while functioning in the MWLC EMSS service area,
 - b. Coordinate all licensure and re-licensure requirements with IDPH only through MWLC EMSS,
 - c. Communicate to MWLC EMSS, in writing, the following as they occur:
 - i. Identify provider participation in other EMS System(s),
 - ii. The functional and commitment level of participation in those EMS System(s),
 - iii. All continuing education, including the IDPH site codes, attended outside of MWLC EMSS,
 - iv. Any and all formal discipline and/or suspension information resulting from provider participation in other EMS System(s).

4. MWLC EMSS secondary providers shall:
 - a. Adhere to all MWLC EMSS policies and MWLC EMSS Region IX SOP while functioning in the MWLC EMSS service area.
 - b. Communicate to MWLC EMSS, in writing, the following as they occur:
 - i. Identify the EMS System in which the provider is primary,
 - ii. Any and all formal discipline and/or suspension information from provider participation in other EMS System(s) immediately to MWLC EMSS Medical Director and System Coordinator.
 - c. Ensure a minimum of 100 hours of approved continuing education is on file with their primary EMS System.
 - i. No more than 20% of hours may be in any single subject area.
 - ii. All continuing education must have associated IDPH approved site codes.
 - d. Maintain, at a minimum, compliance with all MWLC EMSS mandatory continuing education and skill performance requirements.
 - e. Communicate to MWLC EMSS, in writing, attestation from their primary EMS System a letter of good standing asserted by the EMS Coordinator and/or EMS Medical Director. This shall be provided initially and with each IDPH licensure renewal.
 - f. Maintain, at all times, a copy of their current IDPH licensure with MWLC EMSS in order to practice. A lapse in this requirement may result in suspension of practice privileges in MWLC EMSS until the requirement is satisfied.
5. All providers shall:
 - a. Inform MWLC EMSS in writing which agencies they are employed (whether compensated or not).
 - b. Disclose all felony convictions (or an entered plea of guilty or nolo contendere) in compliance with Illinois Administrative Code, 77 Ill. Adm. Code 515.190.

Policy

	Title:	System Review Board		
	Author:		Effective:	January 1, 2024
	Supersedes:	2010	Revised:	August 2023
	Authorized By:	Dr. John Pacini DO	Date:	January 1, 2024

Purpose

Provide for a local system review board according to the Emergency Medical Services Systems Act (210 ILCS 50/), and the Illinois Joint Commission on Administrative Rules (77 IL Adm Code 515).

Goal

1. Provide for names of medical professionals available to serve on a MWLC EMSS review board as the need arises.
2. Detail procedures in MWLC EMSS Review Board actions.

Definitions

1. *EMS Medical Director*, or *EMS MD* is defined as: the physician who has the responsibility and authority for total management of the EMS System.
2. *EMS System Coordinator*, or *EMS Coordinator* is defined as: the individual responsible to the EMS Medical Director for coordination of the educational and functional aspects of the System Program.
3. *EMS Personnel* is defined as: 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).
4. *IDPH* is defined as: Illinois Department of Public Health.
5. *Local System Review Board* or *Review Board* is defined as: a group established by the Resource Hospital to hear appeals from EMS Personnel or other providers who have been suspended or have received notification of suspension from the EMS Medical Director.
6. *MWLC EMSS* is defined as: McHenry / Western Lake County EMS System.
7. *Petitioner* is defined as: an individual, individual provider, or other participant who requests a hearing.

Procedure

EMS personnel, or other providers, who wish to be heard by the MWLC EMSS Review Board shall follow notification requirements outlined in the MWLC EMSS Suspension of Practice policy.

Hearings for EMS personnel by the MWLC EMSS Review Board shall be considered informal hearings according to 77 IL Adm Code 100.1(d).

MWLC EMSS shall arrange for a certified shorthand reporter to make a stenographic record of each hearing, and thereafter prepare a transcript of the proceedings of each hearing. The transcript, all documents or materials received as evidence during the hearing, and MWLC EMSS review board decisions shall be retained in the custody of MWLC EMSS. MWLC EMSS shall implement all review board decisions unless an appeal has been submitted to the State Emergency Medical Services Disciplinary Review Board in accordance with the EMS Act and 77 IL Adm Code 515 administrative rules. MWLC EMSS shall implement decisions of the State Emergency Medical Services Disciplinary Review Board in accordance with the EMS Act and 77 IL Adm Code 515 administrative rules.

MWLC EMSS shall designate the local review board, which must consist of at least three members serving as:

- a. an emergency department physician with knowledge of EMS,
- b. an EMT,
- c. one of whom is of the same professional category as the petitioner for the hearing.

A current MWLC EMSS Review Board list of members is in the appendix.


MWLC EMSS shall prepare and post, in a 24-hour accessible location at the Resource Hospital, the MWLC EMSS Review Board list (77 IL Adm 515.420(d)).

Hearings shall commence as soon as possible, but at least within 21 days after receipt of a written request.

The MWLC EMSS Review Board's decision shall be in writing and state a decision to affirm, modify, or reverse a suspension order. This written decision shall be sent via certified mail or personal service to both the EMS Medical Director and the petitioner within five business days after the conclusion of the hearing.

The EMS Medical Director shall notify IDPH, in writing, within five business days of MWLC EMSS Review Board decisions. The notice shall include a statement detailing the duration and grounds for the suspension.

Policy

	Title:	System Wide Crisis		
	Author:		Effective:	January 1, 2024
	Supersedes:		Revised:	November, 2023
	Authorized By:	Dr. John Pacini DO	Date:	January 1, 2024

Purpose

Effectively manage patient care needs during a system wide crisis.

Goal

1. Collaborate for resource sourcing and allocation.
2. Prioritize patient care, including modified treatment and transport criteria per the EMS Medical Director.
3. Coordinate with associated organizations for mitigation such as: CDC, IDPH, MCDH.

Definitions

1. *Agency* is defined as: any organization, public or private, that employs personnel (whether compensated or not) approved by MWLC EMSS for the purpose of providing emergency medical services.
2. *CDC* is defined as: Centers for Disease Control.
3. *EMS Medical Director*, or *EMS MD* is defined as: the physician who has the responsibility and authority for total management of the EMS System. (as defined in the Illinois Administrative Code, 77 Ill. Adm. Code 515)
4. *EMS Personnel*, or *Personnel* is defined as: 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). (as defined in the Illinois Administrative Code, 77 Ill. Adm. Code 515)
5. *EMS System Coordinator*, or *EMS Coordinator* is defined as: the individual responsible to the EMS Medical Director for coordination of the educational and functional aspects of the System Program. (as defined in the Illinois Administrative Code, 77 Ill. Adm. Code 515)
6. *IDPH* is defined as: the Illinois Department of Public Health.
7. *MCDH* is defined as: McHenry County Department of Health.
8. *MOU* is defined as: Memorandum of understanding.
9. *MWLC EMSS* is defined as: the McHenry Western Lake County Emergency Medical Services System.
10. *Resource Hospital* is defined as: the hospital with the authority and the responsibility for an EMS System as outlined in the IDPH approved EMS System Program Plan. NM-McHenry serves as the Resource Hospital in MWLC EMSS.
11. *Region IX RHCC* is defined as: Resource Hospital Coordination Center. In Region IX, Sherman Hospital serves as the RHCC.
12. *SOP* is defined as: Standard Operating Procedures.

13. *System Wide Crisis* is defined as: a condition when customary EMS resource/response availability cannot effectively manage demand for patient care services. Examples include, but are not limited to, medium and large multiple patient incidents, natural disaster, chemical/biological terrorism, or epidemic and pandemic conditions.

Procedures

In cases of System Wide Crisis, the Resource Hospital will notify Region IX RHCC for additional support as accessible through activation of the Region IX Disaster Plan or IDPH Hospital Emergency MOU.

If a System Wide Crisis creates a shortage of licensed EMS personnel, it may become necessary to share personnel between EMS Systems and/or IDPH Regions. MWLC EMSS will expedite access to qualified EMS personnel to stricken agencies or hospitals. Validating shared EMS personnel requires the source Region IX EMS Resource Hospital to provide the following to the stricken Region IX EMS Resource Hospital:


- a) Copy of the current IDPH license for each provider.
- b) Certify good standing.

The responsibility for EMS personnel compensation and insurance coverage is to be determined through the agencies sharing staff and not the supporting EMS Systems' responsibility.

Prehospital patient care will be provided to all adult and pediatric patients in accordance with the stricken EMS System's SOP. EMS personnel being allocated for staffing to a neighboring EMS System will be expected to practice as the second caregiver.

Performance issues related to inter-system/inter-region sharing of EMS personnel will be directed to the source EMS System for accountability. Unresolved issues will be managed in accordance with system and regional conflict resolution policies.

Policy

	Title:	Service and Law Enforcement Dogs		
	Author:		Effective:	January 1, 2024
	Supersedes:		Revised:	July, 2023
	Authorized By:	Dr. John Pacini DO	Date:	January 1, 2024

Purpose

Outline the requirements of treating and/or transporting law enforcement dogs and service animals.

Goal

1. Provide related definitions.
2. Provide considerations and requirements surrounding the treatment and/or transport of law enforcement dogs.
3. Provide considerations and requirements surrounding the transport of service animals.

Definitions

1. *Law Enforcement Dog* is defined as: a **dog** owned or used by a law enforcement department or agency in the course of the department or agency's work, including a search and rescue dog, service dog, accelerant detection canine, or other dog that is in use by a county, municipal, or state law enforcement. (as defined in EMS Act, 210 ILCS 50/3.55(e))
2. *Service Animal*, or *Service Dog* is defined as: Any breed or size of **dog** that is trained to do work or perform a task directly related to a person's disability. They are working animals, not pets. Service animals are not:
 - a. Required to be certified or go through a professional training program,
 - b. Required to wear a vest or other ID that indicates a service dog,
 - c. Emotional support or comfort dogs; providing emotional support or comfort is not a task related to a disability.

Examples of *Service Animal* tasks:

- a. A person using a wheelchair with a dog trained to retrieve objects for them,
- b. A person with depression with a dog trained to remind them to take their medication,
- c. A person with PTSD with a dog trained to lick their hand to alert them to an impending panic attack,
- d. A person who has epilepsy with a dog trained to detect the onset of a seizure and help the person remain safe during the seizure.

Considerations in determining if the term *service animal* applies:

- a. Is the dog required because of a disability?
- b. Is the dog trained to perform work or tasks?

Procedures

Law Enforcement Dogs

1. MWLC EMSS personnel may transport a law enforcement dog injured in the line of duty to a veterinary clinic or similar facility if there are enough resources to first treat and transport any and all persons needing care and/or transport.
2. Agencies that choose to transport law enforcement dogs injured in the line of duty shall develop and implement written policies or procedures addressing all of the following:
 - a. The provision of intermediate and advanced life support care is not authorized and shall not be permitted unless the individual EMS provider is also appropriately licensed under the Illinois Veterinary Medicine and Surgery Practice Act (225 ILCS 115),
 - b. Basic level first aid and safe handling for injured law enforcement dogs, including the use of a box muzzle, in consultation with a licensed veterinarian,
 - c. Identification of local veterinary facilities that will provide emergency treatment of injured law enforcement dogs and the process of notification when needed,
 - d. Proper and complete decontamination of stretchers, medical equipment, and ambulances when a law enforcement dog has been treated and/or transported. This shall include the sanitizing of all allergens and disinfecting to a standard safe for human treatment and/or transport before returning to human service (as amended 43 Ill. Reg. 4145, effective March 19, 2019),
 - e. BLS treatment may include providing a law enforcement dog: oxygen, direct pressure for bleeding control, stabilizing broken bones, and applying bandages in consultation with the law enforcement dog's handler if available.


Service Animals

1. MWLC EMSS personnel are not permitted to:
 - a. Request any documentation that an animal is registered, licensed, or certified as a service animal,
 - b. Require that an animal demonstrate its task, or inquire about the nature of the person's disability.
2. MWLC EMSS personnel are only required to accommodate service animals based upon:
 - a. Patient's need,
 - b. The patient's ability to control the animal,
 - c. EMS personnel's ability to transport the dog safely.

The decision to allow the patient and service animal to remain together ultimately rests with the EMS crew.

3. MWLC EMSS personnel are not responsible for the care, comfort, or securing of the service animal during transport. Service animals must not interfere with medical care or pose a danger to EMS personnel or the patient.
4. The patient is required to maintain control of the service animal at all times. This means that the service animal must be harnessed, leashed or tethered, unless these devices interfere with the service animal's work or the individual's disability prevents using these devices. In that case, the individual must maintain control of the service animal through voice, signal, or other effective controls.

Policy

	Title:	Transport to Mental Health Facility		
	Author:		Effective:	January 1, 2024
	Supersedes:		Revised:	July, 2023
	Authorized By:	Dr. John Pacini DO	Date:	January 1, 2024

Purpose

Provide for the disposition of a patient experiencing behavioral emergency without the complication of medical illness or injury.

Goal

1. Bypass emergency department evaluation and, instead, provide direct admission to inpatient behavioral health services.

Procedures


The McHenry Western Lake County EMS System will collaborate with area crisis counselors and psychiatrists to provide for the disposition of the patient who presents with a behavioral emergency, without the complication of medical illness or injury, to be admitted directly for inpatient behavioral health services without emergency department evaluation. The decision regarding direct admission to an inpatient unit will rest between the treating psychiatrist and the emergency medical physician providing medical control. Evaluation for behavioral emergencies without complication of medical illness or injury may also be transported to the Psychiatric ED (PES) located at NM-Woodstock Hospital, bypassing a comprehensive ED with On-line Medical Control authorization.

Upon identification of the patient in need of behavioral health admission via EMS transport, the following communications must occur:

1. The psychiatrist will make contact with the inpatient behavioral health unit to arrange direct admission.
2. The psychiatrist will consult with the ED physician providing EMS medical direction regarding the decision for direct admission, without evaluation in the Emergency Department.
3. The referring behavioral health service will provide appropriate documentation of need for admission to EMS providers, to accompany the patient for transfer. The Behavioral Health clinician caring for the patient will provide EMS with a report on the patient's condition prior to transfer.
4. The transporting EMS unit will validate the authorization for direct admit with the Emergency Department and provide a patient report of EMS assessment findings.
5. The ED will communicate to the admitting unit at NM-Woodstock Hospital with updated report findings and the anticipated time of arrival of the patient.
6. The EMS unit staff will complete documentation of the transfer in accordance with System procedure for documentation.

7. The admitting behavioral health unit will anticipate the patient's arrival to facilitate transfer of care from EMS upon arrival at the inpatient unit.

Policy

	Title:	Weapons		
	Author:		Effective:	January 1, 2024
	Supersedes:		Revised:	July, 2023
	Authorized By:	Dr. John Pacini DO	Date:	January 1, 2024

Purpose

Provide guidelines managing encounters with weapons carried by patients or passengers to encourage a safe environment for treatment and transport. These guidelines apply when assessing, treating, and/or transporting patients; including passengers permitted to transport with patients.

Goal

3. Promote the safest environment possible for emergency responders, healthcare providers and the public.
4. Prevent the ability, criminal or not, for anyone to injure, kill, or gain an advantage in leveraging control of prehospital operations.
5. Define weapon.
6. Provide options for the disposition of a weapon.
7. Provide a chain of custody for documenting a secured weapon transfer from EMS to police or hospital security.

Definitions

6. *Weapon* is defined as: any instrument, device, or thing capable of reasonably being used to incapacitate, or inflict injury or death. Examples include, but shall not be limited to: firearms, knives, pepper spray, tasers, etc.

Procedures

EMS personnel shall include questioning patients and passengers if they are carrying a weapon as part of scene safety survey. EMS personnel shall remain vigilant throughout caring for a patient for the possibility of weapons regardless of patient / passenger answers to questioning.

The only person permitted in an ambulance while carrying a weapon is an alert and oriented police officer who is not being assessed, treated and/or transported as a patient.

Securing a weapon inside the ambulance shall incorporate a method that restricts access inside robust containment to EMS personnel only. The receiving facility must be notified, prior to arrival, of the need to transfer custody of a secured weapon to security. A completed MWLC EMSS Weapon Custody Form shall be uploaded into the Image Trend PCR record.

Any time EMS personnel feel as if they are in danger, take immediate steps to minimize the threat and contact police.

1. Decisional Patients

Patients that have the legal and mental capacity to consent or refuse treatment or transport should be asked if they are carrying a weapon. If the answer is yes or MWLC EMSS personnel become aware of the presence of a weapon, the following steps should be followed:

 - Inform the patient that no unsecured weapons are allowed in the ambulance.
 - Have the patient leave the weapon behind in a secure location with a responsible person if they are willing.
 - If the patient is not willing, have police respond and take custody of the weapon.
 - If police do not take custody of the weapon, the weapon shall be secured inside the ambulance until it can be handed over to police or hospital security.
2. Unconscious, altered mental status patients
 - These patients should be approached with extreme caution.
 - MWLC EMSS personnel should consider staging for police if a weapon is involved.
 - **Police shall have the primary responsibility to remove a weapon from an unconscious patient or patient with altered mental status.**
 - In the case of holstered guns, both the gun and holster shall be removed and secured as one unit inside the ambulance.
3. Passengers with a concealed weapon
 - Passengers shall be asked if they are carrying a concealed weapon.
 - If passengers are carrying a concealed weapon:
 - the weapon must be left behind in a secure location with a responsible person, or
 - if the weapon cannot be left behind, the weapon must be relinquished to police.
 - If it is not possible for police to take possession of the weapon, then the passenger must be willing to allow MWLC EMSS personnel to secure the weapon in the ambulance. In the case of holstered guns, both the gun and holster shall be removed and secured as one unit inside the ambulance.
 - If the passenger is not willing to relinquish their weapon to any of the above, they shall not be permitted to ride in the ambulance.
4. Disposition of weapon
 - a. If police take custody of a weapon,
 - i. Police should provide documentation of receipt of the weapon (police evidence form or MWLC EMSS Weapon Custody Form).
 - ii. A business card from the custodial police officer should be provided to the patient/passenger.
 - iii. Owners may collect their weapon at the appropriate police agency following the incident.
 - b. If weapon is secured and transported with patient in ambulance,
 - i. Hospital security to take possession of the weapon, transfer the weapon to hospital security and obtain documentation (MWLC EMSS Weapon Custody Form).
 - ii. Owners may collect their weapon from facility security following the incident.

Appendix

Forms referenced in this document are maintained on the [MWLC EMSS website](#). Use the tile for EMS Requirements and Regulations.