Initial Education Plan

Section	Items	Content
		SUBPART D
515.500	**EMS Training Program Application/Site Code Policy and Procedure**	An EMS education program shall only be conducted by an EMS System or an academic institution under the direction of the EMS System. Oversight, quality assurance and outcome measurement for all EMS education programs shall be the responsibility of the EMS MD and the EMS System Coordinator, with cooperation of the educational institution/program and lead instructors.
		Source standards
		- National EMS Education Standards (current edition) - National EMS Scope of Practice Model skills - Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) - Additional course curricula required by the Department
		Forms
		- EMS Training Program Application (IDPH EMS website) - See EMS Rules
		When to submit: At least 60 days prior to start of program
		Submission of repeated programs without changes – See EMS Rules
		Changes requiring an amendment to the Training Application – See EMS Rules
		Responsibilities of the EMS MD, EMSC, and Lead instructor: See EMS Rules
Integrating with National standards		**See the National EMS Education Standards** for recommendations relative to educational facilities, student space, instructional resources, instructor preparation sources, storage space, sponsorship, programmatic approval, faculty, Medical Director oversight, hospital clinical experiences, field experience, course design, student assessment, and program evaluation for EMR, EMT, and AEMT courses. The National EMS Education Standards defer to the Committee on Accreditation for EMS Professions (CoAEMSP) standards and guidelines for paramedic courses.

In accordance with Section 515.330 of the EMS Rules, the EMS MD must "develop and authorize written standing orders (treatment protocols, standard operating procedures) and certify that all involved personnel will be knowledgeable and competent in emergency care." Performance of services outlined in this document and in the aforementioned code sections, shall only be performed if the EMR, EMT, AEMT/EMT-I, and Paramedic have received education and competency measurement as part of entry-level courses or through subsequent education approved by IDPH and the EMS Medical Director with jurisdiction over that EMS professional's practice.

An individual EMS MD may limit or require that providers obtain on-line medical control approval before initiating certain interventions. Each System will need to tailor and revise protocols to fit their region and System practice, but must ensure that they remain within the National and State approved scopes of practice.

EMS medical directors are not permitted to expand the scope of practice for EMS providers unless

under a State- approved trial or research study, but may provide clarifications or limitations on services that are permitted. A System must submit a research proposal or Pilot Project proposal to IDPH before expanding the scope of practice for any EMS personnel. IDPH will review the proposal but is not obligated to approve the proposed study nor accept any recommendation to amend the scope of practice.

The following is intended to identify both the Illinois as well as the National Scope of Practice. Educational programs under the Memorial EMS Systems are expected to educate to both Scopes of Practice. As outlined in protocol, Memorial EMS Systems incorporate the Illinois Expanded Scope of Practice in specific areas and as a result education requirements may also exceed National or Illinois minimums.

LEGEND:

NTL– National Scope of Practice
I – Illinois amended curriculum for initial education, must teach concepts even if not included in local protocols
I* - Not in national scope, optional by IDPH; EMS MD-approved training required; optional to incorporate into practice

No.	I. Airway, Ventilation, Oxygenation	EMR	EMT	AEMT	Paramedic
1	Airway - nasal	I	NTL	NTL	NTL
2	Airway - oral	NTL	NTL	NTL	NTL
3	Airway - supraglottic			NTL	NTL
4	Bag-valve-mask (BVM)	NTL	NTL	NTL	NTL
5	CPAP [BiPAP, PEEP (I)]		NTL	NTL	NTL
6	Chest decompression - needle			I	NTL
7	Chest tube placement – assist only				NTL
8	Chest tube – monitoring and management				NTL
9	Cricothyrotomy (needle and surgical)				NTL
10	End tidal CO_2 monitoring and interpretation of waveform capnography		I	NTL	NTL
11	Gastric decompression – NG or OG tube				NTL
12	Monitoring of NG/OG tube already in place		I	I	NTL
13	Head tilt – chin lift	NTL	NTL	NTL	NTL
14	Endotracheal intubation and extubation			I	NTL
15	Rapid sequence intubation using paralytic agents				I
16	Jaw-thrust	NTL	NTL	NTL	NTL
17	Mouth-to-barrier	NTL	NTL	NTL	NTL
18	Mouth-to-mask	NTL	NTL	NTL	NTL
19	Mouth-to-mouth	NTL	NTL	NTL	NTL
20	Mouth-to-nose	NTL	NTL	NTL	NTL
21	Mouth-to-stoma	NTL	NTL	NTL	NTL
22	Airway obstruction – dislodgement by direct laryngoscopy			I	NTL
23	Airway obstruction – manual dislodgement technique	NTL	NTL	NTL	NTL
24	Airway obstruction – removal by Magill forceps			I	NTL
25	Oxygen therapy - humidifiers		NTL	NTL	NTL
26	Oxygen therapy – Nasal cannula	NTL	NTL	NTL	NTL

#	Skill				
27	Oxygen therapy – High flow nasal cannula				NTL
28	Oxygen therapy – Non-rebreather mask	NTL	NTL	NTL	NTL
29	Oxygen therapy – Partial rebreather mask		NTL	NTL	NTL
30	Oxygen therapy – Simple face mask		NTL	NTL	NTL
31	Oxygen therapy – Venturi mask		NTL	NTL	NTL
32	Pulse oximetry	I	NTL	NTL	NTL
33	Ventilation with a flow-restricted oxygen- powered device		I*	I*	I*
34	Transport ventilator with adjustments beyond rate and tidal volume				I*
35	Suctioning – Upper airway	NTL	NTL	NTL	NTL
36	Suctioning – tracheobronchial of an intubated patient		I	NTL	NTL
37	Suctioning - stoma			I	NTL
38	Tracheostomy tube replacement through a stoma			I	NTL
II. Skill – Cardiovascular / Circulation					
39	Cardiopulmonary resuscitation (CPR)	NTL	NTL	NTL	NTL
40	Cardiac monitoring – 12 lead ECG acquisition and transmission		NTL	NTL	NTL
41	Cardiac monitoring – 12 lead ECG interpretation				NTL
42	Cardiac monitoring ECG rhythm monitoring			I	NTL
43	Cardioversion - electrical			I	NTL
44	Defibrillation – automated/semi-automated	NTL	NTL	NTL	NTL
45	Defibrillation - manual			I	NTL
46	Hemorrhage control – direct pressure	NTL	NTL	NTL	NTL
47	Hemorrhage control – tourniquet	NTL	NTL	NTL	NTL
48	Hemorrhage control – wound packing (hemostatic gauze/agents)	NTL	NTL	NTL	NTL
49	Mechanical CPR device		NTL	NTL	NTL
50	Targeted temperature mgt (therapeutic hypothermia)				I*
51	Telemetric monitoring devices/transmission of clinical data, including video data		NTL	NTL	NTL
52	Transcutaneous pacing			I	NTL
53	Transvenous cardiac pacing – monitoring and maintenance				NTL
III. Skill – Splinting, Spinal Motion Restriction (SMR), and Patient Restraint					
54	Cervical collar	NTL	NTL	NTL	NTL
55	Long spine board [scoop stretcher (I)]	I	NTL	NTL	NTL
56	Manual cervical stabilization	NTL	NTL	NTL	NTL
57	Seated spine motion restriction (KED, etc.)		NTL	NTL	NTL
58	Extremity stabilization - manual	NTL	NTL	NTL	NTL
59	Extremity splinting	NTL	NTL	NTL	NTL
60	Splint - traction		NTL	NTL	NTL
61	Mechanical patient restraint		NTL	NTL	NTL
62	Emergency moves for endangered patients	NTL	NTL	NTL	NTL
63	Protective equipment (helmet) removal			I	NTL
IV. Skill – Medication Administration – Routes					
64	Aerosolized/nebulized	I	NTL	NTL	NTL
65	Endotracheal tube			I	NTL
66	Inhaled	I	NTL	NTL	NTL
67	Intradermal				NTL
68	Intramuscular		I	NTL	NTL

#	Procedure/Medication				
69	Intramuscular – auto-injector	NTL	NTL	NTL	NTL
70	Intranasal			NTL	NTL
71	Intranasal – unit-dosed, premeasured	NTL	NTL	NTL	NTL
72	Intraosseous			NTL	NTL
73	Intravenous			NTL	NTL
74	Mucosal/sublingual		NTL	NTL	NTL
75	Nasogastric				NTL
76	Oral	I	NTL	NTL	NTL
77	Rectal			I	NTL
78	Subcutaneous			I	NTL
79	Topical				NTL
80	Transdermal				NTL
V. Medical Director Approved Medications					
81	Autoinjector epinephrine for anaphylaxis (supplied and carried by the EMS Agency and/or patient's own)	I	NTL	NTL	NTL
82	Auto-injector antidotes for chemical/hazardous material exposure	NTL	NTL	NTL	NTL
83	Auto-injector opioid antagonist (naloxone) use for suspected opioid overdose	NTL	NTL	NTL	NTL
84	Immunizations/vaccinations in an approved program			NTL	NTL
85	Inhaled-beta agonist/bronchodilator and anticholinergic for dyspnea and wheezing		NTL	NTL	NTL
86	Inhaled (nebulized) albuterol for dyspnea and wheezing	I			
87	Inhaled – monitoring patient administered (i.e. nitrous oxide)			NTL	NTL
88	Intranasal – opioid antagonist for suspected opioid overdose	NTL	NTL	NTL	NTL
89	Intranasal glucagon		I	NTL	NTL
90	Intravenous			NTL[1]	NTL
91	Intramuscular glucagon, naloxone, epinephrine		I	NTL	NTL
92	Maintain an infusion of blood or blood products				NTL
93	Oral aspirin for chest pain of suspected ischemic origin	I	NTL	NTL	NTL
94	Oral diphenhydramine		I	I	NTL
95	Oral glucose for suspected hypoglycemia	I	NTL	NTL	NTL
96	Oral ondansetron		I	I	NTL
97	Oral over the counter (OTC) analgesics for pain or fever		NTL	NTL	NTL
98	OTC medications, oral and topicals				NTL
99	Parenteral analgesia for pain			NTL	NTL
100	Sublingual nitroglycerin for chest pain of suspected ischemic origin – limited to patient's own prescribed medication		NTL		
101	Sublingual nitroglycerin for chest pain of suspected ischemic origin		I	NTL	NTL
102	Thrombolytics				NTL
103	Additional medications approved for AEMT/EMT-I administration by appropriate routes: adenosine, amiodarone, atropine sulfate, benzodiazepines, dexamethasone, diphenhydramine; fentanyl, furosemide, Isoetharine, ketorolac, lidocaine HCl 2%, metaproterenol, methylprednisolone, morphine sulfate, ondansetron, promethazine, salmeterol, terbutaline, triamcinolone			I*	

#	Skill				
104	Medications approved for paramedic administration based on National Scope of Practice Model, National Model EMS Guidelines and/or IDPH: acetazolamide, acetaminophen, acetylcysteine, activated charcoal, adenosine, amiodarone, aspirin, atropine sulfate, antibiotics, benzodiazepines, calcium chloride, calcium gluconate, cimetidine, cyanide antidotes, dextrose 10% &/or 50%, diltiazem, diphenhydramine, dopamine, droperidol, epinephrine 1mL/1 mL and 1 mg/10mL; etomidate, famotidine, fentanyl, furosemide, glucagon, haloperidol, helium gas mixture, heparin, hydralazine, hydromorphone, ibuprofen, ipratropium, isoetharine, ketamine, ketorolac, labetalol, lidocaine 2%, magnesium sulfate, metaproterenol, metoclopramide, morphine sulfate, naloxone, nifedipine, nitrous oxide, norepinephrine, NTG, olanzapine, ondansetron, oxymetazoline, potassium iodide, potassium chloride, procainamide, prochlorperazine, sildenafil, sodium bicarbonate, steroids, tetracaine ophthalmic solution, tadalafil, terbutaline, tranexamic acid (TXA), triamcinolone, verapamil; ziprasidone, vaccinations in an approved program. Paralytics: RSI should be reserved for specialized providers operating within a comprehensive program with ongoing training and quality assurance measures.				I

VI. Skill – IV Initiation/Maintenance Fluids

#	Skill				
105	Access indwelling catheters and implanted central IV ports				NTL
106	Central line monitoring				NTL
107	Intraosseous – initiation, peds and adult			NTL	NTL
108	Intravenous access			NTL	NTL
109	Intravenous initiation - peripheral			NTL	NTL
110	Intravenous – maintenance of non-medicated IV fluids			NTL	NTL
111	Intravenous – maintenance of medication IV fluids				NTL

VII. Skill – Miscellaneous

#	Skill				
112	Assisted delivery (childbirth)	NTL	NTL	NTL	NTL
113	Assisted complicated delivery (childbirth)		NTL	NTL	NTL
114	Blood chemistry analysis			I	NTL
115	Blood pressure automated		NTL	NTL	NTL
116	Blood pressure - manual	NTL	NTL	NTL	NTL
117	Blood glucose monitoring	I	NTL	NTL	NTL
118	Eye irrigation	NTL	NTL	NTL	NTL
119	Eye irrigation – hands free irrigation using sterile eye irrigation device		NTL	NTL	NTL
120	Patient transport		NTL	NTL	NTL
121	Venous blood sampling			NTL	NTL

1 Limited to analgesia, anti-nausea/antiemetic, dextrose, epinephrine, glucagon, naloxone, and others defined by state/local protocol.

Clinical Requirements

Clinical Hours	EMT	AEMT	Paramedic
Emergency Department	24	50	125
Ambulance*	24	70	310
Labor & Delivery		5	12
Anesthesia/OR		5	12
Pediatric ICU		5	12
ICU		5	12
Cardiac Cath Lab		5	12
Respiratory Care		5	12
Burn Center			12
Psychiatric Care			12
Skilled Care/Hospice			12

Skills	EMT	AEMT	Paramedic
Patient Assessments	15	see specific	see specific
Vital Signs	15		
Oxygen Therapy	5	10	10
Ventilate Patient	5	15	20
Suctioning (ETT at Advanced levels_	5	2	2
Spinal Motion Restriction	5		
Splinting	5		
Bleeding Control/ Wound Care	5		
Radio Assessment	2		
Vehicle Equipment Check	2		

Medication Administration		AEMT	Paramedic
IV Push		10	20
IO		2	2
IM		2	2
IN		2	2
SL		2	2
PO/ODT		2	2
NEB		2	2
SQ		2	2
IV Infusion			2

Pediatric Age Group Assessments		AEMT	Paramedic
Newborn (up to 30 days)		2	2
Infant (1-12 months)		2	2
Toddler (1-2 years)		2	2
Preschool (3-5 years)		2	2
School Age (6-12 years)		2	2
Adolescent (13-18 years)		2	2

Pathologies/ Complaints		AEMT	Paramedic	Capstone
Trauma Patients		20	30	10
Pediatric (NB-18)			6	
Adult (19-64)			28	
Geriatric (65+)			6	

Skill				Patient Type	EMT	AEMT	Paramedic	Capstone
IV Access		25	25	Psychiatric Patient		10	14	6
Medication Administration		25	35	OB Delivery		5	2	1
Oral ETT Insertion		5	10	OB Delivery-Complicated			2	1
IO Access		2	2	Distressed Neonate		3	2	2
Supraglottic Airway		10	10	Cardiac Complaints (CP,ACS, Stemi)		15	26	6
CO2 monitoring		10		Cardiac Arrest		5	2	1
Venous Blood Sampling		4		Cardiac Dysrhythmias			10	6
Defibrillation		2	2	Medical Neurologic (CVA, AMS, Syncope, Sz)		15	28	4
Chest Compressions (CPR)		2	2	Respiratory Complaint		14		
ECG Interpretation (3/4/5/ Lead)		25	25	Respiratory Complaint-Pediatric			6	2
12 Lead ECG Interpretation			5	Respiratory Complaint-Adult/Geriatric			16	4
FBAO Removal w Magill			2	Other Medical (GI, GU, Sepsis, OD, Tox, BGL)		10	20	6
Cricothyrotomy			2	Systemic Shock			1	1
Needle Decompression-Chest			2	Misc. Medical Patient- Pedi			8	4
Cardioversion			2	Misc. Medical Patient- Adult			8	4
Transcutaneous Pacing			2	Misc. Medical Patient- Geriatric			8	4

				Age Specific	EMT	AEMT	Paramedic	Capstone
Specialty clinical can be altered based on available clinical locations as outlined in course request				Assessment Pediatric (NB-18)	10	15	15	15
A minimum number of specific patient pathologies can be completed via simulation				Assessment Adult (19-64)	10	30	30	30
				Assessment Geriatric (65+)	10	15	15	15

Licensure Course Format and Context Information	

	- Course material can be delivered in multiple formats including but not limited to:
	  ○ Independent student preparation
	    ➢ Students must be provided equal access to lecture material for independent or self-study material as material presented in class.
	  ○ Synchronous/asynchronous distributive education
	  ○ Face-to-face instructions
	  ○ Pre- or co-requisites
	  ○ Didactic education must equal the minimum number of education hours outlined for each course as per the IDPH Administrative Code.
	- Cumulative Assessments (test, midterm, final) shall all be computer based utilizing questions incorporating
	  ○ Scenarios
	  ○ Technology Enhanced Item Questions
	  ○ Final Exams shall equal the maximum number of questions on the corresponding NREMT certification exam.
	- Didactic Sessions recorded and stored on online platform for students to review.
	- Didactic Sessions available for remote attendance. Instructor can establish a maximum number of remote sessions.
	- Students with a documented disability who qualify for an Individual Education Plan will receive those accommodations in the course of the class and assistance in requesting the same for the NREMT examination.
	
	Program Content
	- National EMS Education Standards (current edition)
	- National EMS Scope of Practice Model skills
	- Illinois EMS Expanded Scope of Practice Model skills
	- Additional course curricula required by the Department
	- Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP) recommendations (as applicable)
	
	IDPH Pre-requisites
	- Submission and approval of EMS Training Program Application required (see Training Application/Site Code policy/procedure)
	- Qualified faculty; Resource Hospital oversight
	- Hospital agreement(s) for clinical shifts
	- Transport vehicle service provider to accommodate field internship. BLS ambulances only allowed for EMT clinical. Minimum call volume of 3 calls per 8 hours, average.
	- Approved preceptors
	- Graduates must be 18 years of age at time of licensure (excluding PEMR)

		• Students must pass a Felony Conviction assessment
		Program Pre-requisites in addition to above: May include, but not be limited to the following: Physical (fitness for duty) exam; drug screen; immunity to specified communicable diseases; insurance (liability and/or health); Preadmission placement exams (cognitive and/or psychomotor); pre-requisites and/or co-requisites to address competencies in basic health sciences (Anatomy and Physiology) and in basic academic skills (English and Mathematics).

		Recommendation to sit for Licensure Examination
		• At the conclusion of the course, student must pass a cumulative final exam. The final exam should blueprint the makeup of the applicable NREMT exam.
		  o Students will be granted two attempts on this exam.
		   ▪

515.700	**EMS Lead Instructor**	<mark>**Minimum required Hours**</mark> • **IDPH requirements** • Currently Licensed EMD, EMT, AEMT/EMT-I, Paramedic, RN, PHRN, PHPA, PHAPRN or physician. • 2 years of experience in EMS • 1 year documented teaching experience o Documented classroom teaching experience with a recommendation for LI • Successful completion of National Standard Curriculum for EMS Instructors, or equivalent, as approved by IDPH. • **EMS System/Program requirements**: • Successful completion of National Standard Curriculum for EMS Instructors, or equivalent, as approved by IDPH. • LI is not required for leading continuing education. Licensure courses must be attended by an LI at least 80% of all classroom hours.
515.710	**Emergency Medical Dispatcher Policy and Procedure**	<mark>**Minimum required Training**</mark> • **IDPH Requirements** • Successful completion of National Standard Curriculum for EMS Instructors, or equivalent, as approved by IDPH. • Current BLS CPR card
515.715 515.725	**Provisional Licensure for Emergency Medical Responder / Emergency Medical Responder**	<mark>**Minimum required Hours**</mark> • **IDPH requirements** • 52 didactic hours • An applicant between the ages of 16 and 18 can obtain the provisional license which will be upgraded, upon request, at age 18 • **EMS Education Standards recommendations:**

		• Course length is based on competency, not hours and is estimated to take ~60 clock hours including the two integrated phases of education (didactic and laboratory) to cover material. • **EMS System/Program requirements**: Specify in the syllabus/student handbook

515.500	**EMT Initial Education Policy and Procedure**	<mark>**Minimum required Hours**</mark>
		• **IDPH requirements**
		 • 125 didactic - plus
		 • 25 clinical (minimum pt care contacts, competency evaluation/ measurement)
		  ○ Hospital or alternate care facility
		  ○ Field – # of minimum patient care contacts
		• **EMS Education Standards recommendations:**
		 • Course length is based on competency, not hours and is estimated to take ~150-190 clock hours including the four integrated phases of education (didactic, laboratory, clinical and field) to cover material.
		• **EMS System/Program requirements**: Specify in the syllabus/student handbook

515.510	**A-EMT Initial Education Policy and Procedure**	<mark>**Minimum required hours**</mark>
		• **IDPH requirements**
		 • 200 didactic plus
		  ○ Memorial EMS AEMT protocols function under the Illinois Expanded Scope of Practice and will require 250 didactic hours to complete classroom education.
		 • 150 clinical (minimum patient care contacts, competency evaluation/measurement)
		  ○ Hospital or alternate care facility
		  ○ Field – # of minimum patient care contacts
		• **EMS Education Standards recommendations:**
		 • Course length is based on competency, not hours and is ~350-400 clock hours beyond EMT (150-190) and may be taught separately or combined including the four integrated phases of education (didactic, laboratory, clinical and field) to cover material.
		• **EMS System/Program requirements:** Specify in syllabus/student handbook.

515.520	**Paramedic Initial Education Training Application Policy/Procedure**	<mark>**Minimum required Hours**</mark>
		• **IDPH requirements**
		 ○ 500 didactic
		 ○ 500 clinical (minimum pt care contacts, competency evaluation/ measurement)
		  ▪ Hospital or alternate care facility (*200*)
		  ▪ Field (*300*)
		• **CoAEMSP** expects programs to justify the # of hours in the curricula see below.

- **EMS System/Program requirements**: Specify in the Syllabus/student handbook.

Program Content

- **CoAEMSP recommendation** *Standard III.C.1. Curriculum*

  The curriculum must ensure the achievement of program goals and learning domains. Instruction must be an appropriate sequence of classroom, laboratory, clinical/field experience, and field internship activities. Progression of learning must be didactic/laboratory integrated with or followed by clinical/field experience followed by the capstone field internship, which must occur after all core didactic, laboratory, and clinical experience. Instruction must be based on clearly written course syllabi that include course description, course objectives, methods of evaluation, topic outline, and competencies required for graduation. The program must demonstrate that the curriculum offered meets or exceeds the content and competency of the latest edition of the National EMS Education Standards.

  Progression of learning typically involves didactic/theory followed by laboratory practice followed by clinical experience followed by capstone field internship. The required curriculum content topics should be documented through course syllabi, lesson plans, supplemental instructional materials, textbooks, reference materials, etc., which lead to accomplishment of the program goals and outcomes. In order to assure entry-level competence, the program must adopt a skills assessment system that results in a portfolio which documents the evaluation of the progression of each student through individual skills acquisition, scenario labs, clinical and capstone field internship. The program shall evaluate and document student progression over time. This assessment system should represent best practices in education, measurement and documentation of the affective, cognitive, and psychomotor domains. Program completion is defined as successful completion of all phases (didactic, clinical, field experience, and capstone field internship).

  The program must set and require minimum numbers of patient/skill contacts for each of the required patients and conditions listed in these Standards, and at least annually evaluate and document that the established program minimums are adequate to achieve entry-level competency.

- National and Illinois EMS Expanded Scope of Practice Model skills
- Additional course curricula required by the Department

Program Pre-requisites: May include, but not be limited to the following: Preadmission placement exams (cognitive and/or psychomotor); pre-requisites and/or co-requisites to address competencies in basic health sciences (Anatomy and Physiology) and in basic academic skills (English and Mathematics); physical (fitness for duty) exam; drug screen; immunity to specified communicable diseases; insurance (liability and/or health)

Note: All Illinois entry level paramedic classes **must be Accredited or under a Letter of Review** by the Commission on Accreditation of Allied Health Education Programs www.caahep.org upon the recommendation of

		the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions by **December 31, 2020**
		Comprehensive Resource Library on CoAEMSP website contains accreditation tools and resources to help programs gain/maintain accreditation**. See https://coaemsp.org/resource-library**

515.730	**Prehospital Registered Nurse, Prehospital Physician Assistant, and Prehospital Advanced Practice Registered Nurse**	**Minimum required hours**
		• **IDPH requirements**
		  • 40 hours didactic plus
		  • 10 ALS runs supervised by a licensed paramedic or similar licensed provider
		• **EMS Education Standards recommendations:**
		  • Course length is based on competency, not hours and is ~65 clock hours (at minimum) to be prepared for the NREMT Paramedic Assessment Exam.
		EMS System/Program requirements: Specify in syllabus/student handbook.

515.740	**Emergency Communications Registered Nurse**	**Minimum required Hours**
		• **IDPH requirements**
		  • 40 hours didactic - plus
		  • 8 hours clinical
		• **EMS Education Standards recommendations:**
		  • Course length includes several learning mechanisms, including but not limited to video education, written recall, in-class application, monitored Medical Control calls (minimum 25) in the four integrated phases of education (didactic, laboratory, clinical and field) to cover material.
		• **EMS System/Program requirements**: Specify in the syllabus/student handbook

515.510 515.520	**Record Retention Policy**	All approved programs shall maintain course and student records, for a **minimum of seven years,** in compliance with affiliated academic institution requirements as applicable. The course and student records shall be made available to the EMS System or Department upon demand. **CoAEMSP standards:** The program must have adequate methods to document those items described in Standard IV.A.1. • **Didactic/Cognitive Documentation** The program must keep a master copy of all exams used in the program. Also, the program must maintain a record of student performance on every didactic evaluation. • **Psychomotor Documentation** The program must keep a master copy of all psychomotor evaluation instruments used in the program. Also, the

program must maintain a record of student performance on every psychomotor evaluation. The record could be a summary of scores or the individual graded skill sheets. Documentation should show progression of the students toward terminal competency.

- **Affective Documentation** The program must keep a master copy of all affective evaluation instruments used in the program. Also, the program must maintain a record of every student's affective evaluation(s).

- **Evaluations** of all learning domains should be reviewed with students in a timely fashion. Evidence of review is required. A record of all counseling and the results must be maintained by the program.

- **Capstone Field Internship Documentation** The program must keep a master copy of all capstone field internship evaluation instruments used in the program. Also, the program must maintain a record of student performance on every capstone field internship evaluation. The record could be a summary of scores or the individual evaluation instruments. Documentation should show progression of the students to the role of team leader as required by the program. The program must document a mechanism for demonstrating consistency of evaluation and progression of the student during team leadership.

- **Terminal Competence Documentation** The program must have a document signed by the Medical Director and the Program Director showing that the student has achieved the established terminal competencies for all phases of the program. There must be a tracking system: either paper or computer based. The tracking system must incorporate and identify the minimum competencies (program required minimum competency numbers) required for each exposure group, which encompasses patient age (pediatric age subgroups must include: newborn, infant, toddler, preschooler, school-ager, and adolescent), pathologies, complaint, gender, and intervention, for each student. Intervention tracking must include airway management with any method or device used by the program. The tracking system must clearly identify those students not meeting the program required minimum competency numbers.

Standard V.D. Student Records Satisfactory records must be maintained for student admission, advisement, counseling, and evaluation. Grades and credits for courses must be recorded on the student transcript and permanently maintained by the sponsor in a safe and accessible location.