

Provider Responsibilities



MEMORIAL EMS SYSTEM
PREHOSPITAL POLICIES MANUAL

Agency Responsibilities Policy

Listed below is a summary of the important responsibilities of the provider agencies that are in the Memorial EMS System. This list is based on the System manuals and IDPH rules and regulations. These responsibilities are categorized into four major areas: ***Operational Requirements, Notification Requirements, Training & Education Requirements*** and ***Additional Reports and Records Requirements***. Some items have been repeated to stress the importance of compliance.

Operational Responsibilities

1. A provider agency must comply with minimum staffing requirements for the level and type of vehicle. Staffing patterns must be in accordance with the provider's approved system plan and in compliance with Section 515.830(f).
2. No agency shall employ or permit any member or employee to perform services for which he or she is not licensed, certified and credentialed or otherwise authorized to perform (Section 515.170).
3. Agencies that utilize Emergency Medical Responders and Emergency Medical Dispatchers shall cooperate with the System and the Department in developing and implementing the program (Section 515.170).
4. A provider agency must comply with the Ambulance Report Form Requirements Policy, including Prehospital patient care reports, refusal forms and any other required documentation. Any PCR software changes will require MEMS approval.
5. Agencies with controlled substances must abide by all provisions of the Controlled Substance Policy including: *maintaining a security log, maintaining a Controlled Substance Usage Form, complying with destination facility documentation and waste requirements and **immediately reporting any discrepancies to the EMS Office***. See page 7.F.3.
6. Notify the EMS Office of any incident or unusual occurrence which could or did adversely affect the patient, co-worker or the System **within 24 hours** via incident report form.
 - a. Examples not limited to drug administration and/or patient treatment not consistent with protocol, potential injuries from patient moves, equipment failures, etc.
7. Immediately remove from service any piece of equipment in question regarding its capacity to safely and accurately assist in patient care.

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Notification Requirements

An agency participating as an EMS provider in the Memorial EMS System must notify the Resource Hospital, (Springfield Memorial Hospital), of the following:

1. Notify the System in **any** instance when the agency lacks the appropriately licensed and System-certified personnel to provide 24-hour coverage. Transporting agencies must apply for an ambulance staffing waiver if the agency is aware a staffing shortage is interfering with the ability to provide such coverage.
2. Notify the System of agency personnel changes and updates **within 10 days**. This includes addition of new personnel and resignations of existing personnel.
 - a. Rosters must include: *Name/level of provider, Phone #, Email, license number, and license expiration date. Roster updates among other documents will be required at annual inspection and the 6 month interval between inspections.*
3. Notify the System any time an agency is not able to respond to an emergency call due to lack of staffing. The report should also include the name of the agency that was called for mutual aid and responded to the call.
4. Notify the System of **any** incident, via incident report within 24 hours, which could or did adversely affect the patient, co-worker or the System.
5. Provide the EMS Office with updated copies of FCC Licenses and Mutual Aid Agreements upon request of System or IDPH.
6. Notify the System of any changes in medical equipment or supplies. Prior System approval required for all new equipment.
7. Notify the System of any changes in vehicles. All vehicles must be inspected by IDPH and the System and the appropriate paperwork must be completed **prior** to the vehicle being placed into service. Any vehicle that has been out of service for greater than 12 days **CANNOT** return to service without an IDPH scheduled inspection.
8. Notify the System **PRIOR** to any changes in agency role.
9. Notify the System if the agency's response area changes.
10. Notify the System if changes occur in capacities or equipment.

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Training and Education Responsibilities

1. Twenty-five percent (25%) of all EMS continuing education must be obtained through classes taught or sponsored by the Resource Hospital, Springfield Memorial Hospital. The EMS System will require specific training of all providers, annually.
2. Appoint a training officer. If available the EMS training officer should be an IDPH Lead Instructor (LI). The training officer (or approved designee) will be required to attend mandatory training officer in-services. If no agency identified LI, the EMS Office will need to co-sign all training requests. Agencies are not required to host CE training, however training requests will be approved on an annual basis for each calendar year.
3. Develop a training plan which meets the requirements for re-licensure and System certification as detailed in the *Continuing Education and Re-licensure Requirements Policy*.
4. Submit the agency's training plan annually to the EMS Office for System and Department (IDPH) approval. The EMS Office will submit for IDPH approval. The applications are due by October 1st for the following training year.
5. Any changes made to an approved training application must be communicated to the EMS Office prior to the training.
6. Maintain sign-in rosters for all training conducted and provide participants with certification of attendance for a minimum of seven years.
7. Conduct System mandatory training annually as per EMS Office notification.

Additional Reports and Records Responsibilities

1. Comply with Memorial EMS System Quality Assurance Plan, including agency self-review, submission of incident reports, submission of patient care reports, maintain controlled substance security logs and usage tracking forms. Logs must be made available upon request of EMS Office personnel.
2. Maintain glucometer logs. Testing should be done a minimum of once per week, any time a new bottle of strips is put into service and any time the glucometer is dropped. Glucometer logs should be kept at the vehicle location and must be made available upon request of EMS Office personnel.

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3. All agencies and agency personnel are to comply with all of the requirements outlined in HIPAA regulations with regard to protected health information. The eighteen identifiers are listed below. Agencies must identify a mechanism to secure information as well as communicate with those who by role need such information.
 1. Names;
 2. All geographical subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code, if according to the current publicly available data from the Bureau of the Census: (1) The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and (2) The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000.
 3. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;
 4. Phone numbers;
 5. Fax numbers;
 6. Electronic mail addresses;
 7. Social Security numbers;
 8. Medical record numbers;
 9. Health plan beneficiary numbers;
 10. Account numbers;
 11. Certificate/license numbers;
 12. Vehicle identifiers and serial numbers, including license plate numbers;
 13. Device identifiers and serial numbers;
 14. Web Universal Resource Locators (URLs);
 15. Internet Protocol (IP) address numbers;
 16. Biometric identifiers, including finger and voice prints;
 17. Full face photographic images and any comparable images; and
 18. Any other unique identifying number, characteristic, or code (note this does not mean the unique code assigned by the investigator to code the data)
4. Every EMS Agency has responsibilities to protect patient privacy and to report privacy breaches to the appropriate authorities.

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**Professional Conduct &
Code of Ethics Policy**

The following are guidelines for interaction with patients, other caregivers and the community. They apply equally to agencies, providers and students in the EMS System.

- **Respect for Human Dignity** – Respect all patients regardless of socio-economic status, race, belief systems, financial status or background. Dignity includes greeting, conversing, respectful mannerisms, and protecting physical privacy.
- **Maintain Confidentiality** – Respect every person’s right to privacy. Sensitive information regarding a patient’s condition or history should only be provided to medical personnel involved in the patient’s care, with an immediate need-to-know. Sensitive information regarding our profession may only be provided to those with a right to know. This includes no electronic dissemination, transfer, publication, or reference via social media of information referencing patients, specific calls, agencies or the EMS industry.
- **Professional Competency** – Provide the patient with the best possible care by continuously improving your knowledge base, skills, and maintaining continuing education and required certifications. Protect the patient from incompetent care by knowing the standard of care and being able to identify those who do not.
- **Safety Awareness & Practice** – Protect the health and well-being of the patient, yourself, your co-workers and the community by constantly following safety guidelines, principles and practices.
- **Accountability for Your Actions** – Act within the scope of your practice and training, realize your individual limitations, and accept responsibility for both satisfactory and unsatisfactory actions.
- **Loyalty & Cooperation** – Demonstrate devotion to your profession by promoting professional image through competency and efficiency and honesty. Strive to improve morale when possible and refrain from publicly criticizing.
- **Personal Conduct** – Demonstrate professionalism by maintaining high moral and ethical standards, and by maintaining good personal hygiene. Do not participate in behavior that would discredit you, your co-workers and the profession.

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**Professional Conduct &
Code of Ethics Policy**

Code of Ethics

(Applies to ALL Prehospital providers)

Professional status as an EMS Provider is maintained and enriched by the willingness of the individual practitioner to accept and fulfill obligations to society, other medical professionals, and the profession of Emergency Medical Technician.

As an EMS Provider, I solemnly pledge myself to the following code of professional ethics:

- A fundamental responsibility of the EMS PROVIDER is to conserve life, to alleviate suffering, to promote health, to do no harm, and to encourage the quality and equal availability of emergency medical care.
- The EMS PROVIDER provides services based on human need, with respect for human dignity, unrestricted by consideration of nationality, race, creed, color or status.
- The EMS PROVIDER does not use professional knowledge and skills in any enterprise detrimental to the public well-being.
- The EMS PROVIDER respects and holds in confidence all information of a confidential nature obtained in the course of professional work unless required by law to divulge such information.
- The EMS PROVIDER, as a citizen, understands and upholds the law and performs the duties of citizenship; as a professional, the EMS PROVIDER has the never-ending responsibility to work with concerned citizens and other healthcare professionals in promoting a high standard of emergency medical care to all people.
- The EMS PROVIDER shall maintain professional competence and demonstrate concern for the competence of other members of the EMS healthcare team.
- An EMS PROVIDER assumes responsibility in defining and upholding standards of professional practice and education.

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**Professional Conduct &
Code of Ethics Policy**

Code of Ethics (continued)

- The EMS Provider assumes responsibility for individual professional actions and judgment, both in all aspects of emergency functions, and knows and upholds the laws which affect the practice of the EMS PROVIDER.
- The EMS Provider has the responsibility to be aware of and participate in matters of legislation affecting the EMS System.
- The EMS Provider, or groups of EMS Providers, who advertise professional service, does so in conformity with the dignity of the profession.
- The EMS Provider has an obligation to protect the public by not delegating to a person less qualified, any service which requires the professional competence of an EMS Providers.
- The EMS Provider will work harmoniously with and sustain confidence in EMS Provider associates, the nurses, the physicians, and other members of the EMS healthcare team.
- The EMS Provider refuses to participate in unethical procedures and assumes responsibility to expose incompetence or unethical conduct of others to the appropriate authority in a proper and professional manner.
- No EMS provider will advertise themselves and/or their agency for a level of care that they are not licenses for AND EMS System credentialed for.
- The EMS provider will fulfill their responsibilities under the law in regards to direct reporting incidents of suspected child and elder abuse.
- The EMS provider understands and respects the trust which the public places in the healthcare industry. They pledge to support and maintain the dignity of the profession by refraining from any derogatory or slanderous spread of information intended to belittle those in the profession or the organizations within the healthcare industry. Offenses are not only an insult to the entire healthcare community, but can also be cause for civil and professional discipline.

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**Agency Compliance Waiver
Policy**

If compliance with IDPH Rules and Regulations of the Memorial EMS System Policies results in unreasonable hardship, the EMS provider agency shall petition the Memorial EMS System and IDPH for a temporary rule waiver.

The format for waiver petition shall be as follows:

- Part 1** Cover letter, to include: *agency name, IDPH agency number, agency official(s), agency designated contact person, telephone number, statement of the problem and proposed waiver.*
- Part 2** Explanation of why the waiver is necessary.
- Part 3** Explanation of how the modification will relieve problems that would be created by compliance with the rule or policy as written.
- Part 4** Statement of and justification for the time period (maximum two years) of which the modification will be necessary. This section must also include a chronological plan for meeting total compliance requirements.
- a) Staffing waivers require local newspaper advertisement explaining staffing shortage, mention that there will be “*no reduction in standard of care*”, and a request for new volunteers/ employees.
 - b) Submit a copy of 60-day staffing schedule.

The petition should be submitted to the Memorial EMS System Medical Director for review and approval. The IDPH Regional EMS Coordinator will then review the petition. If needed, the Illinois Department of Public Health may request review of the petition by the State Advisory Board. These recommendations will be forwarded to the Director of IDPH for final action. **Waivers will be granted only if there is NO reduction in the standard of medical care. Waivers will granted for up to 24 months.**

Private ambulances services may qualify for a staffing waiver if the ambulance is only utilized for interfacility transports and does not respond to any prehospital requests for service. Additional requirements apply.

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Agency Advertising Policy

EMS agencies are expected to advertise in a responsible manner and in accordance with applicable legislation to assure the public is protected against misrepresentation.

No agency (public or private) shall advertise or identify their vehicle or agency as an EMS life support provider unless the agency does, in fact, provide service as defined in the EMS Act and has been approved by IDPH.

No agency (public or private) shall disseminate information leading the public to believe that the agency provides EMS life support services unless the agency does, in fact, provide services as defined in the EMS Act and has been approved by IDPH.

Any person (or persons) who violate the EMS Act, or any rule promulgated pursuant there to, is guilty of a Class C misdemeanor.

A licensee that advertises its service as operating a specific number of vehicles or more than one vehicle shall state in such advertisement the hours of operation for those vehicles, if individual vehicles are not available twenty-four (24) hours a day. Any advertised vehicle for which hours of operation are not stated shall be required to operate twenty-four (24) hours a day.

It is the responsibility of all Memorial EMS System personnel to report such infractions of this section to the EMS Medical Director.

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System Certification Policy

It is the responsibility of the Resource Hospital to confirm the credentials of the System's EMS providers. System certification is a *privilege* granted by the EMS Medical Director in accordance with the rules and regulations of the Illinois Department of Public Health.

System Certification Process

1. A System applicant must hold a State of Illinois license or be eligible for State licensure. EMS providers transferring in from another system or state must have all clinical and internship requirements completed prior to System certification. *Transferring into the Memorial EMS System to complete internship requirements of an EMT training program is prohibited.*
2. The System applicant must be a member of or in the process of applying for employment with a Memorial EMS System provider agency. The System agency must inform the EMS Office of the applicant's potential for hire or membership to their agency.
3. Potential new providers to the Memorial EMS System should submit their information via the Memorial EMS website submission form.
4. The System applicant must also submit copies of the following:
 - IDPH license (EMR, EMT, Intermediate, Paramedic, PHRN, PHPA, PHAPN)
 - ACLS (advanced providers)
 - PHTLS, ITLS, TNS, TNCC or TECC (advanced providers)
 - PEPP, PALS, or ENPC (advanced providers)
 - CPR {AHA Healthcare Provider OR American Red Cross }

The System applicant must pass the appropriate Memorial EMS System Protocol Exam with a score of **80% or higher**. The applicant may retake the exam with the approval of the EMS Medical Director. No same day retakes are allowed. Providers who are unsuccessful with protocol testing once will not be allowed a third attempt until they have completed the study guide made available for the protocols.

- Successfully complete any practical skills evaluations required by the EMS Medical Director.
- Providers who do not meet the 80% after three (3 attempts), depending on licensure, may work at a lower level if that threshold is met. The provider can request to retest at the next protocol update.
- No Protocol Testing will occur the week of protocol updates.

System Certification Policy

System Certification Process (continued)

5. Upon successful completion of the above requirements, the agency will be notified of the applicant's probationary status in the System with proof of successful protocol testing.
6. Satisfactory completion of a **90-day** probationary period is required once System-certification is granted.
7. The EMS Medical Director reserves the right to deny System provider status or to place internship & field skill evaluation requirements on any candidate requesting System certification at any level.



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System Certification Policy

Maintaining System Certification

In addition to minimum continuing education requirements for re-licensure, EMS providers in the Memorial EMS System must maintain the following:

Categories- one certification per category is required	EMD	EMR	EMT-B	TEMS	EMT-I	EMT-P	PHRN PHPA PHAPN	ECRN
CPR <ul style="list-style-type: none"> • AHA: Healthcare Provider or • ARC: Professional Rescuer 	✓	✓	✓	✓	✓	✓	✓	✓
Pediatrics <ul style="list-style-type: none"> • Pediatric Advanced Life Support • Pediatric Education for Prehospital Providers • Emergency Nursing Pediatric Course 					✓	✓	✓	✓
Cardiac <ul style="list-style-type: none"> • Advanced Cardiac Life Support 					✓	✓	✓	✓
Trauma <ul style="list-style-type: none"> • Prehospital Trauma Life Support • Tactical Emergency Casualty Care (only after initial PHTLS) • International Life Support • Trauma Nurse Core Course • Trauma Nurse Specialist 				✓	✓	✓	✓	✓
System Protocol Test			✓	✓	✓	✓	✓	✓

Maintaining of current certifications and tracking of expiration dates is **ultimately the responsibility of the individual provider**. Agency training officers can *assist* with monitoring these certifications

The EMS Agency is required to and responsible for ensuring that all providers are properly credentialed before providing care to a patient in any capacity. This will be validated at annual inspection and at any request of IDPH or the System.

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System Certification Policy

System Resignation / Termination

A System participant may resign from the System by submitting a written resignation to the EMS Medical Director.

A System participant who resigns from or is terminated by a System provider agency has a 60-day grace period to re-establish membership/active status with another System provider agency. If the participant does not do this within the 60-day time period, then the individual's System certification will be re-categorized or terminated.

An EMS provider requesting to re-certify in the Memorial EMS System will be required to repeat the process for initial certification.

Provider Status

Active Provider – An EMS Provider is considered an active provider if he/she:

- Is System-certified at the level of his/her IDPH licensure level.
- Is active and functions at his/her certification level with a Memorial EMS System agency providing the same level of service.
- Maintains all continuing education requirements, certifications, and testing requirements in accordance with System policy for his/her level of System certification. Level specific required certifications that lapse will result in loss of System credentialing.

Sub-certified Provider – An EMT, AEMT, Paramedic or PHRN is considered to be a sub-certified provider if he/she:

- Is System-certified at a level other than his/her IDPH licensure level.
- Is active and functions as a provider with a Memorial EMS System agency at a level of service other than his/her IDPH licensure level. The agency level must be equal to or below the level the provider's request sub-certified level.
- Maintains all continuing education requirements, certifications, and testing requirements in accordance with System policy for his/her level of System certification.

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System Certification Policy

Provider Status

- RESTRICTIONS:
 - A sub-certified EMS provider may only function within the scope of practice of the individual's System certification and the provider level of the EMS agency.
 - A sub-certified EMS provider is **prohibited from performing skills the individual is not *System-certified* to perform** regardless of the IDPH licensure level.
 - A sub-certified provider is restricted to identifying himself/herself as a provider at his/her level of System certification when functioning with a Memorial EMS System agency (this includes uniform patches and name tags).
 - A sub-certified provider shall apply for *independent* re-licensure if System certifications are not met for the IDPH licensure level.

Inactive (Non-participating) Provider – An EMT is considered to be inactive if he/she:

- Was previously system-certified but has not functioned with a Memorial EMS System agency for greater than 60 days.
- Maintains IDPH continuing education requirements.
- RESTRICTIONS:
 - An inactive provider is **prohibited** from identifying himself/herself as an EMS provider in the Memorial EMS System.
 - An inactive provider is **prohibited** from performing skills or providing care that he/she is not System-certified to perform.
 - An inactive provider must apply for independent re-licensure with IDPH.

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Re-Licensure Requirements Policy

Re-Licensure Process

1. To be re-licensed as an EMS provider, the licensee shall submit the required documentation for renewal with the Resource Hospital (EMS Office) at least **30 days** prior to the license expiration date. **Failure to complete continuing education requirements and/or failure to submit the appropriate documentation to the EMS Office at least 30 days prior to the license expiration date may result in delay or denial of re-licensure. The EMS provider will be responsible for any late fees or class fees incurred as a result.**
2. The EMS Office will review the re-licensure applicant's continuing education records. If the individual has met all requirements for re-licensure and approval is given by the EMS Medical Director, the EMS Office will submit a renewal request to IDPH.
3. An EMS provider who has not been recommended for re-licensure by the EMS Medical Director will be instructed to submit a request for independent renewal directly to IDPH. The EMS Office will assist the licensee in securing the appropriate renewal form.
4. IDPH requires the licensee to certify on the Renewal Notice (Child Support/Personal History Statement), **under penalty of perjury**, that he or she is not more than 30 days delinquent in complying with a child support order and previous felon status (Section 10-65(c) of the Illinois Administrative Procedure Act [5 ILCS 100/10-65(c)]). The provider's social security number must be provided as well.
 - a. EMS providers are reminded to be hyper-vigilant when completing this form. It is a legal document. Errors reported on this form, will be investigated at the licensee's expense.
 - b. Any provider who has been convicted of a felony, on or off duty, must notify the EMS Office and IDPH within 30 days of conviction
5. The license of an EMS provider shall terminate on the day following the expiration date shown on the license. **An EMS provider may NOT function in the Memorial EMS System without a current IDPH license that can be electronically verified.**
6. An license that has expired may, **within 60 days after license expiration**, submit all re-licensure material and a fee of \$50.00 in the form of a *certified check* or *money order* made payable to IDPH (Note: personal checks or cash will **NOT** be accepted) or electronically with credit/debit card. If all continuing education and System requirements have been met and there is no disciplinary action pending against the EMS provider, the Department may re-license the EMS provider.

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Re-Licensure Requirements Policy

Re-Licensure Process (continued)

7. Any provider whose license has expired for a period of more than **60 days and less than 36 months** may be allowed to retest for their license renewal (written and skills test) after a review of the situation by the Medical Director and IDPH. This only applies to a State of Illinois license for EMT (Section 3.50(d)(5) of the Illinois Administrative Procedure Act [5 ILCS 100/3.5(d)(5)]).

****NOTE:** Failure to re-license at any level does not “automatically” drop a provider to a lower level of certification (e.g. An EMT does not automatically become a First Responder, etc.). Once a provider’s license has expired, he or she is no longer an EMS provider at ANY level and cannot provide medical care in the System or the State.

8. Requests for extensions or inactive status must be submitted on the proper IDPH form and forwarded to the EMS Office at least 60 days prior to expiration. Extensions are granted only in very limited circumstances and are handled on a case by case basis. NOTE: The EMS Medical Director may mandate additional CEU requirements during the extension period.
9. At any time **prior to the expiration of the current license**, an EMT-I or EMT-P may revert to the EMT-B status for the remainder of the license period. The EMT-I or EMT-P must make this request in writing to the EMS Medical Director & the Department and must submit their original **current** EMT-I or EMT-P license to the Department. To re-license at the EMT-B level, the provider must meet all of the EMT-B requirements for re-licensure.
10. At any time **prior to the expiration of the current license**, an EMT-B may revert to the First Responder/Defibrillator (FR-D) status for the remainder of the license period. The EMT-B must make this request in writing to the EMS Medical Director & the Department and must submit their original **current** EMT-B license to the Department. To re-license at the FR-D level, the provider must meet all of the FR-D requirements for re-licensure.
11. At any time prior to the expiration of the current license, **EMT licenses** may be placed inactive. This request must be initiated before expiration and must include current CPR and continuing education for the level of the license.
 - a. A license that has been inactive for greater than 48 months, can only be re-obtained if the inactive EMS provider challenges and passes the current NREMT exam for that level of license.

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Re-Licensure Requirements Policy

General Continuing Education Requirements

Memorial EMS System requires:

1. Twenty-five percent (25%) of the continuing education hours required for re-licensure (as an EMS provider, at any level in the Memorial EMS System) must be earned through attendance at System-taught courses or System sponsored. System sponsored courses could include courses taught by EMS Office staff, built by Memorial EMS available in the online training database, and courses designed by EMS Office Staff and provided to agency training officers.
 - a. Memorial EMS will require specific training courses every year for all EMS providers. Those courses must be completed by 12/31 of the assigned year.
2. No more than seventy-five percent (75%) of the continuing education hours required for re-licensure will consist of hours obtained from the same site code.
3. No more than twenty-five percent (25%) of the continuing education hours required for re-licensure will consist of any single subject area (*i.e.* shock, diabetic emergencies, etc.)
4. Based on the EMS Region 3 continuing education plan, EMS providers must obtain a minimum number of training hours within five categories. Should a provider be lacking in an area, additional training will be required.
5. EMS continuing education credits must have an *approved* IDPH site code, CAPCE or similar professional accreditation approve, or be approved by the Memorial EMS Medical Director.
6. EMS providers with known dual system participation have the option of renewing in either system. Should a Memorial EMS provider renew under a different EMS System they are still required to complete any required Memorial EMS trainings.

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Re-Licensure Requirements Policy

Summary of Re-licensure Requirements



EMS License Renewal Request

Name (as written on license): _____

License Held: _____ License Number: _____ Expiration Date: _____

Agency (ies): _____

If renewing under another EMS System, list EMS System: _____

****Memorial EMS System required trainings continue to be required regardless of renewing System.****

Category	NR/ EMR	Lead Instructor	EMT-B	EMT-I	EMT- P/PHRN
Airway Including: skills labs	2	2	4	8	10
Breathing, Patient Assessment	3	3	6	8	8
Circulation, Trauma, Shock/Resuscitation, Pathophysiology	8	6	18	24	32
Disability, Medical, Behavioral, OB/infant/Children	6	6	14	18	18
Environment, Preparations /Operations, Special Population, Pharmacology	5	3	10	14	16
Subtotal	24	20	52	72	84
Open topics	-	20	8	8	16
<small>**Prior System approval required to perform clinical hours for CE</small>		Educator Specific Training			
Total	-	40	60	80	100

Documentation Required

CPR for Healthcare Provider

System Required Trainings in 4 year cycle. Must be completed by year end of each year.

2023: Pit Crew CPR CBL Patient Assessment/ ALERT/ Communication

Bleeding Control and RTF CBL Administrative Policies Update

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Disciplinary Processes

The ability to work in the Emergency Medical Services field is both a privilege and a responsibility. As outlined in Section 515.320 of the Administrative Code, “All BLS, ILS, and ALS Services, and CCT, as defined by the Act, shall be provided through EMS Systems.” And “All pre-hospital, inter-hospital and non-emergency medical care, as defined by the Act, shall be provided through EMS Systems, using the levels of Department licensed or approved personnel required by the Act and this Part”

Due to the requirement of EMS System participation for agencies and thereby EMRs, EMTs, PHRNs, ECRNs, EMDs, and LIs to function in the capacity of their respective licenses, the follow information is provided to outline the disciplinary process which can include Suspension, Revocation and Denial of Licensure per Section 515.165. Based on the severity of the perceived incident the discipline can take immediately or at an established time.

Discipline that impacts a provider or agencies ability to continue to function within the EMS System and/ or other Systems/ within the State of Illinois are reviewable at request. A Local System Review Board exists to provide the first level of review. If further review is requested at the next available meeting of the State Emergency Medical Services Disciplinary Review Board the dispute will be reviewed with the Board’s decision binding to all parties.

Any persons or agencies involved in a disciplinary action will be provided written instruction of their right to appeal when notified.

A listing of the Local System Review Board members is available upon request.

IDPH Notification

As required by IDPH Administrative Code Section 515.330 g.4. all complaints submitted to the EMS System will be tracked and submitted to IDPH monthly. Information will include agency and EMS provider names, type of complainant (patient, family, facility, etc.) and outcome. This will include the number of EMS Patient Care Reports that were not completed within the IDPH requirement.

Should an EMS provider be suspended for any reason, IDPH will be notified. Any known overlapping EMS Systems will also be notified.