

Memorial EMS
Decatur Memorial EMS
Springfield Memorial EMS

Licensing and Credentialing



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EMS System Onboarding

The privilege and responsibility of participating in the EMS System requires both initial and ongoing education and competency.

Initial Protocol Testing

Every level of EMS System provider with a license above EMR, must demonstrate protocol competency by passing a written protocol test with at least 80% accuracy. Providers may attempt the test up to three times. If unsuccessful the provider may test at a lower lever and/ or reattempt the test following the next protocol update. Providers will not be able to retest the same day. No protocol testing will be available the week before a protocol update.

Initial System Education

Topics of importance to all providers will be included in an initial training for providers. This will be assigned to all new System Providers with their initial online training account.

System Required Continued Education

Providers should expect that there will be a System required education every year. This could be in person or online and will be communicated with up to twelve months to allow for completion.

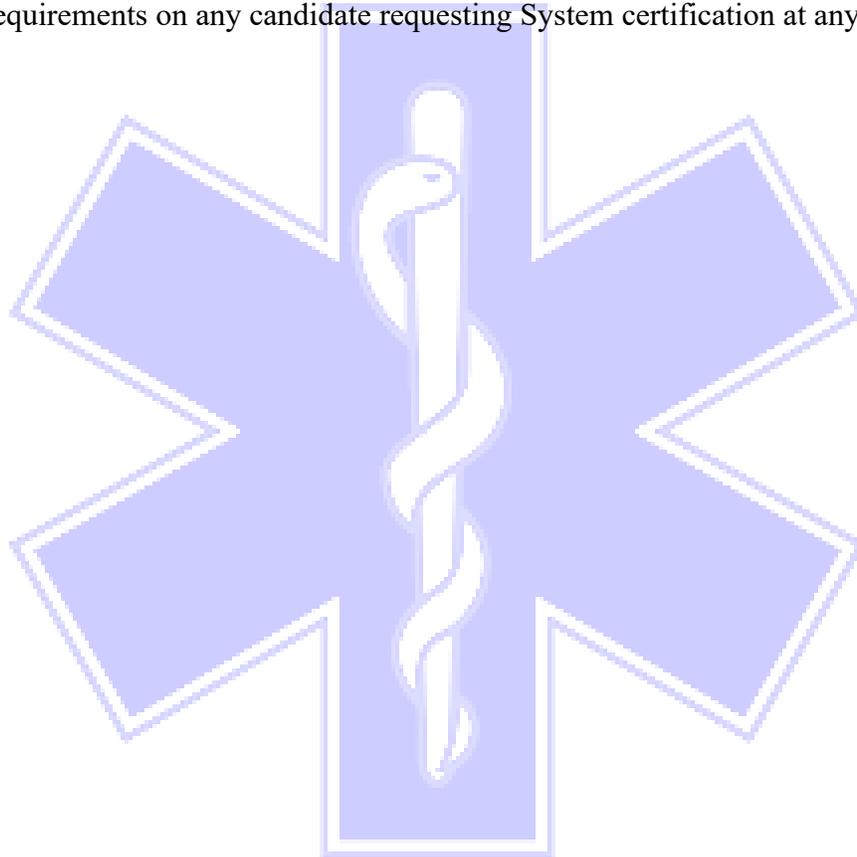
EMS System Credentialing

EMS System credentialing is a *privilege* granted by the EMS Medical Director in accordance with the rules and regulations of the Illinois Department of Public Health.

- A System applicant must hold a State of Illinois license or be eligible for State licensure. System credentialing will not begin for anyone who has not passed their certification exam or has applied for reciprocity but has not completed the IDPH process.
- The System applicant must be a member of or in the process of gaining 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.
- Potential new providers to the Memorial EMS System should submit their information via the Memorial EMS website submission form.
- The System applicant (above EMR) must pass the appropriate Memorial EMS Protocol Exam with a score of **80% or higher**.
 - Successfully complete any practical skills evaluations required by the EMS Medical Director.
- The following current certifications are required for initial credentialing and must be kept current to remain active in the EMS System. Notify the EMS Office immediately anytime there is a lapse.
 - *EMR and EMT- CPR*
 - *AEMT, Paramedic, PHRN- CPR, PALS (PEPP or ENPC), ACLS, PHTLS (TECC after initial PHTLS, ITLS, TNS, or TNCC).*

EMS System Onboarding

- 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.
- Satisfactory completion of a **90-day** probationary period is required once System-certification is granted.
- 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.



The Memorial EMS System utilizes an online learning platform, HealthStream. This platform is utilized for protocol training, protocol updates, required and optional training. Agencies can also utilize this platform for specific agency requirements

EMS Code of Conduct

Professional status as an Emergency Medical Services (EMS) Practitioner is maintained and enriched by the willingness of the individual practitioner to accept and fulfill obligations to society, other medical professionals, and the EMS profession. As an EMS practitioner, I solemnly pledge myself to the following code of professional ethics:

To conserve life, alleviate suffering, promote health, do no harm, and encourage the quality and equal availability of emergency medical care.

To provide services based on human need, with compassion and respect for human dignity, unrestricted by consideration of nationality, race, creed, color, or status; to not judge the merits of the patient's request for service, nor allow the patient's socioeconomic status to influence our demeanor or the care that we provide.

To not use professional knowledge and skills in any enterprise detrimental to the public wellbeing.

To respect and hold in confidence all information of a confidential nature obtained in the course of professional service unless required by law to divulge such information.

To use social media in a responsible and professional manner that does not discredit, dishonor, or embarrass an EMS organization, co-workers, other health care practitioners, patients, individuals, or the community at large.

To maintain professional competence, striving always for clinical excellence in the delivery of patient care.

To assume responsibility in upholding standards of professional practice and education.

To assume responsibility for individual professional actions and judgment, both in dependent and independent emergency functions, and to know and uphold the laws which affect the practice of EMS.

To be aware of and participate in matters of legislation and regulation affecting EMS.

To work cooperatively with EMS associates and other allied healthcare professionals in the best interest of our patients.

To refuse participation in unethical procedures and assume the responsibility to expose incompetence or unethical conduct of others to the appropriate authority in a proper and professional manner.

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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, 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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EMS Code of Conduct

Code of Ethics

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.
- 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.

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- 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 will be an active partner in the continuum of patient care.
- 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. No EMS provider will function outside of their agency and EMS System.
- The EMS provider will fulfill their responsibilities under the law in regard 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.

Licensure Education

Within the EMS System, education for all levels of licensure occurs in some form. Included in this protocol is a high-level reference to each of the levels of training. Also included is the reference to the Administrative Code requirements. Should the requirements within the Administrative Code change to require higher than the Memorial EMS Requirements, the Administrative Code requirement will be honored.

General Information

Every licensure course must be directly overseen by a licensed Lead Instructor (LI). The percentage of instructional time where the LI is not leading instruction can be varied, however the LI of record is responsible for all instruction within a given course.

All educational programs must teach the complete National EMS Scope of Practice Model for their program's level of licensure as well as the expanded scope skills authorized by IDPH. Instruction should not focus on specific education to System protocol; such education can be included after candidates have successfully passed the certification examination. Should a training site wish to include additional information in a licensure course (example: Haz-Mat Awareness, Emergency Vehicle Operation Course, etc.) they will be required to include such topics either before the content section of the course or after candidates have had reasonable time to complete NREMT testing. Any such additional topics cannot be counted towards the hours requirement for the course.

Educational records for all courses should be maintained by the hosting agency for a minimum of seven years.

Licensure Course Requirements

Specific requirements for licensure courses will change when changes in the national or state scope of practice occur, when Administrative Code requirements change and, or when the System sees a need based on student success and outcome performance. A summary of licensure course requirement is available on the EMS System Website.

During a licensure course, candidates are functioning a role higher than their license as they are a candidate in an approved training program and under the direct supervision of a licensed and credentialed provider. When the course ends (final is complete and candidates submitted for testing and licensure) they are no longer functioning under the supervision and liability of the training program and therefore are no longer able to perform any skills or treatment not in Scope of Practice of their current licensure, System credentialing and protocol.

Licensure Renewal

The Memorial EMS System will assist any current member of the EMS System and/ or employee of a Memorial EMS System hospital with their license renewal. All others must renew independently with IDPH. A member of a Memorial EMS System who renews under another Resource Hospital or independently with IDPH will also be required to meet any renewal requirements of the Memorial EMS System. A renewal worksheet will be available on the EMS System Website to reflect the most current national and state guidance (NCCP Requirements).

It is the **sole responsibility** of the individual licensee to maintain their own training records. Any assistance provided by an agency or via access to an electronic database is supplemental to the licensee's responsibility to maintain such records. Educational records should be maintained for a minimum of seven years. It is also the **sole responsibility** of the individual licensee to be aware of and prepared for their various expirations. Licensees are required to provide their home address for the IDPH license and update within 30 days of any change (including name change).

Sources of Continuing Education

The Memorial EMS System will provide continuing education to all providers. The mechanisms with which the education may be provided can include:

- Live System designed education
- On demand System built and/ or CECBEMS (formerly CAPCE) credentialed education
- Drills, simulations, tabletop exercises and other application opportunities
- Conferences and Symposiums
- Individualized education requests, approved on a case-by-case basis

Additional sources of CE include:

- Agency level continuing education (site code required)
- Auditing licensure courses (must be at or above the level of licensure)
- Teaching licensure level courses (maximum of twice for any topic) up to 50% of the total CE
- Academic coursework applicable to the scope of practice.
- Nationally recognized courses (CPR, ACLS, PHTLS, etc.).

Memorial EMS requires that 25% of CE be at System taught courses. This can be obtained with no cost to the provider and in times to accommodate the availability of all EMS System members. Memorial EMS also requires, from time to time, specific training to address identified needs in the EMS community.

Exceptions

Lead Instructor and EMD CE are exempt from the 25% System taught requirement. LI are reminded that they must have ½ of their renewal hours in education specific to the development, delivery, and evaluation of educational programs. EMDs are not required to attend System education as they are required to maintain their International Academy of Emergency Dispatcher (or similar) certification at all times. CE is required to maintain those certifications.

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Licensure Renewal

Renewal 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. While IDPH routinely provides a mailed copy of the Renewal Notice to licensees, failure to receive such notice does not qualify for any ability to miss expiration deadlines.

[IDPH Licensing Online](#)

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.

****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 an EMR, 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.
6. 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 System Medical Director may mandate additional CEU requirements during the extension period.

Licensure Actions

Voluntary Reduction in License Level

A licensee may, at any time, request in writing to downgrade their license. Included in the documentation must be a copy of notification to the licensee's agency that such a downgrade is being requested. Downgrades do not occur without licensee request. The licensee must be able to meet the renewal requirements of the new license and may incur printing fees from IDPH. A downgrade request will not be processed for a lapsed or expired license. Limited options exist regarding returning to a higher license and will fall under current Administrative Code allowances.

Inactivation

A licensee may, at any time, request in writing to inactivate their license. Included in the documentation must be a copy of notification to the licensee's agency that such an inactivation is being requested. Providers wishing to return to active status will be required to meet all requirements of the Administrative Code at the time of reactivation as well as re-credential into the EMS System. Memorial EMS will direct providers to the EMS System who completed the Inactivation to complete the Re-Activation.

Lapsed License

At midnight on the night of expiration a licensee's license moves to lapse status. During this period of 60 days the licensee can re-obtain their license through the normal process, but with an additional IDPH fee. Lapsed licenses are NOT active licenses. Those licensees in such a position are forbidden from participating in the mandatory staffing of an EMS unit in the State of Illinois.

Expired License

At midnight on the 60th night of expiration a licensee's license moves to expired status. During this period starting at day 61 and ending 36 months from the original expiration, the licensee can re-obtain their license through the current process outlined in the Administrative Code. Expired licenses are NOT active licenses. Those licensees in such a position are forbidden from participating in the mandatory staffing of an EMS unit in the State of Illinois. When the expiration exceeds 36 months, the only option is to retake the training course and complete the certification and license process.

Licensure Actions

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 voluntarily separates from a System provider agency may have a 60-day grace period (at the Medical Director's discretion) 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 as terminated.
- A System participant who is terminated from a System provider agency may have a 60-day grace period (at the Medical Director's discretion) to re-establish membership/active status with another System provider agency. Protocol testing will be required. If the participant does not do this within the 60-day time period, then the individual's System certification will be re-categorized as terminated.

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

Sub-certified Provider Status

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.
- 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.

Disciplinary Policies

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 all of their individual providers to function in the capacity of their respective licenses, the following 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 begin immediately or at an established time. Discipline can be progressive or escalated to immediate suspension based on the incident.

Discipline that impacts a provider or agency’s 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.

Discipline can be progressive or move to a more advanced initial step based on the incident but typically follows the steps below

- Verbal Notification (note a verbal warning will be documented in the provider/ agency file) is the initial stage in discipline and the successive step following an unsuccessful performance improvement plan.
- Written Notification
- Reduction of Credentialing
- Non-Immediate Suspension
- Immediate Suspension
- Loss of Credentialing
- Denial of Licensure
- Requesting Revocation of Licensure

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Disciplinary Policies

The most current process outlined in the Administrative Code will be followed for disciplinary proceedings at all times.

EMS Providers should expect discipline for any of the following actions

1. Failure to meet the education and training requirements prescribed by the Illinois Department of Public Health and the Memorial EMS Systems.
2. Violation of the EMS Systems Act
3. Failure to maintain proficiency in the licensed level of care.
4. Intoxication or personal misuse of any drugs or the use of intoxicating liquors, narcotics, controlled substances, or other drugs or stimulants in such manner as to adversely affect the delivery, performance, or activities in the care of patients requiring medical care.
5. Intentional falsification of any medical reports or orders, or making misrepresentations involving patient care.
6. Abandoning or neglecting patient requiring care.
7. Unauthorized use or removal of narcotics, drugs, supplies or equipment from any ambulance, health care facility, institution or other workplace location.
8. Performing or attempting emergency care, techniques or procedures without proper permission training or supervision.
9. Medical misconduct or incompetence, or a pattern of continued or repeated medical misconduct or incompetence in the provision of emergency care.
10. Discrimination in rendering emergency care because of race, sex, creed, religion, national origin or ability to pay.
11. Violation of the EMS Standards of Care.
12. Physical Impairment to the extent that the provider cannot physically perform the emergency care and life support functions for which he/she is licensed.
13. Mental impairment to the extent that the provider cannot exercise the appropriate judgment, skill and safety required for performing emergency care and life support functions.
14. Conviction of a felony
15. Engaging in dishonorable, unethical, or unprofessional conduct of a character likely to deceive, defraud or harm the public.

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Disciplinary Review Boards/ Processes

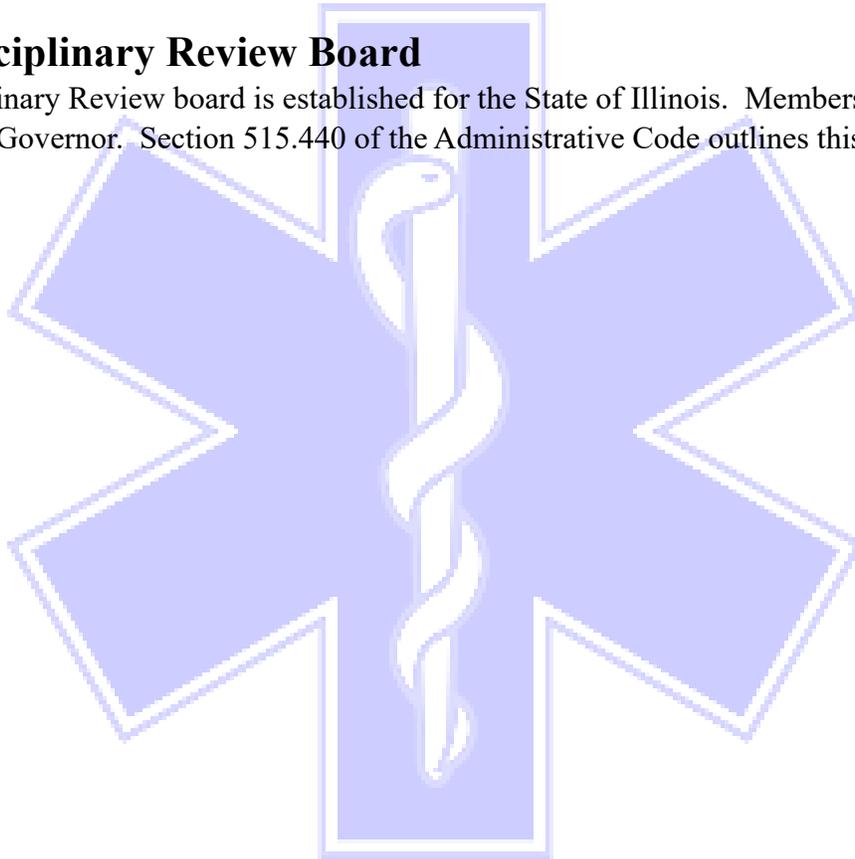
Any agency or provider who is subject to discipline will be provided with a copy of the current Administrative Code regarding System Suspensions. At the conclusion of any step in a disciplinary review a determination of founded, unfounded or unable to determine will be established.

Local System Review Board

A Local System Review Board is established for every EMS System. A list of the Local System Review Board members is posted at the Resource Hospital. Section 515.420 of the Administrative Code outlines this proceeding.

State EMS Disciplinary Review Board

A State EMS Disciplinary Review board is established for the State of Illinois. Members of this committee are appointed by the Governor. Section 515.440 of the Administrative Code outlines this proceeding.



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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.

