

Memorial EMS
Decatur Memorial EMS
Springfield Memorial EMS

EMS System Introduction and Expectations



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FOREWORD

The mission of the Memorial EMS System is to provide the highest quality health care to our patients with our available resources. As we update our protocol manuals, we strive to maintain and advance our protocols based on best practice in EMS literature. Applying our protocols consistently will ensure EMS providers are giving skilled and competent care to our patients. Additionally, the Memorial EMS system is dedicated to providing high-quality EMS education and training.

As you review this protocol manual you will notice new formatting, new protocols, and new medications. This protocol manual is written to be used in both Springfield Memorial EMS System and Decatur Memorial EMS System. It has been reviewed by all the EMS Medical directors involved along with the entire Memorial EMS leadership team. It was a major undertaking for the Memorial EMS leadership team to rewrite/reformat the entire 2024 EMS protocol manual. We will continue to review the protocols on a scheduled basis making updates as EMS standard of care advances. We welcome and encourage your input and suggestions for future changes.

Memorial EMS protocols address and focus on critical ill or injured patients. While our protocols address the medical care we give to patients, we as EMS providers need to ensure that we convey empathy and compassion to our patients and their families on perhaps the worst day of their lives.

We would like to thank the entire Memorial EMS leadership team for their involvement and dedication to EMS care in the Springfield Memorial and Decatur Memorial EMS Systems. Sara Brown, Paramedic, is the EMS Coordinator for Springfield Memorial EMS. Mike Slade, Paramedic, is the EMS Coordinator for Decatur Memorial EMS. Zack Krueger, Paramedic, is the Assistant Coordinator for Springfield Memorial EMS and QI/QA Coordinator. Dr. Tyler Fulks, MD is the Assistant EMS Medical Director for Springfield Memorial EMS and Critical Care/Tactical EMS Medical Director.

Respectfully,



James Hart, MD
EMS Medical Director
Decatur Memorial EMS System



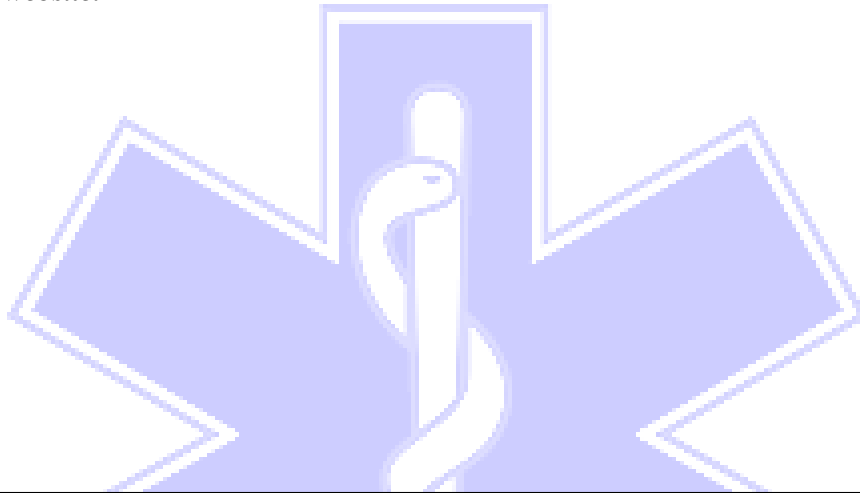
Matthew Johnston, MD
EMS Medical Director
Springfield Memorial EMS System

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All guidelines and information contained herein is intended solely for use within the Memorial EMS System. No other set of guidelines or any other system's protocols, policies, or procedures shall supersede the guidelines set forth in this manual or be utilized in place of this manual by any provider in the Memorial EMS System without explicit approval of their Memorial EMS System Medical Director.

In order to maintain the most up to date practices, it is the goal of the Memorial EMS System to provide regular updates to its protocols, policies and procedures. Twice a year, any updates to the Memorial EMS System Protocols will take effect. These changes will occur on the first Monday following the changes to and from Daylight Savings Time.

It is the responsibility of all providers within the Memorial EMS System to be alert for any changes, modify all printed version of documents and adhere to the newest editions of protocols. All protocol changes will be available on the Memorial EMS website.



IDPH Region 3 Coordinator Approval

MEMS Policies, Adult Manual, Pediatric Manual, Appendix

Updated November 2024

Brian Kieninger

IDPH Region 6 Coordinator Approval

MEMS Policies, Adult Manual, Pediatric Manual, Appendix

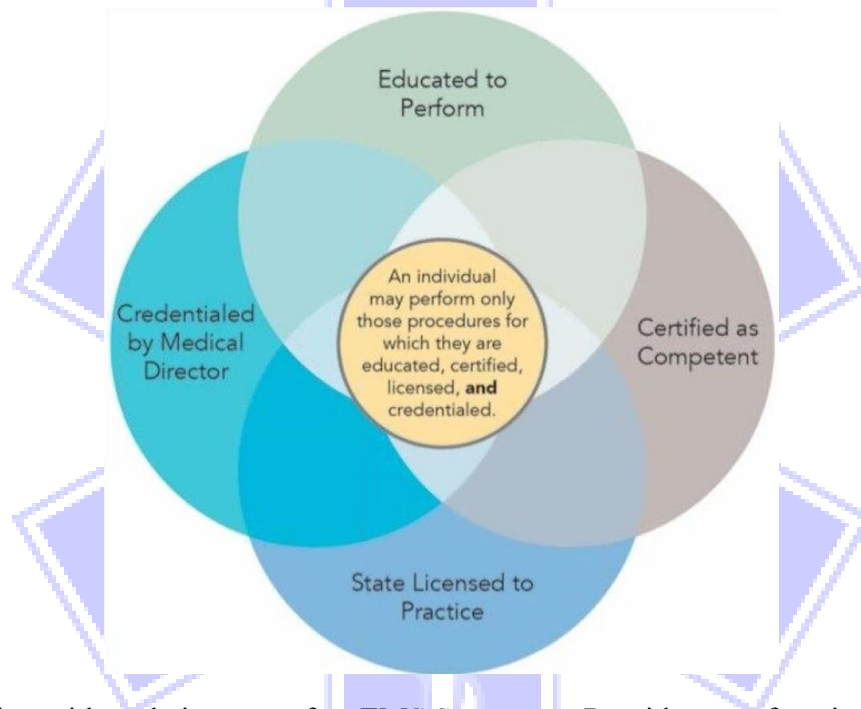
Updated November 2024

Irene Wadhams RN

Emergency Medical Services System

The Illinois EMS Act, as originally established in 1971, is regulated under the Illinois Department of Public Health. EMS is further structured into eleven regions in Illinois. Within those regions, EMS Resource Hospitals were established as the next level of oversight of EMS Agencies and Providers under the Illinois Department of Public Health. In order to function in EMS within the State of Illinois, a provider must be

EDUCATED (has been trained to perform the skill or role), **AND**
CERTIFIED (has demonstrated competence in the skill or role), **AND**
LICENSED (has legal authority issued by the State to perform the skill or role), **AND**
CREDENTIALLED (has been authorized by medical director to perform the skill or role).



No agency can function without being part of an EMS System, no Provider may function without being part of an agency. This structure also applies to hospitals who are receiving prehospital patients and any such hospital must also participate in an EMS System. Included in this section are required pieces within the EMS System as well as information about specific roles. Most recently Emergency Medical Dispatch centers have become the first point of patient care and therefore are included within the EMS Systems in the State of Illinois. Where possible, the reference to the Illinois Administrative Code will be provided for greater understanding.

The EMS System is an organization of hospitals, vehicle service providers and personnel approved by the Department in a specific geographic area, which coordinates and provides pre-hospital and inter-hospital emergency care and non-emergency medical transports at a BLS, ILS and/or ALS level pursuant to a System program plan submitted to and approved by the Department, and pursuant to the EMS Region Plan adopted for the EMS Region in which the System is located.

Roles within the EMS System

The following roles exist within the EMS System to manage the day-to-day responsibilities of overseeing the EMS System.

EMS Resource Hospital

The Resource Hospital has the authority and the responsibility for the planning, development and ongoing operation of the EMS System. This is accomplished through the understanding and commitment of the Senior Leadership team to undertake all that is necessary to make the EMS System succeed.

EMS Medical Director

The EMS Medical Director is the physician, appointed by the Resource Hospital, who has the responsibility and authority for total management of the EMS System. The EMS System Medical Director defines the authorized treatments to be performed by all persons who routinely respond to prehospital emergencies and assures the competency of the performance of such acts.

Associate (Alternate) EMS Medical Director

The Alternate Medical Director is the physician designated by the EMS System Medical Director who assumes responsibility for the management of the EMS system in the absence of the EMS System Medical Director. The Alternate EMS System Medical Director upholds the authorized treatments performed by all persons who routinely respond to prehospital emergencies and assures the competency of the performance of such acts.

EMS Administrative Director

The EMS System Administrative Director is the administrator appointed by the Resource Hospital with the approval of the EMS Medical Director, who is responsible for the administration of the EMS System.

EMS System Coordinator

The EMS System Coordinator is the healthcare professional responsible for planning, coordinating, and organizing the EMS System services and programs. The EMS System Coordinator is an employee of the EMS System, and works collaboratively with the EMS System Medical Director, the System Administrative Director and the prehospital agencies and providers associated with the EMS System to ensure quality prehospital care for the citizens living in the EMS System region.

Associate Hospital

An Associate Hospital in the EMS System shall provide the same clinical and communications services as the Resource Hospital but shall not have the primary responsibility for personnel training and System operations. It shall have a basic or comprehensive emergency department with 24-hour physician coverage.

Associate Hospital Medical Director

The Associate Hospital EMS Medical Director is the physician, designated by the Associate Hospital and approved by the EMS Medical Director, who is responsible for upholding the EMS System services and programs at the Associate Hospital.

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Roles within the EMS System

Associate Hospital EMS System Coordinator

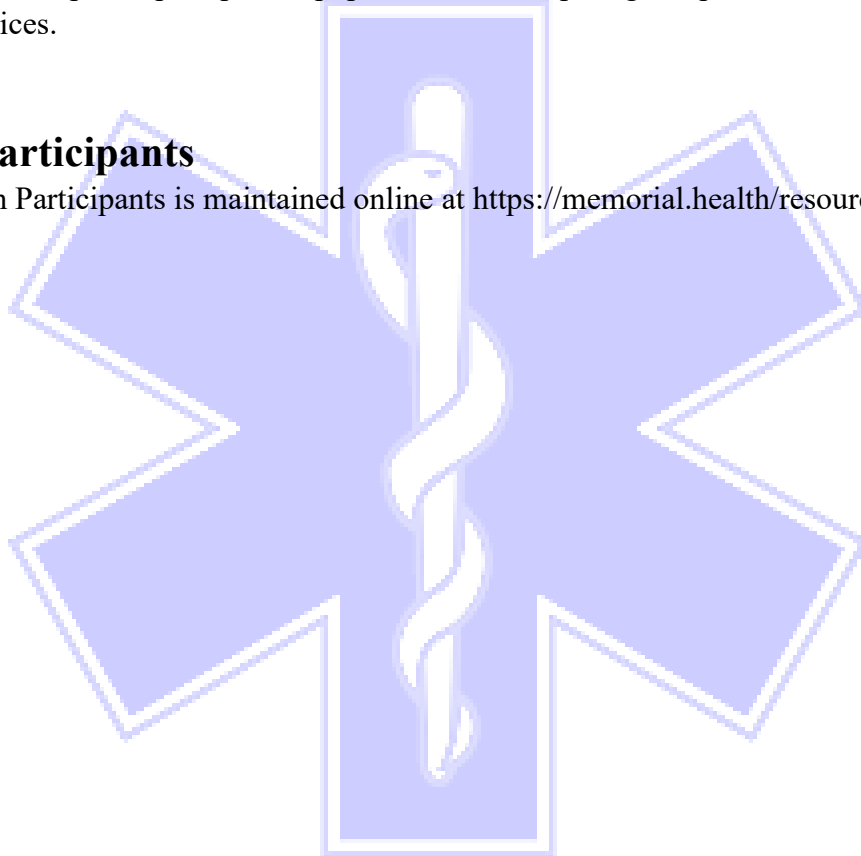
The Associate Hospital EMS System Coordinator is the healthcare professional (RN or Paramedic), designated by the Associate Hospital and approved by the Medical Director, who is responsible for upholding the System services and programs at the Associate Hospital.

Participating Hospital

Any hospital located within the geographic service area of the EMS System may commit to being involved in the care and service of the prehospital patient population. Participating Hospitals are not able to provide Medical Control services.

EMS System Participants

A list of EMS System Participants is maintained online at <https://memorial.health/resource-hospital-agencies> for Memorial EMS.



Levels of Prehospital Care

Within EMS in Illinois there are several levels of provider licenses. As we in Illinois and in Memorial EMS move toward the newer, nationally recognized license levels, protocols will be modified to reflect the following levels of service.

Emergency Medical Responder- This has historically been referred to as a First Responder (FR) or First Responder- Defibrillation (FR-D).

Provisional Emergency Medical Responder- This is the license for anyone who has successfully completed the Emergency Medical Responder course and is at least sixteen, but less than eighteen years old.

Emergency Medical Technician- This has historically been referred to as an EMT-B.

Registered Nurse- In limited rural areas, an RN may volunteer at a BLS level with limited additional training.

Advanced Emergency Medical Technician- This replaces the Illinois Emergency Medical Technician - Intermediate and aligns Illinois with NREMT certifications. Throughout this document the notation will include AEMT/EMT-I to recognize the recent merging of these two roles within the Memorial EMS Protocols.

Paramedic- This replaces the Emergency Medical Technician- Paramedic.

Additional Advanced Life Support Licenses- All of the following have the same scope of practice as a Paramedic in the Memorial EMS System.

Prehospital Registered Nurse- PHRNs are specific to Illinois and may not be able to transfer their license to other states.

Prehospital Physician's Assistant- PHPAs are specific to Illinois and may not be able to transfer their license to other states.

Prehospital Advanced Practice Nurse- PHAPN's are specific to Illinois and may not be able to transfer their license to other states.

Emergency Communications Registered Nurse- the ECRN is an RN, typically in the Emergency Department, who is licensed both to receive report, but also to give orders within the scope of the EMS Protocol.

Expanded Scope- Refers to additional training and capacity needed by EMS in order to appropriately transport patients from one facility to another. Expanded scope is the first of three levels of capacity defined as Critical Care Transport. Expanded Scope does not refer to or limit a hospital from providing their own staffing to assist with transport of a patient from their facility.

Agency Responsibilities

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 three major areas: **Operational Requirements**, **Notification 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). The following additional allowances may be available.
 - a. Alternate staffing for private ambulance providers and alternate rural staffing, as per 515.830
 - b. In field upgrade, as per 515.827 and 515.833.
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).
 - a. Memorial EMS Requires protocol competency for all providers and system-based competency checks (protocol testing) are required for all providers above the level of Emergency Medical Responder. Protocol testing is offered several times per month with dates and locations listed on the Memorial EMS websites.
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 prior 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 also 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.
8. Vehicle Service Providers are reminded that they must notify their EMS System to, in turn, notify IDPH prior to deploying for any out of state deployment or emergency response.

Agency Responsibilities

Notification Requirements

An agency participating as an EMS provider in the Memorial EMS System must notify the Resource 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. Notify the System of any changes in medical equipment or supplies. Prior System approval is required for all new equipment.
6. 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. This applies to both ambulances and non-transport units.
7. Notify the System **PRIOR** to any changes in agency role.
8. Notify the System if the agency's response area changes.
9. Notify the System if changes occur in capacities or equipment.
10. Notify the System of any Line of Duty Death. A Line of Duty death is defined as any death resulting from symptom onset within 24 hours of a response. The EMS System is required to notify IDPH of such situations. If at all possible, notification should occur within 24 hours.

Agency Responsibilities

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.
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.
 - a) Names;
 - b) 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.
 - c) 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;
 - d) Phone numbers;
 - e) Fax numbers;
 - f) Electronic mail addresses;
 - g) Social Security numbers;
 - h) Medical record numbers;
 - i) Health plan beneficiary numbers;
 - j) Account numbers;
 - k) Certificate/license numbers;
 - l) Vehicle identifiers and serial numbers, including license plate numbers;
 - m) Device identifiers and serial numbers;
 - n) Web Universal Resource Locators (URLs);
 - o) Internet Protocol (IP) address numbers;
 - p) Biometric identifiers, including finger and voice prints;
 - q) Full face photographic images and any comparable images; and
 - r) 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.

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.

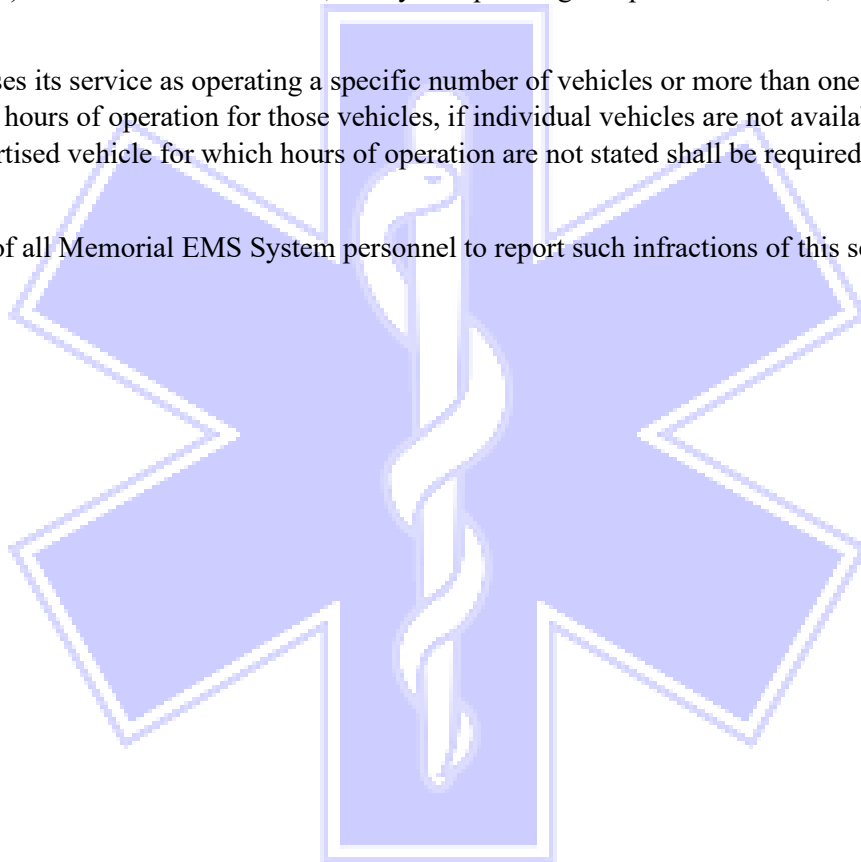
No agency (public or private) shall advertise or identify their vehicle or agency as an EMS life support provider unless the agency does, in fact, provide service as defined in the EMS Act and has been approved by IDPH.

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



Waiver Requests

If compliance with IDPH Rules and Regulations or the Memorial EMS System Policies results in an unreasonable hardship, the EMS provider agency shall petition the Memorial EMS System and IDPH for a temporary rule waiver. Request of a waiver is no guarantee that a waiver will be granted.

To apply for a waiver, the provider should submit the most applicable IDPH waiver form to the EMS Medical Director. If requesting a waiver of a System requirement, a letter from the agency outlining the request and plan of action to address the situation should be provided.

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.** The length of the waivers may vary within the allowances of the Administrative Code.

