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# I. PREHOSPITAL R.N. DEFINED

A "Prehospital Registered nurse (PHRN) is a registered professional nurse licensed under the Illinois Nursing Act who has successfully completed supplemental education in accordance with rules adopted by the Department pursuant to the Act and who is approved by an EMS Medical Director (EMS MD) to practice within an EMS System as emergency medical services personnel for pre-hospital and inter-hospital emergency care and non-emergency medical transports" (Section 3.80 of the Act). This individual was formerly called a Field RN.

## II. POLICY

- A. The practice of Emergency Medical Services (EMS) Medicine is complex, dynamic, and diverse. This practice is historically built upon the domains of education, certification, and licensure (NAEMSP & NREMT, 2016). The provision of EMS care requires a specialized body of knowledge and skills. Therefore, all persons licensed or recognized by IDPH to provide prehospital Advanced Life Support (ALS) services must demonstrate the same minimum mastery of cognitive objectives and psychomotor skills as set forth in the U.S. National EMS Education Standards for Paramedics, irrespective of professional credentials, i.e., Paramedic or PHRN.
- B. EMS providers acquire the cognitive knowledge and psychomotor skills of entry level competence through completion of accredited education programs. Curricula standards for such programs are commonly based on such benchmarks as the National EMS Education Standards and the National EMS Scope of Practice model. While such models identify the range of skills and roles that EMS providers at specified certification levels should be able to perform, they do not authorize the local practice of EMS medicine. Authorization to practice is a function of state licensure and local credentialing by the EMS physician medical director (NAEMSP & NREMT, 2016).
- C. The process of credentialing specifically involves the attestation by an EMS physician medical director that the EMS provider possesses required competencies in the domains of cognitive, affective, and psychomotor abilities. These aptitudes must be shown in the application of clinically oriented critical thinking, particularly in situations germane to that organization's local practice of EMS medicine. Both the initial and ongoing assessments of these competencies are important components in verification of the provider's continued competence (NAEMSP & NREMT, 2016).
- D. Illinois EMS Rules require a PHRN candidate to complete an education curriculum formulated by an EMS System and approved by IDPH, which consists of classroom and practical training for both the adult and pediatric populations, including extrication, telecommunications, and prehospital cardiac and trauma care (Section 3.80(c)(1)(A) of the Act). They must also complete a supervised field internship as authorized by the EMS MD.

### III. PROCEDURE

Nurses desiring to be approved as a PHRN shall complete the following:

### A. **Prerequisites**

- Registered nurse with current Illinois license in good standing in accordance with the Illinois Nurse Practice Act (PROFESSIONS, OCCUPATIONS, AND BUSINESS OPERATIONS (225 ILCS 65/) Nurse Practice Act (225 ILCS 65/Art. 60 heading);
- 2. Current healthcare provider CPR card through the AHA or a recognized affiliate;
- 3. Minimum of one year clinical practice in emergency or critical care nursing; and
- 4. Written approval to ride with for field internship purposes, or evidence of employment by, an approved ALS Provider Agency.
- 5. Liability insurance coverage
- 6. Healthcare insurance coverage

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- 7. PHYSICAL EXAMINATION signed and dated by a qualified health care practitioner (PCP) within a year of beginning class or current with hospital employer physical exam requirements
- 8. Clean Universal 10 panel Urine Drug Screen unless cleared by healthcare employer
- 9. Clear criminal background check unless exempt by policy.

# B. Didactic component

- Prior nursing knowledge and clinical experience may prepare a PHRN candidate to challenge out of selected portions of the course through successful performance on topic-specific competency tests. Students will be offered the option of taking clep exams covering EMS didactic content generally offered in an approved nursing curriculum. Scores of \_\_\_\_\_% or higher on each topical exam will exempt the student from attending those lectures in the Paramedic course.
- 2. Certain principles required for prehospital ALS practice are not included in an RN's education program, so must be obtained and mastered through the Paramedic and/or other course offerings. These topics include, but may not be limited to:
  - a. Introduction to EMS; roles and responsibilities of EMS personnel
  - b. Medical/legal issues in EMS; EMS communications
  - c. EMS Documentation using the local electronic reporting system
  - d. Scene control and patient assessment in the out-of-hospital environment; including specific EMS stroke, STEMI, sepsis, and trauma screens and alerts.
  - e. Application of sensors and interpretation of capnography waveforms and numeric results
  - f. Basic and advanced airway adjuncts and EMS oxygen delivery devices
  - g. Cardiac monitoring (including interpretation of 12L ECGs) and dysrhythmia management; out-of-hospital cardiac arrest management
  - h. Pleural decompression
  - i. Emergency childbirth, newborn resuscitation
  - j. Hazardous materials response and containment; rescue techniques; multiple patient incident triage and management
  - k. Patient access and conveyance options; and
  - I. System policies.
- 3. Applicants should contact the local EMS System Coordinator for full details regarding course requirements, challenge exams and approved equivalencies.

# C. **Psychomotor component**

PHRN candidates must complete all mandatory skill competency labs/exams. Mandatory skill competencies shall include, but may not be limited to the following:

- 1. Patient assessment: Adult, pediatric, and infant
- 2. BLS and ALS Airway access: Positioning; BLS adjuncts, methods of intubation and alternate airways authorized within the local EMS System; methods of cricothyrotomy authorized within the local EMS System.
- 3. O<sub>2</sub> delivery/ventilatory support: Use and maintenance of portable O<sub>2</sub> cylinders; NC, NRM, BVM; CPAP devices; automated ventilation devices if locally approved.
- 4. Cardiovascular support: Wound packing using hemostatic gauze, application of tourniquets; intraosseous access (using local approved devices and access locations); cardioversion, defibrillation, transcutaneous pacing; and cardiac arrest management using pit crew or other locally approved approach.
- 5. Drug doses and administration as locally approved by the EMS MD.
- 6. Spine precautions per local protocols and using locally approved devices: KED, scoop stretchers, long/short spine boards, protective equipment removal

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- 7. Splinting techniques using EMS equipment: limb splints, traction splints; pelvic binding
- 8. Misc.: Pleural decompression and others as required by the local EMS MD

## D. Hospital clinical component

All PHRN candidates must complete **or show prior demonstrated competence** in the following clinical areas meeting the current knowledge objectives and patient care contacts listed in the Paramedic/PHRN Clinical Instruction Plans in the following hospital units within the last 24 months:

a.	Emergency department	-	hours
b.	OR (intubation)	-	hours
c.	OB	-	hours
d.	Peds	-	hours

- E. **Field internship**: PHRN candidates shall meet the same prehospital internship outcome requirements as paramedic students in a field internship to be defined and approved by the local EMS MD.
- F. **Local PHRN assessment and measurement**: Applicants must successfully complete all didactic requirements including paramedic course written and practical exams as defined and approved by the local EMS MD.
- G. **PHRN recognition:** When all course objectives and requirements are met, the Resource Hospital shall approve the PHRN candidate to take the State Paramedic exam. Successful completion of that exam shall constitute a recommendation to license them as a PHRN in Illinois.
- H. **Records maintenance:** A PHRN shall notify their EMS System(s) and IDPH within 30 days after any change in name, affiliation, or address per local policy.
- I. **77 III Adm.** Code 515.190(c) requires "all licensees and certificate and permit holders under the Act shall report all new felony convictions to the Department within seven days after conviction. Convictions shall be reported by means of a letter to the Department".
- J. **PHRN recertification:** Recertification is required every four years. A PHRN shall maintain their credential in the same manner as a Paramedic.
- K. **Certificate expiration**: The certificate of a PHRN who has failed to file an application for renewal shall terminate on the day following the expiration date shown on the license.
- L. **REQUESTS FOR EXTENSION:** Recognition as a PHRN may be extended by IDPH only when appropriate documents substantiating hardship is provided in writing accompanied by a recommendation from the EMS MD. To request an extension, complete and submit the IDPH EMT Extension Form to the NWC EMSS office for processing with IDPH.
- M. INACTIVE STATUS: Prior to the expiration of the current approval, a PHRN may request to be placed on inactive status. The request shall be made in writing on the IDPH Inactive/Reactivation Form. Submit the form to the local Resource Hospital EMSS office for review and processing with IDPH. The form shall contain a statement that explains the reasons for requesting inactive status and must be accompanied by the current PHRN license (copies not accepted by IDPH). IDPH will review and grant or deny requests for inactive status. If approved, the nurse may not function as a PHRN.

# Reference:

NAEMSP and NREMT. (2016). Clinical credentialing of EMS providers: A joint position statement of the National Association of EMS Physicians®. Accessed on line: <u>www.nremt.org</u>