### Northwest Community EMS System

### **POLICY MANUAL**

1/1/20

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| A-2*       | Use of Aeromedical Transport Vehicles  | 1/1/14      |
| A-3*       | ALS vs. BLS Services/Care/Scopes of Practice   | 6/1/19      |
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| C-7*       | Confidentiality of Patient Records (HIPAA compliance)  | 2/1/16      |
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| D-1        | Due Process: System Disciplinary Action (Suspensions)  | 1/1/16      |
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| D-3*       | Approving/Issuing/Exchanging Drugs and Supplies  | 2/1/16      |
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| D-5*       | Illinois POLST form and Advance Directive Guidelines   | 12/1/16     |
| D-7        | Emergency Medical Dispatcher   | 7/1/10      |
|            |  |             |

<sup>\*</sup> Minimum policies to have in each ambulance or accessible electronically

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| E-3        | Entry into the Northwest Community EMS System  | 6/1/19      |
| E-5*       | Code of Ethics   | nerg Nurses |
| E-6*       | Episodic Mass Gathering Events   | 9/1/01      |
| E-7        | Emergency Communications Registered Nurse (ECRN)   | 7/16/18     |
| F-1        | First Responder/Emergency Medical Responder (EMR)  | 7/1/10      |
| G-1        | Grievance Recourse Request for Clarification/Reporting Complaints RFC form RFC investigation template (12/1/15       | 1/1/14      |
| G-2        | Grievance Recourse: System Review Board  | 1/1/20      |
| G-3        | Grievance Recourse State EMS Disciplinary Review Bd  | 7/1/03      |
| I-1        | Inactive Status (Inactivation and Reactivation requests)   | 12/1/16     |
| I-2*       | Infection Control Measures/Communicable Disease Follow-up  |             |
|            | <ul> <li>I2 Appendix – follow up of exposure events/DICOs</li></ul>  | 6/1/11      |
| I-3*       | Invalid Assists  | 2/1/19      |
| I-4*       | Impaired behavior and Fitness for Duty   | 1/1/20      |
| L-1        | Patients in Law Enforcement Custody  | 10/1/17     |
| L-2*       | Safe Ambulance Operation: Use of Lights and Sirens   | 4/1/04      |
| M-2        | Mandatory Reviews  |             |
| M-4*       | Medical Examiner/Coroner Guidelines  |             |
| M-6*       | MICP Physician Back-Up for ECRNs   |             |
| M-8*       | Medical Device Failure/MalfunctionSystem report form (3/28/17)  FDA report forms 3500 Voluntary and 3500 A Mandatory | 4/1/17      |

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| 0          | IPDH non-transport vehicle system plan amendment form (IDPH web Alternate response vehicle BLS inspection form (IDPH website) Alternate response vehicle ALS inspection form (NWC EMSS)   |             |
| O-1*       | Overrides: Procedure and Form   | 7/1/10      |
| P-1        | Preceptors: Paramedic/PHRN/ECRN   |             |
|            | Application for PM/PHRN Preceptor status (updates annually – see System vebsite)  |             |
| P-2*       | Physician/Nurse On Scene  | 7/1/05      |
| P-3*       | Interaction with Police/Crime Scene Responses   | 7/1/05      |
| P-4        | Prehospital R.N.  | 7/1/10      |
| P-5        | System Plan Agreements  |             |
| . •        | IDPH EMS Provider System application form (See IDPH website for a Associate Hospital System Application   |             |
|            | IDPH Ambulance inspection renewal notice (IDPH website)   |             |
|            | IDPH Ambulance inspection criteria and form (IDPH website)  |             |
| P-6        | System Plan Amendments: Providers   | 7/1/05      |
| 5 -        | IDPH Sys-Mod form (See IDPH website for current form)   | 0/40/40     |
| P-7        | Peer Educator I –IV/Illinois Lead Instructor  |             |
| R-1        | Relicensure/Reinstatement/Dropping to lower level of licensure: EMT/PM IDPH license renewal notice - See IDPH website for all forms IDPH Request for Reinstatement form IDPH Extension form IDPH Independent renewal request form | /PHRN9/1/17 |
| R-2        | Review and Maintenance of EMS Personnel Files   | 7/1/05      |
| R-5        | Recertification: ECRN (deleted and combined with E7   |             |
| R-6*       | Refusal of Service  | 3/9/18      |
|            | Release of liability forms English and Spanish  |             |
| R-7*       | Reportable Incidents  | 7/1/10      |
| S-1*       | Stress Intervention / CISM  | 7/1/10      |
| S-2        | Specialized EMS Vehicles  | 5/1/05      |
| S3         | ALS/BLS Staffing requirements (formerly M5)   | 12/1/16     |
| T-1*       | Triple Zero/Non-Initiation of CPR   |             |
| T-2*       | Patient Transport/Selection of Receiving Facility   |             |
| V-1        | Variance/Waiver Request   |             |
|            | Variance form- NWC EMSS   |             |
|            | Waiver request form – IDPH- see IDPH website  |             |
| V-2*       | Violence: Suspected Child Abuse and Neglect   | 2/1/16      |
|            | Mandated reporter acknowledgment form (Cants 22 8/13) Child Abuse report form (Cants 5)   |             |
|            | Medical and non-medical indicators for suspected child abuse and ne   | •           |
| V-3*       | Violence: Suspected Elder Abuse and Neglect   |             |
| V-4*       | Violence: Domestic  | 3/1/96      |
|            | Domestic Violence Suggested History Questions   |             |
|            | Domestic Violence Physical Exam Guidelines  Domestic Violence Resource Information to give to patient   |             |
|            | Barriers facing healthcare providers from asking about domestic viole   | ence        |