Northwest Community EMS System

POLICY MANUAL

1/18/23

TABLE OF CONTENTS

| Policy No. | Title | <u>Implemented</u> |
|------------|--|--------------------|
| A-1* | Patient Abandonment | 3/12/15 |
| A-2* | Use of Aeromedical Transport Vehicles | |
| A-3* | ALS -EMR Services; Police Dogs Service Dogs | 1/12/23 |
| A-4 | Use of Automated External Defibrillators | |
| B-1* | Hospital Resource Limitation/Ambulance Bypass | 11/11/22 |
| C-1 | State Licensure as an EMT or PM | 7/1/10 |
| C-2 | Continuing Education Policy | 11/14/19 |
| C-3* | Crisis Response Plan Medical SurgeSystem-wide Crisis forms Resource & Associate Hospitals | 10/1/04 |
| C-5 | Commendations/Certificate of Merit | 4-1-13 |
| C-6* | EMS Controlled Substances Program | 3/1/20 |
| C-7* | Confidentiality of Patient Records (HIPAA compliance) | 2/1/16 |
| C-8* | Communications Policy | 12-27-22 |
| C-9 | Documentation of EMS Communications Log | 7/1/14 |
| D-1 | Due Process: Corrective coaching/Disciplinary Action Final Written Warning template | 3/10/22 |
| D-2* | Drug Replacement: soon to expire, outdated or damaged | 5/1/05 |
| D-3* | Drug-Pharmacologic Mgt: Approval, Issuing, Storage, Exchange, Disposal, Reporting . Sample notice of ambulance restocking program Latex-free supplies (Drug & Supply List) Drug & supply list - ambulances (Obtain latest edition from System web Drug & supply list - alternate response vehicles (See Policy M9) | |
| D-4 | Documentation of EMS Medical Records; Data Collection/Reporting/Submis | ssion e12/1/16 |
| D-5* | Do Not Resuscitate Practitioner Orders for Life Sustaining Treatment (POI Advance Directives Healthcare Power of Attorney status | |
| D-7 | Emergency Medical Dispatcher | 7/1/10 |
| | | |

^{*} Minimum policies to have in each ambulance or accessible electronically

Northwest Community EMS System

POLICY MANUAL

1/18/23

TABLE OF CONTENTS - cont.

| Policy No. | Title | mplemented |
|--------------|---|-----------------|
| E-1* | Emotional Illness and Behavioral Health Emergencies Prehospital use of restraint | 10/18/21 |
| E-2* | Nondisposable Equipment Exchange | 1/1/14 |
| E-3 | Entry into the Northwest Community EMS System | 1/12/23 |
| E-5* | Code of Ethics Behavioral Expectations | lurses dents |
| E-6* | Episodic Mass Gathering Events | 9/1/01 |
| E-7 | Emergency Communications Registered Nurse (ECRN) Education/Licensure/CE/Relicensure/Extension/Inactive status | 7/16/18 |
| F-1 | First Responder/Emergency Medical Responder (EMR) | 7/1/10 |
| G-1 | Grievance Recourse Step 1: Request for Clarification/Complaint Investigation RFC form EMS QI Review / Complaint investigation form (3/2022) | 3/10/22 |
| G-2 | Grievance Recourse: System Review Board | 1/12/23 |
| 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 | 1/1/16 |
| | I2 Appendix – DICO listing for NWC EMSS | |
| | I2 Appendix – follow up of exposure events/DICOs | 6/1/11 |
| | I2 Request for Exposure Determination (1-1-16) | |
| | I2 Request Source Pt Testing Form (3/13) | |
| | I2: Cook County Dept. of Public Health Reportable Diseases | |
| I-3* | Invalid Assists | |
| I-4* | Impaired behavior and Fitness for Duty | |
| L-1 | Law Enforcement on scene Patients under custody | |
| P-3* | Interaction with Police/Crime Scene Responses | |
| L-2* | Safe Ambulance Operation: Use of Lights and Sirens | |
| M-2 | Mandatory Reviews | |
| M-4* M-6* | Medical Examiner/Coroner Guidelines | |
| M-8* | MD/Physician Back-Up for ECRNs | |
| IVI-O | System report form (3/28/17) FDA report forms 3500 Voluntary and 3500 A Mandatory | 4/1/10 |
| M-9* | MedEngines/Alternate response vehicles | |

Northwest Community EMS System

POLICY MANUAL

1/18/23

TABLE OF CONTENTS - cont.

| Policy No. | Title | Implemented |
|------------|--|-------------|
| O-1* | Overrides: Procedure and Form | 7/1/10 |
| P-1 | Preceptors: Paramedic/PHRN/ECRN | 3/14/19 |
| | Application for PM/PHRN Preceptor status (updates annually – see System | website) |
| | Preceptor agreement (updates annually – see System website) | |
| P-2* | Independent Physician/Nurse On Scene | 7/1/05 |
| P-4 | Prehospital RN (PHRN) | 12/1/21 |
| P-5 | System Plan Agreements | |
| P-6 | System Plan Amendments: Providers IDPH Sys-Mod form (See IDPH website for current form) | 7/1/05 |
| P-7 | Peer Educator I –IV/Illinois Lead Instructor | 9/12/19 |
| R-1 | Relicensure/Reinstatement/Dropping to lower level of licensure: EMT/PM/PH IDPH license renewal notice - See IDPH website for all forms IDPH Request for Reinstatement form IDPH Extension form IDPH Independent renewal request form | RN7/1/19 |
| R-2 | Review and Maintenance of EMS Personnel Files | 7/1/05 |
| R-3 | Relinquished Newborn (formerly A-5) | 1/1/10 |
| R-6* | Patient Choice and Refusal regarding Treatment, Transport or Destination Release of liability forms English and Spanish Consent for treatment of minors | 3/9/18 |
| R-7* | Reportable Incidents Sentinel event reporting | 1/18/23 |
| S-1* | Stress Intervention / CISM | 7/1/10 |
| S-2 | Specialized EMS Vehicles | 5/1/05 |
| S3 | EMS Staffing requirements (formerly M5) | 2/1/22 |
| T-1* | Triple Zero/Non-Initiation of CPR | 1/1/07 |
| T-2* | Patient Disposition/Transport/Selection of Receiving Facility | |
| V-1 | Variance/Waiver Request Variance form- NWC EMSS Staffing variance request form IDPH Waiver request form – IDPH- see IDPH website | |
| V-2* | Violence: Suspected Child Abuse and Neglect | |
| V-3* | Violence: Suspected Elder Abuse and Neglect | |
| V-4* | Violence Abuse: Domestic/interpersonal (Aduls) 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 violence | |