

Policy Title: **CONTINUING EDUCATION**No. **C - 2**

Board approval: 3/9/23

Effective: 3/16/23

Supersedes: 11/14/19

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References: (210 ILCS 50/) Emergency Medical Services (EMS) Systems Act; EMS Rules 515.330 I), G, & H eff. effective December 16, 2022; 560, 580, and 590 (Eff. September 20, 2018); DPH Powers and Duties Law of the Civil Administrative Code of Illinois Section 2310-710 a

I. Illinois and EMS System required CE hours

- A. "CE hours shall consist of EMS System-approved in-services, Department-recognized college health care courses, online CE courses, seminars and workshops, addressing both adult and pediatric care. The System shall define in the Program Plan the number of CE hours to be accrued for relicensure. No more than 20% of those hours may be in the same subject." IDPH Rules Section 515.590.
- B. **CE content** will be driven by educational needs as identified by quality improvement metrics, EMS MD request, IDPH and NREMT requirements, the National EMS Education Standards, and requests by System members/educators. Classes shall be designed to foster mastery learning, higher order thinking and active engagement by participants using student-centered learning methods.
- C. **Pediatric education** continues to be of great importance with national benchmarks that should be met under the EMSC program. **Illinois recommends 16 hours in 4 yrs.** Topics include: Peds, Neonatology, Gynecology and Obstetrics IDPH CE Requirements (5/16).
- D. For license renewals occurring on or after January 1, 2023, EMS personnel must complete at least a one one-hour course on the diagnosis, treatment, and care of individuals with **Alzheimer's disease** or other dementias per license renewal period. This training shall include, but not be limited to, assessment and diagnosis, effective communication strategies, and management and care planning. Public Act 102-0772 <https://www.ilga.gov/legislation/publicacts/102/PDF/102-0772.pdf>

CE hours required	IDPH	NWC EMSS
EMR	24 hrs in 4 yrs	6 hrs/yr – 24 in 4 yrs
EMT	60 hrs in 4 yrs	20 hrs/yr – 80 in 4 yrs
PM/PHRN/PHAPRN/PHPAs	100 hrs in 4 yrs	30 hrs/yr – 120 in 4 yrs
ECRN	32 hrs in 4 yrs	8 hrs/yr – 32 in 4 yrs
TNS	64 hrs in 4 yrs	64 hrs in 4 yrs
IDPH Lead Instructors	40 hrs/4 yrs (20 Ed.-related)	10 hrs/yr (5 Ed.-related)

- E. **Required hours (IDPH vs. NWC EMSS):** Minimum hours to be completed by each level of licensee to maintain practice privileges in the NWC EMSS unless prior authorization has been granted by the EMS MD or the practitioner is primary in another System:
- The System-required CE hours for EMTs, PMs, PHRNs, PHAPRNs, and PHPAs exceed State-required hours and align with those required by the NREMT.
 - Annual-required hours shall be earned in accordance with System policy within an **academic year extending from July 1 to June 30.**
 - Prorating hours in first year of licensure:** Only CE completed after the date of initial licensure is required or accepted and hours for the first year shall be prorated per month subsequent to the date of original licensure.
- F. **PMs/PHRNs/PHAPRNs/PHPAs primary in another System** with secondary privileges in the NWC EMSS: Must complete a minimum of 15 hours of NWC EMSS-specific CE/year (In-station classes), including all mandatory classes and competency measurements.
- G. **EMTs primary in another System** must complete a minimum of 10 System-approved CE hours each year including all mandatory classes and competency measurements.

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- H. All System members shall complete required transition education for updates to National EMS Education Standards by deadlines determined by IDPH and the EMS MD (EMS Rules).
- II. **Prior approval of class offerings**
- A. **IDPH SITE CODES:** All pre-planned classes (System and agency sponsored) shall be preapproved by IDPH and assigned a site code number per IDPH policy for EMS personnel to receive CE credit. An **IDPH Training Program Application form** is available on the IDPH website and shall be submitted by the lead instructor to the NWC EMSS Administrative Director at least 65 days prior to the first day of the scheduled class. Qualifications of instructors shall be consistent with EMS Rules Section 515.700 and System policy. See the System website (www.nwcemss.org) for instructions on submitting site code request forms.
- B. Alternate pre-approval of EMS-related CE classes may be obtained from the Commission on Accreditation for Prehospital Continuing Education (CAPCE). See <https://www.capce.org/>
- III. **REVIEW and VERIFICATION OF CE HOURS | Annual Competency Validations**
- A. *The EMS MD or designee of the EMS System [member's] primary affiliation shall verify whether specific CE hours meet the criteria for educational credit towards active status or renewal purposes required by Section 515.590(a)(2)(B).*
- B. **Verification of attending System-sponsored CE**
- Records shall be maintained by each agency using the system provided CE Record (generally kept in a 3-ring binder at the Provider Agency)-that the in-station Peer IV educator signs in colored ink after each visit and may be supplemented by agency-specific electronic documentation. These records will be provided to the HEMSC / Educator when reviewing annual CE hours.
 - All participants must sign in with a legible signature on the session attendance roster. The System approved educator will also sign the CE roster to verify completion of the class and the hours granted. Copies are to be forwarded to the Resource Hospital EMSS office, Provider Agency, and assigned HEMSC/educator no later than two weeks after the class is offered.
 - If attending class at an agency/hospital where the individual is a guest, the participant must also complete the "Half sheet" CE form. After signing the form, the approved educator shall return one copy to the participant and one to the appropriate Provider or HEMSC no later than two weeks after the class is offered. Initial notification can occur electronically.
- C. **Verification of attendance at Non-System offerings:** Dates, times, topics, site code, CE awarded and those in attendance must be verified with legible names and original signatures of the participants and educator on some form of a roster that must be scanned and saved for archival purposes. Participation may then be logged into an electronic learning management system for data purposes. Rosters (original or electronic) must be submitted by the sponsoring agency with accompanying site code and the written or official electronic signature of the lead instructor or PEMSC verifying participant attendance to the assigned HEMSC/educator during the annual CE verification audits. Such verification shall list the participants' names, date of class completion, class topic, and hours awarded and instructor. The agency shall be responsible for keeping class rosters with original signatures from all participants.
- D. **Timing of record reviews:** All annual CE and competency validations must be completed and documentation jointly reviewed and verified by the assigned HEMSC/educator and PEMSC by June 30 each year unless an alternate date is approved by the EMS MD. CE hours may be reviewed more frequently at the discretion of the HEMSC/educator.
- E. **Notice of nonconformity:** Any deficiencies shall be noted and submitted in writing to the PEMSC who shall forward the notice to the EMS practitioner.

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- F. **Due process and consequences of non-compliance:** Failure to complete all annual CE and competency validation requirements on time without an extension or variance preauthorized in writing from the NWC EMSS office is considered non-compliance with System requirements and will provide grounds for a suspension of System EMS privileges in accordance with System policy D1- Due Process/Suspensions.
- G. **EMS practitioners shall maintain copies of all documentation concerning CE programs or activities that they have completed for a period of not less than four years (EMS Rules 515.580g).** Each is accountable for maintaining their license and meeting and maintaining records of all relicensure requirements including required CE. Although CE records/sign-in sheets are kept at each Provider agency and assigned hospital during the academic year, each EMS clinician is responsible for keeping copies of their own CE records if they attend class outside of their EMS agency, change employment, or leave the System.

IV. Options for accruing CE hours in the NWC EMS System

A. **In-station classes**

1. **Attendance requirements:** The System strongly recommends that EMS licensees attend all live Instation CE offering (10/year). However, this is not always possible. Therefore, one nonmandatory class per academic year may be missed entirely and does not need to be made up for credit.
2. **Classes are designed for two hours of instructional time.** Full CE will be awarded as long as no more than 30 minutes (25% of the content) is missed due to calls. Providers and educators are asked to block 3 hours of time for each class to accommodate late starts, calls or interruptions. Classes that run longer than 2 hours (unrelated to breaks or calls) shall be granted full hour for hour time by the educator.
3. **Approved faculty:** Peer IV educators. CE with a heavy skills focus or specialized content may be conducted by an approved Peer II or above educator or one with subject matter expertise as determined by the EMS MD on a class by class basis.
4. **Instructor-student ratios:** Classes in which new mandatory skills are introduced or skill competencies are measured are limited to a student instructor ratio of 10:1 unless an exception is approved by the EMS MD. If class size >10 persons, an additional Peer Educator as determined by the EMS MD must be requested/ approved in advance and additional equipment made available for two simultaneous lab stations.
5. **Missed (completely or partially) in-station classes:**
 - a. System members are **held to knowing and applying the information contained in EVERY CE CLASS** as an expectation of ongoing System privileges. Thus self-study of missed content is necessary. Even the first missed class may be made up for credit at the individual's discretion.
 - b. Licensees who miss up to 3 non-mandatory classes/year must make up at least 2 of them up through a method specified below.
 - c. **Make-up options:** Classes totally or partially missed (> 30 min class time)
 - (1) Attend a live CE offering or the entry level paramedic, ECRN or TNS courses covering the same topic. Call the EMSC of the host in advance to confirm class schedule and visitor policy. See System website for Directory (About us tab) and Education tab for CE calendar - www.nwcemss.org .
 - (2) Credit questions
 - d. Participants who missed >30 minutes of class due to calls on more than 3 occasions or were a guest at an Agency whose CE was cancelled due to calls and are unable to attend another CE class, shall not be penalized for

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a missing a "live" offering. They may complete the Credit Questions or attend another offering as stated above. This will be monitored for trends and evaluated on a case-by-case basis by the Hospital EMSC/educator and the System. **Make up options are not intended to be a way of avoiding attendance at live classes.**

- e. **Credit Questions:** Up to three non-mandatory classes may be made up each academic year by submitting the class Credit Questions to your assigned HEMSC/educator. If >3 classes are missed for compelling reasons (extended medical LOA, active military deployment, inactive status, or personal crisis situations) the individual can request a waiver seeking to complete additional Credit Question packets or to attend alternate live classes to the EMS Administrative Director.

(1) **Submission and timing:**

- (a) The original hand-written document may be scanned and submitted as a PDF email attachment or be submitted via fax, mail, or personal service, but must be easily readable. Submit to the HEMSC/Educator assigned to your agency.
- (b) **Due dates:** No later than 31 days after the date of posting to the System website.
- (c) **Extensions granted w/o late fee:** Those on medical LOA, active military deployment, Inactive status, or other extenuating circumstance approved by the EMS MD or his designee as long as a system waiver is submitted and approved in advance.
- (d) Retain a copy of submitted packets for your records.

(2) **Scoring and credits awarded:**

- (a) Full credit (2 hrs) if score is 80% or greater
- (b) If scored <80%: the packet shall be returned for completion/correction and no credit awarded. Corrected questions may be resubmitted one time within two weeks of receiving the returned packet. If score is ≥80%, full credit will be awarded.

(3) **Grading FEES:** First packet/yr = No fee. There is a \$10 grading fee for each subsequent packet submitted **on time**.

FEE WAIVED: Packets submitted by those on active military deployment, persons on or returning from extended medical LOA, or compelling adverse personal circumstances.

(4) **Late fee: Credit questions** submitted >31 days after posting require a \$25 late fee (in addition to the \$10 grading fee if applicable) paid in advance by cash or check payable to the hospital to which the questions are being submitted unless an exemption applies as stated above.

- f. The skill component of CE classes may be made up by a Peer Educator as approved by the EMS MD on a skill by skill basis or by attending a lab covering that skill in the PM or a make-up class scheduled by the System.

B. **Agency sponsored/offered education/**

1. System agencies are encouraged to conduct CE to supplement the In-Station program. Provision of agency-sponsored CE is voluntary except for the annual competency validations delegated to the agencies to complete. Agency-offered

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classes DO NOT replace the in-station classes that must be completed annually.

2. All preplanned agency-offered CE designed to meet EMS relicensure requirements in addition to the annual competency validations, must be submitted by an Illinois EMS Lead Instructor and approved for an **IDPH site code number** by the EMS Administrative Director, and EMS MD. See Section II.
3. Class content can be based on agency needs, must be based on the National EMS Education Standards and may be shared with other NWC EMSS Providers per the authoring agency's discretion.
4. Skill practice and competency measures shall be based on the EMS practitioner's scope of practice and the System Procedure Manual.
5. **Approved educators/preceptors:** The agency may use approved Peer Educators and/or appropriately credentialed educators (DICOs, CPR Instructors) in compliance with the P7 – Peer Educator policy. **Individuals may not assess or verify their own skill competency.**

C. ANNUAL COMPETENCY VALIDATIONS: delegated to EMS Agencies to complete

1. **Advanced airways (ALS practitioners) (since 1-17): DAI (videolaryngoscopy + bougie) + i-gel** insertion in context of a scenario
 - a. **Timing:** At least quarterly. Advanced airway skills incorporated into an in-station class and documented on System-approved skill sheets shall count towards a quarterly assessment. Remaining validations may be accomplished in a provider's classroom, a hospital clinical unit, a cadaver lab, or simulation lab provided that skill competency is fully documented in compliance with the System procedure manual forms.
 - b. **Approved instructors:** Current Peer II, III, or IV educator or a qualified physician or nurse anesthetist approved by the EMS MD.
 - c. **Maximum time awarded:** 0.5 hours per each assessment = 2 hours/year.
 - d. **Quarterly Advanced Airway skill completion rosters** for all agency members with ALS privileges must be submitted to the assigned HEMSC/educator by the end of the month following the quarter in which the competency should be measured, See the annual EMS CE Didactic Form for the quarterly assignments. PEMSCs and HEMSC/Educators shall audit files to ensure assessment forms are present and accurately completed.
 - e. **Remediation plan:** The EMS MD or designee may require that clinical time be completed in a hospital setting under supervision if an individual's skill level is questioned due to trended QI data or a sentinel event.
2. **CPR**
 - a. **Requirement:** EMS practitioner is affirmed annually as having been examined in writing and performed satisfactorily without critical error on a manikin so as to be deemed competent in each of the following:
 - (1) Adult one and two-rescuer CPR | Adult obstructed airway
 - (2) Child CPR | Child obstructed airway
 - (3) Infant CPR | Infant obstructed airway
 - (4) AED and/or defibrillation
 - b. **Approved instructors/evidence of compliance:** CPR instructor recognized by the American Heart Association (AHA) and affiliated with a Community Training Center (CTC). Each EMS practitioner must hold a current AHA CPR for Healthcare Provider card (electronic) showing the

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card expiration date. Copies of the card shall be shown to the assigned HEMSC/educator during annual CE verification. Providers are not required to issue new AHA CPR cards annually. Annual CPR competency assessment may be validated by awarding the System-specific CPR card during the second year of CPR recognition by the AHA.

- c. **Maximum time awarded:**
 - (1) **Provider:** Hr for hr up to 3 hrs yearly
 - (2) **Instructor:** Up to 4 hrs every 2 yrs for successful completion of a CPR Instructor or re-recognition course. The individual must submit a copy of the current instructor card to receive credit.
3. **Decisional capacity assessment / Risk assessment / Aggression mgt / Sedation / Restraint / Suicide screen / transport decision:** May be validated by a Peer II – IV educator. Demonstration of competency shall occur within a team-based simulation using the current System skill sheet. **Max time:** up to 1 hr/yr.
4. **Infection Control / Blood borne pathogens**
 - a. **Approved instructors:** DICO or Peer I – IV educator
 - b. **Requirement:** Bloodborne Pathogens course in compliance with the 2023 Occupational Safety and Health Administration (OSHA) regulation 29 CFR 1910.1030. **Online Training acceptable (1 hr).** See <https://www.nationaloshafoundation.com/>
 - c. Must also be refreshed on System-specific content in System Policy 12 Infection Control Measures/Communicable Disease Follow-up and all Appendix documents:
 - d. **Maximum time awarded:** Up to 2 hours/year
5. **Mandated Reporter status:**
 - a. May be validated by a Peer I-IV educator with subject matter expertise presenting IDPH content for Mandatory Reporting of Child and Elder Abuse and Neglect. Ensure that mandatory reporter forms are completed and on file for all EMS personnel.
 - b. Free online education available from DCSF: See <https://mr.dcfstraining.org/UserAuth/Login!loginPage.action>
 - c. Maximum time awarded: Up to 2 hr/year
6. **CHEMPACK Program & the State of Illinois CHEMPACK Plan/EMS Stockpile**
 - a. May be validated by a Peer I-IV educator with subject matter expertise
 - b. Instructional materials available on the IDPH website. See: <https://dph.illinois.gov/topics-services/emergency-preparedness-response/public-health-care-system-preparedness.html>
 - c. Maximum time awarded: Up to 1 hr
7. **EXTENSION REQUESTS:** System members who are on medical LOA, active military deployment, inactive status, or experiencing other compelling extenuating circumstance may submit an extension request to be approved in advance by the EMS MD or his designee. Extension requests may be submitted by the Agency PEMSC if the individual is unavailable to submit the request personally.
8. **Validation of completion and archiving assessment forms:**
 - a. Validation of completion/skill competency measurement shall be documented in writing on forms provided or approved by the NWC EMS System. Completion certificates awarded by national or state organizations sponsoring online modules linked within this policy are acceptable verification

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- b. All skill assessments must be done using the current Procedure Manual skills sheet as posted to the System website at the time the assessments are completed or forwarded to System members in an email. Each competency measurement must be dated and validated by a legible written or official electronic signature of the approved preceptor.
- c. The original forms shall be scanned into an electronic record for each member and archived for each member's current licensure period (at least four years of forms for each member).

V. **Additional options for accruing CE hours**

- A. **Audit of entry level EMT, Paramedic, ECRN or TNS courses:** Hr/Hr credit is awarded if subject matter is at the appropriate level for the participant's license. May not exceed 20% of total required hours in one subject area, e.g., cardiac, trauma, etc. May substitute for missed CE classes on a case by case basis if content is comparable. Class calendars are posted on the System website. Call in advance to ensure space availability,
- B. **Auto extrication:** Up to 4 hours/year if patient packaging (safe patient removal and preparation for transport is included. Attendance rosters with class dates, times, original signatures of participants and the instructor and verification of class content must be submitted by the Peer Educator and PEMSC to the assigned HEMSC/Educator.
- C. **Commercial CE:** Electronic digital media, journal articles with publication dates no longer than 5 years prior to the date of CE completion and **on-line options** (webinars and on-line offerings with subject matter found in the National EMS Education Standards). Examples include content sponsored by a governmental agency (infectious diseases, emerg prep); law firms (documentation; HIPAA); organizations or commercial offerings.

Hour-for-hour to a maximum of 10 hrs/yr will be granted for viewing system-approved distributed learning offerings on a wide variety of topics that have been approved by National EMS accrediting bodies. This limit may be increased by the EMS MD or his designee on an individual basis in situations of extreme extenuating circumstances such as extended LOA lasting ≥5 months or for compelling personal reasons. Verification of completion shall be submitted by the PEMSC to the HEMSC/Educator.
- D. **EMS conferences approved by CAPCE or medical or nursing accrediting body. Submit copy of agenda/program plus certificate of attendance. Hr for hr up to max content hrs.**
- E. **Meeting attendance: [Advisory Board, PBPI, CARS, R&D, Education, Cardiac Arrest committee members and alternates]:** Participants may be granted hour for hour time per meeting up to a maximum of 10 hours/year for active participation on the committee. Documentation of attendance will be confirmed by sign-in rosters.
- F. **Emergency preparedness:** Hr for hr up to 6 hours/year may be awarded for completing FEMA National Incident Management System (NIMS) Training, participating in emergency preparedness planning activities, and/or a System-recognized exercise and/or after action critique. Submit a letter from the drill director or the critique sign-in sheet documenting the hours of participation.
- G. **Hazardous Materials:** Hr for hr up to 6 Hrs/year may be awarded for completion of state site coded classes. No more than 20% of total annual CE hours may be accrued for some form of Haz mat training. To receive credit, submit a photocopy of the state certificate or a letter from the sponsoring agency. Up to 4 hrs may be awarded annually for agency-sponsored haz mat refresher training required by the state. CE credit will not be awarded in the same year as initial certification.
- H. **MIH Community PM, Critical Care PM; Wilderness EMS Training, TEMS; Rescue Task Force:** Hr/Hr for EMS content.

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- I. **Nationally recognized “Life Support” courses** (e.g. ABLS, ACLS, AMLS, ATLS, EMPACT, ITLS, NRP, PALS, PEPP (ALS), PHTLS etc.) - Provider level: Hr-for-hr up to 10 hours per initial course. To receive credit, submit a photocopy of the card awarded. Hour for hour up to 8 hrs will be recognized once every 2 years for renewal of an “LS” certificate.
 - J. **Patient case reviews:** An Peer IV Educator may conduct a “run review” to provide plus/delta feedback and discuss the learning opportunities on select calls. A completed run review form shall be forwarded to the involved individual(s) and their assigned HEMSC/Educator if different than the one who conducted the case review. Up to 30 minutes CE may be awarded per review up to a maximum of 2 hours/yr.
 - K. **PBPI screeners:** Hour-for-hour up to a total of 10 hours/yr may be awarded for consistent and effective performance as a PBPI screener. Eligibility for time must be approved by the PBPI Committee chair and Resource hospital liaison to the PBPI Committee.
 - L. **Field Preceptors:** Paramedic student Field Preceptors may be granted up to 10 hours/year for executing their duties appropriately. Precepting time will be confirmed by their PEMSC and approved by the assigned HEMSC/educator.
 - M. **PEMSCs/Asst. PEMSCs** are granted up to 10 CE hrs/yr for effectively executing their duties as defined by the System PEMSC job description, evidenced by: their regularity of attendance at meetings; their timeliness and accuracy in communicating System information to their agency; the degree to which they ensure compliance with State and System policies and procedures (including Controlled Substance log completions/submissions and other required data submissions); and the effectiveness of their participation in QI activities.
 - N. **Specialty rescue:** Up to 6 hours/yr may be awarded for initial or refresher training.
 - O. **System entry**
 1. Preparation time: Hour for hour up to 8 hours of CE credit may be granted for completing the SOP self-assessments and prepping for the lab. Hours must be verified by the PEMSC documenting the dates/times that prep was accomplished.
 2. Practical lab: 3 hours
 - P. **Teaching:** Hr-for-hr credit will be granted to Peer Educators and Lead Instructors who author/edit/instruct EMS education provided the content presented is differentiated to meet the 20% rule. Educators may not get credit for presenting the same content/topic multiple times. Submit a copy of the presentation (including objectives, content outline, references, and IDPH or CAPCE site code) and a copy of the class roster including dates and times of classes to the assigned HEMSC/Educator. These hours can be applied to Lead Instructors CE requirements. Up to ½ of approved hrs may be earned by teaching participants at a lower level of licensure. The credit awarded shall be considered on case by case basis for any topics in the National EMS Education Standards (IDPH CE guidelines).
 - Q. Completion of any nationally or state recognized **specialty certification** or health-related college courses that relate to the role of an EMS professional (A&P, assessment, physiology, biology, chemistry, microbiology, pharmacology, psychology, sociology, nursing/PA courses, etc.). Submit the following:
 1. Catalog description of course and evidence of successful completion through minimum grade of C (official transcripts or evidence from school)
 2. Hr/Hr 1 college credit = 8 CEU hours
 3. Specialty certificate: Verification of successful completion with site code or certifying body approval number; and credit hours awarded by sponsoring agency.
- VI. **CLINICAL HOURS - Options for accrual**
- A. Hospital clinical time is not required and is not recognized by the NREMT, but is available as an option for hours beyond the minimum required for System members in good standing with an unencumbered license who have current primary professional liability insurance coverage

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equivalent to that provided for paramedic students, current healthcare insurance coverage, and have met all current immunization requirements.

- B. Each system licensee and approved EMS Educator must demonstrate continued competence in the skills contained in the System EMS Procedure Manual that relate to their scope of practice and/or the content that they are authorized to teach, thus hospital-based CE hours may be required to provide patient care contacts.
- C. **Hospital unit availability:** Hour-for-hour credit, up to a maximum of 12 sequential hrs in a 24-hour period will be awarded for time accrued in a hospital unit approved for EMS personnel. There must be a minimum of 8 hours between shifts. Current unit availability:

Hospital	ED	OR	OB	Cath lab	Peds ED	Stroke unit
NCH	X	X	X	X	X	X
ABMC	X	X	X	X		X
GOMC	X		X	X		
GSH	X		X	X		
RES	X		X	X		
SAMC	X		X	X	X	

1. **Scheduling and performance expectations:** Clinical time must be pre-scheduled through the appropriate Hospital EMSC. Copies of the clinical instruction plans for each approved unit are posted on the System website under the paramedic education folder.
 2. **Method to validate experience:** Submit a clinical Activity Performance form, available on-line under the paramedic class, to obtain credit.
- D. **Labor and delivery:** Maximum of 5 hours/year. Awarded to any EMS personnel who accompanies a woman through labor and observes or participates in her delivery or personally experiences labor and delivery. A note must be submitted on hospital or personal physician stationery or prescription pad from the attending physician or midwife verifying participation. Attendance at prenatal classes may be awarded up to 4 hours per year, one time only. Verification of attendance and completion of the program shall be submitted to the assigned System hospital EMSC/Educator.
- E. Participation/observation in surgery, physical therapy, autopsy, etc.: Submit a written statement of participation from: clinical unit leader, preceptor or physician validating attendance. Hr/Hr up to max of 5 hours
- VII. **EMS MD Discretion:** The EMS MD reserves the right to modify this policy, including the format or content of any continuing education offerings and remediation processes in response to perceived or actual knowledge and/or performance deficits that are identified through System CQI (skills verification or patient assessment/treatment) of a nature that could directly impact or pose a significant risk to the delivery of safe and effective care to patients.
- VIII. **Nationally Registered EMTs (NREMT) CE requirements**
- A. NREMT registration is not a license to practice in Illinois, but serves as the required assessment for initial license eligibility. Maintaining NREMT certification is optional. Ongoing NREMT certification does not affect one's IDPH license or NWC EMSS practice privileges. However, it is strongly recommended if one ever anticipates seeking EMS reciprocity in another state.
 - B. Nationally Registered EMTs (NREMT) are required to renew their certification every two years. NREMTs can recertify by either taking the cognitive examination or by completing continuing education.

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- C. The Paramedic National Continued Competency Program (NCCP) requires a total of 60 hours of continuing education (q. 2 years) to recertify. The model requires continuing education in three components: (1) a national component (30 hrs), (2) a local/state component (15 hr), and (3) an individual component (15) with specific topic requirements. [See <https://www.nremt.org/getmedia/58d80a6e-0a5b-417f-90a0-cf8cc7c7166f/Recertification-Guide-v4.pdf>]
- D. National Registry accepts State EMS Office accepted and CAPCE accredited education, education from EMS education programs, and U.S. accredited academic credit, college course, college course or credit provided by the National Registry Alternative Recertification Credits Policy. All education must be directly related to EMS patient care.
- E. **Courses that cannot be applied towards NREMT recertification requirements** include duplicate courses, clinical rotations, instructor courses, management/ leadership courses, performance of duty, preceptor hours, serving as a skill examiner, and volunteer time with agencies. If you have questions on accepted education, please review the NREMT Recertification Guide (link above).
- F. Enter CE on NREMT website (www.NREMT.org); notify Dr. Jordan to approve; Agency training officer must link Dr. Jordan to your agency.

Matthew T. Jordan, M.D., FACEP
EMS Medical Director

Connie J. Mattera, MS, RN, Paramedic
EMS Administrative Director