

**Policy Title: System ENTRY: Credentialing and Practice Privileges****No. E - 3****Board approval: 7/26/18****Effective: 7/30/18****Supersedes: 9/21/12****Page: 1 of 6****I. National and State standards regarding EMS credentialing**

- A. The practice of EMS is complex, dynamic, and diverse. It is historically built upon the domains of education and licensure. The public is best served when EMS providers receive externally accredited education, are nationally certified, state licensed, and credentialed by the local EMS MD (NAEMT/NAEMSP position statement, 2016).
- B. While EMS personnel in Illinois are licensed by IDPH, they must be credentialed and awarded practice privileges by the local EMS Medical Director (EMS MD). The diversity of education, performance expectations, clinical and operational protocols, scopes of practice, and equipment used across various EMS Systems requires local verification of the practitioner's clinical and operational competencies.
- C. The EMS MD has the final authority and accountability for credentialing and providing medical direction to all EMS practitioners in the NWC EMSS and shall be actively involved in the clinical credentialing process.
- D. EMS credentialing follows a process that substantively helps to promote the practice of paramedicine on par with the legitimacy that hospital medical staff credentialing promotes for the practice of hospital-based medicine.
- E. Credentialing involves at a minimum
  - 1. Demonstration of sufficient cognitive knowledge;
  - 2. Demonstration of mature, responsible affective ability;
  - 3. Demonstrated competency performing critical psychomotor skills; and
  - 4. Demonstrated ability to integrate the three domains in thinking critically and acting responsibly during the provision of clinical care.

**II. Policy**

- A. All EMS personnel who wish to function within the Northwest Community EMS System (NWC EMSS) must be appropriately licensed by IDPH and granted practice privileges by the EMS MD or his designee.
- B. The EMS credentialing processes shall be fair, consistent, objective, and based on clearly communicated, evidence-based performance standards that are accessible to any EMS practitioner seeking clinical credentialing and practice privileges within the NWC EMSS.
- C. After documenting System employment or intent to hire, generating a complete file, paying assessed fees, and completing appropriate education, evaluation and measurement of competency in all three domains of learning, successful candidates will be credentialed by Dr. Matthew T. Jordan, EMS MD as an approved practitioner in the NWC EMSS with a scope of practice commensurate with their level of licensure. Both initial and ongoing assessment of these competencies shall be important components in verifying the practitioner's continued System privileges.

**III. BLS Privileges:** All EMTs/PM/PHRNs licensed in Illinois will be granted BLS privileges upon date of hire. They may perform BLS assessments and interventions under the direct supervision of a NWC EMSS paramedic with full System privileges in accordance with the ALS/BLS Scope of Practice Policy, SOPs and Procedure Manual. If Temporary ALS Privileges have not been awarded within nine (9) months of hire, the BLS privileges will be revoked. They may be entered into the Image Trend database as a Probationary paramedic which allows them to do BLS skills only.

**IV. ALS Privileges: PARAMEDIC (PM) / PREHOSPITAL R.N. (PHRN) licensed in Illinois**

- A. **Full System entry required for the following:**
  - 1. Educated and/or licensed outside of the NWC EMSS; never held System privileges

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2. **Former System members:**

- a. Not employed by a System Agency for seven months or longer
- b. Did not leave in good standing or left with an incomplete corrective action plan or due to patient care issues: must complete System Entry no matter how long unaffiliated with a System Provider Agency

B. **Modified entry: Former member left in good standing - gone for 6 months or less**

1. **File and practice privileges may be reinstated without testing** if they meet full active licensure requirements and have completed all NWC EMSS CE (including all mandatory elements) since leaving. Considered on a case by case basis.
2. If they have not attended NWC EMSS CE/completed mandates since leaving: Complete and submit CE credit questions or attend paramedic class covering same content for all non-mandatory classes, pay all applicable fees, and complete mandatory classes/elements. This may also include attending the SE lab, particularly if new content/skills have been introduced to the System during their absence.

V. **Procedure** – all documents and forms are posted to [www.nwcemss.org](http://www.nwcemss.org) under System Entry tabA. **Step #1:** Provider Agency submits completed "System Entry Authorization Form" to NWC EMSS office (via e-mail or fax)B. **Step #2:** Contact the NWC EMSS office Secretary at 847/618-4480 or 4482 to open a file.

1. A file should not be opened until testing is ready to begin. Once a file is opened, the entire process culminating in full practice privileges must be completed within 3 months. If it is not completed within that time, the file will be inactivated and archived (unless extenuating circumstances apply and are approved by the EMSS). The applicant will be required to reapply, resubmit select paperwork/fees, and retake expired exams.

2. **Submit current and legible copies of the following to the NWC EMSS office:**

- a. **Illinois PM/PHRN license (mandatory)** and National Registry card (if they have one). An NREMT card is not an Illinois license. Out-of-state licensees must seek reciprocity with IDPH.
- b. **AHA CPR for healthcare provider card** (front and back)
- c. Driver's license; social security #, DOB; phone/text number; e-mail address
- d. **Letter of verification** from the most recent EMS MD or designee attesting to the following: Name; practice privileges awarded; dates of affiliation if not currently in good standing with them; any known practice issues that would prevent the individual from being considered for reinstatement in the most recent System. If newly graduated and never employed in EMS, submit a letter from the Paramedic/PHRN education program Director.
- e. All EMS **CE hours** accumulated since licensure or the last renewal

C. **Step #3: Prerequisites - SOP and Policy Manual Self-assessments:** The self-assessments must be reviewed for completion and accuracy, and **signed off by the agency PEMSC or preceptor** prior to submission. **If they are not submitted by the 1<sup>st</sup> day of testing, the individual will not be allowed to test.**D. **Step #4: WRITTEN TESTING**

1. **Scheduling:** Written testing is conducted by appointment every Tuesday morning (unless a holiday) in the NCH Kirchoff Center. Call 847-618-4480 or 4482 to schedule an appointment to test. Specific times are provided in testing instructions.
2. **Time allowance:** One minute per question. Applicants are allowed to take a maximum of two written exams plus the strip test. at each sitting.

3. Exams are built from blueprints tied to high risk, mission critical objectives and consist of multiple choice items. Questions are referenced to the EMS Education Standards, current EMS textbooks, NWC EMSS SOPs, policy, and procedure manuals, and on-line videos that are mandatory viewing. Question numbers per test vary based on the complexity and extent of section content. The blueprints are posted for review in advance of testing.
  - a. **Fundamentals:** Introduction; General assessment/IMC; Withholding or withdrawing of resuscitative efforts; Elderly; Extremely obese patients; Airway obstruction, DAI; Allergic Reactions/anaphylactic shock; Asthma/COPD; Patients with Tracheotomy; Childbirth; Post-partum complications; Newborn resuscitation; OB complications; Peds (whole section)
  - b. **Cardiac** (all cardiac SOPs)
  - c. **Medical** (all medical SOPs)
  - d. **Trauma** (all trauma SOPs)

**Scoring:** Each test is graded separately. **Passing** is 75% on each exam.
4. **ECG strip test:** 15 rhythms span each major pacemaker site. Must score  $\geq 75\%$  + identify all lethal rhythms correctly: VT, VF, asystole, IVR, AIVR, and 3°AVB.
5. **Retest policy**
  - a. If an applicant fails an exam, they will be informed regarding the specific area(s) needing further study. No retests may be done on the original day of testing.
  - b. The applicant's employer (or potential employer) will be informed of the initial failure in writing on the System Entry Status Form.
  - c. The applicant is responsible for scheduling retest appointments and completing independent study and focused review to prepare for the retest(s).
  - d. If an applicant fails one or more sections of the retest, it is the employer's decision as to whether or not the candidate is approved to take a second retest. If approved, further remediation must be completed with a peer educator or approved preceptor and verified prior to scheduling a 3<sup>rd</sup> and final testing attempt.
  - e. Third attempt failures will be handled on a case-by-case basis. A conference call will be convened with the EMS MD/designee and the agency Chief/EMS CEO to determine further action.

#### E. SKILLS LAB

1. Must be completed within 60 days of receiving Temporary ALS Privileges unless extenuating circumstances apply. An applicant may request an extension, for cause, that will be reviewed by the EMS MD or designee.
2. **Scheduling:** Held on the first Monday morning of each month, (unless a holiday) by appointment in the NCH Kirchoff Center. Call 847-618-4480 or 4482 or e-mail Pam Ross ([pross@nch.org](mailto:pross@nch.org)) to schedule an appointment.
3. Labs are scalable based on the number of applicants & preceptors (5:1 ratio). Generally cap lab at 10 registrants but may expand for cause.
4. **Performance expectations:** Applicants will competently demonstrate the essential steps of select ALS skills required in the NWC EMSS in the correct sequence and timing without critical error. **Skills sheets are found in the System Procedure Manual** (posted under Standard of Practice tab). They will also be verbally questioned on their knowledge of pathophysiology related to major illnesses and injuries included in the national EMS Education Standards, the profile of System drugs, and the System SOPs.

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5. **To prepare:** Must view the following videos posted on the System entry tab of the website:
  - a. These videos describe the proper use of the Bougie:
    - (1) Video for Bougie-Cric
    - (2) Video for Bougie ETI
  - b. The EZ IO® Intraosseous Vascular Access Training
  - c. Arrow® EZ-IO® Infant Child Needle Selection and Insertion Technique Animation Video
  - d. Arrow® EZ-IO® Proximal Humerus Site Animation
  - e. Arrow® EZ-IO® Needle Insertion - Proximal Humerus (MC-000603)
  - f. Dr. Jordan Cardiac arrest and application of CPR device videos
  - g. "Pit Crew" CPR Cardiac Arrest Team Resuscitation wmv (Please note: This video is from 2011 and vasopressin is no longer used. You are expected to follow current SOPs.)
6. **Skills/competencies measured**
  - a. **DAI** using King Vision videolaryngoscope, channeled blade and ETT with preloaded bougie (drugs: benzocaine, ketamine, etomidate, midazolam, and fentanyl)
  - b. Bougie assisted **surgical cric**
  - c. **IO:** tibial and proximal humerus sites (unconscious and conscious pt - use of lidocaine)
  - d. **12 L ECG** lead placement; tracing acquisition; interpretation of ischemia/infarction
  - e. Application of **C-PAP**, in-line nebulization of drugs for asthma
  - f. **Dynamic ECG rhythm identification** and treatment transitioning between pages of SOP – adaptive competence
  - g. **Pit crew approach to cardiac arrest management** using quality CPR, ResQPod, capnography, real-time CPR feedback device; apneic oxygenation; BLS to ALS airways; appropriate ventilation technique; vascular access; drug administration (epinephrine/ amiodarone); minimizing pauses in compressions for rhythm check/defib; dual sequential defibrillation, consideration of the Hs and Ts; recognition and treatment of ROSC; mixing and titrating a norepinephrine drip. Each applicant will demonstrate competency as the team leader, in airway management and medication administration.
- F. **CE hours:** Hr for Hr CE will be awarded upon successful completion of SE requirements.
- G. **Fees**
  1. A per person processing fee will be assessed (payable by cash, money order, or EMS agency purchase order to Northwest Community Hospital Acct. #17496-533990. This defrays costs incurred to educate, evaluate, and process an applicant for System entry.
  2. Fee amounts are based on current costs and will be published on the System website.
- H. **System ALS privileges**
  1. **Temporary ALS Privileges** are awarded after exams are successfully completed and the file is complete. These authorize the PM/PHRN to provide ALS assessments/care as long as they are partnered with PMs who have full system privileges. Two PMs with temporary ALS privileges shall not be assigned to staff an ambulance as the sole team members.
  2. **Full ALS Privileges** are granted after successful completion of all written tests and the skills lab. If Full ALS Privileges are not granted within 90 days of file opening, the temporary privileges will be revoked unless an extension has been granted. See IV.C.

- I. **A digitized active PM/PHRN file** shall be initiated by the Resource Hospital and forwarded to the Agency's assigned hospital EMSC/educator as soon as Full System privileges are awarded. **Files shall contain at a minimum:**
  1. Demographic information that includes at a minimum the person's name, address, System employer, primary and secondary System affiliations if applicable; date of birth, driver's license, social security number, phone # and e-mail address.
  2. Copy of current IDPH license and AHA CPR card (front and back)
  3. Copies of system entry paperwork (if applicable) excepting the SOP and Policy Manual self-assessments, test answer sheets, lab competency forms, and/or remediation plans.
  4. Verification from NWC EMSS authorizing ALS practice privileges
  5. CE hours accrued in the current and previous licensure periods, including CE certificates from offerings conducted outside of the NWC EMSS.
- J. **System status and CE requirements:** All EMS practitioners are required to begin meeting System CE and annual mandatory competency requirements upon receiving Temporary privileges. They will receive a number of CE hours during the System entry process that may be used towards the first year's annual requirements. They are encouraged to attend In-station classes during the testing and credentialing process.

#### VI. TRANSFERRING FROM OUT OF STATE - RECIPROCITY (EMS Rules Section 515.610)

- A. EMTs, paramedics and PHRNs certified/licensed in another state and applying to work in Illinois may apply to IDPH for reciprocity using the **Reciprocity Application** form posted to the IDPH EMS website: <http://dph.illinois.gov/topics-services/emergency-preparedness-response/ems>
- B. Such application shall be in writing and contain the following:
  1. Part I of the EMT Reciprocity Application completed by applicant.
  2. A photocopy of the current EMS certificate/license and a current AHA Healthcare Provider CPR card.
  3. Letter of recommendation from the most recent EMS MD indicating that you are or were in good standing when you left their jurisdiction and are up-to-date with continuing education hours. If an applicant cannot obtain a letter of recommendation, they will need to request a waiver as described in point 4.
  4. If the applicant has not functioned as an EMT or under the direction of an EMS MD, they must include a letter with their signature stating they that have never worked as an EMT or under an EMS MD and request that the letter of recommendation be waived. Also, if requesting a wavier, the applicant will need to provide photocopies of all CE completed during the current license/certification period.
  5. Completed child support and felony conviction declaration statement including the applicant's name, address, DOB, social security #, driver's license #, phone #, and e-mail address.
- C. Return the above materials to the IDPH EMS Springfield office for processing.
 

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH**  
 Office of Preparedness & Response  
 Division of EMS & Highway Safety  
 422 S. 5th Street (Floor 3)  
 Springfield, IL 62701
- D. IDPH will review requests for reciprocity to determine compliance with the applicable provision of the Rules. Continuing education hours from the state of current licensure will be prorated based on the expiration date of the current license.
- E. Individuals who meet the requirements for licensure reciprocity will be State licensed consistent with the expiration date of their current license but not to exceed a period of 4 yrs.

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- F. Once an Illinois license is awarded, petitioners for NWC EMSS System privileges must obtain and submit the same information and complete the same entry testing as Illinois licensed paramedics.

## VII. EMS PROVIDER AGENCIES JOINING THE SYSTEM

EMS Provider Agencies petitioning for system entry must submit a Plan Agreement on forms prescribed by IDPH that address the criteria specified in the EMS Rules and Regulations. In addition:

- A. **Provider must agree to operate within the System standards of practice and operation.** See System policy P-5 System Plan Agreements. System applications have been developed by IDPH and must be completed by all Provider Agencies seeking entry. Paperwork will not be forwarded to IDPH until the plan agreement is complete, all personnel have been awarded system practice privileges, they have been educated on the completion of a computerized patient care report, and the vehicles have been inspected and approved by IDPH.
- B. **Providers must agree to System staffing requirements.** The system requires a minimum of six licensed PMs per 24 hour ALS vehicle and a minimum of six licensed EMT-Bs per 24 hour BLS vehicle plus three additional (appropriately licensed) EMS personnel (one per shift) with full system privileges who could supplement staffing in the event of illness/vacation/time off. See System Policy S3 ALS/BLS Staffing requirements. FTE requirements for vehicles that are submitted for less than 24 hour per day service shall be determined based on the proposed hours of operation.
- C. Illinois law states that all employees must have 24 hours of continuous rest per week. Research shows that medical personnel who work continuously for longer than 10 hours are at risk for fatigue and errors in judgment. Therefore, the system discourages staffing patterns for EMS personnel that result in a tour of duty lasting longer than 24 hours.
- D. System applicants must name a **Provider EMS Coordinator** (PEMSC) who meets the requirements of the System Job Description for PEMSC and operates with the PEMSC Guidelines, a Designated Infection Control Officer (**DICO**), agree to participate in the Computer Aided Reporting System (CARS) program using the System standard electronic medical records software, agree to participate in the In-Station Continuing Education Program, and must provide the names of representatives to the PBPI, CARS, and Education Committees. They are welcome to send a representative to the R&D Committee.
- E. **Fees:** In addition to the individual entry fees, there is a one-time fee assessed to each Provider Agency to offset administrative costs. The fee schedule is available from the NWC EMSS office.

## VIII. ASSOCIATE / PARTICIPATING HOSPITALS JOINING THE SYSTEM

Hospitals petitioning for system entry must submit a Plan Agreement that addresses all the criteria specified in the EMS Rules and Regulations and the NWC EMSS requirements. The NWC EMSS requires each hospital to designate an EMS Coordinator who fulfills the System's job description for that position and operates within the EMSC Coordinator Guidelines. This individual must have demonstrated teaching expertise to participate as an educator in the in-station education program. The hospital must have at least one approved ECRN on duty and available to take EMS calls at all times unless a staffing hardship waiver has been approved and physicians are available to provide on-line medical control. Participation paperwork will not be forwarded to IDPH until the plan agreement is complete and ECRNs have been awarded system practice privileges. There is a one-time fee assessed to each hospital seeking entry into the system to offset administrative costs. The current fee schedule is available from the NWC EMSS office.

*Note:* System eligibility criteria are acceptable, even though they may tend to disadvantage people with disabilities, given that they are reasonable, necessary, legitimate and uniformly applied (*Southeastern Community College v. Davis*, 442 U.S. 397 (1979)).