

**Policy Title: FIRST RESPONDER/Emergency Medical Responder****No. F - 1****Board approval: 9/18/97****Effective: 7/1/10****Supersedes: 1/1/06****Page: 1 of 3**

Reference: EMS Rules Section 515.720 (Source: Amended at 24 Ill. Reg. 8585, effective June 10, 2000)

## I. Introduction

- A. The Illinois Department of Public Health (IDPH) Rules and Regulations require that all organized prehospital care must be provided through an EMS System.
- B. As an EMS System, we are committed to providing emergency care to everyone within the System boundaries. We desire that care is delivered rapidly, in an organized, skilled and efficient manner. Although BLS and ALS care is widely available, there are situations where faster access to care can be available at a more basic level or a First Responder (EMR) may recognize the need to activate a higher level of EMS response. Therefore, EMRs are valuable in providing an early EMS response and are endorsed by this System.
- C. The National Scope of Practice Model (Feb. 2007) redefined EMS practitioner roles and titles. It defines an EMR's scope of practice as including simple skills focused on lifesaving interventions for critical patients. Typically, the Emergency Medical Responder renders on-scene emergency care while awaiting additional EMS response and may serve as part of the transporting crew, but not as the primary care giver.

## II. POLICY

- A. First Responders were required to function within an EMS System's Program Plan and be registered with IDPH as of August 1, 2000. EMRs MUST have an affiliation with an EMS System.
- B. EMRs should have full expectation of turning care over to providers with a higher level of licensure who are equipped to provide more advanced care.
- C. To register as a First Responder, the individual must submit the following to the EMS Resource Hospital of affiliation:
  1. A signed child support form that includes the EMR applicant's name, address, contact information, date of birth, social security number, driver's license number, and the employer with which the individual is acting as an EMR (adaptation of Section 3-60(b)(3) of the Act).
  2. Documentation of successful completion of training in accordance with the current National education standards for First Responders or EMRs and certification in cardiopulmonary resuscitation for healthcare provider.
  3. Verification that the equipment listed in the EMS Rules will be immediately available to the individual when he or she is acting as an EMR.
- D. As a minimum, when acting as an EMR an individual shall have the following equipment immediately available:
  1. triangular bandage;
  2. roller type bandage;
  3. universal dressing;
  4. gauze pad;
  5. occlusive dressing;
  6. bandage scissors;
  7. adhesive tape;
  8. stick (for impaled object/tourniquet);
  9. blanket;
  10. upper extremity splint;
  11. lower extremity splint (set);

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12. oxygen equipment and masks (adult and pediatric);
  13. a resuscitation device as specified by the EMS System;
  14. oropharyngeal airway (adult, child and infant);
  15. Face protection through any combination of masks, eye protection, and face shields; and
  16. Any additional materials as required by the EMS System.
- E. As recognized EMS System members, EMRs are responsible to act in compliance with System policies and procedures within their scope of practice.
- F. As an EMS System member, an EMR establishes a relationship between the patient and the EMS System. Once the relationship is established, it shall not be terminated until care is transferred to a provider of equal or higher licensure and responsibility. Refusal of transportation may only be documented by a licensed EMT-B, Paramedic or PHRN.
- G. An EMR shall notify the EMS System in writing, within 10 days after any changes in:
1. EMS System participation;
  2. the EMR's employer; and
  3. name or address.
- III. **First Responder – AED** (Source: EMS Rules Section 515.725; Amended at 27 Ill. Reg. 13507, effective July 25, 2003)
- A. A person currently approved as a First Responder (EMR) may utilize an automated external defibrillator (AED) if the First Responder:
1. Has successfully completed an IDPH approved course in automated external defibrillator operation; and
  2. Is functioning within an IDPH approved EMS System providing first response services as verified by the EMS MD. (Section 3.55(a-5) of the Act)
- B. Continuing education classes, seminars, clinical time, workshops or other types of programs shall be approved by IDPH before being offered to First Responder – AEDs. An application for approval shall be submitted to IDPH on a form prescribed, prepared and furnished by IDPH, at least 60 days prior to the scheduled event.
- C. Approval will be granted provided the application is complete and the content of the program is based on topics or materials from the EMR education standards. Upon approval, IDPH will issue a site code to the class, seminar, workshop or program.
- D. A First Responder – AED shall be responsible for submitting written proof of CE attendance to the Provider EMS Coordinator on an annual basis. The EMS System Coordinator or Department Regional EMS Coordinator shall be solely responsible for verifying whether specific continuing education hours have been earned by the First Responder – AED.
- E. A First Responder – AED shall be responsible for maintaining copies of all documentation concerning continuing education programs that he or she has completed.
- F. A First Responder – AED registration shall be valid for a period of four years. To be re-registered as a First Responder – AED, EMR shall submit a signed child support statement with the Resource Hospital EMS office at least 30 days prior to the license expiration date. If all renewal requirements have been satisfied, the Resource Hospital shall process the reregistration in the IDPH database.
- A First Responder – AED who has not been recommended for re-registration by the EMS MD must independently submit to IDPH an application for renewal. The EMS MD shall

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provide the First Responder – AED with a copy of the appropriate form to be completed.

G. Renewal requirements:

1. Twenty-four hours of CE every four years. The System shall define in the EMS Program Plan the number of CE hours to be accrued each year for re-registration; and
2. A current CPR for Healthcare Providers card that covers:
  - a. Adult one-rescuer CPR,
  - b. Adult foreign body airway obstruction management,
  - c. Pediatric one-rescuer CPR,
  - d. Pediatric foreign body airway obstruction management,
  - e. Adult two-rescuer CPR, and
  - f. AED.

H. At any time prior to the expiration of the current registration, a First Responder – AED may revert to First Responder status for the remainder of the registration period. The First Responder must make this request in writing to the Department. To re-register at the First Responder – AED level, the individual must meet the First Responder – AED requirements for re-registration.

I. A First Responder – AED who has reverted to First Responder status may be subsequently re-registered as a First Responder – AED, upon the recommendation of an EMS MD who has verified that the individual's knowledge and clinical skills are at an active First Responder – AED level, and that the individual has completed any retraining, education or testing deemed necessary by the EMS MD for resuming First Responder – AED activities.

J. Any First Responder – AED whose registration has expired for a period of more than 60 days shall be required to reapply for registration, complete the training program and pass the test.

K. A First Responder – AED whose registration has expired may, within 60 days after registration expiration, submit all re-registration material as required in this Part and a fee of \$50 in the form of a certified check or money order (cash or personal check will not be accepted). If all material is in order and there is no disciplinary action pending against the First Responder – AED, IDPH will re-register the First Responder – AED.

## CURRENT FIRST RESPONDER CURRICULUM CONTENTS

Note: EMR education standards shall be required on or before Jan. 1, 2013.

DOT Contents	First Responder, 2E Contents
<b>Module 1: Preparatory</b> 1-1 Introduction to EMS 1-2 Well-being of the First Responder 1-3 Legal & Ethical Issues 1-4 The Human Body 1-5 Lifting and Moving Patients 1-6 Evaluation	<b>Module 1: Preparatory</b> Chapter 1 Introduction to EMS Chapter 2 Well-being of the First Responder Chapter 3 Legal & Ethical Issues Chapter 4 The Human Body Chapter 5 Lifting and Moving Patients
<b>Module 2: Airway</b> 2-1 Airway Objectives 2-2 Practical Lab 2-3 Evaluation	<b>Module 2: Airway</b> Chapter 6 Airway
<b>Module 3: Patient Assessment</b> 3-1 Patient Assessment 3-2 Practical Lab 3-3 Evaluation	<b>Module 3: Patient Assessment</b> Chapter 7 Patient Assessment
<b>Module 4: Circulation</b> 4-1 Circulation 4-2 Practical Lab 4-3 Evaluation	<b>Module 4: Circulation</b> Chapter 8 CPR & Circulation
<b>Module 5: Illness &amp; Injury</b> 5-1 Medical Emergencies 5-2 Bleeding & Soft Tissue 5-3 Injuries to Muscle & Bone 5-4 Practical Lab 5-5 Evaluation	<b>Module 5: Illness &amp; Injury</b> Chapter 9 Medical Emergencies * Chapter 10 Medical Emergencies - Poisoning * Chapter 11 Behavior Emergencies - Crisis Intervention Chapter 12 Bleeding & Soft Tissue Chapter 13 Injuries to Muscles & Bones
<b>Module 6: Childbirth &amp; Children</b> 6-1 Childbirth 6-2 Infants & Children 6-3 Practical Lab 6-4 Evaluation	<b>Module 6: Childbirth &amp; Children</b> Chapter 14 Childbirth Chapter 15 Infants & Children - Pediatric Emergencies
<b>Module 7: EMS Operations</b> 7-1 EMS Operations 7-2 Evaluation	<b>Module 7: EMS Operations</b> Chapter 16 EMS Operations
	<b>** Module 8: Supplemental Skills</b> * Chapter 17 Special Patients * Chapter 18 Special Rescue Situations * Chapter 19 Supplemental Skills

\* Indicates additional and/or supplemental material