

## Northwest Community EMS System 2025 Policy Manual Self-Assessment

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|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name (Print):           | Date of submission                                                                                                                                                                 |
| EMS Agency:             | Date graded/feedback sent:                                                                                                                                                         |
| PEMSC signature:        | Initial Score: _____ <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable<br><input type="checkbox"/> Incomplete <input type="checkbox"/> Incorrect answers |
| EMS Educator signature: | Resubmission: _____ <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable                                                                                    |

**Complete; Discuss with Provider/ Hospital EMS Coordinator if any questions;  
Submit to NWC EMSS Office Prior to System Entry Skills Lab for PM or to HEMSC for ECRN**

### A-1: Abandonment vs. Prudent Use of EMS Personnel

1. Is it acceptable practice for EMS personnel to temporarily disconnect electronic or monitoring devices used throughout transport during the transfer of a patient from the ambulance into the ED?
- ☐ Yes ☐ No

### A-2: Use of Aeromedical Transport Vehicles

2. Who is authorized to approve a scene response of an aeromedical transport service in the NWC EMSS?
- A. NCH (Resource hospital) OLMC only
  - B. Any System hospital ECRN with OLMC privileges
  - C. Either scene EMS personnel or hospital OLMC personnel

### A-5: Abandoned Newborn

3. Name three locations listed in the *Abandoned Newborn Infant Protection Act* where a newborn may be relinquished?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
4. What is the upper limit of age specified in the Act under which an infant may be relinquished and allow the parent to remain anonymous and immune from liability as long as the infant is unharmed?
- A. 24 hours
  - B. 48 hours
  - C. 3 days
  - D. 30 days
5. If the child appears older than this, or appears to have been abused or neglected, EMS personnel should follow the \_\_\_\_\_ policy.
6. When initiating care for a relinquished newborn which of these is NOT required? Select all that apply.
- A. Initiate emergency treatment deemed necessary per SOP under implied consent
  - B. Ask your chief or Provider EMS Coordinator to take temporary protective custody of the infant
  - C. Keep the baby warm and transport to the nearest hospital secured appropriately in an infant car seat
  - D. Contact the nearest System hospital via ALS call mechanisms
  - E. Complete a patient care report. List infant's name as "Baby Girl/Boy Doe" if unknown
  - F. Identify the infant as relinquished in the comments section. Omit any descriptive information regarding the relinquishing individual unless you suspect abuse or neglect.
7. Where are the forms that must be given to a relinquishing adult found at your agency?
- \_\_\_\_\_

**B-1: Hospital Resource Limitation/Ambulance Bypass**

8. Under what circumstances may a hospital continue to receive patients even though they have declared bypass status for reasons other than an internal disaster, loss of power, or armed intruder? Select all that apply:
- ☐ Selective bypass situation
  - ☐ Medium or large scale MPI/declared disaster
  - ☐ Patient demands to be transported to that location
  - ☐ Woman in active labor or OB complications
  - ☐ Unstable pediatric patient and hospital has Peds ED
  - ☐ "LAST CLEAR CHANCE" of survival lies in transport to nearest hospital
  - ☐ Multiple ( $\geq 3$ ) hospitals in one area are on bypass simultaneously
9. What hospital should EMS call for OLMC when the nearest System hospital is on bypass status?
- A. Nearest System hospital or closest w/ OLMC privileges
  - B. The probable receiving facility

**C2: Continuing Education**

10. In the NWC EMSS, who is responsible for maintaining copies of all documentation concerning CE programs or activities that a licensed practitioner has completed?
- A. Individual
  - B. Employer
  - C. System resource hospital
11. How often must the following competencies be completed and verified in the NWC EMSS?

| Competency                                                                                        | Quarterly                                            | Annually | Biennial |
|---------------------------------------------------------------------------------------------------|------------------------------------------------------|----------|----------|
| CPR with updated CPR card (System or AHA)                                                         |                                                      |          |          |
| Aggression control and restraint application                                                      |                                                      |          |          |
| (Paramedics/PHRNs) Advanced airway insertion                                                      |                                                      |          |          |
| Blood borne pathogens education                                                                   |                                                      |          |          |
| Mandatory reporter status (IDPH administrative rules reflect q. 3 years for licensed practioners) | Will complete again in 2028                          |          |          |
| JumpSTART Triage                                                                                  |                                                      |          | X        |
| CHEMPACK Program                                                                                  | Waiting for IDPH to confirm. No specified time frame |          |          |
| Alzheimer's / Dementia (per IPDH once every relicensure cycle)                                    | We will continue every other year (odds)             |          |          |

12. If a System member misses more than 30 minutes or an entire CE offering which of these are approved options for making up the class? Select all that apply:
- ☐ Attending another live CE offering within the System
  - ☐ Watch the video recording or review slide deck of the class and complete the credit questions
  - ☐ Complete an online commercial class covering the same content and submit the CE certificate to the System

**C-6: Controlled Substances on EMS Vehicles**

13. Which of these are controlled substance drugs that are carried on NWC EMSS ALS vehicles? Select all that apply.
- A. Fentanyl
  - B. Ketamine
  - C. Etomidate
  - D. Midazolam
14. How should all controlled substances (CS) be drawn up into syringes and labeled if not immediately administered?
-

15. (a) When stored in a DRUG BAG, how must CS be secured?
- 
- (b) When stored in an ambulance, how must CS be secured?
- 
- (c) How shall EMS ensure that access to EMS vehicles is limited?
- 
16. If a vehicle containing CS is taken Out-of-Service because they are inoperable, not available for current operation, no crew is available, or it is not functional, what must happen to the controlled substances on that vehicle?
- 
17. Controlled substances DAILY COUNTS:
- (a) When must the DAILY COUNTS occur for Controlled substances:
- 
- (b) What must occur during the CS counts?
- 
- (c) How many EMS personnel must be present simultaneously during the count?
- 
18. CS LOG DOCUMENTATION: What must be noted on the CS inspection form?
- 
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19. (a) Who shall be notified of all count discrepancies or loss of any controlled substance and when?
- 
- (b) Who must also be notified if loss is due to a suspected theft?
- 
20. What must be done with the drug container with possible tampering; what notations are required on the CS log; and what System form must be initiated?
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21. Wasting CS: If the amount of a CS drug given is less than the prepackaged or prepared dose, what actions by the ALS practitioner are required?
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22. Who must witness the wasting of any amount of a CS?

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23. If the ED RN attempts to replace EMS with Ketamine 200 mg/2 mL, what action is required?

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24. Breakage and Spillage of CS: When there is breakage, damage, spillage, or some other form of destruction, all recoverable controlled substance, what actions are required by EMS?

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25. What if the nature of the breakage or spillage does not allow recovery of the drug?

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### C-7: Confidentiality of Patient Records (See also Policy D-4)

26. A police officer assigned to investigate a sexual assault case provides a written request to review the patient's medical record. Can EMS provide the patient care report? ☐ Yes ☐ No

27. Indicate whether the behavior listed is a violation of confidentiality laws:

| Criteria                                                                                                                                                                                                           | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Leaving printed PCRs on countertops in the paramedic chart room, ED, or ambulance quarters where other persons could easily read or see the information                                                            |     |    |
| Leaving open garbage cans containing PHI in a public area like a copy room, chart room, or open office.                                                                                                            |     |    |
| Disposing of written pt records that have been electronically scanned into a general purpose garbage can                                                                                                           |     |    |
| Sending PCRs to a hospital fax machine that is located in a secure area so that other workers and visitors do not have access to the PHI being sent and ensuring that someone is standing by to accept the report. |     |    |
| Giving out PHI over the phone if the caller's identity cannot be verified.                                                                                                                                         |     |    |
| Giving the transporting EMS crew members outcome information on their patients.                                                                                                                                    |     |    |
| Discussing blinded/redacted patient charts during ongoing CQI activities.                                                                                                                                          |     |    |
| Accessing a friend, family member's PCR in the Image Trend database                                                                                                                                                |     |    |
| Accessing a newsworthy, public figure, or colleague's PCR as a point of interest if you were not directly involved in the call or need to review for CQI purposes                                                  |     |    |
| Leaving a PCR up on a computer work station so others can easily view the screen/monitor.                                                                                                                          |     |    |
| Giving someone else your passcode to open a record on which they were not a crew member                                                                                                                            |     |    |

### C-8: Communications Policy

28. Telemetry contact over the **UHF** radio or cellular phone must be established from the field if EMS personnel determine that a patient requires (select all that apply):

- A. Confirmation of Triple 0 status
- B. An order to terminate resuscitation
- C. Application of a traction splint for a fractured femur
- D. Approval to accept a refusal of BLS care or transportation

29. Place an X next to all hospitals that NWC EMSS personnel may contact directly to receive OLMC if they are transporting to that location. (See back of SOPs)

|  |                                 |  |                              |
|--|---------------------------------|--|------------------------------|
|  | Alexian Brothers Medical Center |  | NM Lake Forest               |
|  | Condell                         |  | NM McHenry                   |
|  | Glen Oaks                       |  | Lutheran General Hospital    |
|  | Good Samaritan Hospital         |  | Northwest Community Hospital |
|  | Good Shepherd Hospital          |  | Resurrection Medical Center  |
|  |                                 |  | St. Alexius                  |

#### **D-1: Due Process: System Participation Suspensions**

30. If a system member is found to be engaged in dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud or harm the public, the EMS MD may
- A. have them fired.
  - B. immediately revoke their professional license.
  - C. suspend them from participation in the EMS system.
  - D. have them fined by the Department of Professional Regulation
31. If the EMS MD suspends a System member for reasons directly related to patient care, the suspended individual may seek remedy through a hearing before
- A. a System Review Board.
  - B. the system Advisory Board.
  - C. a local Grievance Committee.
  - D. a local Conflict Mediating board

#### **D-2: Drug Replacement**

32. At what point prior to expiration should EMS personnel bring a non-controlled substance drug in to their assigned System hospital for exchange?
- A. 24 hours
  - B. 5 days
  - C. 10 days
  - D. 14 days

#### **D-3: Approving/Issuing Drugs and Supplies**

33. Per policy, how often must EMS vehicles be inventoried to ensure that drugs and pharmacologics are of suitable quality, quantity, sterility, concentration, formulation and within expiration dates?
- A. Daily
  - B. Weekly
  - C. Monthly
  - D. Quarterly
34. IV solutions of volumes 150mL or greater can be warmed in their plastic overpouches to temperatures not exceeding 40°C (104°F), What is the maximum time a bag of IV fluid can remain in the warmer?
- A. 48 hours
  - B. 7 days
  - C. 14 days
  - D. 30 days
35. Once the IV bags of normal saline (in their protective plastic covering) have been in the warming cabinet for their maximum time period, remove the bag from the warming cabinet and identify as having been warmed. May these bags be returned to the warmer at a future date?
- A. Yes
  - B. No

36. May they continue to be used until the labeled expiration date from the manufacturer provided they have not been warmed more than once?
- A. Yes                      B. No
37. What should EMS personnel do with recalled medications or those unsuitable for use?
- A. Pull from vehicle; replace from reserve stock if able; secure and return to the hospital for exchange
- B. Pull from vehicle; discard in agency trash in a biohazard bag; pull from Pyxis next time at a hospital.
38. If a drug or pharmacologic is lost or suspected of misuse, what action is mandatory?
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#### **D-4: Data Collection and Evaluation**

39. A patient care report, using Image Trend software, shall be completed for every EMS patient encounter and inter-hospital transport regardless of the ultimate outcome or disposition of the call. What is the policy with respect to leaving copies at the hospital if a patient is transported during non-crisis or contingency operations?
- A. A completed PCR must be provided to the receiving hospital (printed, faxed or uploaded to the cloud via KNO2) before the crew leaves unless extenuating circumstances apply
- B. A handwritten abbreviated report may be left at the hospital until the crew returns to quarters and completes the full PCR
40. Not transported: Document all assessments, medical care given, disclosure of risk statements provided to the patient and patient refusal statements in the Image Trend PCR and on the written or electronic Refusal of Service form. How soon must these documents be completed and uploaded? Within \_\_\_\_\_ of the patient contact.
- A. 2 hours
- B. 8 hours
- C. 12 hours
- D. 24 hours
41. How many licensed ALS personnel must sign an ALS report on a patient determined to be emergent or critical?
- A. 1
- B. 2
- C. 3

#### **G-1: Grievance recourse step 1 Request for Clarification (RFC); Reporting complaints**

42. A patient treated by a local ALS provider claims he had a Rolex watch when he left his house and now it is missing. The paramedics state they never saw anything even resembling a watch during the entire call. Once an RFC form is initiated by the agency, to whom should it be forwarded for further investigation?
- A. E.D. nursing director
- B. EMS Medical Director
- C. Hospital's EMS Coordinator
43. What are the possible outcomes of the preliminary complaint investigation?
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#### **G-2: Local System Review Board**

44. How long after receiving a notice of suspension does a System member have to request a hearing before the System Review Board?
- A. 24 hours
- B. 15 days
- C. 20 days
- D. 30 days

45. If a person disagrees with the Review Board's decision, what is their next step of appeal?

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#### **I-1: Inactive status**

46. A System member should request inactive status if they will be unable to perform the essential elements within their scope of practice for a period longer than \_\_\_\_\_ months.
47. Is a System member required to complete EMS CE or mandatory reviews while on inactive status?  
[ ] Yes [ ] No
48. What must a System member who has been on inactive status do before they can regain their active license and System privileges?

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#### **I-2: Infection Control Measures/Communicable Disease Follow-up**

49. After receiving the appropriate first-aid treatment and decontamination as required, what should a System member do if they are splashed in the eye with bloody fluid?
- A. Contact their DICO
  - B. Call the Illinois Poison Control Center for instructions
  - C. Call the local health department for treatment recommendations
  - D. Have their partner drive them to the nearest ED to be signed in for treatment
50. N-95 masks should be worn whenever there is the possibility of (select all that apply):
- ☐ TB
  - ☐ SARS
  - ☐ Common cold
  - ☐ COPD
  - ☐ Influenza-type illness

#### **I-3: Invalid Assists**

51. Which of these is considered an "Invalid Assist" call?
- A. A woman calls for help assisting her 90 y/o mother from her recliner chair to bed
  - B. A 10 y/o girl asks for help to lift her intoxicated father from the floor to the couch
  - C. A man requests help putting his wife back in bed after she fell on the floor during a seizure
  - D. A paraplegic adult needs help getting into his wheelchair after falling off the ramp outside his house
52. When responding to an invalid assist call, does the EMS System require EMS to contact OLMC, complete an electronic EMS patient care report (ePCR), or an EMS Refusal of Care and/or Transportation form?
- [ ] Yes [ ] No

#### **L-1: Patients in Law-Enforcement Custody**

53. When EMS is called by law enforcement to assess/transport a person in custody, which of these shall law enforcement communicate to EMS relative to the behavioral history of the patient? Select all that apply.
- ☐ Type of substance abuse or violence including nature, severity, and pattern.
  - ☐ Any event triggers if known and de-escalation responses.
  - ☐ Details of the charges leading to their arrest

54. ☐ True or ☐ False

It is within a PM's scope of practice to give prisoners prescription medications or to assist or observe them taking their own medications

55. ☐ True or ☐ False

When transporting a patient in law enforcement custody, an officer may travel immediately behind the ambulance if the patient is considered low risk for violence or flight.

56. ☐ True or ☐ False

If a patient in the custody of law enforcement is deemed decisional by EMS, the patient does not lose their right to making medical decisions.

## L-2: Safe Ambulance Operation: Use of Lights and Sirens

57. Select all situations in which operating an ambulance with lights and sirens is approved by the NWC EMSS MD.

|                          |                                                                                        |
|--------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> | When responding to all emergency calls                                                 |
| <input type="checkbox"/> | Transports of stable 911 patients who require BLS care                                 |
| <input type="checkbox"/> | Scheduled interfacility transports of stable patients                                  |
| <input type="checkbox"/> | ALS 911 patients who meet <b>time-sensitive</b> criteria unless contraindicated        |
| <input type="checkbox"/> | Transfer of <b>unstable</b> pts who require ALS interfacility monitoring/interventions |

## M-6 MICP/ECRN backup

58. Put an X next to all the circumstances in which a physician **must** come to the radio for OLMC:

|                          |                                                                                                                                                                                     |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Non-decisional patient refuses transportation                                                                                                                                       |
| <input type="checkbox"/> | Refusal of treatment/transportation against medical advice                                                                                                                          |
| <input type="checkbox"/> | Crime scene response involving conflict with law enforcement personnel;                                                                                                             |
| <input type="checkbox"/> | Termination of resuscitation (TOR)                                                                                                                                                  |
| <input type="checkbox"/> | A confirming order is needed for physical restraints                                                                                                                                |
| <input type="checkbox"/> | A confirming order is needed for a limb tourniquet                                                                                                                                  |
| <input type="checkbox"/> | Approval of an adolescent's refusal of service if they meet criteria in the refusal policy                                                                                          |
| <input type="checkbox"/> | A physician is on the scene giving questionable instructions or is providing care contrary to SOPs                                                                                  |
| <input type="checkbox"/> | Any situation requiring ambulance diversion resulting from limitation of hospital resources where there is concern as to whether diversion is in the best interest of patient care. |

## M-8: Medical Device Failure/Malfunction

59. While attempting to defibrillate a patient in VF, the monitor/defibrillator fails to discharge. What actions must be taken immediately after the medical device failure?

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60. Are controlled substances carried on non-transport vehicles subject to the same requirements of inventory counts, controls, and logs as those carried on transport vehicles? [ ] YES [ ] No

## O-1: Overrides

61. How should a paramedic request an Override if they receive orders from an Associate Hospital that they believe are inappropriate or are refused orders they believe are necessary?

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**P-2: Physician/Nurse On Scene**

62. Under what circumstances are EMS personnel authorized to refuse orders issued by the patient's PCP and to contact OLMC to intervene in the dispute and provide EMS orders?

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**P-3: Interaction with Police/Crime Scene Responses**

63. In cases of conflict between law enforcement officers and EMS providers, who should be contacted first as soon as possible to facilitate problem resolution?
- A. The EMS Medical Director
  - B. The EMS Administrative Director
  - C. An ECRN at the designated system hospital
  - D. An emergency OLMC physician at the nearest system hospital
64. In all cases where a crime, suicide, attempted suicide, accidental death or suspicious fatality has occurred and police are not on the scene, what action is required of EMS personnel?

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**R-6: Refusal of Service**

65. ☐ True or ☐ False  
The EMS system is obligated to honor a legally and mentally decisional patient's right to refuse care and/or transportation, even if death is the likely result unless there is a compelling state interest that overrides the rights of the patient.
66. Where must EMS personnel call to confirm an ALS refusal of service?
- A. Resource Hospital for all calls
  - B. Desired receiving hospital
  - C. Nearest System hospital
67. From what location should the call be placed? \_\_\_\_\_
68. How are EMS personnel to inform patients of all the risks inherent in refusing care and/or transportation?

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69. (a) Does system policy allow EMS to accept a refusal from a BLS pt older than 65 without calling OLMC?  
[ ] Yes [ ] No
- (b) Does system policy allow EMS to accept a refusal for a child without calling OLMC if parents are on scene?  
[ ] Yes [ ] No
70. Does system policy allow EMS to accept refusals from BLS adult patients younger than 65 who are alert, hemodynamically stable, and do not meet the criteria for high risk potential without calling OLMC?  
[ ] Yes [ ] No

71. What portion of the physical assessment must be communicated and documented in all refusals?

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72. Under what circumstances may a minor consent to their own assessment and care? Select all that apply:

- ☐ Married
- ☐ Pregnant
- ☐ Court order of emancipation
- ☐ Member of the armed forces
- ☐ Non-critical injuries sustained in a MVC
- ☐ > 12 requesting treatment for sexual abuse, ETOH, mental health

### **R7 Reportable Incidents**

73. Give at least 3 examples of reportable incidents within the NWC EMSS:

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74. To whom should EMS personnel report one of these incidents?

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### **T-2: Patient Transport/Selection of Receiving Facility**

75. Where must EMS transport all patients unless pre-existing transport patterns exist and/or OLMC approves transport to an alternate location?

- A. Closest hospital by mileage
- B. Hospital where their physician is on staff
- C. Nearest appropriate hospital by travel time
- D. Facility where their insurance has provided pre-approval

### **V-2: Violence: Suspected Child Abuse and Neglect**

76. Paramedics suspect child abuse of a 5 y/o child and the custodial parent refuses transport. Police refuse to intervene. Who else is able to take temporary protective custody of the child without the consent of the person responsible for the child's welfare?

- A. An ECRN
- B. Senior paramedic
- C. An ED physician at the receiving hospital
- D. A designated employee of the Department of Health and Human Services

77. What information must be given to the DCFS hotline number call taker?

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78. What form is required for all EMS personnel to sign to acknowledge their mandatory reporter status?

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### **V-4: Violence: Domestic**

79. What does Illinois law require EMS personnel to offer a person suspected of being a victim of domestic violence or abuse?

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80. Are EMS personnel mandatory reporters of interpersonal violence between adults?

- ☐ Yes
- ☐ No