

Northwest Community EMS System 2018 Policy Manual Self-Assessment

Name (Print):	Evaluator signature:
Agency	Date:
Score: [] Acceptable [] Not acceptable	

Complete; Discuss with EMS Coordinator; Submit to EMS Office prior to testing

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

1. How does the NWC EMSS define a patient?

2. What three obligations do members of the EMS System have to all patients?

3. What are the three (legal) options for patient disposition once EMS personnel establish contact with a patient?

4. How does documentation show "on its face" that the standard of care was provided to a patient?

5. Is it acceptable practice for EMS personnel to temporarily disconnect continuous electronic or monitoring devices used in transport for removal of the patient from the ambulance into the ED?

[] Yes [] No

6. 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

7. From what location should this call be placed? _____

8. True or False.(circle one) When the decision is made to transfer patient responsibility from a municipal service to a private agency for a stable patient who has received BLS care and no continuing need for EMS interventions exists, the municipal paramedics on an ALS vehicle may leave the scene if called to treat a patient elsewhere whose injuries are of a more severe nature and mutual aid will take longer than _____ minutes to respond.

A-2: Use of Aeromedical Transport Vehicles

9. Authorization for use of an aeromedical transport service in the NWC EMSS shall be made by

- A. scene personnel only.
- B. NCH only.
- C. either scene personnel or base station personnel.

10. An MCV patient with a GCS of 6, multiple injuries and hypotension is undergoing a prolonged extrication. Transport time by ground to the nearest Level I trauma center would be 25 minutes. A helicopter can arrive to the scene in 15 minutes. Ambulance ETA to the nearest Level II Trauma Center by ground would be about 10 minutes. Where and how should this patient be transported?

11. When requesting a helicopter, what form can be used to remember all the information that needs to be communicated to the helicopter dispatcher?

12. If a helicopter will not be needed immediately, the requesting hospital can ask the flight crew to be placed on:

A-3: Initiation of ALS vs. BLS Care

13. A patient presents with a lower acuity systemic allergic reaction and has been given oral diphenhydramine. Is this a BLS or an ALS call? [] BLS [] ALS

14. A 65 y/o male c/o a headache, has a BP of 240/130 and appears to be in pulmonary edema. Should this be a BLS or an ALS call? [] BLS [] ALS

15. Indicate with an X whether EMT-Bs are allowed to perform the following in the NWC EMSS System:

	<u>Yes</u>	<u>No</u>
Assist a patient in administering their own NTG, Epi pen, or Proventil	_____	_____
Tracheal intubation	_____	_____
Venous access with an IV	_____	_____
Glucose check using a Precision Xtra monitor	_____	_____

16. Indicate with an X whether the following are authorized within a paramedic's scope of practice:

	<u>Yes</u>	<u>No</u>
Provide tetanus toxoid injections while doing clinical time in the ED	_____	_____
Transport a patient with a methylprednisolone drip running	_____	_____
Insert an indwelling urinary catheter (Foley)	_____	_____
Transport/monitor a patient with an indwelling urinary catheter	_____	_____
Insert a gastric tube	_____	_____
Transport/monitor a patient with a gastric tube	_____	_____
Transport a patient with a chest tube	_____	_____
Transport a patient with an intracranial pressure monitor	_____	_____
Perform a digital rectal exam	_____	_____

17. Under what circumstances can a BLS crew transport a patient who requires ALS care?

18. Is it acceptable to abort ALS care for a chronically ill person who appears stable when the total scene and transport time is less than 5 minutes? [] Yes [] No

A-5: Abandoned Newborn

19. Name three locations specified in the *Abandoned Newborn Infant Protection Act as amended* to which an infant may be safely relinquished?

20. 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. 72 hours
 - C. 7 days
 - D. 30 days

21. If the child appears older than this, or has been abused or neglected, EMS personnel should follow the _____ policy.

22. Where must EMS personnel transport a relinquished infant?
- A. Nearest hospital
 - B. DCFS headquarters
 - C. Nearest police facility
 - D. Local health department

23. What forms must be given to a relinquishing parent?

24. Is the relinquishing adult required to discuss and sign the forms in the presence of the healthcare provider to whom they are relinquishing the infant?
- A. Yes
 - B. No

B-1: Hospital Resource Limitation/Ambulance Bypass

25. Under what circumstances may a hospital in the NWC EMSS continue to receive patients while on bypass?

26. What hospital should EMS call for on-line medical control when the nearest hospital is on bypass status?
- A. Nearest hospital
 - B. The probable receiving facility

C3: Crisis Response Plan

27. Define an actual or potential system crisis

28. When performing early surveillance, what clues could suggest a bioterrorism event?

29. If any bioterrorism poisoning / agent is suspected or there is an unusual clustering of patients, what action should be taken **FIRST**?

C-6: Controlled Substances on EMS Vehicles

30. What drugs carried on NWC EMSS vehicles are considered controlled substances?

31. How must all Schedule II controlled substances be secured on an EMS vehicle?

32. What action is necessary if a paramedic accidentally breaks or prepares, but does not use, a dose of a controlled substance?

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

33. Define: Individually identifiable health information

34. What Federal law protects private health information? _____

35. A police officer assigned to a case asks to see the patient care report for a victim of sexual assault. Can you give him the medical record to review? Yes No

36. News media are covering a story involving multiple victims of a gas explosion and ask to see the patient care report under the right of "public record". Can you provide copies of those records to the press?
 Yes No

37. Indicate if each of these 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 patient records (refusal forms) that have been electronically scanned into a general purpose garbage can		

44. 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 local Conflict Mediating board. | C. | the system Advisory Board. |
| B. | a local Review Board. | D. | a local Grievance Committee. |
45. What type of suspension may be invoked if a System members fails to complete the required number of continuing education hours and/or mandatory skill competencies each year?
-

D-2: Drug Replacement

46. At what point prior to expiration should EMS personnel bring a drug in to their assigned System hospital for exchange?
-
47. Where should EMS personnel turn in and get replacements for soon to expire drugs?

D-3: Approving/Issuing Drugs and Supplies

48. Drugs and pharmacologics stocked for EMS use shall be of suitable quality, quantity, concentration, and formulation for approved routes of administration. What System documents serve as the only basis for carrying any drug/pharmacologic or supplies/equipment on NWC EMSS vehicles?
-
- t
-
-

49. How must all EMS medications and pharmacologics be issued and stored?
-
-
50. EMS personnel are personally responsible for the security of all drugs and pharmacologics while they are in their possession (chain of custody). List one way in which can be accomplished.
-
51. How often should EMS vehicles be inventoried to ensure that drugs and pharmacologics are of suitable quality, quantity, sterility, concentration, formulation and within expiration dates?
-
52. IV solutions of volumes 150mL or greater can be warmed in their plastic overpouches to temperatures not exceeding 40°C (104°F), For how long can a bag of IV fluid remain in the warmer?
-
53. Once the VIAFLEX plastic containers have been in the warming cabinet for their maximum time period, remove the container from the warming cabinet and identify as having been warmed. May these bags be returned to the warmer at a future date?
-

May they continue to be used until the labeled expiration date from the manufacturer provided they have not been warmed more than once?

54. What should EMS personnel do with recalled and medications unsuitable for use?

55. If a drug or pharmacologic is lost or suspected of misuse, what action is mandatory?

D-4: Data Collection and Evaluation

56. 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?

Not transported?

Non-transport providers/vehicles?

57. If extenuating circumstances require an EMS unit to return to service before an ePCR is complete and/or printed, what should be given to the hospital BEFORE leaving?

containing at minimum:

How soon must the final PCR be completed, uploaded, and provided to the hospital?

D-5: ILLINOIS POLST forms and Advance Directive Guidelines (See questions in SOP self-assessment)

58. What action must EMS personnel take if they are presented with a DNR document containing all the mandatory elements, but it is written on something other than the Illinois POLST form?

E-1: Petitioning and Emotionally Disturbed Patient for Involuntary Transport to a Hospital

59. Decisional capacity generally depends on the person's ability to

60. List three life-threatening psychiatric conditions:

➤ _____
➤ _____
➤ _____

61. Under what circumstances should EMS personnel initiate a Petition form?

62. **True or false:** A petition form must be completed every time a patient is placed in restraints, regardless of the cause of the behavior that indicated a need for restraint.

True False

63. For which patient should restraints be unnecessary?

- A. An adult who is intoxicated and ataxic.
- B. An adult who is threatening EMTs with violence.
- C. A pediatric patient that is intubated and attempting to remove the ET tube.
- D. An adolescent with excited delirium who is not responding to verbal deescalation.

E-2: Non-disposable Equipment Exchange

64. Hospital personnel are responsible for the safekeeping of non-disposable equipment left at their facility for a period of up to _____ hours.

65. Hospitals that send non-disposable equipment belonging to a prehospital provider to another hospital with the patient is responsible for making arrangements to retrieve the equipment within _____

E-5: Code of Ethics

66. Can a provider agency refuse to respond to a patient who has called them multiple times for complaints that have been determined to be of a non-emergent nature? (Example, MS patient who needs their legs moved)

Yes No

67. What are the guiding ethical principles that direct all system operations?

68. Can an individual be refused an EMS response and/or care in the NWC EMSS solely on their inability to pay for such services?
[] Yes [] No

E-6: Mass Gathering Events

69. How many people in one setting constitute a mass gathering event for which special EMS planning must occur?

70. Do EMS personnel assigned to their town's summer festivals need to call the hospital prior to administering basic first aid (re: adhesive strips, cold packs etc.)? [] Yes [] No
71. How should first aid provided to adults be documented at a large-scale mass gathering event?
A. CARS report
B. Mass Gathering Log Sheet
C. Multiple patient release form
D. System Refusal of Service form
72. If ALS care must be provided to a participant at a mass gathering, under what medical control authority are they treated?

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

73. 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. What System form should be completed in this situation by the person who wishes review of an incident or seeks clarification in writing?

74. What is the first consideration when an allegation is made?

75. Once the above form is initiated to whom should it be forwarded?
A. The Provider EMS Coordinator C. The EMS Medical Director
B. The hospital's EMS Coordinator D. The E.D. nursing director
76. What are the possible outcomes of the preliminary complaint investigation?
1. _____
2. _____
3. _____
4. _____

G-2: Local System Review Board

77. How long after receiving a notice of suspension does a System member have to request a hearing before the System Review Board?

78. To whom should the party with the grievance forward the request for a hearing?

79. If you request a System Review Board, where can you obtain a listing of possible Review Board members?

80. How soon after a written request is submitted shall a board convene? _____

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

G-3: State EMS Disciplinary Review Board

82. What is the function of the State Disciplinary Review Board?

I-1: Inactive status

83. 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.

84. After gaining approval from their employer, what documents must be submitted to the Resource Hospital EMS Administrative Director in order to request inactive status?

85. Is a System member required to complete EMS CE, mandatory reviews, or modular exams while on inactive status? Yes

86. What must a System member who has been on inactive status do before they can regain their active license and System privileges?

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

87. After providing themselves with 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?

88. If a healthcare professional refuses to authorize his or her blood to be sent for titers on the day of a significant exposure, he or she has _____ days to change his or her mind and consent to having the blood test done.

89. What PPE is required of EMS personnel if they are transporting a patient with a fever, cough, and watery diarrhea? _____

I-3: Invalid Assists

90. What is the definition of a patient in the NWC EMSS?

91. 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
92. What type of documentation is required by the System for an invalid assist?
-

I-4: System Members with Impaired Practice

93. If an ECRN or EMS Physician smells alcohol on the breath of an EMS practitioner who exhibits ataxic gait while they are in uniform and on duty, they must fill out a Request for Clarification form and
- A. release the person to their partner; instruct them to return to the station where the individual can sleep it off.
 - B. notify the person's employer who shall conduct an immediate investigation.
 - C. immediately suspend their EMS license pending an investigation by the EMS MD.
 - D. invoke an administrative suspension pending investigation by a disciplinary review board.

M-2: Mandatory Reviews

94. System paramedics and ECRNs may comply with mandatory review requirements for new SOPs through independent study of the written materials or viewing a videotape and successful completion of a post-test.
- [] True [] False

M4 Medical examiner- coroner cases

95. ALS personnel may independently confirm triple zero, pronounce the patient dead, and sign a death certificate in the field for a deceased person with a self-inflicted GSW to the head. [] True [] False

M-6 MICP/ECRN backup

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

	Questionable DNR order (not on the IDPH <u>POLST</u> Form) or form incompletely filled out;
	Nondecisional patient refuses transportation
	Refusal of treatment/transportation against medical advice
	Crime scene response involving conflict with law enforcement personnel;
	Termination of resuscitation for persistent asystole;
	A confirming order is needed for physical restraints;
	A confirming order is needed for a limb tourniquet
	Approval of an adolescent's refusal of service;
	A physician is on the scene giving questionable instructions or is providing care contrary to SOPs
	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 (1/16)

97. 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?

O-1: Overrides

98. Requests for an Override always imply fault, blame or error by the Associate Hospital.
[] True [] False

99. How should a paramedic request an Override?

P-2: Physician/Nurse On Scene

100. If a professed, licensed physician who **is not** the patient's primary care practitioner (PCP) is present on the scene, they may automatically assume responsibility for the call because of their medical credentials.
[] True [] False

101. Whose orders predominate in cases of conflict with System SOPs and policies?
A. On-Scene physician (not the patient's PCP)
B. Emergency OLMC Physician at system hospitals

102. Under what circumstances are EMS personnel authorized to refuse orders issued by the patient's PCP?

P-3: Interaction with Police/Crime Scene Responses

103. In cases of conflict between police 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

104. During a scene size up, EMS personnel shall rapidly evaluate the scene to determine if conditions permit safe performance of professional medical duties. 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?

R-2: Review and Maintenance of EMS Personnel Files

105. The EMS office may release the findings of Requests for Clarification and anecdotal notes to the file if requested by a person's current or a potential employer without the person's written authorization.
[] True [] False

R-6: Refusal of Service

106. 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. [] True [] False

107. How are EMS personnel to inform patients of all the risks inherent in refusing care and/or transportation?

- 108. Does system policy allow EMS to accept a refusal from a BLS pt older than 65 without calling OLMC?
 Yes No
- 109. Does system policy allow EMS to accept a refusal for a child without calling OLMC if parents are on scene?
 Yes No
- 110. 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
- 111. Can an intoxicated patient with ataxia refuse care and/or transportation? Yes No
- 112. What portion of the physical assessment must be communicated and documented in all refusals?

- 113. List two circumstances under which a minor may consent to or refuse treatment

- 114. Can a conscious and alert 16 y/o exhibiting rational behavior with decisional capacity who was involved in a minor fender bender sustaining a bruise on his forehead refuse care and/or transportation if a parent cannot be contacted?
 Yes No
- 115. List one circumstance when the refusal of care expressed by a minor's caregiver may be invalid.

R7 Reportable Incidents

- 116. What is a reportable incident? How is it defined?

- 117. Give at least 5 examples of reportable incidents within the NWC EMSS:

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

S1 Stress Intervention

119.. List at least 3 examples of situations that may cause critical incident stress:

120. List at least one S&S of stress from each of the categories below

Physical:

Emotional:

Cognitive:

Behavioral:

121. What are effective techniques for reducing crisis-induced stress?

S3 EMS Staffing (formerly M-5: ALS/BLS Manpower Policy)

122. EMS is transferring a patient on continuous ECG and SpO₂ monitoring who has an IV of NS infusing TKO. The patient also has an indwelling Foley catheter and NG tube. What is the **minimum** ambulance staffing that is required for this transport per System policy?

- A. 1 EMT-B + 1 EMT-P
- B. 1 EMT-B + 1 PHRN
- C. 2 EMT-Ps or PHRNs
- D. 1 EMT-P + 1 student EMT-P

123. EMS is transferring a lower acuity stable patient from a skilled nursing facility to a hospital for a CT scan. An IV of NS is running TKO. The patient requires only SpO₂ and ECG monitoring enroute. What is the **minimum** ambulance staffing that is required for this transport per System policy?

- A. 1 EMT-B + 1 EMT-P
- B. 1 EMT-B + 1 PHRN
- C. 2 EMT-Ps or PHRNs
- D. 1 EMT-P + 1 student EMT-P

T-1: Triple Zero/Non-initiation of CPR (Use SOPs as most recent information)

124. What criteria must be present to declare a patient triple zero?

125. Are EMS personnel required to send a strip of asystole before confirming triple zero?

[] Yes [] No

126. True or false (circle one): Confirmation of triple zero shall be interpreted as a pronouncement of death.

127. What identifying information must be communicated to EMS personnel relative to the physician who confirmed the triple zero state?

128. How should EMS personnel contact the hospital to confirm triple zero if there are three or more victims, or if communications must be confidential and discrete, as in a crime scene?

129. Are EMTs required to transport triple zero patients who fall under the questionable death statutes?

Yes No

T-2: Patient Transport/Selection of Receiving Facility

130. State law requires that all patients be transported to the **nearest hospital** unless specific criteria have been met. How is nearest hospital defined?

131. In medium to large scale multiple patient incident, patients **do not** have to be transported to the nearest hospital. True False

132. Where should all trauma patients meeting the criteria for Level I or Level II trauma centers be transported according to the new SOPs and policy?

133. Where should patients with suspect stroke with large vessel occlusions who are on be transported?

V-1: Variance Request

134. The _____ or designee must grant or deny variance requests and respond within _____ hours of receiving the request.

V-2: Violence: Suspected Child Abuse and Neglect

135. 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

136. What information should be given to the hotline number call taker?

137. What is the Child Abuse Hot line number? _____

138. As mandatory reporters of Child Abuse, what form is required for all EMS personnel to sign?

V-3: Violence: Suspected Elder Abuse and Neglect

139. Under Illinois law, what is the youngest age of eligibility to be meet protection provisions of the AGING (320 ILCS 20/) Adult Protective Services Act if they reside in a domestic living situation and is, or is alleged to be, abused, neglected, or financially exploited by another individual, or who neglects himself or herself?

140. What is an EMS responder's responsibility to the above patient after providing ALS care?

V-4: Violence: Domestic

141. One should consider the possibility of domestic violence for all females who present with one or more of the following: (may choose more than one)

- Suicide attempts or homicidal assaults
- Strokes in young women
- Injuries that are difficult to account for as accidental
- Statements referring to their significant other's temper

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

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

- Yes
- No