

# Northwest Community EMS System 2021 Policy Manual Self-Assessment

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

**Complete; Discuss with Provider EMS Coordinator;  
Submit to NWC EMSS Office 1 week prior to System Entry testing**

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

- How does the NWC EMSS define a patient?  
\_\_\_\_\_  
\_\_\_\_\_
- What are the three (legal) options for engagement and disposition once EMS personnel establish contact with a patient?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 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
- When the decision is made to transfer patient responsibility from a municipal service to a private agency for a stable pt who has received BLS care and no continuing need for EMS interventions exists, the municipal PMs may leave the scene if called to treat a pt 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

- Authorization for use of an aeromedical transport service in the NWC EMSS shall be made by
  - NCH only.
  - scene personnel only.
  - either scene personnel or base station personnel.
- When requesting a helicopter, what form can be used to remember all the information that needs to be communicated to the helicopter dispatcher?  
\_\_\_\_\_
- If a helicopter will not be needed immediately, the flight crew can be placed on:  
\_\_\_\_\_

## A-3: Initiation of ALS vs. BLS Care

- 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
- 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

10. Indicate with an X if EMTs are allowed to perform the following in the NWC EMSS System:

Skill	Yes	NO
Administering NTG, Epinephrine IM, albuterol / MDI		
i-gel insertion		
Venous access with an IV		
Glucose check using a Precision Xtra monitor		

11. Indicate with an X if PMs without critical care privileges are allowed to perform the following in the NWC EMSS:

Skill	Yes	NO
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)		
Insert a nasogastric tube		
Needle pleural decompression		
Surgical cricothyrotomy		
Transport a patient with a chest tube already placed		

**A-5: Abandoned Newborn**

12. Name three locations listed in the *Abandoned Newborn Infant Protection Act* where a newborn may be relinquished?

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13. 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

14. If the child appears older than this, or appears to have been abused or neglected, EMS personnel should follow the \_\_\_\_\_ policy.

15. 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.

16. Where are the forms that must be given to a relinquishing adult found at your agency?

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17. Is the relinquishing adult required to sign the forms in the presence of the PMs with whom they are leaving the infant?

- A. Yes
- B. No

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

18. 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 a child and hospital has Peds ED
  - "LAST CLEAR CHANCE" of survival lies in transport to nearest hospital
  - Multiple (≥3) hospitals in one area are on bypass simultaneously
19. What hospital should EMS call for OLMC when the nearest System hospital is on bypass status?
- A. Nearest System hospital      B. The probable receiving facility

**C2: Continuing Education**

20. How many CE hours are required for each EMS practitioner in the NWC EMSS?

CE hours required	IDPH	NWC EMSS
EMT	60 hrs in 4 yrs	_____ hrs/yr – _____ hrs_in 4 yrs
Paramedic/PHRN	100 hrs in 4 yrs	_____ hrs/yr – _____ hrs_in 4 yrs
ECRN	32 hrs in 4 yrs	_____ hrs/yr – _____ hrs_in 4 yrs
TNS	64 hrs in 4 yrs	_____ hrs in 4 yrs

21. 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

22. How often must the following competencies be completed and verified in the NWC EMSS?

Competency	Quarterly	Annually	Biannually
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			

23. 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 of the class and complete the credit questions
- Attend the same content being offered in the entry level paramedic, ECRN or TNS courses
- Complete an online commercial class covering the same content and submit the CE certificate to the System

**24. Credit question grading fees:**

What is the fee for submitting the first credit question packet on time? \_\_\_\_\_

What is the fee for submitting each subsequent packet on time? \_\_\_\_\_

What is the additional fee for submitting any packet later than 31 days after the last regularly scheduled class or date of posting to the System website? \_\_\_\_\_

**C3: Crisis Response Plan**

25. Which of these qualifies as a situation in which the Crisis Response policy may be enacted?

	EMS Agencies and/or hospitals are threatened or impacted by trauma or disease that could reflect an impending epidemic or public health crisis, loss of public utilities, large losses to property, or disruptions to communication networks or transportation mechanisms creating a resource limitation that does or could impair EMS response (e.g. COVID-19 pandemic)
	Severe weather events impacting multiple agencies and hospitals with resource limitations
	Large crowd events with a moderate to high likelihood of volatile public responses with the potential for multiple casualties

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

26. 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

27. How should all CS drawn up into syringes be labeled if not immediately administered?

\_\_\_\_\_

28. When **stored in a DRUG BAG**, how must CS be secured?

\_\_\_\_\_  
\_\_\_\_\_

29. When **stored in an ambulance**, how must CS be secured?

\_\_\_\_\_  
\_\_\_\_\_

**How shall EMS ensure that access to EMS vehicles is limited?** \_\_\_\_\_

\_\_\_\_\_

30. 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?

\_\_\_\_\_

31. Controlled substances **DAILY COUNTS**: When must the daily counts occur?

\_\_\_\_\_

32. What must occur during the CS counts?

\_\_\_\_\_  
\_\_\_\_\_

**How many EMS personnel must be present simultaneously during the count?**

\_\_\_\_\_

33. **CS LOG DOCUMENTATION**: What must be noted on the CS inspection form?

**Signatures of** \_\_\_\_\_

**Legible:** \_\_\_\_\_

**Numeric:** \_\_\_\_\_

34. Who shall be notified of all count discrepancies or loss of any controlled substance and when?

\_\_\_\_\_

**Who must also be notified if loss is due to a suspected theft?**

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35. 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?

**Immediately:**

**Bring drug** in its original packaging to:

For:

**Note the removal in:**

**Initiate an:**

36. If an ALS practitioner is found guilty of prohibited behaviors such as a break in the chain of custody of CS, lying or deceit about inventory checks/drug counts; falsification of EMS records, diversion of drugs for personal purposes or use; or two or more instances of an unexplained discrepancy during a practitioner's duty cycle; what type of action/consequences will occur?

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37. What actions are needed to exchange empty CS drug containers at the hospital?

Empty CS containers shall be **discarded into:**

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38. **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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39. Who must witness the wasting of any amount of a CS?

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40. How shall the names and signatures of the witnesses be captured in the PCR?

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

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42. **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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43. 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)**

44. Define: Individually identifiable health information

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45. A police officer assigned to a case asks to see the patient care report for a victim of sexual assault. Can you give them the medical record to review? ]  Yes  No
46. 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
47. 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**

48. 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
49. Under what circumstances may ALS orders be given over the MERCI (VHF) radio?

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50. 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		Northshore Glenbrook
	Good Samaritan Hospital		Northwest Community Hospital
	Good Shepherd Hospital		Resurrection Medical Center
	Lutheran General Hospital		St. Alexius

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

51. 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.

52. 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

53. 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

54. 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 basis for carrying drug/pharmacologic or supplies/equipment on NWC EMSS vehicles? Select all that apply.
- SOPs
  - Policy Manual
  - Procedure Manual
  - Drug & Supply List
55. 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
56. 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
57. 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?
- A. Yes
  - B. No
58. 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
59. 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.
60. 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**

61. 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 completed PCR must be provided to the receiving hospital (printed or faxed) before the crew leaves unless extenuating circumstances apply
  - A handwritten abbreviated report may be left at the hospital until the crew returns to quarters and completes the full PCR
62. When extenuating circumstances require an EMS unit to return to service before an ePCR is complete and/or printed, select all of the following that must be given to the hospital before leaving:
- Copies of ECG tracings, med lists, transfer orders, and POLST forms
  - Copies of the dispatch report
- An abbreviated written report that includes at least the following:**
- Copies of the patient's insurance cards
  - Patient's medications, allergies, and history
  - EMS interventions in addition to IVF/med admin
  - Name, address, and contact numbers of the patient's physicians
  - Name, dose, and route for any IVF and/or meds given by EMS and patient responses
  - Chief complaint and physical exam findings with acutely abnormal results; last obtained VS
63. How soon must the final PCR be completed, uploaded, and provided to the hospital?
- As soon as possible after leaving the hospital, but within that duty shift
  - Within 48 hours
  - Within 72 hours before the run is locked down in the Image Trend Software
64. **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.
- 2 hours
  - 8 hours
  - 12 hours
  - 24 hours
65. How many licensed ALS personnel must sign an ALS report on a patient determined to be emergent or critical?
- 1
  - 2
  - 3

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

66. What action must EMS personnel take if they are presented with a DNR order containing all the mandatory elements, but it is written on something other than the Illinois POLST form?
- Call OLMC
  - Accept that this is a valid order and act on the directions given in the document
  - Express regret to the family/healthcare workers that EMS cannot honor such an order
67. An unconscious adult is found pulseless and apneic. A valid IDPH POLST form is on the bedside table. What instructions on the form should be reviewed first to determine the care that is indicated?
- Section A: Has the patient marked DNR or attempt resuscitation?
  - Section B: How aggressively does the patient want to be treated?
  - Section C: Has the patient consented to artificial nutrition?



68. An unconscious elderly adult has agonal respirations and is found pulseless in idioventricular rhythm. A daughter presents a valid Illinois POLST form with the patient's signature providing consent. Another daughter is very distraught and states that their father revoked the order yesterday. Neither have durable power of attorney for healthcare. What should a paramedic do?
- A. Resuscitate the patient based on the daughter's request and transport ASAP
  - B. Honor the DNR order. There is no conclusive evidence that it has been revoked and the daughters have no legal right to rescind the order
69. An adult presents with severe dyspnea and increased work of breathing. The patient has a history of left HF and denies history of asthma or COPD. VS: BP 180/96; P 100; R 28 and labored; SpO<sub>2</sub> 74% and ETCO<sub>2</sub> 55 with a square waveform. Lung sounds: bilateral wheezes. The patient has an IDPH POLST form with DNR marked in Box A and Selective Treatment marked in Box B. What care is indicated?
- A. Initiate care with NTG and CPAP and transport
  - B. Insert an advanced airway, give albuterol via in-line nebulizer, and transport
  - C. Provide comfort care only, have the patient sign a refusal form, do not transport

**E-2: Non-disposable Equipment Exchange**

70. Hospital personnel are responsible for the safekeeping of non-disposable equipment left at their facility for a period of up to \_\_\_\_\_ hours.
- A. 24
  - B. 48
  - C. 72
  - D. 96
71. 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
- A. 12 hours
  - B. 24 hours
  - C. 1 week
  - D. 2 weeks

**E-5: Code of Ethics**

72. 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)
- A. Yes
  - B. No
73. What are the guiding ethical principles that direct all system operations?

\_\_\_\_\_

**Beneficence** (define): \_\_\_\_\_

\_\_\_\_\_

**Nonmaleficence** (define): \_\_\_\_\_

\_\_\_\_\_

**Justice** (define): \_\_\_\_\_

\_\_\_\_\_

**Veracity** (define): \_\_\_\_\_

\_\_\_\_\_

**Autonomy** (define): \_\_\_\_\_

74. 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**

- 75. Do EMS personnel assigned to their town's summer festivals need to call OLMC prior to administering basic first aid (re: adhesive strips, cold packs etc.)? [ ] Yes [ ] No
- 76. 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
- 77. If ALS care must be provided by paramedics to participants at a mass gathering event within the geographic boundaries of the NWC EMSS, under what medical control authority are they treated?
  - A. Gathering sponsors
  - B. NWC EMSS Medical Director
  - C. Physicians volunteering to staff the event on scene

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

- 78. 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

79. What are the possible outcomes of the preliminary complaint investigation?

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**G-2: Local System Review Board**

- 80. 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

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

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82. 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**

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?

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85. Is a System member required to complete EMS CE or mandatory reviews while on inactive status?  
[ ] Yes [ ] No
86. 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

87. 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
88. If a healthcare professional refuses to authorize their blood to be sent for titers on the day of a significant exposure, how many days do they have to change their mind and consent to having their blood test done?
- A. 15
  - B. 45
  - C. 90
  - D. 120
89. Which of these is considered an aerosol generating procedure (AGP) that would necessitate donning an N95 respirator and using HEPA filtration?
- A. O2 delivery/ NRM
  - B. ETI and ventilation with a BVM
  - C. Applying a low-flow nasal cannula
  - D. Inserting a nasopharyngeal airway
90. After initial hand hygiene, what is the correct sequence for donning PPE with airborne/droplet precautions?
- A. Gloves, gown, eye protection, mask/respirator
  - B. Eye protection, mask/respirator, gown, gloves
  - C. Mask/respirator, eye protection, gown, gloves, hand hygiene
  - D. Gown, mask/respirator, eye protection, hand hygiene, gloves
91. What is the recommended method to kill staph, strep, and other viruses and bacteria from ambulances surfaces?
- A. Cover all surfaces with antibacterial foam, wait one minute and wipe dry
  - B. Apply antibacterial soap. Wait 30 seconds and wipe dry with paper towel
  - C. Spray with EPA-approved disinfectant; comply with wet dwell times and wipe dry
  - D. Douse all surfaces thoroughly with full strength bleach, sit wet for 1 minute and thoroughly wipe dry

### I-3: Invalid Assists

92. 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
93. 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

**I-4: System Members with Impaired Practice**

94. What observable behaviors suggest impaired behavior or behavior under the influence? Select all that apply.
- Drowsiness, lack of mental alertness; significant unexplained mood changes
  - Slurred/incoherent speech; red eyes; or alcohol on the breath
  - Aggressive behavior/loud voice or abusive language
  - Lack of manual dexterity/coordination (eye, hand, gait, or balance)
  - Unexplained work-related accident or injury (causing or participating in any work-related accident or injury)
  - Excessive absenteeism or tardiness that has no other logical documented explanation)
95. Are EMS personnel required to inform their designated supervisor when reporting for EMS-related duty if their use of any drug may adversely affect their ability to satisfactorily perform their EMS job duties or may impair their safety or the safety of others?     Yes                       No
96.     True or  False
- EMS agencies in the NWC EMSS may enforce drug-free workplaces and “reasonable” zero tolerance policies concerning drug testing, smoking, consumption, storage or use of cannabis in the workplace or while on call. Workers are considered to be on call when they’re scheduled, with at least 24 hours’ notice, to be on standby or working. EMS drug screens must show negative results for THC while on duty per employer policy.
97.     True or  False
- The System prohibits products sold legally as medical marijuana by prescription and/or products containing CBD.
98. 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.    notify the person's employer who shall conduct an immediate investigation.
  - B.    immediately suspend their EMS license pending an investigation by the EMS MD.
  - C.    invoke an administrative suspension pending investigation by a disciplinary review board.
  - D.    release the person to their partner; instruct them to return to the station where the individual can sleep it off.

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

99. 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
100.     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
101.     True or  False
- Patients in law enforcement custody have rights to privacy that are different from a non-prisoner patient.
102.     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.
103.     True or  False
- If chemical restraint is needed for a patient, law enforcement policies/procedures shall apply.
104.     True or  False
- Any conflicts in the degree and/or type of restraint-use will be resolved in consultation with OLMC and the OFFICER.

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

105. 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-2: Mandatory Reviews**

106.  True or  False System EMS personnel 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.

**M4 Medical examiner- coroner cases**

107. Under usual and customary procedures, who is responsible for notifying the Coroner/Medical Examiner's office and/or the attending physician to determine if they will sign the death certificate of a deceased patient who remains at the scene?.

- A. EMS personnel
- B. OLMC personnel
- C. Next of kin for the deceased
- D. Law Enforcement personnel

108.  True or  False

It is the position of the NWC EMSS that EMS personnel should minimize, as much as possible, the amount of time spent in service at the scene of deceased individuals and should not be used to transport deceased individuals to hospitals, funeral homes or M.E. locations. Whenever possible, alternate modes of transportation, i.e., police or funeral home should be used.

**M-6 MICP/ECRN backup**

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

<input type="checkbox"/>	Nondecisional 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 for persistent asystole;
<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**

110. 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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**M-9: MedENGINES; Alternate response Non-transport (NT) vehicles**

111.  True or  False  
ALS NT vehicles are required to carry the exact same inventory of drugs and supplies as an ALS ambulance.
112. Are EMS personnel responding on an alternate response vehicle held to the same scope of practice and standards of care as comparably licensed EMS personnel on ambulances within the limits of the supplies and equipment available to them? [ ] YES [ ] No
113. 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**

- 114.. 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**

115. 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
116. 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**

117. 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
118. 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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**P-7 Peer Educator I –IV / Illinois Lead Instructor**

119. Which of these requires Peer I-IV educator status in the NWC EMSS? Select all that apply.

<input type="checkbox"/>	DICOs
<input type="checkbox"/>	Conduct approved BLS or ALS instruction, skill competency measurements; and agency-sponsored EMS continuing education that requires an IDPH site code
<input type="checkbox"/>	Assist with or teach Instation CE classes
<input type="checkbox"/>	Field preceptors for paramedic students
<input type="checkbox"/>	CPR instructors
<input type="checkbox"/>	Teach ePCR documentation using System-approved software
<input type="checkbox"/>	Conduct entry-level EMS courses depending on their credentials and level of approval.

**R-2: Review and Maintenance of EMS Personnel Files**

120.  True or  False

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.

**R-6: Refusal of Service**

121.  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.

122. 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

123. From what location should the call be placed? \_\_\_\_\_

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

125. Does system policy allow EMS to accept a refusal from a BLS pt older than 65 without calling OLMC?  
[ ] Yes      [ ] No

126. Does system policy allow EMS to accept a refusal for a child without calling OLMC if parents are on scene?  
[ ] Yes      [ ] No

127. 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

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

129. 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

130. List one circumstance when the refusal of care expressed by a minor's caregiver may be invalid.  
\_\_\_\_\_

**R7 Reportable Incidents**

131. What is a reportable incident? How is it defined?  
| \_\_\_\_\_  
\_\_\_\_\_

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

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

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**S1 Stress Intervention**

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

**Physical:**

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**Emotional:**

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**Cognitive:**

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**Behavioral:**

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135. What are effective techniques for reducing and/or coping with crisis-induced stress?

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**S-3 EMS Staffing**

136. EMS is transferring a patient on continuous ECG and SpO<sub>2</sub> 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 + 1 Paramedic
- B. 1 EMT + 1 PHRN
- C. 2 Paramedics or PHRNs
- D. 1 licensed Paramedic + 1 Paramedic student

137. EMS is transferring a low acuity stable adult from a skilled nursing facility to a hospital for a CT scan. The pt requires IV NS TKO, ECG, and SpO<sub>2</sub> monitoring enroute. What is the **minimum** ambulance staffing required?

- A. 1 EMT + 1 Paramedic
- B. 1 EMT + 1 PHRN
- C. 2 Paramedics or PHRNs
- D. 1 EMT + 1 Paramedic student

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

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

- 139. 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
  
- 140. 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?
  - A. By helicopter to nearest level I
  - B. By ground to nearest Level I trauma center
  - C. By ground to nearest Level II trauma center

**V-1: Variance Request**

- 141. The \_\_\_\_\_ must grant or deny a variance request for System-specific requirements and respond within \_\_\_\_\_ hours of receiving the request.

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

- 142. 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
  
- 143. What information must be given to the DCFS hotline number call taker?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 144. **Written Confirmation of Report:** Within 48 hours after making the telephone report, EMS must make a written report on a form supplied by DCFS and file the written report with the nearest Child Protection Services Unit (address is on the back of the form). What is the name of this form and where can it be found at your agency?  
What form? \_\_\_\_\_ . Location: \_\_\_\_\_
  
- 145. What form is required for all EMS personnel to sign to acknowledge their mandatory reporter status?  
\_\_\_\_\_

**V-3: Violence: Suspected Elder Abuse and Neglect**

- 146. 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?  
\_\_\_\_\_
  
- 147. What is an EMS responder's responsibility to the above patient after providing ALS care?  
\_\_\_\_\_

**V-4: Violence: Domestic**

148. One should consider the possibility of domestic violence for all females who present with one or more of the following: (Select all that apply)

- 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

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

- Yes
- No