

POLICY:	EMERGENCY MEDICAL TECHNICIAN-INTERMEDIATE, PARAMEDIC AND PREHOSPITAL REGISTERED NURSE SYSTEM ENTRY PROCESS		
APPROVAL:	VICE PRESIDENT OF PROFESSIONAL SERVICES; MANAGER OF EMERGENCY MEDICAL SERVICES		
EFFECTIVE DATE: 9/21/2018	CURRENT REVIEW/REVISION DATE:	SUPERSEDES: N/A	ORIGINAL EFFECTIVE DATE: 9/18
DEPARTMENT SPECIFIC			EMS

- I. Purpose:**
To define the requirements for EMT-Intermediate, Paramedic and Prehospital Registered Nurse (PHRN) to enter the Morris Hospital EMS System (MHEMSS).
- II. Policy:**
To ensure that EMT-Paramedics, EMT-Intermediates and Prehospital RN's wishing to enter and operate in the MHEMSS have received adequate training and performed at an acceptable standard.
- III. Licensed Paramedics, Intermediates and Prehospital RN's may enter (function in) the MHEMSS by successfully completing the following requirements:**
- A. Submit the System Entry Checklist (See Attachment A) completely filled out and signed by the applicant. Submit the following with the completed checklist: *Copies must be clear and easily readable.*
 1. Copy of current (EMT-P, EMT-I, or PHRN) Illinois State license.
 2. Copy of current CPR card-both sides.
 3. Copy of Driver's License (DL). The copy must be completely legible for photo and DL #.
 4. Copies of ACLS, PALS, ITLS, PITLS, PHTLS etc. If you do not have ACLS and PALS you have 3 months from testing into system to obtain both cards. Failure to obtain valid cards within 3 months may result in suspension by the Medical Director.
 5. If applicable, a letter of good standing from entry applicant's current EMS System.
 6. Copies of all continuing education hours acquired in entry applicant's current re-licensure period. (This is only necessary when MHEMSS will be the Primary System.)
 7. If coming from within Region 7, a verification of successful completion of Region 7 2016 SMO exam for current level of licensure. This exam is based only on the Standing Medical Orders. The exam level (ALS/ILS/BLS), exam date, and exam score shall be included in the verification. ALL entry applicants must complete this exam or show verification of completion.
 8. Successful completion of the Region 7 SMO exam (if coming from outside the region). In addition, successful completion of the MHEMSS medication math and rhythm identification test is required for all applicants. All tests must be passed with an 80% or higher. Applicants are able to retest after one (1) week. If applicant does not pass the exams on the second attempts he/she will have to wait 90 days before testing again.

- B. If you are an EMT-I, P, or PHRN who will be working for a BLS agency only please refer to the policy EMT-I, P, PHRN requirements when affiliated with BLS departments.
- C. The Agency Coordinator shall assist the applicant in completing the checklist and is required to sign the System Entry Checklist. The EMS Coordinator shall review the Checklist with the entry applicant ensuring all information on the checklist is clear and legible to avoid delays.
- D. System providers may only keep MHEMSS as a secondary system if they maintain an agency affiliation within the System.

APPROVAL:

Thomas J. Dohm **Date**
Vice President of Professional Services

Robin Stortz, MSN, RN **Date**
EMS & Emergency Management Manager

ATTACHMENT A

MORRIS HOSPITAL EMS SYSTEM

EMT-I, EMT-P, PHRN SYSTEM ENTRANCE CHECK LIST & PERSONAL PROFILE

All items must be completed. Print Only. All copies must be clear and easily legible

ENTRY DATE: ___/___/___ SYSTEM ID # : _____ (Assigned by System) SSN: _____ - _____ - _____

NAME: _____ D.O.B: _____ - _____ - _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ CELL #: _____ - _____ - _____

EMAIL (print clearly): _____

MHEMSS AGENCY: _____

WHAT SYSTEM WILL BE YOUR PRIMARY SYSTEM: _____

HEIGHT: _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____ MALE/FEMALE (CIRCLE ONE)

EMS COORDINATOR AND PROVIDER CHECKLIST

Checklist needs to be completed with all of the required documents, signed by the department EMS Coordinator and turned into the MHEMSS by the provider the day he or she is coming into complete SMO exam. This all needs to be done before the provider is allowed to function in the system.

Department Coordinator

1. ___ Copy of current State of Illinois EMT-I, EMT-P, or PHRN License.
License _____ License #: _____ Expiration: ___/___/___
2. ___ Copy of current CPR card.
3. ___ Copy of ACLS, PALS, ITLS, Etc. ___ Was not a requirement from previous system
4. ___ Copy of Driver's License. Must be legible with clear photo.
5. ___ Copy of 2016 SMO Update if coming from within Region 7

EMS System

1. ___ Letter of Good Standing from Primary EMS System including current CE hours
2. ___ Verification of successful completion of the EMS Region 7 ALS SMO exam

Date: ___/___/___ Score: _____

3. ___ Verification of successful completion of the Med Math Exam

Date: ___/___/___ Score: _____

4. ___ Verification of successful completion of the EKG Exam

Date: ___/___/___ Score: _____

Signature of EMS Coordinator _____ Date: ___/___/___

Signature of the EMS System _____ Date: ___/___/___