POLICY:	400.06 EMERGENCY COMMUNICATIONS REGISTERED NURSE (ECRN) PROGRAM		
OWNER:	MANAGER OF EMS & EMERGENCY MANAGEMENT		
EFFECTIVE DATE: 2/16/2024			ORIGINAL EFFECTIVE DATE: 9/18
DEPARTMENT SPECIFIC		EMERGENCY MANAGEMENT SYSTEM	

I. Purpose:

To define the roles and scope of the Emergency Communications Registered Nurse (ECRN)

II. Policy:

The ECRN Program of Education established by the Region 7 EMS Education Committee is designed to enhance the overall quality of pre-hospital patient care of system providers by utilizing licensed registered nurses in the role of medical control. The scope of medical control will be during emergency radio communication operations and after the provider agency has delivered the patient(s) to the receiving medical facility. An individual trained as an ECRN will function as the designee of the Morris Hospital EMS System (MHEMSS) Medical Director and will provide appropriate medical direction according to the Standing Medical Orders (SMO) developed and implemented by the System and Region.

III. Requirements for Admission:

A. In order to be accepted into the ECRN program, the applicant must meet the following requirements:

1. Currently a registered nurse licensed in the State of Illinois.
2. Be actively employed as a registered nurse in the Emergency Department of the Resource hospital or a System hospital. The applicant must have a minimum of six (6) months experience in Emergency or Critical Care nursing.
3. Provide documentation of successful completion of Advanced Cardiac Life Support
4. Provide documentation of successful completion of a course that focuses on advanced trauma care, (i.e.: TNS, Trauma Nurse Specialist; TNCC, Trauma Nurse Core Course; ITLS, International Trauma Life Support; or PHTLS, Pre-Hospital Trauma Life Support).

IV. Initial System Certification:

A. An individual will be certified to function as an ECRN within the MHEMSS upon documentation of the following:

1. Successful completion of the Region 7 ECRN training program and all pre-requisites.
2. Eight (8) hours of field ride time with a MHEMSS System Advanced Life Support provider agency that must be completed within 45 days from the end of the ECRN class.
3. Participation in ten (10) ALS radio/cellular phone ambulance runs while precepted by a System certified ECRN that must be completed within 45 days from the end of the ECRN class.
4. A completed Child Support and Felony Conviction Statement must be made on-line at ILLINOIS IDPH WEBSITE using the PIN provided by IDPH and last 4 of your SS# along with a renewal fee set by and payable to IDPH on-line via credit/debit

card. Please submit a hard copy of child support felony conviction statement with other required documents.

    5. An individual certified as an ECRN from another EMS System who wishes to function in the same capacity within the MHEMSS must provide the following documentation upon requesting System entrance:

        a. Complete the ECRN system entrance checklist, once completed turn into EMS office with copies or required cards.

        b. Current Illinois RN license and ECRN certification and

        c. Successful completion of the Region 7 ECRN written examination.

        d. Participation in five (10) ALS radio/cellular phone ambulance runs under the direction of a system certified ECRN.

V. System Re-Certification (See Attachment for Re-licensure):

A. An individual must recertify as an ECRN every four (4) years following completion of the initial training program. In addition to a current Illinois RN license and ECRN certification, documentation of the following must be provided to meet the required re-certification criteria:

    1. Participation in all mandatory SMO update programs, or other Continuing Medical Education (CME) programs, as required by the EMS System Medical Director.

    2. Completion of 32 hours of CME over the 4-year certification period.

    3. Current certification status in Advanced Cardiac Life Support (ACLS) and trauma related certifications.

    4. Participation in the Quality Improvement (QI) program reviews as stipulated by the EMS System Coordinator/Medical Director.

    5. Approximately 60 days prior to your re-licensure, IDPH will mail a "Renewal Notice/Child Support/Personal History Statement" form directly to your home. Complete this information on-line at ILLINOIS IDPH WEBSITE. Once questions have been answered on-line you will be redirected to another page to make your renewal fee payment on-line via credit/debit card. Please print out confirmation of payment and submit a hard copy of child support/felony conviction statement along with CME hours to the MHEMSS office.

VI. Revocation of System Certification:

A. An individual may be denied the ability to function as an ECRN in this System due to one or more of the following circumstances:

    1. Failure to complete all requirements for initial system certification within the time stipulated.

    2. Failure to complete all requirements for system recertification.

    3. Failure to comply with the policies/procedures of the MHEMSS

    4. When it is determined by the EMS Medical Director that an individual has not adequately demonstrated skill proficiency as an ECRN

    5. Failure to maintain employment/affiliation with a System hospital.

    6. Failure to maintain a current Illinois RN license

B. The MHEMSS will notify the IDPH by submitting a list of individuals who have had revocation of System certification.

VII. **Scope of Practice**:
   A. Monitor telecommunications from and give voice orders to EMS personnel, under the authority of the EMS Medical Director and in accordance with Region 7 SMOs and Morris Hospital EMS System Policies.

VIII. **Limitations:**
   A. There are several instances for which a licensed ECRN should request an approved base station emergency department physician's assistance. They include, but are not limited to:
   1. Disaster situations occurring within the EMS System that involve Morris Hospital, as the Command Post and the System Associate Hospitals will be receiving patients.
   2. Multiple Victim Incidents where the base station will be receiving more than one patient.
   3. Scene response calls where aero medical transport has been requested by pre-hospital providers.
   4. Patients meeting Level I or Level II criteria where a Morris Hospital EMS System hospital has already officially been put on Emergency Department Bypass.
   5. Patients requiring Level I trauma care but initially requiring airway stabilization at the closest, most appropriate hospital.
   6. Traumatic arrest situations that would require bypass of the closest, most appropriate hospital to a more distant trauma center.
   7. Any ambulance run not covered by the Morris Hospital EMS System SMOs where base station physician discretion is deemed appropriate (see Region 7 SMOs for specifics).
   8. Any ambulance run a licensed ECRN feels will require base stations assistance that goes beyond his/her scope of practice.
   9. Patient care situation involving complex medical-legal issues and/or interpretations of the system's policies. Examples may include: refusal of service, crime scene, request for a do not resuscitate (DNR) order, family request to go to other than the closest, most appropriate hospital, etc. Remember if there is any obvious signs of death present (lividity, Rigor Mortis, decapitation, skin deterioration or decomposition, mummification or dehydration and or putrefaction) a monitor is not required for confirmation of asystole.
   10. Any ambulance run where CPR has been initiated by persons other than system pre-hospital providers but after assessment by system provider, it is felt that CPR is not warranted and a request is made to stop CPR. Remember if there is any obvious signs of death present (lividity, Rigor Mortis, decapitation, skin deterioration or decomposition, mummification or dehydration and or putrefaction) a monitor is not required for confirmation of asystole.
   11. Any situation in which there is a registered nurse or physician at the scene involved in providing care.
   12. If there is a disagreement in the care of a patient.
   13. If the EMS provider specifically requested to speak to the ER physician.

Approval:

_____
James Kirchner   Date
Vice President of Professional Services

_____
Kathleen Geiger MSN, RN   Date
Manager of EMS & Emergency Management

MORRIS HOSPITAL EMS SYSTEM
ECRN SYSTEM ENTRANCE CHECK LIST & PERSONAL PROFILE
All items must be completed. Print Only. All copies must be clear and easily legible

ENTRY DATE: ___/___/___ 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)

TN COORDINATOR AND ECRN CHECKLIST

Checklist needs to be completed with all of the required documents, signed by the Trauma Nurse Coordinator and turned into the MHEMSS. This all needs to be done before the provider is allowed to function in the system.

TN Coordinator

1. ____Copy of current State of Illinois ECRN License.

License #:_____ Expiration: ____/____/____

2. ____Copy of current CPR card.
3. ____Copy of ACLS, & PALS
4. ____Copy of Driver's License. Must be legible with clear photo.
5. ____Copy of one of the following: TNCC, PHTLS, ITLS, TNS

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 ECRN SMO exam

Date: ____/____/____ Score: _____

Signature of TN Coordinator_____ Date: ____/____/____

Signature of the EMS System_____ Date: ____/____/____