

	SOUTHERN FOX VALLEY EMERGENCY MEDICAL SERVICES SYSTEM POLICY & PROCEDURES	
TITLE: PREHOSPITAL RN, PA, AND ADVANCED PRACTITIONER TRAINING		
SECTION: EDUCATION AND LICENSURE	POLICY NUMBER: C 24.0	
APPROVED BY: DR. ARTHUR PROUST EMS MEDICAL DIRECTOR		
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**PURPOSE:**

1. To establish guidelines for the eligibility and training of the Southern Fox Valley EMS System (SFVEMSS) Prehospital Registered Nurse, Physician Assistant, and Advanced Practitioner

**POLICY:**

1. The provision of prehospital care requires a specialized body of knowledge and skills. Therefore, all persons licensed or recognized by IDPH to provide prehospital Advanced Life Support (ALS) services must demonstrate the same minimum mastery of cognitive objectives and psychomotor skills as set forth in the U.S. DOT Standardized Curriculum and National Education Standards for Paramedics, irrespective of professional credentials, i.e., Prehospital Registered Nurse (PHRN), Prehospital Physician Assistant (PHPA), or Prehospital Advanced Practitioner Registered Nurse (PHAPRN).
2. The DOT curriculum and National Education Standards provide a national standard for ALS knowledge and skills and is competency-based, e.g., students must demonstrate their ability to perform to acceptable standards in both the classroom and clinical settings.
3. Illinois EMS Rules require a PHRN, PHPA, or PHAPRN candidate to complete an education curriculum formulated by an EMS System and approved by IDPH, which consists of classroom and practical training for both the adult and pediatric populations, including extrication, telecommunications, and prehospital cardiac and trauma care. They must also complete a supervised field internship as authorized by the EMS MD.

**COURSE ELIGIBILITY REQUIREMENTS**

1. Currently licensed Registered Professional Nurse, Physician Assistant, or Advanced Practitioner RN, in Illinois, in accordance with the Illinois Department of Financial and Professional Regulation
2. An employee in good standing at a system hospital who has completed their ED probationary period & recommendation of the Emergency Department Director.

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3. A current Healthcare Provider CPR Card
4. A current Advanced Cardiac Life Support (ACLS) card.
5. A current Pediatric course approved by IDPH. This may be Pediatric Advanced Life Support (PALS) or Emergency Nursing Pediatric Course (ENPC).
6. A current pre-hospital trauma life support course approved by IDPH. This may include Prehospital trauma Life Support (PHTLS), Advanced Trauma Life Support (ATLS), International Trauma Life Support (ITLS), Trauma Nurse Specialist (TNS) or Trauma Nurse Core Course (TNCC) courses.

#### **COURSE COMPLETION:**

1. Certain principles required for prehospital ALS practice are not included in an RN's education program. These principles must be obtained and mastered through the Paramedic course. These topics include, but may not be limited to:
  - a. Didactic component (not less than 40 hours of classroom and psychomotor education and measurement of competency equivalent to the entry level Paramedic program):
    - i. Introduction to EMS
    - ii. Roles and responsibilities of EMS personnel
    - iii. Medical/legal issues in EMS iv. EMS communications
    - v. Documentation using the electronic patient health record reporting system
    - vi. Scene control and patient assessment in the prehospital environment, including specific prehospital stroke, STEMI and trauma assessments
    - vii. Application of sensors and interpretation of capnography waveforms and numeric results
    - viii. Invasive airway adjuncts and EMS oxygen delivery devices
    - ix. Cardiac monitoring (including interpretation of 12L ECGs) and dysrhythmia management; prehospital cardiac arrest management
    - x. Pleural decompression
    - xi. Prehospital childbirth, newborn resuscitation
    - xii. Hazardous materials response and containment; rescue techniques; mass casualty incident triage and management
    - xiii. Patient access and conveyance options xiv. System policies.
  - b. Psychomotor component (must complete all mandatory skill competency labs/exams.) Mandatory skill competencies include but not limited to:
    - i. Assessment: Adult, pediatric, and infant

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- ii. Airway access: Manual opening; NPA, OPA, suction; obstructed airway maneuvers; oral endotracheal, conscious sedated, in-line, digital, and nasal intubation; needle and surgical cricothyrotomy
- iii. Oxygen delivery/ventilatory support: Use and maintenance of portable O2 cylinders; NC, NRM, BVM; SpO2 and capnography monitoring
- iv. Cardiovascular support: Peripheral venous & intraosseous access; infusion of crystalloid solutions; cardiac monitoring using 3 and 12 leads; cardioversion, defibrillation, transcutaneous pacing; and code management
- v. Drug administration techniques used in Southern Fox Valley EMS System
- vi. Spine motion restriction: KED, long/short spine boards, helmet removal
- vii. Splinting techniques: Limb splints, and traction splints
- viii. Misc.: Capillary glucose monitoring, pleural decompression, use of restraints

c. Clinical component

- i. Candidates must provide evidence of professional liability insurance coverage if not employed by a SFVEMSS provider agency or hospital that is willing to extend liability coverage while the nurse is completing clinical requirements.
- ii. All students must complete or show prior demonstrations of the following clinical experiences meeting the knowledge objectives and patient care contacts in the following hospital units within the last 12 months:
  - 1. Emergency department – 40 hours
  - 2. OR (intubation) - 8 hours
  - 3. OB - 8 hours
 iii. Clinical rotation will not be waived for OB or OR. iv. Students shall complete the same prehospital capstone/internship requirements as paramedic students

2. The student must achieve a score of 75% or greater on the final written evaluation.

- a. If the student fails the testing requirement, he/she shall repeat the exam within 5 days.
- b. Student will not be permitted to retake exam on same day
- c. Student will be allowed to review the results of their exam under the direct supervision of the instructor to determine their areas of strengths and ongoing learning needs. They may not take notes on individual questions or photocopy the exams or answer sheets in any way.
- d. Failure to pass the retest will require that the course be retaken or complete the provisions of an individualized education program (IEP) agreed to by the student, their employer and the EMS Administrative Director and retest as specified in the IEP.

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3. Upon successful completion of the course, the student will create an application with the National Registry of Emergency Medical Technicians (NREMT) to take the Paramedic cognitive exam.
  - a. Upon registering for the written exam, the candidate will inform SFVEMSS who will then approve the written testing via NREMT
  - b. Upon passing the written exam, the candidate will inform SFVEMSS of their results and include verification of passing score.
  - c. SFVEMSS will then process a transaction card with IDPH for initial licensing of the candidate.
  - d. IDPH will send email with PIN in order for provisional ECRN to pay online license fee.
  - e. The candidate will receive a license from IDPH with an ECRN license number and expiration date. They should provide this information to the EMS System Coordinator.
  - f. The candidate will be granted prehospital privileges in the SFVEMSS for a period of four (4) years and the nurse's name will be entered into the System plan as an PHRN, PHPA, or PHAPRN.

#### **Licensed PHRN, PHPA, or PHAPRN Seeking Reciprocity into SFVEMSS**

1. Licensed ECRNs from a previous EMS System will submit:
  - a. Letter of Good Standing from previous EMS System within Region IX
  - b. Photocopy of current IDPH license
  - c. Complete SFVEMSS Personal Information form
  - d. Copy of all CE credits accumulated during the current licensure period
  - e. Successful passing (80% or higher) of the System Entrance Exam

#### **CONTINUING EDUCATION/RELICENSURE**

2. PHRNs, PHPAs, and PHAPRNs are required to maintain their license the same as a Paramedic in a four (4) year period. Refer to the Continuing Education Policy for Paramedics
3. Name/Address Changes

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- a. Official licensure status and contact information is maintained by IDPH. Changes in name or address must be reported to IDPH Division of EMS within 20 days of the change. This is NOT the same change notification required for your nursing license and must be done separately. Notification must be made as follows:

- i. Address changes must be made ON LINE in the IDPH database listed below.  
<https://emslic.dph.illinois.gov/glsuiteweb/clients/ildohems/private/AddressChange/AddressLogin.aspx>
- ii. Name changes must be processed with the IDPH EMS Division per the mail, submitting copies of legal documents acceptable to IDPH that verifies the name change. Contact the IDPH Springfield office at 217-785-2080 to get information on changing your name in the IDPH database or email a copy of marriage license, divorce decree, or official court documents with the name change to [dph.emtlic@illinois.gov](mailto:dph.emtlic@illinois.gov).

#### 4. Request for Extensions

- a. License expiration dates may be extended by IDPH only when appropriate documentation substantiating a hardship in meeting renewal requirements is submitted in advance of the expiration date. The request shall be made in writing to the SFVEMSS Office on an Extension Request form prescribed by IDPH, along with an explanation substantiating the hardship necessitating an extension. The EMS MD/designee will review the request and, if approved, will forward it to IDPH for consideration and approval.

#### 5. License Expiration

- a. The licensee who has failed to complete all relicensure requirements before their expiration date will expire on the day following the expiration date printed on the license. They may no longer serve as a prehospital provider in any Illinois EMS System.
- b. LATE FEE within 60 days of license expiration date: If the renewal requirements, fees, and/or EMS System authorization are received by IDPH within 60 days after the license expiration date, the ECRN will be assessed an additional \$50 late fee in the form of a certified check, money order, or online payment (cash or personal check will not be accepted) payable to the Illinois Dept. of Public Health that must be paid before the license will be renewed.
- c. Consequences of a license lapsed more than 60 days: If relicensure requirements are not met within the 60-day grace period after the license expiration date, the license will lapse and the ECRN will have to gain ECRN recognition all over again through a process of reinstatement

#### 6. Inactive Status

- a. Prior to the expiration of their current license, an ECRN may request to be placed on inactive status. The request shall be made in writing to the EMS MD on a form prescribed by IDPH.

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- b. In addition to the Inactive Request form, written materials shall also contain the following:
  - i. Letter or e-mail describing the circumstances requiring inactive status including a statement that relicensure requirements have been met by the date of the application for inactive status or an explanation as to why they could not be met;
  - ii. Authorization from the ECRN's employer that they consent to the request for inactive status; and iii. The original ECRN license
- c. The EMS MD or their designee will review the request for inactive status and forward to IDPH for consideration and approval.
- d. While on inactive status, the nurse is not required to complete paramedic CE, testing, or relicensure requirements and shall not function as a prehospital provider in any Illinois EMS System.
- e. Returning to active status: The EMS MD must document that the ECRN has been determined to be physically and mentally capable of functioning within the EMS System, that the prehospital provider's knowledge and clinical skills are at the active appropriate level, and that the prehospital provider has completed any refresher training deemed necessary by the EMS System. If the inactive status was based on a temporary disability, the EMS System shall also verify that the disability has ceased. When all requirements have been met, the EMS MD or their designee shall submit a written request to IDPH requesting reactivation of the prehospital provider's license.

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