

## **JERSEY COMMUNITY HOSPITAL EMS SYSTEM CONTINUING EDUCATION AND TRAINING**

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**JERSEY COMMUNITY HOSPITAL EMS SYSTEM  
POLICY AND PROCEDURE  
EMT-P/PHRN CONTINUING MEDICAL EDUCATION**

- I. General Information
  - A. No more than twenty-five percent (25%) of the total hours required for relicensure may be obtained in the same subject. Repetition of a specific class session within a 12 month period will not be accepted for credit.
  - B. At least fifty percent (50%) of the total hours required for relicensure should be earned through System taught/approved courses.
  - C. 16 hours/4 years must be in pediatric topics.
  - D. Topics should be license appropriate.
    - 1. 75% of hours must be at ALS level.
    - 1. 25% of hours may be BLS level, i.e. CPR, landing zones, etc.
- II. The following are accepted for EMT-P, Prehospital RN and ECRN continuing education hours. (must be ALS level classes)
  - A. Programs assigned a paramedic level site code by the Illinois Department of Public Health or approved for paramedic credit by the National Registry of EMT's.
    - 1. Enrollment: as indicated in brochure or by the lead instructor/program director
    - 2. To obtain credit you must submit a certificate if applicable or complete a System Continuing Education form
    - 3. Credit assigned: 100% (hour for hour)
  - B. Programs assigned an EMT-B level site code by the Illinois Department of Public Health or approved for EMT-B level credit by the National Registry of EMT's.
    - 1. Enrollment: as indicated in brochure or by the lead instructor/course director
    - 2. To obtain credit you must submit a certificate if applicable or complete a System Continuing Education form.
  - C. Out of State conferences/seminars
    - 1. Enrollment: as indicated for the conference
    - 2. To obtain credit you must submit a certificate or proof of attendance for the session/conference/copy of agenda or brochure
    - 3. Credit assigned: 100% (hour for hour)
  - D. ACLS Provider or ACLS Instructor Course
    - 1. Enrollment: per brochure or through the course director/sponsor
    - 2. To obtain credit you must submit proof of satisfactory completion of the course
    - 3. Credit assigned: ACLS Provider Course = 16 hours; ACLS Instructor Course = hour/hour, maximum 16 hours.
  - E. ACLS Preparation Course (hospital sponsored)
    - 1. Enrollment: through the sponsoring hospital
    - 2. To receive credit you must provide documentation of attendance to include dates, hours, and signature of the instructor. If taken within the System you should submit this information on a System Continuing Education form.
    - 3. Credit assigned: 100% (hour for hour)

- F. BTLS or PHTLS Provider or Instructor Course
1. Enrollment: per brochure or through the course director/sponsor
  2. To obtain credit you must submit proof of satisfactory completion of the course
  3. Credit assigned: 100% (hour for hour)
- G. PALS Provider Course; PALS Instructor Course; PEPP Provider Course; PEPP Coordinator Orientation
1. Enrollment: per brochure or through the course director/sponsor
  2. To obtain credit you must submit proof of satisfactory completion of the course
  3. Credit assigned: PALS Provider = 16 hours; PALS Instructor = hour /hour maximum 16 hours; PEPP ALS Provider = 13 hours or per certificate; PEPP Coordinator hour/hour
- H. CPR Certification; CPR Instructor Course; CPR Instructor-Trainer Course
1. Enrollment: per brochure or through the course director/sponsor
  2. To obtain credit: CPR certification submit copy of card or certificate; for CPR Instructor Courses submit proof of satisfactory completion.
  3. Credit assigned: CPR certification = 3 hours every 2 years. Maximum of 6 hours in a four year period. CPR Instructor Courses: hour/hour, maximum 16 hours in a four year period.
- I. EMS Lead Instructor Course
1. Enrollment: through the System EMS Office
  2. To obtain credit you must submit proof of satisfactory completion of the course
  3. Credit assigned: 100% (hour for hour)
- J. JERSEY COMMUNITY HOSPITAL / LCCC EMT-P Course
1. Enrollment: Contact the course instructor prior to the start of the class you wish to attend
  2. To obtain credit you must submit a completed System Continuing Education form (blue) with instructor's signature.
  3. Credit assigned: 100% (hour for hour)
- K. Prepared Childbirth Course (hospital sponsored) plus birth of baby
1. Enrollment: through the sponsoring agency
  2. To obtain credit you must submit proof documentation of attendance to include dates, hours, and instructor's signature
  3. Credit assigned: up to 3 hours
  4. Maximum: once per license period
- L. Preceptorship of EMT-P/Prehospital RN students in the field
1. Enrollment: must be approved as field evaluator in the System
  2. To obtain credit you must submit a completed System Continuing Education form (blue) with course instructor's signature. For equipment training you must provide documentation of date, hours and course instructor's signature.
  3. Credit assigned: 1 hour for each call. Hour for hour for specific equipment training. Maximum of 25% total hours.

- M. Article Review (JEMS, Emergency Medical Services, Rescue, Rescue EMS News etc.)  
Topic must be EMS related.
1. Enrollment: through the journal registration form for CEU articles
  2. To obtain credit you must submit a copy of completion certificate
  3. Credit assigned: 100% (hour for hour)
- N. Jersey Community EMS In-service Video Review
1. Enrollment: through the EMS Office, must receive prior approval.
  2. To obtain credit you must satisfactorily complete (80%) a written exam after viewing the video. You will then complete a System Continuing Education form (orange) and obtain a signature from the EMS Department Staff member.
  3. Credit assigned: 2 hour per video up to a maximum of *8 hrs/4 years*.
- O. Clinical (Must be completed off duty)
1. Ambulance from another service
  2. Air Medical Service from another service
  3. Surgery rotation to obtain intubation practice
  4. Emergency Department rotation for skills
  5. Other areas will be considered on a case by case basis by the EMS Medical Director
    - a) Enrollment: Receive prior approval from the EMS System Coordinator or EMS Medical Director. For hospital clinical within the System you will schedule through the EMS Office. For areas outside the System you will schedule through the agency. (Jersey Community Hospital may require a criminal background check and drug testing at your expense prior to clinical rotations.)
    - b) To obtain credit you will submit a clinical observation form signed by an EMT-P, RN, or physician from the clinical area
    - c) Credit assigned: 100% (hour for hour). Maximum of 25% of total hours to be obtained from clinical
- P. Teaching (Must be EMS or health related subject)
1. Enrollment: N/A
  2. To obtain credit: submit a copy of the signed/approved training application and schedule or submit a letter from the EMS Medical Director.
  3. Credit assigned: 2 teaching hours = 1 hour credit. One hour preparatory time per class. Maximum of 50% total hours. No more than 25% taught in same subject.
- Q. Disaster Drills
1. Enrollment: Participate in drill
  2. To obtain credit: submit a letter from your agency director outlining drill and hours of participation.
  3. Credit assigned: hour for hour. Maximum of 25% of total required hours.
- R. Firefighter II Course (EMS/medical portion)
1. Enrollment: through agency sponsoring the course
  2. To obtain credit: Submit a completion certificate or instructor letter.
  3. Credit assigned: hour for hour, maximum 28 hours.

- S. College level health related courses
  - 1. Enrollment: through the college
  - 2. To obtain credit: Show evidence of course completion such as a grade sheet with number of credit hours for the course listed.
  - 3. Credit assigned: 1 hour for each college credit hour.
  
- T. Prevention programs (Such as SafeKids, health fairs, handguns safety, bicycle safety, etc.)
  - 1. Enrollment: Participate in the program
  - 2. To obtain credit: submit a letter from the program coordinator indicating number of hours of participation.
  - 3. Credit assigned: hour for hour. Maximum of 25% of total hours.
  
- U. Internet Education (Must be EMS related topics)
  - 1. Enrollment: Per web site instructions. Approved sites include:
 

<a href="http://www.EMInet.com">www.EMInet.com</a>	<a href="http://www.emedicine.com">www.emedicine.com</a>
<a href="http://www.ems-ce.com">www.ems-ce.com</a>	<a href="http://www.freecme.com">www.freecme.com</a>
<a href="http://www.MedicEd.com">www.MedicEd.com</a>	<a href="http://www.traumaed.com">www.traumaed.com</a>
<a href="http://www.EmCert.com">www.EmCert.com</a>	<a href="http://www.paems.org">www.paems.org</a>
  - 2. For sites not listed, contact the EMS Dept. Staff for approval.
  - 3. To obtain credit: Submit copy of completion certificate.
  - 4. Credit assigned: hour for hour. Maximum of 25% total hours.
  
- V. Other programs may be accepted for credit on a case by case basis at the discretion of the EMS Medical Director.
  
- III. All participants in the JERSEY COMMUNITY HOSPITAL EMS System are responsible for maintaining copies of all documentation regarding continuing education activities which they have completed. This documentation will be submitted to the EMS Office at the time of relicensure or as indicated for the specific course.
  
- IV. JERSEY COMMUNITY HOSPITAL EMS will accept CECBEMS (Continuing Education Coordinating Board for Emergency Medical Services) continuing education on an hour/hour basis.
  
- V. *Children should not be present at In-services, workshops, skill labs or any other educational / training program. Exception: EMS Coordinator can approve if deemed.*

**JERSEY COMMUNITY HOSPITAL EMS SYSTEM  
POLICY AND PROCEDURE**

**EMT-B, FIRST RESPONDER CONTINUING MEDICAL EDUCATION**

I. General Information:

- A. No more than twenty-five percent (25%) of the total hours required for relicensure may be obtained in the same subject. Repetition of a specific class session within a 12 month period will not be accepted for credit.
- B. At least fifty percent (50%) of the total hours required for relicensure should be earned through System taught/approved courses.
- C. 8 hours/4 years must be in pediatric topics (EMTB)
- D. Topics should be license appropriate, at the same level of training or higher.

II. The following are accepted for EMT-B continuing education credit:

- A. Programs assigned an EMT-B level site code by the Illinois Department of Public Health or approved for EMT-B credit by the National Registry of EMT's
  - 1. Enrollment: as indicated in brochure or by the lead instructor/program director
  - 2. To obtain credit you must submit a certificate of completion or complete a System Continuing Education form
  - 3. credit assigned: 100% (hour for hour)
- B. Out of State conferences/seminars
  - 1. Enrollment: as indicated for the conference
  - 2. To obtain credit you must submit a certificate or proof of attendance for the session/conference/copy of agenda or brochure
  - 3. Credit assigned: 100% (hour for hour)
- C. Attendance at EMT-B courses or assistance with clinical skills during a course
  - 1. Enrollment: Contact the course instructor prior to the start of the class you wish to attend
  - 2. To obtain credit you must submit a completed System Continuing Education form (blue) with instructor's signature.
  - 3. Credit assigned: 100% (hour for hour)
- D. *ITLS* or *PHTLS* Provider Course for Basics
  - 1. Enrollment: through brochure, course director/sponsor
  - 2. To obtain credit you must submit proof of satisfactory completion of the course
  - 3. Credit assigned: 100% (hour for hour)

- E. CPR Certification; CPR Instructor Course; CPR Instructor-Trainer Course
1. Enrollment: per brochure or through the course director/sponsor
  2. To obtain credit: CPR certification submit copy of card or certificate; for CPR Instructor Courses submit proof of satisfactory completion.
  3. Credit assigned: CPR certification = 3 hours every 2 years. Maximum of 6 hours in a four year period. CPR Instructor Courses: hour/hour, maximum 16 hours in a four year period.
- F. Prepared Childbirth Course (hospital sponsored) plus birth of baby
1. Enrollment: through the agency
  2. To obtain credit submit proof of attendance
  3. Credit assigned: up to 3 hours
  4. Maximum: once per license period.
- G. EMS Lead Instructor Course
1. Enrollment: through the sponsoring agency
  2. To obtain credit you must submit proof of satisfactory completion of the course
  3. Credit assigned: 100% (hour for hour)
- H. Article Review (JEMS, Emergency Medical Services, Rescue, Rescue EMS News)
1. Enrollment: through the journal's registration form for CEU articles/Internet site
  2. To obtain credit you must submit a copy of completion certificate
  3. Credit assigned: 100% (hour for hour) Maximum 25% of total hours.
- I. Clinical (Must be completed off duty)
1. Ambulance from another service
  2. Emergency Department rotation for skills
  3. Autopsy (max 3 hours)
  4. Observe childbirth (max 3 hours)
  5. Other areas will be considered on a case by case basis by the EMS Medical Director
    - a) Enrollment: Receive prior approval from the EMS System Coordinator or EMS Medical Director. For hospital clinical within the System you will schedule through the EMS Office. For areas outside the System you will schedule through the agency. (Jersey Community Hospital may require a criminal background check and drug testing at your expense prior to clinical rotations.)
    - b) To obtain credit submit a clinical observation form signed by an EMT-P, RN, or physician from the clinical area
    - c) Credit assigned: 100% (hour for hour). Maximum of 25% of total hours to be obtained from clinical

- J. Teaching (Must be EMS or health related subject)
1. Enrollment: N/A
  1. To obtain credit: submit a copy of the signed/approved training application and schedule or submit a letter from the EMS Medical Director.
  2. Credit assigned: 2 teaching hours = 1 hour credit. One hour preparatory time per class. Maximum of 50% total hours. No more than 25% taught in same subject.
- K. Disaster Drills
1. Enrollment: Participate in drill
  2. To obtain credit: submit a letter from your agency director outlining drill and hours of participation.
  3. Credit assigned: hour for hour. Limit of 25% of total required hours.
- L. Firefighter II Course (EMS/medical portion)
1. Enrollment: through agency sponsoring the course
  2. To obtain credit: Submit a completion certificate or instructor letter.
  3. Credit assigned: hour for hour, maximum 28 hours.
- M. College level health related courses
1. Enrollment: through the college
  2. To obtain credit: Show evidence of course completion such as a grade sheet with number of credit hours for the course listed.
  3. Credit assigned: 1 hour for each college credit hour.
- N. Prevention programs (Such as SafeKids, health fairs, handguns safety, bicycle safety, etc.)
1. Enrollment: Participate in the program
  2. To obtain credit: submit a letter from the program coordinator indicating number of hours of participation.
  3. Credit assigned: hour for hour. Maximum of 25% of total hours.
- O. Internet Education (Must be EMS related topics)
1. Enrollment: Per web site instructions. Approved sites include:  
[www.EMInet.com](http://www.EMInet.com)                      [www.emedicine.com](http://www.emedicine.com)  
[www.ems-ce.com](http://www.ems-ce.com)                      [www.freecme.com](http://www.freecme.com)  
[www.MedicEd.com](http://www.MedicEd.com)                      [www.traumaed.com](http://www.traumaed.com)  
[www.EmCert.com](http://www.EmCert.com)                      [www.paems.org](http://www.paems.org)
  2. For sites not listed, contact the EMS Dept. Staff for approval.
  3. To obtain credit: Submit copy of completion certificate
  4. Credit assigned: hour for hour. Maximum of 25% total hours.
- P. PEPP Provider/Coordinator Course
1. Enrollment: per brochure or through the course director/sponsor
  2. To obtain credit you must submit proof or satisfactory completion of the course
  3. Credit assigned: PEPP ALS Provider = 13 hours or per certificate; PEPP Coordinator hour/hour
- Q. Other programs may be accepted for credit on a case by case basis at the discretion of the EMS Medical Director.



- III. All participants in the Quincy Area EMS System shall be responsible for maintaining copies of all documentation concerning continuing medical education or activities that he or she completes. This documentation will be submitted to the EMS Office at the time of relicensure.
- IV. Quincy Area EMS will accept CECBEMS (Continuing Education Coordinating Board for Emergency Medical Services) continuing education on an hour/hour basis.
- V. *Children should not be present at In-services, workshops, skill labs or any other educational / training program.* Exception: EMS Coordinator may approve as deemed.

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John Palcheff, DO  
EMS Medical Director

**JCHEMS PROGRAM EVALUATION FORM**

**CET-3a-F**

**DATE:**  
**AGENCY:**

**TIME:**

**PROGRAM**

**#HOURS**  
**SITE CODE:**

**RATE THE FOLLOWING AREAS**

**PROGRAM COMMENTS:**

<b>PROGRAM RATING</b>	Excellent	Good	Fair	Poor		
Overall Rating						
Audio/Visual Presentations						
<b>SPEAKER NAME:</b>						<b>Speaker Comments:</b>
<b>TOPIC:</b>						
Knowledge						
Rapport						
Delivery						
Was material relevant to your education/position						
To what extent did presentation meet your expectations						
<b>SPEAKER NAME:</b>						<b>Speaker Comments:</b>
<b>TOPIC:</b>						
Knowledge						
Rapport						
Delivery						
Was material relevant to your education/position						
To what extent did presentation meet your expectations						

**See reverse side for additional program/speaker evaluations**

Please retain this section for your upcoming renewal

CET-3a-F

JERSEY COMMUNITYHOSPITAL EMERGENCY MEDICAL SERVICES SYSTEM  
CONTINUING EDUCATION REPORT

NAME: \_\_\_\_\_ CERTIFICATION # \_\_\_\_\_

AGENCY: \_\_\_\_\_

PROVIDER LEVEL: \_\_\_ FR/FRD \_\_\_ EMT/B \_\_\_ EMT/P \_\_\_ ECRN \_\_\_ PHRN \_\_\_ RN \_\_\_ OTHER

DATE: \_\_\_\_\_ HOURS: \_\_\_\_\_ ALS \_\_\_\_\_ BLS

LOCATION: \_\_\_\_\_ IDPH SITE CODE NUMBER: \_\_\_\_\_

SPEAKER: \_\_\_\_\_

TOPIC/SUBJECT MATTER: \_\_\_\_\_

INSTRUCTOR/SPONSOR SIGNATURE \_\_\_\_\_

Richard A. Saalborn, D.O., EMS Medical Director re: 11/97, 4/00, 11/02, 1/03 (reviewed: 8/95, 8/01, 3/06, 11/10; 10/13

**STATEMENT OF CONFIDENTIALITY**

I understand and agree to keep all patient information used for quality improvement and teaching purposes in the strictest confidence and will not share this information, either written or verbal, with others. Unauthorized release of confidential information may have personal, civil and/or criminal liability and legal penalties attached.

<b>PROGRAM RATING</b>	Excellent	Good	Fair	Poor	
Overall Rating					
Audio/Visual Presentations					
<b>SPEAKER NAME:</b>					<b>Speaker Comments:</b>
<b>TOPIC:</b>					
Knowledge					
Rapport					
Delivery					
Was material relevant to your education/position					
To what extent did presentation meet your expectations					
<b>SPEAKER NAME:</b>					
<b>TOPIC:</b>					
Knowledge					
Rapport					
Delivery					
Was material relevant to your education/position					
To what extent did presentation meet your expectations					

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## ***JCHEMS***

Appreciates your participation in the programs that you attend.  
Any new ideas or suggestions should be noted on the evaluation form.

**JCHEMS PROGRAM EVALUATION FORM**

CET-3a-F

DATE: \_\_\_\_\_  
AGENCY: \_\_\_\_\_

TIME: \_\_\_\_\_

PROGRAM \_\_\_\_\_

#HOURS \_\_\_\_\_  
SITE CODE: \_\_\_\_\_

**RATE THE FOLLOWING AREAS**

**PROGRAM COMMENTS:**

PROGRAM RATING	Excellent	Good	Fair	Poor	PROGRAM COMMENTS:	
Overall Rating						
Audio/Visual Presentations						
<b>SPEAKER NAME:</b>					<b>Speaker Comments:</b>	
<b>TOPIC:</b>						
Knowledge						
Rapport						
Delivery						
Was material relevant to your education/position						
To what extent did presentation meet your expectations						
<b>SPEAKER NAME:</b>						<b>Speaker Comments:</b>
<b>TOPIC:</b>						
Knowledge						
Rapport						
Delivery						
Was material relevant to your education/position						
To what extent did presentation meet your expectations						

**See reverse side for additional program/speaker evaluations**

Please retain this section for your upcoming renewal

CET-3a-F

JERSEY COMMUNITY HOSPITAL EMERGENCY MEDICAL SERVICES SYSTEM  
CONTINUING EDUCATION REPORT

NAME: \_\_\_\_\_ CERTIFICATION # \_\_\_\_\_

AGENCY: \_\_\_\_\_

PROVIDER LEVEL: \_\_\_ FR/FRD \_\_\_ EMT/B \_\_\_ EMT/P \_\_\_ ECRN \_\_\_ PHRN \_\_\_ RN \_\_\_ OTHER

DATE: \_\_\_\_\_ HOURS: \_\_\_\_\_ ALS \_\_\_\_\_ BLS

LOCATION: \_\_\_\_\_ IDPH SITE CODE NUMBER: \_\_\_\_\_

SPEAKER: \_\_\_\_\_

TOPIC/SUBJECT MATTER: \_\_\_\_\_

INSTRUCTOR/SPONSOR SIGNATURE \_\_\_\_\_

John Palcheff, D.O., EMS Medical Director

**STATEMENT OF CONFIDENTIALITY**

I understand and agree to keep all patient information used for quality improvement and teaching purposes in the strictest confidence and will not share this information, either written or verbal, with others. Unauthorized release of confidential information may have personal, civil and/or criminal liability and legal penalties attached.

<b>PROGRAM RATING</b>	Excellent	Good	Fair	Poor	
Overall Rating					
Audio/Visual Presentations					
<b>SPEAKER NAME:</b>					<b>Speaker Comments:</b>
<b>TOPIC:</b>					
Knowledge					
Rapport					
Delivery					
Was material relevant to your education/position					
To what extent did presentation meet your expectations					
<b>SPEAKER NAME:</b>					
<b>TOPIC:</b>					
Knowledge					
Rapport					
Delivery					
Was material relevant to your education/position					
To what extent did presentation meet your expectations					

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## ***JCHEMS***

Appreciates your participation in the programs that you attend.  
Any new ideas or suggestions should be noted on the evaluation form.

**JERSEY COMMUNITY HOSPITAL EMS SYSTEM  
REQUIREMENTS FOR EMS CLINICAL AT JERSEY COMMUNITY HOSPITAL**

- I. **PURPOSE:** To ensure the safety and well being of patients who receive care from students or other licensed individuals who are fulfilling their clinical requirements at Jersey Community Hospital and/or other clinical sites associated with JCH EMS programs.
- II. **SCOPE:** Applies to all students of Jersey Community Hospital EMS programs, students from other EMS programs who wish to have a clinical experience at Jersey Community Hospital and licensed individuals who come to Jersey Community Hospital for a clinical experience to meet continuing education needs or requirements. **NOTE:** Individual wanting to complete clinicals at Jersey Community Hospital may have to be 18-years old to complete the requirement below.
- g  
III. **POLICIES/PROCEDURES:**
- A. **OFFICE OF INSPECTOR GENERAL (OIG) CHECK:** All persons wishing to perform clinical at Jersey Community Hospital must provide full name and date of birth so that an OIG check can be done. There is no charge associated with this check conducted on-line by JCH EMS Department. Non-clear checks could result in the individual being denied permission to perform clinical at Jersey Community Hospital.
- B. **STATE BACKGROUND CHECK(S):**
1. EMS Students
    - a. *State background check since the age of 18 to be completed through Jersey Community Hospital Human Resource Department. (At student's expense)*  
Non-clear background checks will be taken to a review board to determine if the student will be allowed to continue in the program at Jersey Community Hospital. Students will be informed that their ability to obtain a professional license may be in jeopardy due to the non-clear background check.
- C. **DRUG TESTING:** EMS students and licensed EMS providers wishing to perform clinical at Jersey Community Hospital are required to report for their clinical experience free from the effects of illegal drugs, alcohol or any other drugs that may impair their performance or cause them to fail to comply with the "Drug-Free Workplace Act of 1988".
1. Jersey Community EMS Students
    - a. Provide Jersey Community EMS Department with a negative five panel drug screen (at student's expense. *The drug screen must be completed at Jersey Community Hospital* prior to the start of clinical. It is the student's responsibility to schedule the appointment for the test. The drug screen cannot be performed greater than 30 days prior to the start of clinical.
    - b. The hospital's Medical Review Officer (MRO) will review all non-negative drug results with the student.
    - c. The student will have five days after notification of a non-negative result to explain or contest the results.
    - d. If the explanation or challenge is not satisfactory as defined by the MRO, the director of the educational program will be notified and the student will be dismissed from the program or clinical rotation.
    - e. Random drug testing may be conducted during the course of the school year (at the hospital's expense). The students selected for random testing will be instructed by the Jersey Community Hospital EMS Coordinator to report to Jersey Community Hospital for a drug screen

2. Students from EMS programs outside of Jersey Community Hospital or licensed EMS providers planning a clinical rotation at Jersey Community:
  - a. Must provide Jersey Community EMS Department with a negative five panel drug screen (at their own expense) prior to the start of clinical.
  - b. The drug screen cannot be performed greater than 30 days prior to the start of clinical.
  - c. Jersey Community Hospital will accept verified drug test results for students from a non-Jersey Community Hospital EMS program or from licensed individuals that have drug testing done at their place of employment.

D. IMMUNIZATIONS / TESTS:

1. Proof of negative TB test within 1 year of scheduled clinical.
2. Proof of MMR X 1 dose if born before 1957 and 2 doses if born after 1957.
3. Proof of Tetanus/diphtheria (td) within past ten years.
4. Proof of Hepatitis B series.

E. HIPAA / CONFIDENTIALITY / SAFETY:

1. Review HIPAA / confidentiality packet and return quiz with minimum of 90% accuracy plus signed confidentiality statement.
2. Review safety procedures packet and return quiz with minimum of 90% accuracy.
  - a. NOTE: Paramedic students will be enrolled in Computer Based Learning modules for safety and other topics and will not complete #2 above.

F. RELEASE OF INFORMATION: Paramedic students must have an ALS ambulance sponsor in order to be accepted in the Jersey Community Paramedic program. Our primary sponsor is LCCC and all Jersey Community paramedic students must at a minimum be accepted by that entity for sponsorship. The student will sign a release of information form that allows Jersey Community EMS Department to release the information obtained in the previous sections of this policy to the ALS agency in order to obtain sponsorship.

G. Additional forms as requested including

- CET 5a-f Travel
- CET 5c-f Educational Release Waiver
- CET 5d-f Personal Accountability
- CET 5e-f Waivers of Liability
- CET 6b-F1 Application
- CET 6c-F Letter of Sponsorship (paramedic only)

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John Palcheff, D.O.,  
EMS Medical Director

## JERSEY COMMUNITY HOSPITAL EMS SYSTEM

### REQUIREMENTS FOR EMS CLINICAL AT JERSEY COMMUNITY HOSPITAL

- OIG Check** (Done by Jersey Community EMS Department – no cost)
- State background check** *since the age of 18 to be completed through Jersey Community Hospital Human Resource Department. (At student's expense)*

**Drug testing:** A clear five panel urine drug screen must be done within 30 days of the start of clinical to be completed at Jersey Community Hospital. (At student's expense)

- Immunizations / Testing (At own expense)**
  - TB test within past year
  - MMR X 1 dose if born before 1957 and 2 doses if born after 1957
  - Tetanus/diphtheria (td) within past 10 years
  - Hepatitis B series
- HIPAA / Confidentiality/Safety**
  - Review HIPAA packet – submit quiz to Jersey Community EMS Department
  - Submit signed confidentiality statement
  - Review safety packet – submit quiz to Jersey Community EMS Department
  - CET 5F-1 & CET 5.F-2(Requirements for EMS Clinical at Jersey Community Hospital)
- Release of Information form:** If requesting to perform clinical at a site that has an affiliation with Jersey Community EMS programs such as an ALS ambulance agency, fire department or dispatch agency, you must agree to release the information about background checks, drug testing, OIG checks and immunizations to that agency. Note that the affiliated agency has the right to accept or deny the clinical experience and may also have other requirements that must be met prior to beginning a clinical rotation.
- Additional Requirements**
  - CET 5a-f Travel
  - CET 5c-f Educational Release Waiver
  - CET 5d-f Personal Accountability
  - CET 5e-f Waivers of Liability
  - CET 6b-F1 Application
  - CET 6c-F Letter of Sponsorship (paramedic only)
  - ICARE/AIDET expectations



**JERSEY COMMUNITY HOSPITAL EMS SYSTEM  
BLESSING HOSPITAL / JWCC EMS TRAINING PROGRAM**

**TRAVEL FOR CLINICAL ASSIGNMENTS RELEASE**

**Purpose:** To verify understanding of the student regarding issues that may arise related to travel to clinical.

I, \_\_\_\_\_, affirm that I am currently enrolled as a student in a JCHEMS System EMS training course and that in the course of my education, I will be traveling to various clinical assignments.

I understand that in driving my own vehicle to clinical assignments, I am responsible for its safety and operating condition and for my own safety. I further understand and agree that, if I choose to drive my vehicle to clinical assignments as part of my education, neither Jersey Community Hospital / JCHEMS nor its employees will be liable in any way for any occurrence which may result in my injury, death, or damages to me or my family, heirs, or assigns.

In consideration of being allowed to participate in clinical assignments as part of my education by Jersey Community Hospital and its employees, I hereby personally assume all risks in connection with any clinical assignments, and I further release Jersey Community Hospital / JCHEMS and its employees and agents for any injury or damage that may befall me while I am participating in those clinical assignments, whether foreseen or unforeseen; and further agree to save and hold harmless Jersey Community Hospital and its employees and agents from any claim by me or my family, estate, heirs or assigns arising out of my participation in clinical assignments.

I further state that the vehicle I will be driving is insured with the amount of insurance coverage required by the laws of the State of Illinois.

I further state that I am of lawful age and I am legally competent to sign this Release; that I have fully informed myself of the contents of this Release by reading it before I signed it; that I understand the terms in the Release are contractual and not a mere recital; and that I have signed this document as my own free act and deed.

IN WITNESS WHEREOF, I have executed this Release on \_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Student)

WITNESS: \_\_\_\_\_  
(Representative of Academic Program)

**JERSEY COMMUNITY HOSPITAL EMS SYSTEM**  
**JERSEY COMMUNITY HOSPITAL EMS STUDENT DRESS AND GROOMING CODE**

POLICY AND/OR PROCEDURE:

EMS Students attending clinical at JCH or affiliated clinical sites will adhere to the following general dress code policy:

- I. In order to project a professional image and to abide by infection control and safety standards, students will be expected to be in compliance with the dress code at all times. Non-compliant individuals will be requested to leave the clinical area and reschedule at a later date.
- II. Good body hygiene is expected.
- III. Hair will be clean and neat.
  - A. Hair will be of a length and styled in a manner that is neat, clean and professional. Hair must be appropriate color. No blue, pink, purple, green, etc. No Mohawks or other styles that could be considered unprofessional. Long hair must be pulled back.
  - B. Beards and mustaches must be neatly trimmed.
- IV. Dress:
  - A. **EMT-P:** Only the approved uniform pant and shirt are acceptable. Uniforms must be clean, in good repair, wrinkle-free and of proper fit. Pants will touch the top of the shoe. A turtleneck may be worn under the short sleeved shirt
  - B. **EMT-B/FR:** Dark colored slacks, shirt with a collar. No jeans, t-shirts or shorts. Shirt must be of a length that doesn't expose mid-section.
- V. Jewelry will be limited to the following:
  - A. Watch
  - B. A ring or wedding band set
  - C. Earrings - two pair of pierced earrings no larger than 1/4 inch in diameter.
  - D. Neck chains are not encouraged, but if worn are limited to:
    1. simple silver or gold color choker without charms or pendants
    2. religious medals
    3. medical alert tags
  - E. All religious medals, medical alert tags and chains must be worn inside the clothing.
  - F. Other than earrings, no visible body piercing will be allowed; includes tongue or any other piercings that can be seen.
- VI. Undergarments will be worn.
- VII. Tattoos of an inappropriate nature must be covered with clothing.
- VIII. Shoes will be skid resistant. They will be cleaned and polished, in good repair, and appropriate for the outfit. Shoes or boots that give additional protection from the environment are recommended for the safety of the personnel involved in the prehospital care setting. Athletic style black or white shoes are acceptable for hospital clinicals. No open toe shoes or clogs.
- IX. Excessive makeup, perfume or cologne is inappropriate.

- X. Nails must be clean and short to medium length. No artificial nails. Nail polish limited to pink, reds, corals or taupes. Clear polish is preferred.
- XI. White lab coats may be worn over the uniform in certain approved areas.

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John Palcheff, DO, EMS Medical Director

**JERSEY COMMUNITY HOSPITAL EMS SYSTEM  
JERSEY COMMUNITY HOSPITAL / JCHEMS TRAINING PROGRAM**

**EMS TRAINING PROGRAM EDUCATION RECORD RELEASE WAIVER**

**Purpose:** To provide the student with the opportunity to verify their wishes regarding release of educational records.

I, \_\_\_\_\_, have been informed of Jersey Community Hospital’s policy concerning the student’s right to privacy of and access to their education records.

I (do / do not) wish to waive my rights to privacy of “education records.”

I (do / do not) wish to extend access of my “education records” to third parties.

If a waiver is indicated, the following are the name(s) and address (es) of those third parties to whom I wish granted access to my “education records”.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

I ask that my transcript of grades be sent to the following person:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

I agree that Jersey Community Hospital / JCHEMS cannot be held legally responsible for releasing my “education records” to those third parties that I have indicated above or to JCHEMS System Field Evaluators, EMS System Coordinator or EMS Medical Director.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Instructor

**JERSEY COMMUNITY HOSPITAL EMS SYSTEM  
EMS TRAINING PROGRAM**

**CONTRACT OF PERSONAL ACCOUNTABILITY**

**Purpose:** To verify that the student has received information regarding items listed below and understands they are accountable for compliance.

- I. I have read or been advised of program policies regarding attendance, tardiness, scheduling, and conduct in clinical areas, written testing and dress code.
- II. I am aware that clinical activities will require access to confidential patient information and situations of a sensitive or confidential nature. My instructor has advised me that breach of confidentiality can result in my dismissal from the program.
- III. I have received the student safety orientation to Blessing Hospital and the student handbook and my instructor has reviewed this with me.
- IV. I am aware that failure to comply with these policies may result in my dismissal from the program.

- Original to student file
- Copy to clinical site (upon request)
- Copy to student

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Signature of Instructor

**JERSEY COMMUNITY HOSPITAL EMS TRAINING PROGRAM  
AMBULANCE SERVICE  
WAIVER OF LIABILITY BY STUDENT/OBSERVER**

I, \_\_\_\_\_, a student or observer, in consideration of being allowed  
(Student/Observer name)

to participate in \_\_\_\_\_ Ambulance Service Activities, waives any and  
(Ambulance Agency)

all claims for damages for personal injury, medical expenses, property damage and losses of any nature or kind which may be suffered as a result of such participation in or about an ambulance, accident scene or any Service activity, and agrees to hold JERSEY COMMUNITY HOSPITAL, Ambulance Service and its affiliates, the Health Department, and the County, harmless from any and all liability for any such damages which may arise from incidents occurring during the course of such participation.

I further acknowledge that as a non-employee of the Service and Department during clinical, I am ineligible for workman's compensation or other employee benefits.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature-Student/Observer

\_\_\_\_\_  
Ambulance Service Representative

**JERSEY COMMUNITY HOSPITAL EMS PROGRAMS**  
**RELEASE OF INFORMATION TO CLINICAL SITES**  
(Non-JCH Employees)

I, \_\_\_\_\_, am aware of and have complied with the JCH EMS System policy Requirements for EMS Clinical at Jersey Community Hospital concerning background checks, drug testing, immunizations and confidentiality/safety *and policies regarding the class and clinicals.*

This release gives Jersey Community Hospital EMS Department permission to share the information obtained related to the policy CET 5, with the following agencies in which students / licensed EMS providers will have physical contact with patients and / or will have knowledge and availability to confidential information during a clinical rotation.

ALS AMBULANCE AGENCIES (Mark all agencies with which you agree to share this information):

- JCH Ambulance and EMS
- 

Other clinical sites outside of Jersey Community Hospital affiliated with the JCHEMS Paramedic program (Mark all agencies with which you agree to share this information):

- Other \_\_\_\_\_

DATE: \_\_\_\_\_

STUDENT/LICENSED EMS PROVIDER (PRINT): \_\_\_\_\_

STUDENT /LICENSED EMS PROVIDER SIGNATURE: \_\_\_\_\_

COURSE INSTRUCTOR OR OTHER WITNESS: \_\_\_\_\_

**JERSEY COMMUNITY HOSPITAL EMS PROGRAMS  
RELEASE/CONFIRMATION OF INFORMATION TO CLINICAL SITES  
(JCH Employees)**

I, \_\_\_\_\_, am aware of and have complied with the JCH EMS System policy Requirements for EMS Clinical at Jersey Community Hospital concerning background checks, drug testing, immunizations and confidentiality/safety *and policies regarding the class and clinicals.*

This release gives Jersey Community Hospital EMS Department permission to share the information obtained related to the policy CET-5 with the following agencies in which students / licensed EMS providers will have physical contact with patients and / or will have knowledge and availability to confidential information during a clinical rotation.

ALS AMBULANCE AGENCIES (Mark all agencies with which you agree to share this information):

- JCH Ambulance and EMS
- 

Other clinical sites outside of Jersey Community Hospital affiliated with the JCHEMS Paramedic program (Mark all agencies with which you agree to share this information):

- Other \_\_\_\_\_

**\*Completed by Personnel and Employee Health Departments for JCH employees Only\***

As an employee of *JCH*, I give the **Employee Health Department** and **Personnel Services Department** authorization to confirm the following test, procedures or requirements of employment have been completed satisfactorily and documentation has been placed in employee file:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> OIG</li> <li><input type="checkbox"/> Initial Drug Testing</li> <li><input type="checkbox"/> Subject to Random Drug Testing</li> <li><input type="checkbox"/> HIPPA/Confidentiality/Safety</li> <li><input type="checkbox"/> Licensed Patient Care Provider, Background Check per Licensure Agency i.e., Department of Professional Regulation</li> <li><input type="checkbox"/> Licensed Pt Care Provider with no Background Check if licensed by IDPH</li> <li><input type="checkbox"/> Non-licensed Patient Care Provider</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> TB Test within past year</li> <li><input type="checkbox"/> MMR (2 Doses if DOB after 1957)</li> <li><input type="checkbox"/> Tetanus/diphtheria within past 10 years</li> <li><input type="checkbox"/> Hepatitis B Series</li> </ul> |
|---|--|

\_\_\_\_\_  
Signature\*  
**Director, Personnel Services** (Or Designee)

\_\_\_\_\_  
Signature\*  
**Employee Health Nurse** (Or Designee)

\*Personnel and Employee Health Representatives are to indicate which have been completed, sign and return to JCHEMS

Student/Licensed EMS Provider (Print): \_\_\_\_\_

Student /Licensed EMS Provider Signature: \_\_\_\_\_

Course Instructor or Other Witness: \_\_\_\_\_

Date: \_\_\_\_\_



**JERSEY COMMUNITY HOSPITAL EMS PROGRAMS  
RELEASE/CONFIRMATION OF INFORMATION TO CLINICAL SITES  
(JCH Employees)**

I, \_\_\_\_\_, am aware of and have complied with the JCH EMS System policy Requirements for EMS Clinical at JCH concerning background checks, drug testing, immunizations, confidentiality, safety and other policies regarding the class and clinical.

This release gives Jersey Community Hospital’s Human Resources and Employee Health Departments permission to share information listed in the box below with JCH EMS Department.

It also gives JCH EMS Department permission to share the information obtained related to the policy CET-5 with the following agencies in which students or licensed EMS providers will have physical contact with patients and / or will have knowledge and availability to confidential information during a clinical rotation.

ALS AMBULANCE AGENCIES (Mark all agencies with which you agree to share this information):

- JCH Ambulance and EMS
- Other \_\_\_\_\_
- 

Student or Licensed EMS Provider (Print): \_\_\_\_\_

Student or Licensed EMS Provider Signature: \_\_\_\_\_

Course Instructor or designee: \_\_\_\_\_

Date: \_\_\_\_\_

**\*Completed by Human Resources and Employee Health Departments for JCH Employees Only\***

As an employee of Jersey Community Hospital, I give the **Employee Health Department** and **Human Resources Department** authorization to confirm the following test, procedures or requirements of employment have been completed satisfactorily and documentation is in the employee file:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> OIG</li> <li><input type="checkbox"/> Initial Drug Testing</li> <li><input type="checkbox"/> Subject to Random Drug Testing</li> <li><input type="checkbox"/> HIPPA/Confidentiality/Safety</li> <li><input type="checkbox"/> Licensed Patient Care Provider, Background Check per Licensure Agency i.e., Department of Professional Regulation</li> <li><input type="checkbox"/> Licensed Pt Care Provider with no Background Check if licensed by IDPH</li> <li><input type="checkbox"/> Non-licensed Patient Care Provider</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> TB Test within past year</li> <li><input type="checkbox"/> MMR (2 Doses if DOB after 1957)</li> <li><input type="checkbox"/> Tetanus/diphtheria within past 10 years</li> <li><input type="checkbox"/> Hepatitis B Series</li> </ul> |
|---|--|

\_\_\_\_\_  
Signature\*  
**Manager Human Resources** (Or Designee)

\_\_\_\_\_  
Signature\*  
**Employee Health Nurse** (Or Designee)

\*Human Resources and Employee Health representatives are to indicate items that are on file, sign and return to JCHEMS Department

**JERSEY COMMUNITY HOSPITAL EMS SYSTEM  
POLICY AND PROCEDURE**

**JCH EMS *PARAMEDIC PROGRAM***

- I. *Program goal:*
- A. *To prepare competent entry-level paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavioral) learning domains.*
- II. Prerequisites:
- A. 18 years of age before beginning the program.
- B. High school diploma or equivalency.
- C. *A complete application which includes copies of*
1. *Curent Illinois EMT-B License.*
  2. *Current American Heart Association healthcare provider CPR certification or equivalent.*
  3. *Two letters of reference (at least one should be EMS related.)*
- D. Six months experience as an EMT-B preferred (if less than 6 months experience, additional ambulance clinical *of forty hours and ten runs* will be required prior to the start of the program.)
- E. Successful completion of the paramedic pre-entrance exam with a score *of 77% or greater (maximum of 2 events.)*
- F. *Individual interview with program faculty and approval of application by EMS System Coordinator and the EMS Medical Director.*
- G. Note: All students must complete a criminal background check, drug testing and immunizations in order to complete clinical at JCH Hospital. This component should only be undertaken upon direction of *program faculty* as some components must be within a certain time frame. If the student has completed the EMT-B class in the Quincy Area EMS System within the past year, these requirements may have already been met.
- III. Class size
- A. Class size is limited to *15* students due to extensive practical skills and clinical availability.
- B. A final decision regarding admission or re-admission to the program will be determined by program faculty in conjunction with the EMS System Coordinator and the EMS Medical Director.
- C. The JCH EMS paramedic program does not discriminate in enrollment on the basis of color, sex, age, religion, national origin, ancestry or sexual preference.

## IV. Curriculum

- A. *Paramedic Program Core Courses will take approximately thirteen months to complete. All courses are based on the National EMS Education Standards.*

*EMS 160 Paramedic I: This combined didactic/lab course provides a strong foundation for the student beginning with roles and responsibilities of the paramedic, wellness, legal and ethical topics and a wide range of other preparatory lessons. As the semester progresses, the student will learn more about human anatomy and physiology as well as basic pathophysiology. Pharmacology principles are introduced with a focus on drug classifications, pharmacokinetics and pharmacodynamics as well as medical mathematics, medication administration and venous access. The student will also concentrate on basic and advanced level skills to manage an airway. 6 credit hours (5 credit hours lecture and 1 credit hour of lab.) Prerequisite: Admission to the paramedic program.*

*EMS 165 Paramedic Clinical Practice I: This clinical course introduces the student to the hospital clinical environment and provides the student with opportunities to apply learned theory, assessment and foundational ALS skills while under the direct supervision and guidance of clinical department staff. The course is planned so that the assigned clinical and clinical objectives are closely aligned with theory and skills being taught in the co-requisite course EMS 160. 3 credit hours. Prerequisite: Concurrent registration with EMS 160.*

*EMS 170 Paramedic II: In this combined didactic/lab course the student will develop a complex depth and comprehensive breadth of understanding of medical emergencies including respiratory, neurologic, cardiovascular, endocrine, hematologic, gastrological and urological. The focus this semester is on anatomy, physiology, pathophysiology, assessment and management in order to integrate assessment and scene findings with knowledge to form a field impression and formulate a treatment plan for common medical emergencies. The Advanced Cardiac Life Support course is built into this semester. 6 credit hours (5 credit hours lecture and 1 credit hour lab.) Prerequisite: EMS 160, 165.*

*EMS 175 Paramedic Clinical Practice II: This clinical course provides the student with continued opportunities to apply learned theory, assessment and foundational ALS skills while under the direct supervision and guidance of clinical department staff in the hospital setting and begins the Field Internship. The course is planned so that the assigned clinical and clinical objectives are closely aligned with theory and skills being taught in the co-requisite course EMS 170 with a focus on the medical patient. 3 credit hours. Prerequisite: Concurrent registration with EMS 170.*

*EMS 260 – Paramedic III: The focus of this combined didactic/lab course is integration of assessment findings with principles of epidemiology and pathophysiology to formulate field impressions and learn to develop comprehensive treatment/ disposition plans for trauma patients and the development of paramedic operations skills in the areas of ambulance operations, mass casualty, rescue operations, introduction to ICS & NIMS and hazardous materials. Either International Trauma Life Support or Prehospital Trauma Life Support must be successfully completed this semester.*

6 credit hours (4.5 credit hours lecture 1.5 credit hours lab.) Prerequisites: EMS 160, 165, 170, 175.

*EMS 265 – Paramedic Clinical Practice III: This clinical course provides the student with continued opportunities to apply learned theory, assessment and foundational ALS skills while under the direct supervision and guidance of clinical department staff in the hospital setting. The course is planned so that the assigned clinical and clinical objectives are closely aligned with theory that was taught in the didactic course from the previous semester EMS 170 with a focus on the cardiac and respiratory patient. The student will complete the Instructional Phase of the Field Internship during this semester and enter the Evaluation Phase.*

*3 credit hours. Prerequisite: Concurrent registration with EMS 260.*

*EMS 270 – Paramedic IV: In this combined didactic/lab course the student will develop a comprehensive understanding of anatomical and physiological variations found in pregnancy, the pediatric and geriatric populations as well as a working understanding of the pathophysiology of illnesses and injuries affecting these populations and the chronically ill or specially challenged patients. The student will also develop a comprehensive understanding of the pathophysiology, assessment and management of a variety of medical conditions including anaphylaxis, toxicology, environmental emergencies, infectious diseases and psychiatric emergencies. Successful completion of Pediatric Education for Prehospital Providers (PEPP) is required for this semester.*

*7 credit hours (6 credit hours lecture, 1 credit hour lab.) Prerequisite: EMS 160, 165, 170, 175, 260, 265)*

*EMS 275 – Paramedic Clinical Practice IV: This clinical course provides the student with continued opportunities to apply learned theory, assessment and foundational ALS skills while under the direct supervision and guidance of clinical department staff in the hospital setting. The course is planned so that the assigned clinical and clinical objectives are closely aligned with theory and skills being taught in the co-requisite course EMS 270 with a focus on the pediatric patient, obstetrical/labor and delivery and the patient with psychiatric or behavioral disorders. The student will also continue with a minimum of forty hours in the ALS Field Internship which will create the necessary experiences for the student to meet the established goals for the last phase of the Field Internship.*

*3 credit hours. Prerequisites: EMS concurrent registration with EMS 270.*

*EMS 199 – Work Based Education – Paramedic: This clinical course provides the student with continued opportunities to apply learned theory, assessment and foundational ALS skills while under the direct supervision and guidance of paramedic field evaluators. The student continues the ALS Ambulance field internship which will create the necessary experiences for the student to meet the established goals for the Evaluation phase of ALS Ambulance Field Internship.*

*2 credit hours. Prerequisite: EMS 160, 165, 170, 175, 260, 265, 270, 275.*

*B. The Paramedic Certificate and Paramedic AAS degree require additional general education courses. See the Lewis Clark Community College course syllabus or LCCC counselor for details.*

V. Course completion requirements: Each core paramedic course has specified terminal competencies that are required in order for the student to move on to the next course. The terminal competencies can be found in each of the program syllabi.

A. Classroom attendance:

1. Due to the rapid pace of this program and the need to be knowledgeable in all aspects of the chosen field of paramedic, the student may have no more than two absences per core didactic course. The student is responsible for all material missed when absent. Greater than two absences or excessive tardiness per core didactic course will result in disciplinary action *and could result in dismissal from the program.*
2. If a skill validation, quiz or written examination is missed due to an absence, the student is required to contact the instructor to make arrangements to make up the missed work within one week. Failure to make up a quiz or exam within one week will result in the grade of zero for that item.
3. Professional behavior is an expectation and excessive tardiness will not be tolerated.

B. Clinical attendance:

1. Students are required to complete ALL clinical *objectives* satisfactorily and are expected to be on time, in clinical uniform and prepared.
2. ALL clinical sessions are to be scheduled through the JCH EMS Department – extension 8449
3. Cancellation and rescheduling of clinical
  - a) Acceptable reasons to cancel clinical are illness of the student or an immediate family member, death in the family or other major event. A student found to be canceling clinical for reasons other than listed here is not following professional behavior standards and will enter the disciplinary process.
  - b) To cancel – contact the clinical area at least 15 minutes prior to the scheduled start time AND call the JCH EMS Department at extension 8449 to advise of the cancellation.
  - c) To reschedule – contact JCH EMS Department at extension 8449. NO EXCEPTIONS!
  - d) A “no call-no show” at clinical is unacceptable. A first offense will result in a written warning being issued to any student failing to notify the clinical area and JCH EMS Department of a cancellation. Any subsequent offenses *will* result in disciplinary action, including dismissal from the program.

C. Skills completion

1. A variety of basic and advanced level skills will be taught, practiced and validated for each core course.
2. The student will be required to complete minimum numbers of designated skills during the program in order to be considered proficient.
3. All advanced level skills must be successfully validated with demonstrated proficiency prior to the student being allowed to sit for the Illinois or National Registry Exam.

D. Grades

1. The student must have a course average of 77% (C) or greater in each core paramedic course in order to progress to the next level course or to sit for the State or National Registry Exam.
2. Clinical courses will receive a Pass / Fail grade. The student must receive a grade of Pass to progress to the next level course or to sit for the State or National Registry Exam.
3. *Failure to achieve a final grade of 77% (C) or greater in a didactic/skill course or a final grade of Pass in a clinical course will result in dismissal from the program.*

E. *Incomplete*

1. *It is understood that circumstances could occur which would not allow the student to complete all requirements of a course on time.*

2. *Any student who is unable to complete all terminal objectives for a course must request an extension by notifying the paramedic Program Director of the request in writing which includes the reason the extension is necessary. The Program Director will add comments and forward to the EMS Medical Director for approval.*
3. *Approval of an extension is at the discretion of the EMS Medical Director and will be based on any previous extensions, reason given for the extension, current grade in the course, past disciplinary actions in the program and any behavioral issues.*
4. *If requirements are not met by the date indicated on the JWCC extension form, the student will receive a grade of F for the course.*
5. *All terminal objectives including didactic, clinical and skill requirements for the program must be completed within 90 days of the end of EMS 199.*

*F. Leave of Absence*

1. *A leave of absence may be taken from the paramedic program when certain circumstances occur that prevent the student from meeting program requirements. This could include instances such as a major illness, high risk pregnancy or pregnancy with complications, family obligation, military deployment, etc.*
  - a) *In order for a student to request a leave of absence, they must be in good standing in the program, have a passing grade of C or better, up to date on clinical and cannot be on probation or suspension.*
  - b) *If approved, the student must reenter the program the next year at the beginning of the semester following the last successfully completed semester. (Student must still be considered in good standing to return to class.)*
2. *Procedure to Request a Leave of Absence:*
  - a) *Discuss the situation that is requiring the request for leave of absence with the paramedic Program Director to determine eligibility for a leave of absence.*
  - b) *Submit a formal written request to the paramedic Program Director that specifically states the circumstances of the leave of absence.*
  - c) *The paramedic Program Director will add comments and forward the request to the EMS Medical Director.*
  - d) *Approval of the Leave of Absence is at the discretion of the EMS Medical Director. Considerations when determining approval will include the reason given for the extension, current grade in the course, past disciplinary actions in the program and any behavioral issues.*
  - d) *The student will be notified in writing of the decision by the paramedic Program Director.*
  - f) *Note: All skill books, clinical forms and loaned items must be turned in before the request will be considered.*

3. *Procedure for Re-entry into the Paramedic Program after Leave of Absence:*
  - a) *Prior to August 1st of the next year – the student notifies the paramedic Program Director in writing of their intent to return to the paramedic program.*
  - b) *The paramedic Program Director will confirm decision and supply the student with a paramedic program syllabus with dates marked for required attendance.*
  - c) *The student is required to attend and pass all skill validations for semesters previously completed.*
  - d) *The EMS Medical Director may require the student to attend other portions of the class or clinical based upon review of previous exam scores/consult with the paramedic Program Director.*
  - e) *A student who successfully completes all requirements will re-enter the program.*
  - f) *Note: Re-entry will require a review of all original entry requirements to ensure they are still valid including Illinois EMT-B license and CPR certification. A new criminal background check may be required if the original background check is greater than one year old. A urine drug screen will be required within 30 days of the start of clinical.*

VI. Dismissal from the program:

- A. A paramedic student may be dismissed from the program for the following reasons:
  1. *Inability to achieve a grade of 77% (C) or greater in each paramedic core didactic/skill course.*
  2. *Inability to achieve a grade of Pass in each of the paramedic core clinical courses.*
  3. *Excessive absences of greater than two per core paramedic course.*
  4. *Violations of professional conduct / behavioral standards*
  5. *Inability to achieve a score of 3 or greater on final behavioral evaluation for each semester.*
  6. *Breach of patient confidentiality / HIPAA violation*
  7. *Falsification of any document related to the program.*
  8. *Failure to adhere to QAEMS System policies and procedures.*
  9. *Progressive disciplinary action.*
- B. The final decision for student dismissal will be made by the EMS Medical Director.
- C. *Application to the program after dismissal or failure to leave in good standing.*
  1. *The candidate's past records including exam scores, midterm and final evaluations, behavioral evaluations, disciplinary actions and other items will be reviewed by the paramedic Program Director prior to setting up an individual meeting with the candidate.*
  2. *The candidate must attend an individual meeting with paramedic Program Director, EMS System Coordinator and EMS Medical Director if available and be able to discuss the issues related to their previous dismissal or failure to complete the program including how circumstances have changed that would allow for a successful outcome.*
  3. *The final decision regarding whether a candidate will be allowed to apply for entry into the program will be made by the EMS Medical Director.*
  5. *Once the EMS Medical Director has given approval, the candidate will join the pool of candidates being considered for enrollment and will follow the application process from the beginning.*

VII. Record Keeping

- A. Student records will be maintained for a period of seven years and shall be made available to the EMS System or IDPH upon request.
- B. College transcripts are available through Lewis Clark Community College.

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John Palcheff, DO EMS Medical Director



**JERSEY COMMUNITY HOSPITAL EMS SYSTEM  
JCH EMS PROGRAM**

PHYSICAL EXAMINATION REQUIREMENTS

POLICY AND/OR PROCEDURE:

- I. Due to the interaction between EMT/P students with patients and the strenuous nature of clinical, a medical examination will be required upon entry into the program.
  - A. The student will be required to demonstrate proof of:
    1. Hepatitis B series
    2. Negative TB test within one year
    3. Tetanus/diphtheria (td) within past ten years
    4. Proof of MMR X 1 dose if born before 1957 and 2 doses if born in or after 1957
  - B. The EMT/P trainee will supply to the JCH EMS Department the results of the above tests and the completed physical examination report that was completed by his/her private physician no later than the first day of *class*. The EMS Medical Director or designee will review all physical and immunization reports for final disposition.

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John Palcheff, DO, EMS Medical Director

**JCH HOSPITAL PARAMEDIC PROGRAM  
STUDENT HEALTH ASSESSMENT AND PHYSICAL EXAM**

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

To be completed by student: Have you had, or do you now have, the following? Please answer "yes" or "no" by placing a check mark in the appropriate box.

	YES	NO		YES	NO
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	Spinal Conditions	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Pain	<input type="checkbox"/>	<input type="checkbox"/>
Anemia	<input type="checkbox"/>	<input type="checkbox"/>	Sciatica	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Bone	<input type="checkbox"/>	<input type="checkbox"/>
Low Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Fractures	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>	Infection	<input type="checkbox"/>	<input type="checkbox"/>
Hoarseness (Respiratory Disease)	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Cough	<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Headache, Fainting, Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions, Epilepsy, Seizure	<input type="checkbox"/>	<input type="checkbox"/>	Food	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Medications	<input type="checkbox"/>	<input type="checkbox"/>
Stomach, Liver, Intestinal Problems	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>
Kidney or Bladder Infection	<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>
Rupture or Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatic Fever	<input type="checkbox"/>	<input type="checkbox"/>	Polio	<input type="checkbox"/>	<input type="checkbox"/>
Childhood Diseases	<input type="checkbox"/>	<input type="checkbox"/>	Measles	<input type="checkbox"/>	<input type="checkbox"/>
Three Day Measles	<input type="checkbox"/>	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	<input type="checkbox"/>

If your answer to any of the following questions is “yes”, please give date and explanation

	Yes	No
Have you ever had a serious injury?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a surgical operation?	<input type="checkbox"/>	<input type="checkbox"/>
Do you frequently have infections?	<input type="checkbox"/>	<input type="checkbox"/>
Are you presently under the care of a physician?	<input type="checkbox"/>	<input type="checkbox"/>
Are you presently taking any medication?	<input type="checkbox"/>	<input type="checkbox"/>

Date/Explanation:

Have any of your family members (mother, father, grandparents, brothers, sisters) had or do they now have any of the following?

	Yes	No
High Blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Mental or Nervous Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>
Obesity	<input type="checkbox"/>	<input type="checkbox"/>
Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Illness	<input type="checkbox"/>	<input type="checkbox"/>

Signature: \_\_\_\_\_  
(Student)

Date: \_\_\_\_\_

**PHYSICAL EXAM**

This section to be completed by the physician or other health professional conducting this exam.

Height: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Respirations: \_\_\_\_\_  
 Weight \_\_\_\_\_ Pulse rate/rhythm \_\_\_\_\_ Temperature \_\_\_\_\_

**HEAD/SCALP**

Vision: R \_\_\_\_\_ L \_\_\_\_\_ Both \_\_\_\_\_  
 Corrective lenses: \_\_\_\_\_  
 Ears: \_\_\_\_\_  
 Nose: \_\_\_\_\_  
 Mouth/Teeth/Throat: \_\_\_\_\_

**NECK/CHEST**

Lymph Nodes/Trachea: \_\_\_\_\_  
 Heart: \_\_\_\_\_  
 Lungs: \_\_\_\_\_

**ABDOMEN/PELVIS**

Abdomen (masses, hernia, tenderness) \_\_\_\_\_  
 Pelvis \_\_\_\_\_

**EXTREMITIES/BACK**

Joints/R.O.M. \_\_\_\_\_  
 Deformities \_\_\_\_\_  
 Back/Spine \_\_\_\_\_  
 Previous Injury \_\_\_\_\_



**JCH EMS SYSTEM  
EMT-PARAMEDIC PROGRAM  
STUDENT APPLICATION**

**PERSONAL DATA**

Name (Last)	(First)	Initial	Date of Birth
Address (Street)	(City)	(Zip Code)	Social Security Number
Telephone Number (Home)	Email		

**EMERGENCY NOTIFICATION**

Name (Last)	(First)	(Relationship)
Address (Street)	(City)	(Zip Code)
Telephone Number (Home)	Telephone Number (Work)	

**CURRENT EMPLOYMENT/OCCUPATION**

Employer	Job Title
Business Address (City)	Telephone Number
Immediate Supervisor (Name)	Job Title

**EMT-B TRAINING**

EMT Training Location	Instructor
Date Training Completed	IL EMT-B Certification Number Expires

**OTHER EDUCATION**

High School Diploma       GED

College (Name)	Location
Years Completed	Degree or Certificate

**EMERGENCY MEDICAL SERVICES EXPERIENCE**

Agency	Location
Your position at the agency	
EMS System (Name)	Location
EMS Medical Director	EMS System Coordinator
Agency	Location
Your position at the agency	
EMS System (Name)	Location
EMS Medical Director	EMS System Coordinator

### OTHER RELATED EXPERIENCE

Examples: nursing assistant, volunteer, explorer group  
Please List

### PROFESSIONAL/PERSONAL REFERENCES

1. Name	Telephone Number
Address (Street)	(City) (State) (Zip Code)

2. Name	Telephone Number
Address (Street)	(City) (State) (Zip Code)

### BACKGROUND INFORMATION EMT

Have your privileges in Emergency Medical Services ever been revoked or suspended?  Yes  No

Have you been placed into a disciplinary process related to your EMT certification?  Yes  No

Have you ever been terminated from employment at JCH Hospital  Yes  No Have you ever been convicted of a felony?  Yes  No

If any of the above answers are yes, please explain on a separate sheet and attach.

### ADDITIONAL REQUIRED INFORMATION

1. Submit a copy of your current *Illinois* EMT-B certification
2. Submit a copy of your current CPR card (*Healthcare Provider or Equivalent*)

### EQUAL OPPORTUNITY CLAUSE

This program will make no discrimination because of race, sex, creed, national origin, ancestry or political affiliation.

Applicants for this program must also take a pretest based on general EMT knowledge and basic mathematics. You may also be required to interview with the EMS Medical Director or designees.

**Please note: Falsification of any information on this application will result in automatic denial of entry into the EMT-paramedic program.**

I further understand that Blessing Hospital assumes no liability for possible injuries to me during the course of or as a result of my enrollment in this program. I authorize and direct the release of information from my personal and professional references indicated above.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date:

### FOR OFFICE USE ONLY

Date Application Received: \_\_\_\_\_

*Two Reference Letters*

Sponsorship Letter:  *Illinois EMT License* Expires: \_\_\_\_\_  *CPR Card (Healthcare Provider or Equivalent)* Expires: \_\_\_\_\_

**JCH EMS PARAMEDIC PROGRAM**

LETTER OF SPONSORSHIP FOR PARAMEDIC TRAINING

As an Advanced Life Support provider agency in the JCH EMS System, the \_\_\_\_\_ agrees to provide clinical opportunities to \_\_\_\_\_ in order that the student’s clinical and provisional requirements may be completed. We also agree to allow the student to observe and perform authorized treatments on all runs as may be appropriate and in compliance with the rules, regulations, and laws of the State of Illinois, as well as the policies of the JCH EMS System under direct supervision of agency staff. We reserve the right to restrict and prohibit the student from continued participation on our vehicles for just cause including, but not limited to the violation of this agency’s rules by the student. It is understood that the revocation of these privileges will result in the student being suspended from the JCH EMS Paramedic program.

\_\_\_\_\_  
Authorized Agent

\_\_\_\_\_  
Date

I agree to the sponsoring agency performing a criminal background check or Jersey Community Hospital providing criminal background check results with the agency and realize that information obtained in this check could result in failure of the agency to provide sponsorship for clinical opportunities.

Print Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

JCH EMS System ALS Ambulance: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**JERSEYCOMMUNITY HOSPITAL EMS SYSTEM  
PARAMEDIC TRAINING PROGRAM**

CET-6e-F

**EDUCATION WAIVER FORM**

I, \_\_\_\_\_, have been informed of JCH Hospital's policy  
Concerning the student's right to privacy of and access to their education records.

I (do / do not) wish to waive my rights to privacy of "education records."

I (do / do not) wish to extend access of my "education records" to third parties.

If a waiver is indicated, the following are the name(s) and address (es) of those third parties to whom I wish granted access to my "education records".

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I ask that my transcript of grades be sent to the following person:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

I agree that JCH Hospital cannot be held legally responsible for releasing my "education records" to those third parties that I have indicated above.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Instructor

**JERSEY COMMUNITY HOSPITAL EMS SYSTEM  
POLICY AND PROCEDURE**

**ILLINOIS EMT-BASIC COURSE**

**I. PURPOSE**

- A. This course is intended to prepare the student to function as a medically competent entry level EMT-Basic in the prehospital setting.

**II. COURSE OBJECTIVES:** *Are based on Illinois EMS Rules and Regulations and National EMS Education Standards.*

- A. *Students will understand the roles and responsibilities of the EMT.*
- B. To instruct the student to recognize the nature and seriousness of the patient's condition or extent of injuries and to assess requirements for emergency medical care.
- C. To instruct the student to administer appropriate emergency care based on the patient assessment and prevent further injury to the patient.
- D. To instruct the student in designated skills with the result that each student should be able to demonstrate competency in the skills as listed in each section of the curriculum.

**III. PRE-REQUISITES**

- A. Eighteen (18) years of age at time of State or National Registry test date.
- B. *High school diploma or its equivalent at the time of State or national registry exam date.*
- C. Current AHA CPR Healthcare Provider completion card or its equivalent.
- D. Note: All students must complete a criminal background check, drug testing and immunizations in order to complete clinical at Jersey Community Hospital. This should only be undertaken upon direction of the course instructor as some components must be within a certain time frame.

**IV. DIDACTIC/CLINICAL REQUIREMENTS**

- A. *This course will be taught in accordance with Illinois Department of Public Health EMS Rules & Regulations and National EMS Education Standards. It will consist of a minimum of 110 hours of classroom/skill lab instruction. The course includes skills required for the EMT. It does not include specialized instruction in driving skills or rescue operations. Additions to the course for enrichment may be added with the approval of the EMS Medical Director and IDPH.*

## DIDACTIC.CLINICAL REQUIREMENTS (CONTINUED)

- B. *Maximum amount of classroom time will be 8 hours per week. Exception would be for PEPP or PHTLS on a weekend unless approved by EMS Medical Director.*
- C. Clinical rotations include:
1. Twenty-four (24) hours observation in an emergency department under direct supervision of an emergency physician, registered nurse, licensed practical nurse or emergency department technician (EMT-P). The department must have enough patient visits to provide the student with a quality learning experience.
  2. Twenty-four (24) hours observation on an ambulance service under the direct supervision of a Prehospital RN, EMT-P, or EMT-B. The service must have an adequate volume of calls to provide the student with pre-hospital experience.
  3. Site approval for the clinical rotations will be made by the EMS System Coordinator and the Lead Instructor.
  4. The student will complete a total of ten patient assessments. These are to be completed during clinical either on the ambulance or in the emergency department (See CET-7-f)

## V. COMPLETION REQUIREMENTS

- A. *Successful completion of the course will allow the participant to take the Illinois EMT licensing examination or the National Registry EMT certification examination.*
- B. *Successful completion requirements:*
1. *Complete all skill validations satisfactorily.*
  2. *Achieve a score on the final comprehensive examination of 70% or greater.*
  3. *Maintain an overall course average of 77% or greater.*
  4. *Complete the required Emergency Department clinical of 24 hours, Ambulance clinical 24 hours and ten patient assessments.*
  5. *All course requirements must be completed within 90 days of scheduled course completion.*

## DISMISSAL FROM THE PROGRAM

- A. *The EMT student may be dismissed from the course for the following:*
1. *Violations of professional behavior expectations and standards.*
  2. *Breach of patient confidentiality.*
  3. *Falsification of any paperwork related to the course.*
  4. *Sexual or other forms of harassment.*
  5. *Destruction of hospital or college property.*
  6. *Excessive absences. Note: excessive absenteeism will be a total of 8 hours of didactic class. Two tardies will equal 4 hours of absenteeism.*
  7. *Other reasons as identified by the lead instructing EMS System Coordination EMS Medical Director.*

## VI. RECORD KEEPING

- A. Lead instructor for each approved program shall maintain class and student records for seven years and shall be made available to the system or IDPH upon request

**JCH EMS SYSTEM  
JERSEY COMMUNITY HOSPITAL EMT-BASIC STUDENT APPLICATION**

**PERSONAL DATA**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Zip Code) \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Telephone Number (Home) \_\_\_\_\_

**EMERGENCY NOTIFICATION**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Relationship) \_\_\_\_\_  
 Address (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Zip Code) \_\_\_\_\_  
 Telephone Number (Home) \_\_\_\_\_ Telephone Number (Work) \_\_\_\_\_

**CURRENT EMPLOYMENT/OCCUPATION**

Employer \_\_\_\_\_ Job Title \_\_\_\_\_  
 Business Address (City) \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Immediate Supervisor (Name) \_\_\_\_\_ Job Title \_\_\_\_\_

**EDUCATION**

High School Diploma       GED

College (Name) \_\_\_\_\_ Location \_\_\_\_\_  
 Years Completed \_\_\_\_\_ Degree or Certificate \_\_\_\_\_

**BACKGROUND INFORMATION**

Have your privileges in Emergency Medical Services ever been revoked or suspended?     Yes     No

Have you been placed into a disciplinary process related to your EMS certification?     Yes     No

Have you ever been terminated from employment at Blessing Hospital                       Yes     No

Have you ever been convicted of a felony?     Yes     No

If any of the above answers are yes, please explain on a separate sheet and attach.

**ADDITIONAL REQUIRED INFORMATION**

1. Submit a copy of your current CPR card

**IMMUNIZATIONS REQUIRED**

Must show proof of the following prior to beginning clinical if required

1. MMR (measles, mumps, rubella) or proof of immunity
2. TB skin test (chest X-ray if positive result)
3. Tetanus within last 10 years
4. Hepatitis B series

**EQUAL OPPORTUNITY CLAUSE**

This program will make no discrimination because of race, sex, creed, national origin, ancestry or political affiliation.

**Please note: Falsification of any information on this application will result in automatic denial of entry into the EMT-Basic program or continuance in the program.**

I further understand that Blessing Hospital assumes no liability for possible injuries to me during the course of or as a result of my enrollment in this program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date:

**JCH EMERGENCY MEDICAL SERVICES**  
**EMT-B STUDENT - Patient Assessment Form**

Patient Assessed: ER Room: # \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M  F  Date: \_\_\_\_\_ Time \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Type of Incident:  Medical  Trauma Other: \_\_\_\_\_

Mechanism of Injury/Nature of Illness: \_\_\_\_\_

Chief Complaint: \_\_\_\_\_

Signs and Symptoms: \_\_\_\_\_

Allergies: \_\_\_\_\_

Meds: \_\_\_\_\_

Past Medical History: \_\_\_\_\_

Last Meal: \_\_\_\_\_

Events: \_\_\_\_\_

Assessment	Time:	<b>PROCEDURES OR TREATMENT</b> (Under Supervision of EMT-P/RN only.)				
LOC (AVPU)						
B/P, Pulse, Resp.						
<b>Lung Sounds</b>	<b>LEFT</b>	<b>RIGHT</b>	<b>Performed</b>	<b>Observed</b>		
	Clear	<input type="checkbox"/>	<input type="checkbox"/>	Airway insertion	<input type="checkbox"/>	<input type="checkbox"/>
	Diminished	<input type="checkbox"/>	<input type="checkbox"/>	Assist Ventilation	<input type="checkbox"/>	<input type="checkbox"/>
	Wheezes	<input type="checkbox"/>	<input type="checkbox"/>	Bleeding Control	<input type="checkbox"/>	<input type="checkbox"/>
	Crackles	<input type="checkbox"/>	<input type="checkbox"/>	Obstructed Airway Maneuvers	<input type="checkbox"/>	<input type="checkbox"/>
Absent	<input type="checkbox"/>	<input type="checkbox"/>	CPR	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Skin Color/Temp</b>	Warm <input type="checkbox"/>	Cool <input type="checkbox"/>	Pale <input type="checkbox"/>	Spinal Immobilisation	<input type="checkbox"/>	<input type="checkbox"/>
	Dry <input type="checkbox"/>	Clammy <input type="checkbox"/>	Cyanotic <input type="checkbox"/>	Splint Extremities	<input type="checkbox"/>	<input type="checkbox"/>
	Normal <input type="checkbox"/>			Suction	<input type="checkbox"/>	<input type="checkbox"/>
				Oxygen Therapy	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pupils</b>	<b>LEFT</b>	<b>RIGHT</b>	Pulse Ox _____	<input type="checkbox"/>	<input type="checkbox"/>	
	Equal	<input type="checkbox"/>	<input type="checkbox"/>			
	Reactive	<input type="checkbox"/>	<input type="checkbox"/>			
	Irregular	<input type="checkbox"/>	<input type="checkbox"/>			
	Dilated	<input type="checkbox"/>	<input type="checkbox"/>			
Constricted	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Motor Response</b>	<b>Strong</b>	<b>Weak</b>	<b>Absent</b>			
	LUE <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	RUE <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	LLE <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	RLE <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Glasgow Coma Scale</b> <b>A. EYES</b>	<b>Glasgow Coma Scale</b> <b>B. VERBAL</b>		<b>Glasgow Coma Scale</b> <b>C. MOTOR</b>		<b>Glasgow Coma Scale</b> <b>Total Score</b>	
	<input type="checkbox"/> 4-Spontaneous	<input type="checkbox"/> 5-Oriented	<input type="checkbox"/> 6-Obeys	$\underline{\quad} \text{ A } + \underline{\quad} \text{ B } + \underline{\quad} \text{ C } = \underline{\quad} \text{ Total }$		
	<input type="checkbox"/> 3-To Speech	<input type="checkbox"/> 4-Confused	<input type="checkbox"/> 5-Localizes			
	<input type="checkbox"/> 2-To Pain	<input type="checkbox"/> 3-Inappropriate	<input type="checkbox"/> 4-Withdraws			
	<input type="checkbox"/> 1-None	<input type="checkbox"/> 2-Garbled	<input type="checkbox"/> 3-Flexion			
	<input type="checkbox"/> 1-None	<input type="checkbox"/> 2-Extension				
		<input type="checkbox"/> 1-None				

Narrative: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

EMT-P/RN Signature \_\_\_\_\_

Student Signature: \_\_\_\_\_

**JERSEY COMMUNITY HOSPITAL EMS SYSTEM  
POLICY AND PROCEDURE**

**PREHOSPITAL RN TRAINING COURSE**

I. Prerequisites:

- A. Registered Nurse, licensed in Illinois.
- B. Completion of the Trauma Nurse Specialist Course or the Trauma Nurse Core Curriculum
- C. ACLS certification
- D. BTLS certification or PHTLS certification
- E. CPR certification
- F. Criminal background check and drug testing per JCH Hospital policy.

II. Training

- A. To include Division 1, Section 1 through 7, and Division 2, Section 3, of the United States Department of Transportation, National Standard Curriculum for EMT-Paramedics.
- B. Subject Areas/Didactic Requirements
  - 1. Roles and Responsibilities
  - 2. EMS Systems
  - 3. Medical/Legal Considerations
  - 4. EMS Communications
  - 5. Rescue
  - 6. Major Incident Response/*Start Triage/SMART Tag*
  - 7. Stress Management
  - 8. Airway and Ventilation
  - 9. Quincy Area EMS Protocols (self study)
  - 10. Extrication (Carbuster video series)
- C. Clinical Requirements
  - 1. Surgery rotation - 40 hrs/10 intubations
  - 2. Minimum of 100 hours field internship on a system approved ALS ambulance/complete a minimum of 10 ALS calls to include call management and skills.
  - 3. Extrication rotation with an approved rescue squad.

III. Course Completion Requirements

- A. JCH EMS System written examination with minimum score of 80%.
- B. Practical exam to include:
  - 1. Airway management - basic/advanced
  - 2. PASG
  - 3. 12 Lead EKG
  - 4. Defibrillation
  - 5. Synchronized Cardioversion
  - 6. Transcutaneous Pacing

- C. Demonstrate proficiency in all EMT-P skills.
  - D. All didactic and clinical requirements must be completed within 90 days of scheduled course completion date.
  - E. *Start Triage – 80% pass rate.*
- IV. The EMS Medical Director will submit the names of approved Prehospital RN's to the Illinois Department of Public Health and will inform IDPH of any changes in the status of approved Prehospital RN's.
- V. RECORD KEEPING
- A. Lead instructor for each approved program shall maintain class and student records for seven years and shall be made available to the system or IDPH upon request.

**JERSEY COMMUNITY HOSPITAL EMS SYSTEM  
POLICY AND PROCEDURE**

**PREHOSPITAL RN TRAINING COURSE**

I. Prerequisites:

- A. Registered Nurse, licensed in Illinois.
- B. Completion of the Trauma Nurse Specialist Course or the Trauma Nurse Core Curriculum
- C. ACLS certification
- D. BTLIS certification or PHTLS certification
- E. CPR certification
- F. Criminal background check and drug testing per JCH Hospital policy.

II. Training

- A. To include Division 1, Section 1 through 7, and Division 2, Section 3, of the United States Department of Transportation, National Standard Curriculum for EMT-Paramedics.
- B. Subject Areas/Didactic Requirements
  - 1. Roles and Responsibilities
  - 2. EMS Systems
  - 3. Medical/Legal Considerations
  - 4. EMS Communications
  - 5. Rescue
  - 6. Major Incident Response/*Start Triage/SMART Tag*
  - 7. Stress Management
  - 8. Airway and Ventilation
  - 9. JCH EMS Protocols (self study)
  - 10. Extrication
- C. Clinical Requirements
  - 1. Surgery rotation - 40 hrs/10 intubations)
    - a) Advanced Airway Clinical Module  
Purpose: Provides information regarding management of the difficult airway as well as an opportunity to improve intubation skills
    - b) Clinical
      - i. preferred method: surgery rotation with anesthesia staff or in field intubations (10 successful intubations on live patients)
      - ii. Acceptable method: intubations can be completed on cadavers
      - iii. If unable to complete i. or ii. above, 5 of the 10 required intubations can be completed on the MEDI mannequin under the direct supervision of the Medical Director or designee.
  - 2. Field internship on a system approved ALS ambulance/complete a minimum of 10 ALS calls to include call management and skills.
  - 3. Extrication rotation with an approved rescue squad/Fire Department.



- III. Course Completion Requirements
- A. JCH EMS System written examination with minimum score of 80%.
  - B. Practical exam to include:
    - 1. Airway management - basic/advanced
    - 2. PASG
    - 3. 12 Lead EKG
    - 4. Defibrillation
    - 5. Synchronized Cardioversion
    - 6. Transcutaneous Pacing
  - C. Demonstrate proficiency in all EMT-P skills.
  - D. All didactic and clinical requirements must be completed within 90 days of scheduled course completion date.
  - E. *Start Triage – 80% pass rate.*
- IV. The EMS Medical Director will submit the names of approved Prehospital RN's to the Illinois Department of Public Health and will inform IDPH of any changes in the status of approved Prehospital RN's.
- V. RECORD KEEPING
- A. Lead instructor for each approved program shall maintain class and student records for seven years and shall be made available to the system or IDPH upon request.

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John Palcheff, DO  
*EMS Medical Director*

**JERSEY COMMUNITY HOSPITAL EMS SYSTEM  
POLICY AND PROCEDURE**

**EMERGENCY COMMUNICATIONS REGISTERED NURSE COURSE**

**I. PURPOSE**

To prepare the emergency centers registered professional nurse to function as an Emergency Communications Registered Nurse (ECRN) in the JCH Emergency Medical Services System. As an ECRN, the nurse will be expected to relay appropriate treatment and medical orders to prehospital personnel via the telemetry (UHF), Merci (VHF) radios, and cell phone utilizing standing medical orders and EMS physician direction.

**II. COURSE OBJECTIVES**

- A. To educate and familiarize registered professional nurses with prehospital personnel.
- B. To introduce the nurse to the EMS System policies, procedures, and standing medical orders.
- C. To present nurses with the most current principals in accepted medical practice as related to prehospital care.

**III. EDUCATOR/STAFF RESPONSIBILITIES**

- A. ECRN course will be offered by the Resource Hospital and may be offered by the Associate Hospital in coordination with the Resource Hospital.
- B. Each course will be coordinated by an EMS lead instructor. The course may be taught by a registered professional nurse approved by the EMS Medical Director.
- C. The lead instructor shall perform duties which will include but not limited to the following:
  - 1. Schedule the course and accept nurses who meet the pre-requisite requirements.
  - 2. Obtain and confirm qualified faculty.
  - 3. Prepare and have duplicated all written materials for registrants.
  - 4. Facilitate lectures not personally conducted.
  - 5. Tabulate results of faculty and course evaluations and assist in planning program modifications based on student feedback.
- D. The EMS System Coordinator shall perform duties which will include but may not be limited to the following:
  - 1. Ensuring that the ECRN course is conducted in accordance with state-wide ECRN rules and regulations.
  - 2. Maintain ECRN records including student transcripts, certification justification, continuing education hours, and recertification data.
  - 3. Disseminate all test results in a timely manner.
- E. Each course shall be approved by the EMS Medical Director and shall work in coordination with the Lead Instructor and EMS Coordinator to verify that all established goals and objectives are achieved by the completion of the course.

## IV. PRE-REQUISITE FOR COURSE

- A. Current licensure as registered nurse in Illinois.
- B. Have completed
  - 1. Emergency Department's Employee Orientation Program, or
  - 2. Minimum of 12 weeks of Nurse Residency Program, or
  - 3. Have written approval from the Emergency Department Director and EMS Medical Director which recognizes past work-related experience and demonstrates readiness to take the ECRN class.
- C. Current CPR Certification
- D. Sponsorship by a hospital participating in the JCH EMS System.
- E. Criminal background check and drug testing per JCH Hospital policy

## V. COMPLETION REQUIREMENTS

- A. Successful completion of the forty (40) hour ECRN Course which includes:
  - 1. Successful completion of twenty four (24) hour didactic and skills instruction
  - 2. Successful completion of eight (8) hour AHA ACLS class.
  - 3. Successful completion of eight (8) hours radio experience under the direct supervision of ECRN.
  - 4. Completion of eight (8) hours field observation on an ALS unit.
  - 5. Completion of the JCH EMS System written exam with a score of 80% or higher.
  - 6. Successful completion of the practical exam.
  - 7. *Start Triage – pass with 80%*
- B. All requirements must be met within 90 days of schedule course completion.
- C. When all criteria are met, the EMS Medical Director will be contacted and is responsible for ECRN certification authorization.

## VI. RECORD KEEPING

- A. Lead instructor for each approved program shall maintain class and student records for seven years and shall be made available to the system or IDPH upon request.

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Director

John Palcheff, DO, EMS Medical

**JERSEY COMMUNITY HOSPITAL  
EMERGENCY COMMUNICATIONS REGISTERED NURSE COURSE**

**COURSE CONTENT**

- 8 Hours            AHA ACLS COURSE**
- 4 Hours            MODULE I**
- Overview and History of the Emergency Medical Services
  - Orientation to the JCH Emergency Medical Services System
  - Roles and Responsibilities
  - Medical-legal Considerations
- 4 Hours            MODULE II**
- Early Recognition and Field Management of
    - \* Respiratory Emergencies  
    Skills: Ventilation Techniques and Airway Adjuncts
    - \* Cardiac Emergencies
    - \* Neurological Emergencies
- 4 Hours            MODULE III**
- Early Recognition and Field Management of:
    - \* Shock
    - \* Other Medical Emergencies
      - Renal Dialysis Patients
      - Environmental
      - Communicable Diseases
      - Geriatrics
      - Pediatrics
- 4 Hours            MODULE IV**
- Early Recognition and Field Management of the Trauma Patient
    - \* Head and Neck Trauma  
    Skills: Spinal Immobilization
    - \* Body Cavity Trauma
    - \* Burns/Soft Tissue Trauma
    - \* Musculoskeletal Injuries  
    Skills: Splinting and Traction Splinting  
    Use of Pneumatic Counter Pressure Device (PCPD)
- 4 Hours            MODULE V**
- Early Recognition and Field Management of:
    - \* OB/Gyn Emergencies
    - \* Behavioral Emergencies
    - \* Minor and Major Disasters
  - Communications/Radio Protocol
  - Quality Improvement/Evaluations

**4 Hours**

**MODULE VI**

- Skills Evaluation/Simulated Call Situations
  - \* Cardiac
  - \* Medical
  - \* Trauma
- Written Evaluation

**8 Hours**

**MODULE VII**

- Communications Preceptorship at Blessing Hospital or Illini Community Hospital

**8 Hours**

**MODULE VIII**

- Ambulance Preceptorship with JCH Ambulance Service

**JERSEY COMMUNITY HOSPITAL EMS SYSTEM  
POLICY AND PROCEDURE**

**FIRST RESPONDER AED COURSE**

**I. PURPOSE**

- A. To provide the First Responder with training in early defibrillation and use of the automated external defibrillator in the hope that patients suffering unexpected cardiac arrest may not die needlessly. The course is based on Section 9 of the United States Department of Transportation, Emergency Medical Technician-Intermediate: National Standard Curriculum.

**II. COURSE OBJECTIVES**

- A. To provide general information regarding basic anatomy of the chest and heart, including the physiology of the heart, acute myocardial infarction, and cardiac arrest.
- B. To describe the electrocardiogram, basic rhythms and dysrhythmias in simple terms to provide the necessary information for using automated defibrillators.
- C. To present the fundamental principles and use of defibrillatory shock in the management of prehospital cardiac arrest.
- D. To demonstrate the correct use of the AED on a manikin following the Quincy Area EMS Systems policies and procedures.

**III. REQUIREMENTS**

- A. Have a current First Responder licensure  
OR
- B. The course may be included as part of an initial FR-D license training program.

**IV. COMPLETION REQUIREMENTS**

- A. Attend all of the classes (100%)
- B. Pass a practical exam.
- C. Pass a written exam with 80%.

**V. RECORD KEEPING**

- A. Lead instructor for each approved program shall maintain class and student records for seven years and shall be made available to the system or IDPH upon request.

**QUINCY AREA EMS SYSTEM  
AUTOMATED EXTERNAL DEFIBRILLATION COURSE**

<b>DATE</b>	<b>CONTENT</b>	<b>HOURS</b>	<b>INSTRUCTOR</b>
	Anatomy and Physiology of the Heart	0.5	
	Basic Life Support Review Policies and Procedures for use of the AED Safety factors Demonstrations/Practicals	2.5	
	Written Evaluation Practical Evaluation	1	

VOID 2/11 (See CET-11)

## AUTOMATED EXTERNAL DEFIBRILLATOR COURSE OUTLINE

Curriculum	Knowledge Objectives	Skills Objectives
Introduction	The student will be able to: <ol style="list-style-type: none"> <li>1. Describe the 4 links in the Chain of Survival .</li> <li>2. Describe the critical importance of calling 911, getting the AED, starting CPR, and performing defibrillation.</li> <li>3. Recognize a heart attack, cardiac arrest, and FBAO.</li> </ol>	The skill objectives are to: <ol style="list-style-type: none"> <li>1. Perform adult CPR.</li> <li>2. Provide rescue breathing using a pocket facemask.</li> <li>3. Relieve FBAO.</li> <li>4. Operate an AED safely and effectively.</li> </ol>
Overhead based lecture	At the end of the lecture the student will be able to: <ol style="list-style-type: none"> <li>1. Describe the structure and function of the cardiovascular system.</li> <li>2. List the links in the Chain of Survival.</li> <li>3. Explain the importance of reducing the time from collapse to the start of CPR and delivery of the first shock.</li> <li>4. Describe the proper location of the AED electrode pads.</li> <li>5. Discuss the importance of clearing the victim before AED analysis or defibrillation.</li> <li>6. Describe the special situations where corrective actions must be taken before defibrillation.</li> <li>7. Describe the special situations where corrective actions must be taken before defibrillation.</li> </ol>	
Instructor demonstrates major AED Components	At the end of the demonstration the student should be able to identify the following AED features: <ol style="list-style-type: none"> <li>1. Defibrillation adhesive electrode pads</li> <li>2. Cable connections</li> <li>3. On button ( if present)</li> <li>4. Analyze button ( if present )</li> <li>5. Shock button</li> <li>6. Screen messages</li> </ol>	Hands –on practice will occur later in the course.
Instructor demonstrates: <ul style="list-style-type: none"> <li>* AED maintenance</li> <li>• Troubleshooting</li> <li>• Use of an AED with CPR</li> <li>• Use of an AED in special situations</li> </ul>	The student should be able to describe the following aspects of AED maintenance and troubleshooting: <p>AED maintenance</p> <ol style="list-style-type: none"> <li>1. Inspection and maintenance schedule</li> <li>2. Pad expiration date</li> <li>3. Battery monitoring and replacement</li> <li>4. Medical direction event documentation</li> <li>5. Unit self test</li> </ol> <p>Troubleshooting</p> <ol style="list-style-type: none"> <li>1. Error messages</li> <li>2. Weak battery message</li> <li>3. Poor electrode contact</li> <li>4. Hairy or sweaty skin</li> <li>5. Medication patches or paste</li> <li>6. Water around the victim</li> <li>7. Metal surfaces</li> <li>8. Implanted cardioverter-defibrillator or pacer</li> <li>9. Children less than 8 years or less than 90 pounds</li> </ol>	At the end of the instructor’s demonstration the student should have an early understanding of these steps: <p>AED operation</p> <ol style="list-style-type: none"> <li>1. Check for responsiveness: A-B-C.</li> <li>2. Rescuer operates the AED and Assumes control of the scene.</li> <li>3. Rescuer performs ABCs and starts CPR if AED not yet on the scene.</li> <li>4. Other rescuer calls 911 and gets AED.</li> <li>5. AED rescuer performs defibrillation in less than 90 seconds of AED arrival.</li> </ol>



<p>Instructor demonstrates AED and pad placement</p>	<p>The student should be able to describe the device placement and pad placement:</p> <ol style="list-style-type: none"> <li>1. Place the AED close to the victim's left ear.</li> <li>2. Perform defibrillation from the left side of the victim. This position may not be possible in all situations.</li> </ol>	<p>The student should have an understanding of these steps: Power on and Pad Placement</p> <ol style="list-style-type: none"> <li>1. Power on the AED.</li> <li>2. Open pads; attach to AED cables if necessary.</li> <li>3. Peel and place pads on victim's chest <ul style="list-style-type: none"> <li>• Sternum: right border of the sternum, above the right nipple and just below the clavicle</li> <li>• Apex: to the outside of the left nipple, with the top margin of the pad several inches below the left armpit.</li> </ul> </li> <li>4. As electrodes pads are about to be placed: stop chest compression's and attach the pads as quickly as possible with minimal interruption of CPR</li> <li>5. Respond to "check electrode" signal from improper application of pads.</li> </ol>
<p>Instructor demonstrates rhythm analysis and "clearing"</p>	<p>The student should be able to describe rhythm analysis and rationale for "clearing" before analysis:</p> <ol style="list-style-type: none"> <li>1. Rhythm analysis and shock delivery will vary by AED brand. Clear before analyze.</li> <li>2. State loudly, "I'm clear. You're clear. Everyone clear".</li> <li>3. Visually check to ensure that no one is touching the victim during analysis.</li> <li>4. Shock if indicated.</li> </ol>	<p>During practice sessions the student should be able to demonstrate:</p> <ol style="list-style-type: none"> <li>1. Opening the adhesive pad package.</li> <li>2. Correcting problems that may occur with pad placement or attachment.</li> <li>3. Responding to tones, voice-synthesized messages, or light indicators.</li> </ol>
<p>Instructor demonstrates "shock indicated" and pressing shock button</p>	<p>The student should be able to describe response to "shock indicated" message.</p> <ol style="list-style-type: none"> <li>1. If AED detects VF, it presents a message-e.g., "shock advised", "shock now", or "shock indicated"</li> <li>2. AED advises consecutive shocks if rhythm is persistent VF.</li> </ol>	<p>In practice sessions the student should be able to:</p> <ol style="list-style-type: none"> <li>1. attach the AED and deliver shocks in less than 90 seconds of AED arriving at the victim's side.</li> </ol>
<p>Instructor demonstrates repeat rhythm assessment and shock delivery.</p>	<p>The student should be able to describe responding to AED messages after the first shock.</p> <ol style="list-style-type: none"> <li>1. Follow AED voice prompts for repeat analysis and shocks and rhythm assessment periods.</li> <li>2. Continue to give shocks in sets of 3 shocks then 1 minute of CPR until "no shock indicated" message is heard.</li> <li>3. Continue analysis, defibrillation, and CPR until arrival of EMS.</li> </ol>	<p>During practice scenarios the student should be able to :</p> <ol style="list-style-type: none"> <li>1. follow AED voice prompts.</li> <li>2. Continue to give shocks as indicated.</li> <li>3. Continue to perform CPR as indicated with and without second rescuer.</li> </ol> <p>Four steps of CPR:</p> <ol style="list-style-type: none"> <li>1. Unresponsive-911-AED</li> <li>2. Airway</li> <li>3. Breathing</li> <li>4. Circulation</li> </ol> <p>The four steps of AED use:</p> <ol style="list-style-type: none"> <li>1. Power on</li> <li>2. Attach the AED</li> <li>3. Analyze the rhythm</li> <li>4. Shock</li> </ol>

**J EMS SYSTEM  
POLICY AND PROCEDURE**

**FIRST RESPONDER-D COURSE**

**I. PURPOSE**

- A. This curriculum is intended to prepare the student to function as a medically competent first responder in the prehospital setting. Enrichment programs and continuing education will fulfill other specific needs for individual systems.

**II. COURSE OBJECTIVES**

- A. The overall objective of the course is to improve the quality of emergency medical care rendered to victims of accidents and illness.
- B. To instruct the student to be proficient in providing basic life support.
- C. To instruct the student in taking actions to minimize the patient's discomfort and prevent further complications.

**III. PRE-REQUISITES**

- A. 18 years of age at time of State or National Registry test date.
- B. Possesses a high school diploma or GED at time of State or National Registry test date.
- C. Criminal background check and drug testing per Jersey Community Hospital policy

**IV. COMPLETION REQUIREMENTS**

- A. D.O.T. Emergency Medical Services First Responder Training Course (44 hour course).
- B. Pass final medical and trauma patient assessment practical.
- C. Pass final multiple choice written exam with a 70%.
- D. Maintain a 70% course average.
- E. Complete a minimum of 10 hours observation in the emergency department. (See Policy CET-5)
- F. All requirements must be met within 90 days of schedule course completion.

**V. DISMISSAL FROM THE PROGRAM**

- A. First Responder trainee may be dismissed from the training course if:
  - 1. More than two (2) absences or consistent tardiness are reflected in the attendance.
  - 2. There are violations of professional conduct standards.
  - 3. There is a breach of a patient's confidentiality.
  - 4. Inability to maintain a 70% course average.

VI. RECORD KEEPING

- A. Lead instructor for each approved program shall maintain class and student records for seven years, and shall be made available to the system or IDPH upon request.

***NOTE:*** *First Responder classes will no longer be offered. Please consider First Responder-D class.*

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Medical Director

John Palcheff, DO., EMS

## YEAR

**MODULE I: PREPARATORY**

CLASS	DATE	TOPIC	HOURS	INSTRUCTOR
1		Chap 1: Introduction to the EMS System The Emergency Medical Services System Roles and Responsibilities of the First responder Chap 2: Well-Being of the First Responder Chap 3: Legal and Ethical Issues	4	
2		Chap 4: Human Body Chap 5: Lifting and Moving <b>Chap 19: Supplemental Skills</b>	4	

**MODULE 2: AIRWAY**

3		Chap 6: Airway Care and Rescue Breathing	4	
4		Chap 6: Airway Assessments, Practical Lab, Evaluation of Airway Module	4	

**MODULE 3: PATIENT ASSESSMENT**

5		Chap 7: Patient Assessment Chap 19: Supplemental Skills	4	
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**MODULE 4: CPR AND CIRCULATION**

6		Chap 8: CPR and Circulation Evaluation of Patient Assessment and CPR	4	
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**MODULE 5: ILLNESS AND INJURY**

7		Chap 9: Medical Emergencies Chap 10: Poisoning Chap 11: Behavioral Emergencies and Crisis Intervention	4	
8		Chap 12: Shock, Bleeding, and Soft Tissue Injuries Chap 13: Injuries to Muscle and Bone	4	

**MODULE 6: CHILDREN AND CHILDBIRTH**

9		Chap 14: Childbirth Chap 15: Infants and Children and Pediatric Emergencies	4	
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**MODULE 7: EMS OPERATIONS      MODULE 8: SUPPLEMENTAL SKILLS**

10		Chap 16: EMS Operations Chap 17: Special Patients and Considerations Chap 18: Special Rescue Situations	4	
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**MODULE 9:**

11		Written and Practical Exam	4	
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**JERSEY COMMUNITY HOSPITAL EMS SYSTEM  
POLICY AND PROCEDURE**

**EMS LEAD INSTRUCTOR COURSE**

**I. PURPOSE**

- A. To prepare the student to function as an instructor in an EMS system and meet the requirements to take the EMS Lead Instructors state examination for certification.

**II. COURSE OBJECTIVES**

- A. To instruct the student in the sound principles of learning including current educational concepts, strategies, and techniques.
- B. To understand learning principles and adapt teaching strategies to increase the effectiveness of the classes they instruct.
- C. To orient the student to DOT/IDPH format and materials necessary to set up, instruct, and complete approved classes and continuing education programs for the EMT-B and first responder.

**III. PRE-REQUISITES**

- A. A current license as an EMT-B, EMT-I, EMT-P, RN, or physician.
- B. A minimum of four (4) years experience in prehospital emergency care.
- C. At least two (2) years of documented teaching experience in the classroom setting, i.e., BTLS, PHTLS, CPR, PALS, etc.
- D. Submission of a letter of recommendation from the EMS Medical Director or ambulance service administrator (president, director, or chairman).
- E. Submission of resume listing prehospital experience and teaching experience.

**IV. COMPLETION REQUIREMENTS**

- A. Attendance at all classes (100%).
- B. Satisfactorily present three mini lectures.
- C. Pass a written examination with a 80%.
- D. Receive a certificate of completion from the EMS Medical Director.
- E. All requirements must be completed within 90 days of end of the course.

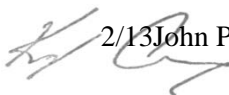
**V. RECORD KEEPING**

- A. Lead instructor for each approved program shall maintain class and student records for seven years and shall be made available to the system or IDPH upon request.

VI. NAESME Lead Instructor Class

- A. If a member of the system completes the NAESME Lead Instructor class, they must complete the following before being approved to *function as a lead instructor* in the Quincy Area EMS System.
1. Supply and complete paperwork and send to EMS Office to receive an Illinois Lead Instructor license.
    - a) Complete child support statement
    - b) Copy of NAEMSE course completions certificate
    - c) Copy of NAEMSE letter stating the grade for the class.
    - d) A letter from the individual requesting a Lead Instructor reciprocity.
    - e) A copy of a current EMTB, EMTI, EMTP, RN, or physician's license.
    - f) A copy of a current CPR (Healthcare provider) or equivalent certificate/card
    - g) *A letter of support from EMS Medical Director or EMS System Coordinator*
    - h) *Maintain a current curriculum vitae or similar educational resume on file with Quincy Area EMS Office.*
    - i) Documentation of prehospital emergency care experience
  2. A four hour inservice with members of the Quincy Area EMS staff to review the following:
    - a) Review paperwork required by Quincy Area EMS and Illinois Department Public Health
    - b) Review continuing education policies
    - c) Review specific requirements to allow students to complete clinicals at Blessing Hospital
    - d) Review your responsibilities as a lead instructor within the system and IDPH.
  3. Be monitored for four hours by a member of the Quincy Area EMS staff (or designee) during a class presentation. Number of hours will be determined by evaluator.

- VII. Continuing Education for Teaching (must be EMS/Health related subject). Complete a con-ed form (CET 3a-F) each date that you taught and forward to EMS Office.

 2/13 John Palcheff, DO., EMS Medical Director

## LEAD INSTRUCTOR COURSE

CLASS	LESSON	OBJECTIVES	REFERENCES
Day One	Introduction to the Learning Process	<p>Introduction</p> <ol style="list-style-type: none"> <li>1. Welcome, Introductions</li> <li>2. Opening Activities</li> <li>3. Course schedule</li> <li>4. Administrative Details</li> <li>5. Course Objectives</li> <li>6. Course Expectations</li> </ol>	
Day One	Instructor Roles and Responsibilities	<p>Upon completion of this part of the lesson the student should have sufficient information to</p> <ol style="list-style-type: none"> <li>1. Define five instructor roles.</li> <li>2. Demonstrate the ability to use three types of feed back appropriately.</li> <li>3. List two guidelines for effective team teaching.</li> <li>4. List four attributes of an effective instructor.</li> </ol>	
Day One	Legal Implication in Instructing	<p>Upon completion of this part of the lesson the student should have sufficient information to</p> <ol style="list-style-type: none"> <li>1. Define harassment and explain how the law applies to instructors.</li> <li>2. List the elements of an equal opportunity statement</li> <li>3. Describe informal and formal grievance procedures.</li> <li>4. State two responsibilities instructors must fulfill toward students.</li> <li>5. State the four essential elements in a claim of negligence and explain each element.</li> <li>6. State three duties of the instructor that, if breached, could result in a negligence claim.</li> </ol>	
Day One	Principles of Adult Learning	<p>Upon completion of this part of the lesson the student should have sufficient information to</p> <ol style="list-style-type: none"> <li>1. Define learning and identify the three domains of learning.</li> <li>2. Describe the three major learning theories.</li> <li>3. List the six levels of cognitive domain, five levels of the affective domain.</li> <li>4. Describe four characteristics of adult learners.</li> <li>5. Create auditory, visual, and kinesthetic learning activities.</li> <li>6. List five study skills and factors that affect student learning styles.</li> <li>7. List five test-taking skills and methods to increase the learning rate.</li> </ol>	
Day Two	Objectives and Domains Preparing to Teach the Existing Curriculum	<p>Upon completion of this part of the lesson the student should have sufficient information to</p> <ol style="list-style-type: none"> <li>1. List five basic phases of training design and development.</li> <li>2. Explain how to apply your knowledge of the training design and development process to the existing curriculum</li> <li>3. List the components of a measurable objective.</li> <li>4. Explain the purpose of objectives, for participants and instructors.</li> <li>5. Identify objectives as affective, cognitive or psychomotor.</li> <li>6. Write objectives for a class you will be instructing.</li> </ol>	



## 2001 LEAD INSTRUCTOR COURSE

CLASS	LESSON	OBJECTIVES	REFERENCES
Day Two	Lesson Plan Development	<p>Upon completion of this part of the lesson the student will have sufficient information to:</p> <ol style="list-style-type: none"> <li>1. State the purpose of lesson plans</li> <li>2. Identify the seven major components of a lesson plan</li> <li>3. Describe the importance of each lesson plan component</li> <li>4. Incorporate the seven major components of a lesson plan when adapting or creating an individual lesson plan from the EMT-Basic curriculum.</li> <li>5. Write a lesson plan and present it.</li> </ol>	
Day Two	Teacher/Student Expectations	<p>Upon completion of this part of the lesson the student will have sufficient information to:</p> <ol style="list-style-type: none"> <li>1. Describe the expectations of the teacher.</li> <li>2. Describe the expectations of the student.</li> <li>3. Explain why they are important.</li> </ol>	
Day Two	Mini-lecture # 1	<p>The student will prepare and present a mini-lecture with evaluation by instructors</p> <ol style="list-style-type: none"> <li>1. The lecture will have written objectives and lesson plan.</li> </ol>	
Day Three	Creating an Effective Learning Environment	<p>Through group discussion and question and answer sessions, the student should be able to:</p> <ol style="list-style-type: none"> <li>1. Describe three information-gathering techniques used to assess an audience.</li> <li>2. Specify three individual or group attributes that affect learning</li> <li>3. Describe an adaptive strategy for dealing effectively with three individual or group attributes</li> <li>4. Identify two potential obstacles to learning</li> <li>5. Cite methods to overcome two potential obstacles to learning.</li> <li>6. List five characteristics of an ideal learning environment.</li> <li>7. Describe seating arrangements that promote interaction</li> <li>8. Name three factors that contribute to a stimulating atmosphere.</li> </ol>	
Day Three	Instructional Strategies, Methods and Alternative Teaching Methods  Principals of Practical Skills Instruction	<p>Through group discussion, question and answer sessions, and individual and group activities, the student should be able to:</p> <ol style="list-style-type: none"> <li>1. Define instructional strategies.</li> <li>2. List the four parts of instruction.</li> <li>3. List six teaching methods.</li> <li>4. Describe two advantages and two disadvantages for each method listed.</li> <li>5. Determine an appropriate teaching method given an objective.</li> <li>6. Describe the purpose of role-playing, simulation, games, brainstorming and case studies and instructional strategies.</li> <li>7. Apply the principles of active listening in a role-play exercise</li> <li>8. List five guidelines for effective presentations.</li> <li>9. Discuss the application of concepts, procedures and principals in skills learning.</li> </ol>	

## 2001 LEAD INSTRUCTOR COURSE

CLASS	LESSON	OBJECTIVES	REFERENCES
Day Three	Preparation and Use of Media and Instructional Aids	Upon completion of this part of the lesson the student should have sufficient information to <ol style="list-style-type: none"> <li>1. List four steps in the media selection process.</li> <li>2. List three purposes of media decisions.</li> <li>3. Select appropriate media to achieve instructional objectives.</li> <li>4. List five components of a lecture box or AV tool kit.</li> <li>5. Use an overhead projector, chalk board and flip chart.</li> </ol>	
Day Three	Preparation and Presentation of Mini Lecture #2	Upon completion of this part of the lesson the student should have sufficient information to <ol style="list-style-type: none"> <li>1. Develop a written lesson plan for a mini-lecture on an assigned subject.</li> <li>2. Present a three-minute lecture from the prepared lesson plan.</li> <li>3. Have the lecture critiqued by students and instructors.</li> </ol>	
Day Four	Using Scenarios and Moulage	Upon completion of this part of the lesson the student should have sufficient information to <ol style="list-style-type: none"> <li>1. Discuss scenarios and their components.</li> <li>2. Apply the three domains of learning to a scenario.</li> <li>3. Develop a moulage kit.</li> <li>4. Describe the advantages and disadvantages in using moulage.</li> </ol>	
Day Four	Orientation to DOT/IDPH Format and Forms (usually presented by state EMS Education Coordinator)	Upon completion of this part of the lesson the student should have sufficient information to <ol style="list-style-type: none"> <li>1. Understand the state requirements to implement a training or continuing education program.</li> <li>2. Identify key elements of documentation for training programs.</li> <li>3. List class records that must be retained.</li> <li>4. Be cognizant of time elements when sending information to the state.</li> </ol>	
Day Four	Purposes and Types of Evaluation/Feedback Evaluation Instrument Development Principles	Upon completion of this part of the lesson the student should have sufficient information to <ol style="list-style-type: none"> <li>1. State two purposes for evaluation.</li> <li>2. Define the concepts of validity and reliability.</li> <li>3. List five types of test item types for measuring cognitive objectives.</li> </ol>	
Day Four	Mini Presentation # 3	The student will: <ol style="list-style-type: none"> <li>1. Develop a written lesson plan for a mini-lecture on an assigned subject.</li> <li>2. Present a 3 minute lecture from the prepared lesson plan</li> <li>3. Have the lecture critiqued by students and instructors.</li> </ol>	

## 2001 LEAD INSTRUCTOR COURSE

CLASS	LESSON	OBJECTIVES	REFERENCES
Day Five	Putting It All Together	Upon completion of this part of the lesson the student should have sufficient information to <ol style="list-style-type: none"> <li>1. Organize and prepare materials for presentation.</li> <li>2. Effectively be able to deliver each lesson contained in the curriculum.</li> <li>3. Prepare instructional aids, which will increase the effectiveness of the training.</li> <li>4. Ensure that all-necessary equipment and materials necessary for student learning are present and operational.</li> <li>5. Evaluate student performance and provide corrective feedback.</li> <li>6. Provide a mechanism for evaluating the training programs effectiveness</li> </ol>	
Day Five	Written State Examination	The student will complete the state written exam. <ol style="list-style-type: none"> <li>1. Pass the exam with an 80% or above.</li> </ol>	
Day Five	Mini Lecture # 4	The student will :	

		<ol style="list-style-type: none"> <li>1. Prepare a 7-10 minute lecture incorporating a lesson plan, and use of media.</li> <li>2. Follow the principles of presenting a lecture learned in the course.</li> <li>3. Be critiqued and evaluated by the instructors and receive a satisfactory rating</li> </ol>
Day Five	Course Evaluation Wrap-up Graduation	Awarding of certificates.

Re: 06/30/01;  
(reviewed 8/01, 2/06, 7/10)

**EMS LEAD INSTRUCTOR APPLICATION**

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_ D.O.B: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

 EMT-B    EMT-BD    EMT-I    EMT-P    RN    MD

RETURN THE APPLICATION WITH DOCUMENTATION OF PRE-REQUISITES TO:

JERSEY COMMUNITY HOSPITAL  
EMS OFFICE  
400 MAPLE SUMMIT ROAD  
JERSEYVILLE, IL 62052

**PRE-REQUISITES**

1. A current license as an EMT-B, EMT-BD, EMT-I, EMT-P, RN, or PHYSICIAN
2. A minimum of four (4) years experience in pre-hospital emergency care.
3. At least two (2) years of documented teaching experience in the classroom setting, BTLS, PHTLS, CPR, PALS, etc.
4. Submission of a letter of recommendation from the EMS Medical Director or ambulance service administrator (president, director, or chairman).
5. Submission of an informal resume listing pre-hospital experience and teaching experience.

**COMPLETION REQUIREMENTS**

1. Attendance at all classes (100%).
2. Satisfactorily present three mini lectures.
3. Pass the state written examination with a 80%.
4. Receive a certificate of completion from the EMS Medical Director