

# ILLINOIS STATE POLICE DIRECTIVE

## OPS-040, EMERGENCY MEDICAL SERVICES/EMERGENCY MEDICAL RESPONDER/BASIC LIFE SUPPORT

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| <b>RESCINDS:</b><br>OPS-040, 2021-030, revised 11-18-2021. | <b>REVISED:</b><br>05-22-2023 <span style="float: right;"><b>2023-158</b></span>   |
| <b>RELATED DOCUMENTS:</b><br>PER-021                       | <b>RELATED CALEA STANDARDS (6<sup>th</sup> Edition):</b><br>33.5.1, 61.2.2, 61.4.1 |

### I. POLICY

- I.A. The Illinois State Police (ISP) will provide initial, as well as refresher, Emergency Medical Responder (EMR) and American Heart Association (AHA) Basic Life Support (BLS) training for all sworn personnel (cadets, officers, and inspectors).
  - I.A.1. All officers attending a Basic 560-hour Recruit Training Course will receive Heartsaver® First Aid, cardiopulmonary resuscitation (CPR), and Automated External Defibrillator (AED) training.
  - I.A.2. Additionally, any code employee wishing to voluntarily participate may attend any of the American Heart Association Heartsaver® trainings at no charge with prior permission from their supervisor.
- I.B. The ISP will provide Emergency Medical Services consistent with the training provided to its officers, including but not limited to EMR, BLS, and Drug Overdose Prevention.

### II. AUTHORITY

- II.A. 20 ILCS 301/5-23, Drug Overdose Prevention Program
- II.B. 20 ILCS 2605/2605-97, the Department of State Police Law
- II.C. 210 ILCS 50/3.50(d)(5), Emergency Medical Services (EMS) Systems Act
- II.D. 77 Illinois Administrative Code 515, Emergency Medical Services Code
- II.E. 20 ILCS 2610/40 Illinois State Police Act, Training; administration of epinephrine and 50 ILCS 705/10.19, Illinois Police Training Act, Training; administration of epinephrine

### III. DEFINITIONS

- III.A. Alternate EMS Medical Director – the physician who is designated to direct EMS operations in the absence of the EMS Medical Director, in accordance with the EMS System Act and IDPH Administrative Rules.
- III.B. American Heart Association (AHA) – an organization that provides BLS guidelines and curriculum for Healthcare Providers and lay rescuers and designates AHA Community Training Centers.
- III.C. Annual – calendar year January 1 – December 31
- III.D. Automated External Defibrillator (AED) – a device used to administer an electrical impulse to an individual suffering from ventricular fibrillation or pulseless ventricular tachycardia.
- III.E. Basic Life Support (BLS) – training for personnel in administering cardiopulmonary resuscitation (CPR) and in using an AED for a patient in cardiac arrest.
- III.F. Cardiopulmonary Resuscitation (CPR) – an emergency medical care procedure performed by providing external cardiac chest compressions and assisted ventilations, as appropriate, to an individual in cardiac arrest.

**NOTE:** A bag-valve mask must be utilized to administer ventilations in conjunction with chest

compressions.

- III.G. Emergency Medical Services (EMS) Administrative Director – the administrator, appointed by ISP in consultation with the EMS Medical Director, responsible for the administration of the EMS System, in accordance with the EMS System Act and IDPH Administrative Rules.
- III.H. EMS Coordinator – a person designated by the ISP Academy Commander to administer the statewide EMS program for the ISP in accordance with the EMS System Act and IDPH Administrative Rules.
- III.I. EMS Medical Director – the physician, appointed by ISP, who has the responsibility and authority for total management of the EMS system, in accordance with the IDPH Administrative Rules.
- III.J. EMS system – professional level of care provided by a chain of human resources linked together.
- III.K. Emergency Medical Responder (EMR) – a person trained to provide initial care for patients suffering injury or sudden illness
- III.L. Emergency Medical Technician – Basic (EMT-B) – a person trained to deal with assessment and care of the ill or injured patient.
- III.M. Heartsaver® First Aid/CPR/AED – basic First Aid/CPR/AED training for lay rescuers.
- III.N. Illinois Department of Public Health (IDPH) – an agency responsible for providing policies and guidelines for EMS Systems in the state of Illinois.

#### IV. RESPONSIBILITIES

- IV.A. The ISP Office of Human Resources (OHR) is responsible for recommending a Medical Director, Alternate Medical Director, Statewide EMS Coordinator, and Administrative Director in accordance with IDPH Administrative Rules and EMS Act for the Director's approval.
- IV.B. The Medical Director is responsible for providing oversight and authority to the ISP EMS System, including training, administration of care, and quality improvement.
- IV.C. The Statewide EMS Coordinator is responsible for:
  - IV.C.1. Establishing policies and procedures, protocols, and providing EMS training in accordance with IDPH, AHA, and National Highway Traffic Safety Administration guidelines.
  - IV.C.2. Designating, teaching, and certifying EMR/BLS/Heartsaver® instructor trainers as the need dictates, including training on the administration of an opioid antagonist as well as an Epinephrine pen. Based on operational need, instructor trainers will be required to teach courses at the ISP Academy to maintain instructor trainer certification.
  - IV.C.3. Conducting:
    - IV.C.3.a. Initial EMR courses for all department cadet classes, including training on the administration of an opioid antagonist and the Epinephrine pen
    - IV.C.3.b. Initial BLS courses for all department cadet classes
    - IV.C.3.c. EMR and BLS or Heartsaver® instructor certification courses as the need dictates
    - IV.C.3.d. Heartsaver® First Aid/CPR/AED courses for Recruit Classes, including training on the administration of an opioid antagonist and the Epinephrine pen
    - IV.C.3.e. Heartsaver® First Aid/CPR/AED courses for code employees wishing to participate
    - IV.C.3.f. EMR/BLS updates as the need dictates
    - IV.C.3.g. Initial EMT and continuing education classes as interest and time allows
  - IV.C.4. Maintaining:
    - IV.C.4.a. Equipment and materials to adequately complete EMS training

- IV.C.4.b. Student records of successful course completion
- IV.C.4.c. Instructor records of classes taught
- IV.C.5. Issuing verification cards to personnel who successfully complete required:
  - IV.C.5.a. EMR training and refresher courses
  - IV.C.5.b. Initial and refresher BLS courses
  - IV.C.5.c. Heartsaver® training
  - IV.C.5.d. EMR and BLS instructor training
- IV.C.6. Informing:
  - IV.C.6.a. AHA of students successfully completing basic BLS and Heartsaver® courses
  - IV.C.6.b. IDPH of any personnel who successfully complete an initial EMS training (i.e., EMR/EMT-B) at the ISP Academy and who complete their required continuing education for recertification.
- IV.D. Unit Commanders and Lab Directors are responsible for:
  - IV.D.1. Maintaining for sworn personnel, accurate, up-to-date, records of the certification/training status of their subordinates.
  - IV.D.2. Ensuring their personnel attend a mandatory three-hour EMR/BLS refresher twice annually.
  - IV.D.3. Designating a District/Zone/Command/Bureau/Lab coordinating instructor who will:
    - IV.D.3.a. Advise the EMS Coordinator by memorandum or e-mail of tentative EMR and BLS refresher programs specifying dates, times, and locations.
      - IV.D.3.a.1) This action is to ensure statewide coordination and to provide the ISP Academy an opportunity to monitor the training to ensure effectiveness.
      - IV.D.3.a.2) The coordinating instructor will also enter this information into the appropriate scheduling database.
    - IV.D.3.b. Ensure the availability of an adequate number of certified EMR/BLS instructors to provide the required training.
    - IV.D.3.c. Monitor and assist instructor reporting and record keeping.
    - IV.D.3.d. Distribute Nasal Narcan (Naloxone) to officers within their work unit. At minimum, this should include all sworn personnel at the rank of Master Sergeant and below.
  - IV.D.4. Budgeting (if they maintain their own training materials) for:
    - IV.D.4.a. EMR/BLS training equipment and material.
    - IV.D.4.b. Repairs to EMR/BLS training equipment and material.
- IV.E. EMR/BLS instructors are responsible for:
  - IV.E.1. Teaching a minimum of two EMR/BLS programs every year to retain instructor certification (an effective class size is six students per instructor).
  - IV.E.2. Attending an EMR/BLS instructor refresher course twice annually to maintain their instructor certification.
  - IV.E.3. Completing and retaining the necessary training registration forms in the Emergency Medical Services Instructor TEAMS site.
  - IV.E.4. Posting to each employee's ISP training transcript all records associated from all training they provide.

- IV.E.5. Advising the appropriate Commander when an officer assigned to a training session does not attend the session or does not successfully complete the training.
- IV.E.6. Signing, when required, and distributing certification cards to those who have successfully completed EMR/BLS courses.
- IV.E.7. Reviewing medical ISP Field Reports for accuracy, facts, and legibility.
- IV.F. Instructor trainers are responsible for teaching a minimum of two BLS instructor courses when operationally feasible, and four EMR/BLS classes every two years.
- IV.G. Sworn personnel (officers and inspectors) are responsible for:
  - IV.G.1. Successfully completing an EMR/BLS course and, twice annually thereafter, successfully completing a three-hour EMR/BLS refresher course in order to complete the IDPH requirement of 24-hours every four years.
  - IV.G.2. Obtaining, carrying, and storing Nasal Narcan when such product has been issued to them.
  - IV.G.3. Completing, signing, and returning the IDPH, EMS Systems Renewal Notice/Child Support/Personal History Statement to the ISP EMS Coordinator 30 days prior to certification expiration date. An officer's EMS certification will be suspended by IDPH if the officer fails to comply with renewal requirements.
  - IV.G.4. The initial emergency care necessary to sustain life and to maintain life support until the victim of an accident or sudden illness is cared for by emergency medical personnel, including, but not limited to, the administration of Nasal Narcan, when such product has been issued to them.
- IV.H. Any individual trained as an EMT-B for the ISP will attend at least 15-hours of continuing education each year in order to complete the IDPH requirement of 60-hours every four years.

**V. PROCEDURES**

**V.A. EMR/BLS Training**

- V.A.1. The instructor will post EMR/BLS Update training to each employee's ISP training transcript. The instructor will forward the ISP training roster and/or the AHA roster, as applicable, to the EMS System Coordinator within 15 days after course completion. Instructors will maintain records of classes taught.
- V.A.2. The EMS System Coordinator will use the ISP training roster and AHA roster to maintain records for:
  - V.A.2.a. Sworn employees' training statuses.
  - V.A.2.b. Code employees who voluntarily take courses.
  - V.A.2.c. AHA and IDPH verification.
- V.A.3. ISP EMR/BLS instructors may present instruction to community groups with approval of their work unit commander. The appropriate AHA roster will be used as registration documents, and the originals will be forwarded to the EMS System Coordinator within 15 days after course completion.
  - V.A.3.a. If ISP equipment is used for training community groups, the instructors may not accept compensation from the group.
  - V.A.3.b. If instructor is being compensated from ISP during this instruction, he/she must have prior permission from the respective chain-of-command.

V.B. Emergency Medical Technician - Basic (EMT-B)

Upon completion of a continuing education course, the student or training coordinator must forward a copy of the training certificate or training roster containing an IDPH site code to the ISP Academy where records of EMT-B continuing education hours will be maintained.

V.C. Nasal Narcan

V.C.1. The Quartermaster will:

- V.C.1.a. Store the Nasal Narcan in a climate-controlled environment as recommended by the manufacturer;
- V.C.1.b. Distribute to officers identified to carry the antagonist while on duty (minimally, this will include sworn personnel at the rank of Master Sergeant and below);
- V.C.1.c. Ensure the product is packaged and delivered to the appropriate officers in the field;
- V.C.1.d. Electronically assign Nasal Narcan to each officer, obtain signature of person picking up equipment, and provide that person with a Quartermaster Uniform Inventory System receipt;
- V.C.1.e. Collect broken, damaged or expired Nasal Narcan from the field for disposition; and
- V.C.1.f. Remove disposed Nasal Narcan product from inventory when appropriate.

V.C.2. Officers who have been designated as a coordinating instructor will:

- V.C.2.a. Distribute Nasal Narcan to those officers within their work unit identified to carry the antagonist while on duty; and
- V.C.2.b. Collect and return the signed Quartermaster Uniform Inventory System receipt to the Quartermaster; and
- V.C.2.c. Maintain copies of the Quartermaster Uniform Inventory System receipts.

V.C.3. Officers who have been issued Nasal Narcan shall:

- V.C.3.a. Sign for the Nasal Narcan on the Quartermaster Uniform Inventory System receipt;
- V.C.3.b. Administer such product in accordance with the ISP Suspected Overdose protocol and training;
- V.C.3.c. Provide a copy of the ISP Field Report to the Quartermaster and ISP EMS Coordinator which outlines the use of the product on an opioid overdose victim
- V.C.3.d. Complete an ISP Field Report or memorandum and provide a copy of that to the Quartermaster when a vial is broken, or lost, and a replacement is needed;
- V.C.3.e. Turn broken, damaged, or expired Nasal Narcan into Quartermaster for disposition; and
- V.C.3.f. Ensure their Nasal Narcan is stored:
  - V.C.3.f.1) In the cab of the officer's vehicle during work hours;
  - V.C.3.f.2) In accordance with the manufacturer's guidelines.

V.C.4. Officers will not receive replacement Nasal Narcan without the Field Report or memorandum required in V.C.3.d. of this directive.

**VI. REINSTATEMENT**

- VI.A. Sworn personnel who have failed to comply with EMS license renewal requirements must be reinstated. If an officer's EMS license is suspended because the officer failed to submit the required EMS Systems Renewal Notice/Child Support/Personal History Support Statement, the officer's license will be reinstated by IDPH provided the officer submits the renewal notice within 60 days of his/her EMS license expiration

date. The general process of reinstatement applies only to personnel whose license has been expired for fewer than 36 consecutive months.

VI.B. Personnel requesting EMS reinstatement must complete the following IDPH requirements and submit all required documentation to the ISP EMS Coordinator:

VI.B.1. Submit a copy of an approved CPR course completion card.

VI.B.2. Submit satisfactory proof of completion of continuing medical education as required for the current licensure renewal period and in accordance with the following Administrative Code sections:

VI.B.2.a. Continuing Education – 77 Ill. Admin. Code 515.560, 515.570, and 515.580.

VI.B.2.b. EMT Training – 77 Ill. Admin. Code 515.500, 515.510, and 515.520.

VI.B.2.c. Submit evidence of successful completion of an EMS System practical skills evaluation, as appropriate for licensure level.

VI.B.2.d. All personnel who have not clinically practiced within the EMS System for more than 6 months must successfully complete an EMS System approved refresher course, as appropriate for licensure level.

VI.B.2.e. Submit proof of completion of the EMS System Protocol examination with a minimum score of 80 percent, as applicable for licensure level.

VI.B.2.f. Submit a completed IDPH, EMS Systems Renewal Notice/Child Support/Personal History Statement and an IDPH Transaction Form.

VI.B.2.g. Submit a letter to IDPH requesting reinstatement and requesting to test for reinstatement at the appropriate licensure level.

VI.B.2.h. Submit approval and a positive recommendation from an EMS Medical Director attesting to the applicant's clinical qualifications for retesting. The EMS Medical Director shall verify that the applicant has demonstrated competency of all skills, as appropriate for licensure level.

VI.B.2.i. Pass an IDPH-approved test in accordance with the Administrative Code, Section 515.530 and the EMS Act, Section 3.50(d)(5), as appropriate for licensure level.

| Indicates new or revised items.

**-End of Directive-**