

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: EMERGENCY COMMUNICATIONS REGISTERED NURSE (ECRN) PROGRAM

POLICY: IDPH CODE 515.740

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

I. Requirements for Admission

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

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

II. Initial System Certification

An individual will be certified to function as an ECRN within the Silver Cross EMS System upon documentation of the following:

- A. Successful completion of the Region 7 ECRN training program and all pre-requisites.
- B. Eight (8) hours of field ride time with a System Advanced Life Support provider agency that must be completed within 90 days from the end of the ECRN class.
- C. Participation in ten (10) ALS radio/cellular phone ambulance runs while precepted by a System certified ECRN that must be completed within 90 days from the end of the ECRN class. (4 hours class credit for precepted learning)
- D. A \$55 initial license fee made payable to IDPH in the form of a certified check or money order must be brought to the first day of ECRN class.
- E. An individual certified as an ECRN from another EMS System who wishes to function in the same capacity within the Silver Cross System must provide the following documentation upon requesting System entrance.
 - 1. Current Illinois RN license and ECRN certification and
 - 2. Successful completion of the Region 7 ECRN written examination.
 - 3. Participation in five (5) ALS radio/cellular phone ambulance runs under the direction of a system certified ECRN.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM**TITLE:** EMERGENCY COMMUNICATIONS REGISTERED NURSE (ECRN) PROGRAM**POLICY:** CONTINUED**III. System Re-Certification (See Attachment for Relicensure)**

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

- A. Participation in all mandatory SMO update programs, or other Continuing Medical Education programs, as required by the EMS System Medical Director.
- B. Completion of 32 hours of Continuing Medical Education over the 4-year certification period.
- C. Current certification status in Advanced Cardiac Life Support (ACLS) and trauma related certifications.
- D. Participation in the Quality Improvement (QI) program reviews as stipulated by the EMS System policy.
- E. Approximately 60 days prior to your relicensure, IDPH will mail a “Renewal Notice/Child Support/Personal History Statement” form directly to your home. Complete this information on-line at www.idph.state.il.us/ems. Once questions have been answered on-line you will be redirected to another page to make your renewal fee payment of \$20 on-line via credit/debit card.

IV. Revocation of System Certification

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

- A. Failure to complete all requirements for initial system certification within the time stipulated.
- B. Failure to complete all requirements for system recertification.
- C. Failure to comply with the policies/procedures of the Silver Cross EMS System
- D. When it is determined by the EMS Medical Director that an individual has not adequately demonstrated skill proficiency as an ECRN
- F. Failure to maintain employment/affiliation with a System hospital.
- G. Failure to maintain a current Illinois RN license

The Silver Cross EMS System will notify the IDPH by submitting a list of individuals who have had revocation of System certification.

ATTACHMENTS: ECRN Certification Course Outline
 Course/System Entry Application form
 ECRN Ride Time Validation Form
 ECRN Telemetry Radio Call Preceptor Form
 Relicensure Requirements form

EFFECTIVE DATE: 08-26-91
REVISED DATE: 03-09-16
REVIEWED DATE:

ATTACHMENT : ECRN Certification Course Outline

ECRN COURSE OUTLINE

DAY ONE – 7:45AM-5:30PM

7:45-8:00	Registration
8:00-9:00	Scope and Purpose of EMS, EMS Act, Region 7 policies
9:00-10:00	Break apart session – System policies and system ECRN requirements
10:00-10:15	Break
10:15-11:45	Cardiac SMO's, Role-playing
11:45-12:45	Lunch
12:45-2:00	Trauma SMO's, Role-playing
2:00-2:15	Break
2:15-3:15p	Medical SMO's, Role playing
3:15-3:30p	Break
3:30-4:30p	Special Situation Protocols
4:30-5:30p	Question and answer session

DAY TWO – 8:00AM – 5:30PM

8:00-9:00	Pediatric SMO's, Role-playing
9:00-9:15	Break
9:15-10:15	Maternal Child SMO's, Role-playing
10:15-10:30	Break
10:30-11:00	Critical Incident Stress Management
11:00-12:00	Lunch
12:00-12:30	Customer service, Communications, Equipment exchange & radio communications
12:30-1:45	Disaster Planning
1:45-2:00	Break
2:00-3:45	Special Procedures, Equipment demonstration, ambulance orientation, equip practice
3:45-4:00	Break
4:00-5:30	Written Test, Course Summary

ATTACHMENT : ECRN Course/System Entry Application

**EMS REGION 7
EMERGENCY COMMUNICATIONS REGISTERED NURSE
COURSE/SYSTEM ENTRY APPLICATION
(PLEASE PRINT)**

FOR COURSE CANDIDATES & SYSTEM ENTRY

Check One: Registering for _____ (date) ECRN Course. Licensed ECRN entering the System.

DATE: ___/___/___ LAST NAME: _____ FIRST NAME: _____

HOME ADDRESS: _____ CITY: _____ ST: ___ ZIP: _____

HOME PHONE: (____) _____ - _____ CELL PHONE: (____) _____ - _____

RESOURCE HOSPITAL: Silver Cross EMS System R.N. LICENSE #: _____

SOCIAL SECURITY #: _____ DRIVERS LICENSE #: _____

DATE OF BIRTH: ___/___/___ **E-MAIL:** _____

HOSPITAL WHERE YOU WORK: _____

CIRCLE ANY THAT APPLY

ECRN EMT-B EMT-I EMT-P PHRN >IDPH License# _____

IF ALREADY LICENS D ECRN: DATE OF ORIGINAL ECRN COURSE: ___/___/___ REGION: _____

CHECK AND COMPLETE ANY THAT APPLY

TNS ___ Expiration Date: ___/___/___ IDPH License # _____

TNCC ___ Expiration Date: ___/___/___ ACLS ___ Expiration date: ___/___/___

PHTLS ___ Expiration date: ___/___/___ BTLS ___ Expiration date: ___/___/___

ATTACH COPIES OF LICENSES AND CARDS (COPY ALL ON ONE PAGE). SEND COMPLETED APPLICATIONS TO YOUR HOSPITAL'S EMS COORDINATOR, WHO WILL THEN SEND APPLICATIONS TO THE SYSTEM RESOURCE HOSPITAL FOR PROCESSING.

***Candidate's ER manager must sign for approval as well as System Resource Hospital EMS Coordinator.**

ER Manager or EMS Coordinator Signature/Approval

Silver Cross EMS Coordinator Signature/Approval

**REGION 7 EMS
ECRN**

**CLINICAL FIELD EXPERIENCE / AMBULANCE RIDE-TIME
PRECEPTOR VERIFICATION REPORT FORM
(8 HOURS REQUIRED FOR NEW CANDIDATE LICENSURE)**

ECRN – LAST NAME: _____, FIRST NAME: _____

HOSPITAL AFFILIATION: _____ SHIFT: _____

DATE OF RIDE TIME: _____ AGENCY: _____

STATION #: _____ UNIT # ASSIGNED TO: _____

TIME IN: _____ AM/PM TIME OUT: _____ AM/PM TOTAL HOURS LOGGED: _____

TOTAL # OF RUNS MADE: _____ # OF ALS: _____ # OF BLS: _____

NAME OF LEAD PARAMEDIC ON UNIT: _____ SYSTEM # _____

ADDITIONAL CREW MEMBERS: _____

DESCRIPTION OF EXPERIENCE AND PERFORMANCE: _____

SIGNATURE OF LEAD PRECEPTOR: _____ SYSTEM # _____

ECRN CANDIDATE SIGNATURE: _____

Silver Cross EMS System ECRN ALS Telemetry Preceptor Log

This form is to be used by ECRN Preceptor monitoring 10 ALS Telemetry calls to complete ECRN education validation

ECRN Student Name _____	Hospital affiliation _____
ECRN Class Date _____	Site sponsoring class _____
Site code # _____	
ALS Call #1	Date _____ Time of run _____ Agency _____
Chief Complaint _____	SMO followed Y N ECRN direction needed/given Y N
ER Log # _____	Transported to _____ Competent on call Y N
Preceptor Signature _____	Preceptor printed name _____
ALS Call #2	Date _____ Time of run _____ Agency _____
Chief Complaint _____	SMO followed Y N ECRN direction needed/given Y N
ER Log # _____	Transported to _____ Competent on call Y N
Preceptor Signature _____	Preceptor printed name _____
ALS Call #3	Date _____ Time of run _____ Agency _____
Chief Complaint _____	SMO followed Y N ECRN direction needed/given Y N
ER Log # _____	Transported to _____ Competent on call Y N
Preceptor Signature _____	Preceptor printed name _____
ALS Call #4	Date _____ Time of run _____ Agency _____
Chief Complaint _____	SMO followed Y N ECRN direction needed/given Y N
ER Log # _____	Transported to _____ Competent on call Y N
Preceptor Signature _____	Preceptor printed name _____
ALS Call #5	Date _____ Time of run _____ Agency _____
Chief Complaint _____	SMO followed Y N ECRN direction needed/given Y N
ER Log # _____	Transported to _____ Competent on call Y N
Preceptor Signature _____	Preceptor printed name _____
ALS Call #6	Date _____ Time of run _____ Agency _____
Chief Complaint _____	SMO followed Y N ECRN direction needed/given Y N
ER Log # _____	Transported to _____ Competent on call Y N
Preceptor Signature _____	Preceptor printed name _____
ALS Call #7	Date _____ Time of run _____ Agency _____
Chief Complaint _____	SMO followed Y N ECRN direction needed/given Y N
ER Log # _____	Transported to _____ Competent on call Y N
Preceptor Signature _____	Preceptor printed name _____
ALS Call #8	Date _____ Time of run _____ Agency _____
Chief Complaint _____	SMO followed Y N ECRN direction needed/given Y N
ER Log # _____	Transported to _____ Competent on call Y N
Preceptor Signature _____	Preceptor printed name _____
ALS Call #9	Date _____ Time of run _____ Agency _____
Chief Complaint _____	SMO followed Y N ECRN direction needed/given Y N
ER Log # _____	Transported to _____ Competent on call Y N
Preceptor Signature _____	Preceptor printed name _____
ALS Call #10	Date _____ Time of run _____ Agency _____
Chief Complaint _____	SMO followed Y N ECRN direction needed/given Y N
ER Log # _____	Transported to _____ Competent on call Y N
Preceptor Signature _____	Preceptor printed name _____

Return completed competency form to EMS Coordinator for submission to Resource Hospital for validation.

Completion of this form is necessary to be recognized by IDPH as an ECRN.

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ATTACHMENT : ECRN Relicensure Requirements**REQUIREMENTS FOR ECRN RENEWAL**

- A. Pass all current "Standing Medical Orders" exams with a minimum score of 80% every time the System updates the SMO's (usually once every other May).
- B. Provide documentation of current CPR certification.
- C. Complete 32 hours of prehospital focused continuing education: Upon submission of your CE, the System will review for relevance to prehospital focus.

CE Hours may include:

1. ACLS, PHTLS, BTLS, PALS, PEPP, and AMLS Courses
 2. Disaster drill participation (moulage, evaluator, etc.)
 3. Hazmat or disaster training course
 4. EMT or Paramedic Course Instructor
 5. Seminars/lectures with prehospital focus
 6. ALS Field Ride Time (one 8-hour shift accepted)
- D. Attendance at mandatory continuing education sessions may be periodically required (i.e. SMO or policy revisions, etc.),
 - E. Approximately 60 days prior to your relicensure, IDPH will mail a "Renewal Notice/Child Support/Personal History Statement" form directly to your home. Complete this information on-line at www.idph.state.il.us/ems. You will need your PIN # from this form. If you do not receive the form contact the System for a copy. Once questions have been answered on-line you will be redirected to another page to make your renewal fee payment of \$20 on-line via credit/debit card.
 - F. The ECRN must provide documentation of renewal requirements at least 30 days prior to their ECRN expiration date. Upon receipt of this documentation, the EMS System will process the ECRN's renewal provided the on-line portions (questions and payment) have been completed.

Summary of Renewal Requirements:

- 32 Hours of Prehospital based CE
- Current BLS CPR card
- SMO Update Exam
- IDPH \$20 Renewal Fee along with on-line statements