

WILL/GRUNDY 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 Will/Grundy EMS System Medical Director 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. Be 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 hospital. The applicant must have a minimum of six (6) months experience in Emergency or Critical Care nursing.
- C. Provide documentation of successful completion of Advanced Cardiac Life Support (ACLS).
- 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, BTLS; Basic 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 Will/Grundy 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.
- C. Participation in ten (10) ALS radio/cellular phone ambulance runs while precepted by a System certified ECRN.
- D. An individual certified as an ECRN from another EMS System who wishes to function in the same capacity within the Will/Grundy 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.

WILL/GRUNDY 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.

IV. IDPH Notification

The Will/Grundy EMS System will submit a list of the names of individuals to the IDPH for certification who have completed the System's initial ECRN training program, or for ECRN's requesting entrance into the Will/Grundy EMS System from another EMS System, or after completion of System re-certification requirements.

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

The Will/Grundy 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
Relicensure Requirements form

EFFECTIVE DATE: 08-26-91

REVISED DATE: 06-10-08

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 – Will/Grundy EMS R.N. LICENSE #: _____

SOCIAL SECURITY #: _____ DRIVERS LICENSE #: _____

DATE OF BIRTH: ___/___/___ COUNTY OF RESIDENCE: _____

HOSPITAL WHERE YOU WORK: _____ NORMAL SHIFT: _____

CIRCLE ANY THAT APPLY

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

IF ECRN: DATE OF ORIGINAL ECRN COURSE: ___/___/___ LOCATION: _____

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

Will/Grundy EMS Coordinator Signature/Approval

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

- A. Pass a "Standing Medical Orders" exam 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 45 days prior to your relicensure, IDPH will mail a "Renewal Notice/Child Support Statement" form directly to your home. Complete and submit this original or a copy of this form to the EMS System Office with your other CE/renewal requirements. Make sure your address is listed correctly. A blank form may be printed from our website at www.willgrundyems.org.
 - 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 Department will process an IDPH transaction card and forward it to IDPH for further processing.

Summary of Renewal Requirements:

- 32 Hours of Prehospital based CE
- Current CPR card
- SMO Update Exam
- IDPH Renewal Notice/Child Support Statement