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.

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. 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.B. Annual – calendar year January 1 – December 31

III.C. Automated External Defibrillator (AED) – a device used to administer an electrical impulse to an individual suffering from ventricular fibrillation or pulseless ventricular tachycardia.

III.D. Basic Life Support (BLS) – training for personnel in administering cardiopulmonary resuscitation (CPR) and in using an AED for a patient in cardiac arrest.

III.E. 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.F. Emergency Medical Services (EMS) system – professional level of care provided by a chain of human resources linked together.
III.G. EMS Coordinator – a person designated by the ISP Academy Commander to administer the statewide EMS program for the ISP.

III.H. Emergency Medical Technician – Basic (EMT-B) – a person trained to deal with assessment and care of the ill or injured patient.

III.I. Emergency Medical Responder (EMR) – a person trained to provide initial care for patients suffering injury or sudden illness.

III.J. Heartsaver® First Aid/CPR/AED – basic First Aid/CPR/AED training for lay rescuers.

III.K. 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 Academy is responsible for:

IV.A.1. Designating a Statewide EMS Coordinator.

IV.A.2. Establishing policies and procedures, protocols, and providing EMS training in accordance with IDPH, AHA, and National Highway Traffic Safety Administration guidelines.

IV.A.3. Designating, teaching, and certifying EMR/BLS/Heartsaver® instructor trainers as the need dictates. 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.A.4. Conducting:

IV.A.4.a. Initial EMR courses for all department cadet classes
IV.A.4.b. Initial BLS courses for all department cadet classes
IV.A.4.c. EMR and BLS or Heartsaver® instructor certification courses as the need dictates
IV.A.4.d. Heartsaver® First Aid/CPR/AED courses for Recruit Classes
IV.A.4.e. Heartsaver® First Aid/CPR/AED courses for code employees wishing to participate
IV.A.4.f. EMR/BLS updates as the need dictates

IV.A.5. Maintaining:

IV.A.5.a. Equipment and materials to adequately complete EMS training
IV.A.5.b. Student records of successful course completion
IV.A.5.c. Instructor records of classes taught

IV.A.6. Issuing verification cards to personnel who successfully complete required:

IV.A.6.a. EMR training and refresher courses
IV.A.6.b. Initial and refresher BLS courses
IV.A.6.c. Heartsaver® training
IV.A.6.d. EMR and BLS instructor training

IV.A.7. Informing:

IV.A.7.a. AHA of students successfully completing basic and refresher BLS and Heartsaver® courses
IV.A.7.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.B. Unit Commanders and Lab Directors are responsible for:

IV.B.1. Maintaining for sworn personnel, accurate, up-to-date, records of the certification/training status of their subordinates (this may be done by maintaining a copy of the Learning Management System (LMS) training roster and a copy of the American Heart Association Course Roster).

IV.B.2. Ensuring their personnel attend a mandatory six-hour EMR/BLS refresher annually.

IV.B.3. Designating a District/Zone/Command/Bureau/Lab coordinating instructor who will:

IV.B.3.a. Advise the EMS Coordinator by memorandum or e-mail of tentative EMR and BLS refresher programs specifying dates, times, and locations.

IV.B.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.B.3.a.2) The coordinating instructor will also enter this information into the LMS.

IV.B.3.b. Ensure the availability of an adequate number of certified EMR/BLS instructors to provide the required training.

IV.B.3.c. Monitor and assist instructor reporting and record keeping.

IV.B.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.B.4. Budgeting (if they maintain their own training materials) for:

IV.B.4.a. EMR/BLS training equipment and material.

IV.B.4.b. Repairs to EMR/BLS training equipment and material.

IV.C. EMR/BLS instructors are responsible for:

IV.C.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.C.2. Attending an EMR/BLS instructor refresher course each year to maintain their instructor certification.

IV.C.3. Completing and retaining the necessary training registration forms in the Emergency Medical Services Instructor folder on the ISP network and forwarding the original AHA Roster and LMS Roster to the EMS Coordinator at the ISP Academy.

IV.C.4. Posting to each employee’s LMS training transcript all records associated from all training they provide.

IV.C.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.C.6. Signing, when required, and distributing certification cards to those who have successfully completed EMR/BLS courses.


IV.D. 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.E. Sworn personnel (officers and inspectors) are responsible for:
IV.E.1. Successfully completing an EMR/BLS course and, each year thereafter, successfully completing a six-hour EMR/BLS refresher course in order to complete the IDPH requirement of 24-hours every four years. This course shall include Opioid Antagonist training.

**NOTE:** Only those courses approved by the ISP Academy satisfy the successful completion requirement.

IV.E.2. Obtaining, carrying, and storing Nasal Narcan in their ISP trauma bag, when such product has been issued to them.

IV.E.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.E.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.F. The Quartermaster is responsible for coordinating:

IV.F.1. The distribution of Nasal Narcan to the field;

IV.F.2. The collection of Nasal Narcan when it is broken, damaged or expired;

IV.F.3. The destruction of Nasal Narcan removed from the field; and

IV.F.4. The storage of Nasal Narcan in a climate-controlled environment as recommended by the manufacturer.

IV.G. 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 LMS training transcript. The instructor will also forward the LMS training roster and the AHA roster to the ISP Academy within 15 days after course completion. Instructors will maintain records of classes taught.

V.A.2. The ISP Academy will use the LMS 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. With prior permission from their chain-of-command, ISP EMR/BLS instructors may present instruction to community groups. The appropriate AHA roster will be used as registration documents, and the originals will be forwarded to the ISP Academy within 15 days after course completion.

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. Utilize the CMS purchasing process to acquire Nasal Narcan for distribution to officers identified to carry the antagonist while on duty (minimally, this will include sworn personnel at the rank of Master Sergeant and below); and
V.C.1.b. Ensure the product is packaged and delivered to the appropriate officers in the field;
V.C.1.c. 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.d. Collect broken, damaged or expired Nasal Narcan from the field for destruction; and
V.C.1.e. Remove destroyed 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 destruction; 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.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-