



REGION 11 CHICAGO EMS SYSTEM POLICY	Title: EMS Staffing
	Section: Patient Care
	Approved: EMS Medical Directors Consortium
	Effective: December 6, 2023

EMS STAFFING

I. PURPOSE

To define Region 11 EMS staffing requirements in accordance with IDPH.

II. POLICY

A. Personnel Requirements

1. Each Basic Life Support (BLS) ambulance shall be staffed by a minimum of one system authorized EMT and one other system authorized EMT on all responses.
2. Each Advanced Life Support (ALS) ambulance shall be staffed by a minimum of one system authorized Paramedic and one other System authorized Paramedic on all responses.

B. Alternative Staffing for Private Ambulance Providers

1. Private, nonpublic, ambulance providers may request approval from IDPH to use an alternative staffing model that includes an EMR with a licensed EMT or Paramedic, as appropriate. The use of alternative staffing models are pursuant to the approval of the EMS System Program Plan developed and approved by the EMS Medical Director. Basic requirements for the use of alternative staffing models include:
 - a. Alternative staffing models for a BLS transport using an EMR shall only be utilized for interfacility BLS transports, as specified by the EMS System Program Plan, as determined by the EMS Medical Director.
 - b. The licensed EMR must complete a defensive driving course prior to participation in the alternative staffing model.
 - c. Dispatch protocols for properly screening and assessing patients appropriate for EMR-staffed transports.
 - d. Implementation of a quality assurance plan that shall include the monthly review of at least 5% of total interfacility transports utilizing an EMR.
 - e. This quality assurance plan must include mechanisms to audit dispatch screening, reason for transport, patient diagnosis, level of care, and the outcomes of transports performed.
 - f. Quality assurance reports must be submitted and reviewed by the EMS System monthly and made available to IDPH upon request.
2. The EMS System Medical Director shall develop a minimum set of requirements for individuals based on level of licensure that includes education, training, and credentialing for all team members identified to participate in an alternative staffing plan.
 - a. The EMT, Paramedic, and Critical Care transport staff shall have the minimum experience in pre-hospital and inter-hospital emergency care, as determined by the



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EMS Medical Director in accordance with the EMS System Program Plan, but at a minimum of 6 months of prehospital experience or at least 50 documented patient care interventions during transport as the primary care provider and approved by the Department.

- b. The EMS personnel licensed at the highest level shall provide the initial assessment of the patient to determine the level of care required for transport to the receiving health care facility. This assessment shall be documented in the patient care report and with online medical control. The EMS personnel licensed at or above the level of care required by the specific patient as directed by the EMS Medical Director shall be the primary care provider en-route to the destination facility or patient's residence.
3. The system plan modification form and alternative staffing model program plan shall be submitted to the EMS Medical Director for approval and forwarded to IDPH for review and approval. The provider shall not implement the alternative staffing plan until approval by the EMS Medical Director and IDPH.
- a. Alternative staffing models may include expanded scopes of practice as determined by the EMS Medical Director and approved by IDPH. This may include the use of an EMR at the BLS or ALS level of care.
 - b. If the EMS Medical Director proposes an expansion of the scope of practice for EMRs, such expansion shall not exceed the education standards prescribed by IDPH.
4. Alternative staffing plans are approved for a maximum of year and may be renewed annually if the following criteria are met:
- a. All system modification forms and supportive planning documentation are submitted, validated, and approved by the EMS Medical Director who shall submit to IDPH for final approval.
 - b. All plans must demonstrate that EMS personnel will meet the training and education requirements as determined by IDPH for expanding the scope of practice for EMRs, testing to assure knowledge and skill validation, and a quality assurance plan for monitoring transports utilizing alternative staffing models that include EMRs.
5. Any other alternate response staffing requires approval by the EMS Medical Director under the EMS System Plan.
6. Region 11 Chicago EMS does not serve a rural population or utilize volunteer EMS agencies, therefore the region does not utilize the rural population staffing credentialing exemption intended for populations of 5,000 or fewer.