

ITLS Illinois

Policy and Procedure Manual



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POLICY AND PROCEDURE MANUAL

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ITLS ILLINOIS

Statement of Philosophy

The ITLS Illinois program has been designed to educate pre-hospital care providers to perform trauma care in a rapid, clinically excellent manner. Most of the skills taught in this course are part of state and national pre-hospital training programs. ITLS certification does not imply that an individual is physically or legally capable of performing procedures or skills that he/she is otherwise not approved to use by the Illinois Department of Public Health, local EMS Medical Director, or other certifying body.

ITLS is intended to augment students' knowledge for assessing and treating the trauma victim. Participants will be taught new techniques and new language during the class. Students should be referred to their EMS system policy and procedure manual for approval to perform these new skills.

Acknowledgments

This manual was revised in 2006 by the ITLS Illinois Advisory Committee. Special thanks are extended to the committee members for their hours of volunteer work promoting, planning and continuing the development of ITLS in Illinois.

ITLS Illinois Advisory Committee Members

Art Proust, MD, FACEP – Chapter Medical Director

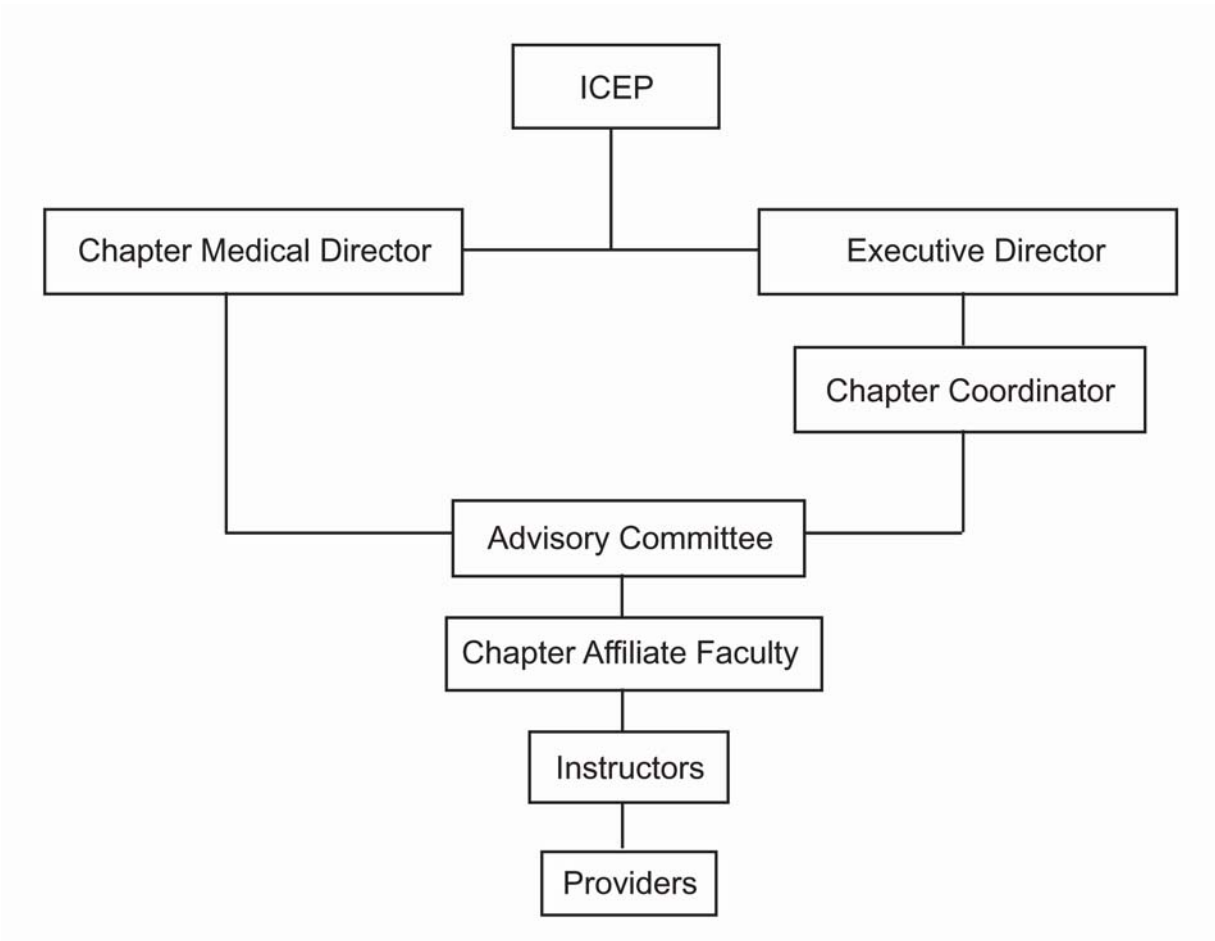
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The charter for Basic Trauma Life Support in Illinois was granted by BTLS International to the Illinois College of Emergency Physicians in 1986. In 2005, BTLS International changed its name to International Trauma Life Support and Illinois BTLS became ITLS Illinois. ICEP coordinates and administers ITLS Illinois. Questions or comments, as well as any matters pertaining to courses or certification, should be directed to:

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I. ITLS ILLINOIS CHAPTER STRUCTURE

Organizational Flow Chart



Chapter Awards

ITLS Illinois has established an awards program that recognizes outstanding instructors, coordinators, affiliate faculty and medical directors. The winners are eligible to serve as delegates at the ITLS International Trauma Conference the following year. Winners may also be nominated for International awards. Award categories include: Instructor of the Year; Coordinator of the Year; Medical Director of the Year; and Affiliate Faculty Member of the Year.

Chapter Responsibilities

The following is a list of some of the ongoing responsibilities of designated ITLS chapters. This list is not all inclusive and may include other chapter-specific responsibilities.

- Local coordination of ITLS courses
- Collection of data, including the number of providers and various faculty members
- Dissemination of information from the ITLS chapter office to the constituents of the chapter
- Provide information to ITLS on ITLS Illinois Advisory Committee activities and new concepts developed within the chapter
- Provide quality assurance for ITLS courses that are conducted within the chapter
- Provide local financial management for ITLS chapter programs
- Provide positive public relations for ITLS Illinois Advisory Committee activities conducted within the chapter
- Appoint delegates to represent the chapter at the ITLS International Congress
- Send rosters and fees to ITLS quarterly

ITLS Responsibilities Relating to the Chapters

The following is a list of ongoing activities and services that ITLS provides its chapters. This list is not intended to be all-inclusive.

- Disseminating current information to chapters regarding changes in protocols, changes in ITLS teaching materials, and updates and revision to ITLS policies and procedures
- Providing resources to new chapters and organizational materials to assist them in developing ITLS programs
- Providing a clearinghouse for ITLS committee recommendations to the chapters
- Providing quality assurance at an international level by enforcing the guidelines and standards recommended by the ITLS Board of Directors and committees

- Conducting the Annual Meeting and International Trauma Conference for constituents from all chapters to be represented
- Preparing financial reports
- Publishing a ITLS newsletter and maintaining a web site designed to disseminate information to the chapters
- Distributing ITLS instructional materials and specialty items
- Distributing all ITLS certification cards and certificates, and maintaining course roster information

II. DESCRIPTION OF ITLS CERTIFICATIONS

Basic ITLS Provider

Certified As:	Basic ITLS Provider
Prerequisites:	The candidate must be an entry level EMS provider, such as first responder or basic emergency medical technician or other allied health professional who holds suitable qualifications for entry.
Certified By:	A student who attends all the lectures and skill stations, correctly answers 25 out of 33 questions (or 76%) on the written test and at least "adequate" on patient assessment.
Certified For:	3 years
Recertification:	The candidate must attend an approved Basic ITLS recertification course prior to the expiration date on the card or complete an ITLS certification course.

Advanced ITLS Provider

Certified As:	Advanced ITLS Provider
Prerequisites:	The candidate must be an advanced level practitioner, such as certified/licensed EMT-Intermediate, paramedic, registered nurse, physician assistant, physician, or other allied health professional who holds suitable qualifications for entry.
Certified By:	A student who attends all the lectures and skill stations, correctly answers 25 out of 33 questions (or 76%) on the written test and at least "adequate" on patient assessment.
Certified For:	3 years.
Recertification:	The candidate must attend an approved advanced ITLS recertification course prior to the expiration date on the card or complete an ITLS certification course.

Pediatric ITLS Provider

Certified As:	Pediatric ITLS Provider
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Prerequisites:	Pediatric ITLS registrants must have 4 years of advanced life support experience or have successfully passed an advanced ITLS provider or PHTLS provider course.
Certified By:	A student who attends all the lectures and skill stations, scores at least 74% on the written test and at least "adequate" on patient assessment.
Certified For:	3 years
Recertification:	The candidate must attend an approved Pediatric ITLS recertification course prior to the expiration date on the card or complete a pediatric ITLS certification course.

Access Provider

Recognized As:	ITLS Access Provider
Prerequisites:	The candidate must be in an EMS or first responder role.
Course Completion:	A student who attends the lectures and skill stations.
Recognition Length:	3 years
Re-recognition:	The candidate must attend an approved Access recognition course.

Basic ITLS Instructor

Certified As:	Basic ITLS Instructor
Prerequisites:	Achieve greater than 88% (29 correct answers on 33 questions) on the written test, "excellent" on patient assessment, and be recommended as a potential instructor by an affiliate faculty during an ITLS Basic provider course.
Certified By:	Successful completion of an ITLS Basic Instructor Course and successfully monitored by an affiliate faculty in lecture, skills stations, and patient assessment in a provider course.
Certified For:	3 years
Recertification:	The instructor must teach at least three ITLS Basic provider courses per three-year period. Instructor updates may be required as deemed necessary by the Advisory Committee.

Removal Procedure: If written allegations are made regarding inappropriate conduct by or an inadequate knowledge base of an instructor, the Chapter Advisory Committee may initiate an investigation. The instructor's certification status may also be suspended pending the outcome of the investigation.

The Chairperson of the Chapter Advisory Committee shall appoint a three member special committee to conduct the investigation. The investigation shall be completed within sixty (60) days. Upon completion, the instructor will be informed, in writing, of the basis of the allegations and given an opportunity to refute the allegations, in writing, within thirty (30) days.

The special committee will then make recommendation to the Chapter Advisory Committee for action including, but not limited to one or more of the following:

- A. Temporary suspension of instructor certification for a specified period of time
- B. Permanent suspension of instructor certification
- C. Remedial training
- D. Supervision by an Affiliate Faculty for a specified period of time

Advanced ITLS Instructor

Certified As: Advanced ITLS Instructor

Prerequisites: Achieve greater than 88% (29 correct answers on 33 questions) on the written test, "excellent" on patient assessment, and be recommended as a potential instructor by an affiliate faculty during an ITLS Advanced provider course.

Certified By: Successful completion of an ITLS Advanced Instructor Course and successfully monitored by an affiliate faculty in lecture, skills stations, and patient assessment in a provider course.

Certified For: 3 years

Recertification: The instructor must teach at least three ITLS Advanced provider courses per three-year period. Instructor updates may be required as deemed necessary by the Advisory Committee.

Removal Procedure: If written allegations are made regarding inappropriate conduct by or an inadequate knowledge base of an

instructor, the Chapter Advisory Committee may initiate an investigation. The instructor's certification status may also be suspended pending the outcome of the investigation.

The Chairperson of the Chapter Advisory Committee shall appoint a three member special committee to conduct the investigation. The investigation shall be completed within sixty (60) days. Upon completion, the instructor will be informed, in writing, of the basis of the allegations and given an opportunity to refute the allegations, in writing, within thirty (30) days.

The special committee will then make recommendation to the Chapter Advisory Committee for action including, but not limited to one or more of the following:

- A. Temporary suspension of instructor certification for a specified period of time
- B. Permanent suspension of instructor certification
- C. Remedial training
- D. Supervision by an Affiliate Faculty for a specified period of time

Pediatric ITLS Instructor

Certified As: Pediatric ITLS Instructor

Prerequisites: ITLS Instructor
*Basic Instructors cannot teach advanced skills or assessment in the Pediatric ITLS Course.

Certified By: Instructor candidates must take a Pediatric provider course and achieve greater than 86% on the written pediatric test and "excellent" on pediatric patient assessment. A written recommendation by the Course Director or affiliate faculty must be sent to ICEP to receive Illinois Pediatric ITLS instructor status. The candidate must then be successfully monitored by an affiliate faculty in lecture, skills stations, and patient assessment in a provider course.

Certified For: 3 years

Recertification: The instructor must teach at least one Pediatric ITLS course per year for the years of certification. Instructor updates may be required as deemed necessary by the Advisory Committee.

Removal Procedure: If written allegations are made regarding inappropriate conduct by or an inadequate knowledge base of an

instructor, the Chapter Advisory Committee may initiate an investigation. The instructor's certification status may also be suspended pending the outcome of the investigation.

The Chairperson of the Chapter Advisory Committee shall appoint a three member special committee to conduct the investigation. The investigation shall be completed within sixty (60) days. Upon completion, the instructor will be informed, in writing, of the basis of the allegations and given an opportunity to refute the allegations, in writing, within thirty (30) days.

The special committee will then make recommendation to the Chapter Advisory Committee for action including, but not limited to one or more of the following:

- A. Temporary suspension of instructor certification for a specified period of time
- B. Permanent suspension of instructor certification
- C. Remedial training
- D. Supervision of an Affiliate Faculty for a specified period of time

ITLS Access Instructor

Certified As:	ITLS Access Instructor
Prerequisites:	ITLS Instructor or experience teaching extrication
Certified By:	Must be recommended as a potential instructor by an affiliate faculty during an ITLS Access course. The candidate must then be successfully monitored by an experienced ITLS Access instructor while teaching the provider course.
Certified For:	3 years
Recertification:	The instructor must teach at least one ITLS Access course per year for the years of certification. Instructor updates may be required as deemed necessary by the Advisory Committee.
Removal Procedure	If written allegations are made regarding inappropriate conduct by or an inadequate knowledge base of an instructor, the Chapter Advisory Committee may initiate an investigation. The instructor's certification status may also be suspended pending the outcome of the investigation.

The Chapter Medical Director shall appoint a three member special committee to conduct the investigation. The investigation shall be completed within sixty (60) days. Upon completion, the instructor will be informed, in writing, of the basis of the allegations and given an opportunity to refute the allegations, in writing, within thirty (30) days.

The special committee will then make recommendation to the Chapter Advisory Committee for action including, but not limited to one or more of the following:

- A. Temporary suspension of instructor certification for a specified period of time
- B. Permanent suspension of instructor certification
- C. Remedial training
- D. Supervision of an Affiliate Faculty for a specified period of time

III. ITLS ILLINOIS APPOINTMENTS

Chapter Advisory Committee

- Appointed As: ITLS Illinois Advisory Committee Member
- Appointed By: ICEP President
- Appointed For: One year
- Prerequisites: Affiliate faculty with extensive knowledge and experience in ITLS and the management of educational programs.
- Appointment: Committee membership is composed of:
- State Medical Director
 - Illinois Department of Public Health Liaison
 - Physician Representatives
 - EMS Medical Directors (2)
 - EMS System Coordinators (2)
 - Paramedic Educators (2)
- A curriculum vitae (resume), recommendations by two current affiliate faculty members and a letter stating intent should be sent to the Chapter Advisory Committee. The Advisory Committee shall recommend to the ICEP President the person(s) most suited for the position among the applicants.
- A broad base of providers representing all geographical areas as well as basic, advanced EMS providers and other allied health professionals will be recommended by the committee.
- Reappointment: The performance of the Advisory Committee members will be subject to review to determine the advisability of reappointment. The review will be completed ICEP President with recommendation by the Chapter Medical Director.
- Removal: If written allegations are made regarding inappropriate conduct by or an inadequate knowledge base of the Chapter Advisory Committee Member, the ICEP President may initiate an investigation. The Chapter Advisory Committee Member designation may also be suspended pending the outcome of the investigation. The ICEP President shall appoint a three member special committee to conduct the investigation. The investigation shall be completed within sixty (60) days. Upon completion, the Chapter Advisory Committee member will be informed, in writing, of the basis of the allegations and given an opportunity to refute the allegations, in writing, within thirty (30) days.

The special committee will then make recommendation for action including, but not limited to one or more of the following:

- A. Temporary suspension of the Chapter Advisory Committee Member designation for a specified period of time
- B. Permanent suspension of Chapter Advisory Committee Member designation
- C. Remedial training
- D. Supervision by the Chapter Advisory Committee and/or Chapter Coordinator

Duties and Responsibilities:

- Advise the Chapter Medical Director and Chapter Coordinator on matters concerning the ITLS Illinois program on issues such as:
 - Development of chapter policy and procedures
 - Promulgation of ITLS throughout the chapter area
 - Development long range and strategic plans
 - Dissemination of information at the local level
 - Disciplinary issues
- Provide input into the process of maintaining the chapter
- Provide mechanism through which personnel throughout the area have a voice in ITLS-related matters
- In conjunction with the Chapter Medical Director and Chapter Coordinator, appoint affiliate faculty
- Oversee the due process of revocation for ITLS instructors, affiliate faculty, course coordinators, and course medical directors
- Teach instructor updates
- Perform other duties as assigned

International Meeting Delegate

ITLS sponsors an annual meeting and the International Trauma Conference for trauma education and conducting business and elections for the ITLS Board of Directors, Speaker and Vice Speaker. The number of votes a chapter is awarded for the business session of the International Conference is determined by the number of ITLS students trained, fees paid, and rosters submitted during the past two calendar years. In order for these certifications to be included in a chapter's count of delegates, payment must be received by the International office prior to March 31 of the next year. It is the prerogative of the ITLS Illinois Advisory Committee to appoint delegates to accurately represent the interests of the chapter.

- Appointed As: ITLS International Meeting Delegate
- Appointed By: Chapter Medical Director & ICEP Executive Director
- Appointed For: Duration of the annual international meeting
- Prerequisites:
- Should be affiliate faculty
 - Should have a strong working knowledge of ITLS and related issues
 - Orientation by the Chapter Medical Director and/or the Advisory Committee to the position
- Duties and Responsibilities:
- Represent the ITLS chapter and attend all business sessions as an International meeting delegate
 - Communicate the perspective of the chapter with regard to major issues
 - Disseminate information to all members of the Advisory Committee as required
 - Participate in the assessment of the ITLS program
 - Participate in the formative process of continuing course revision
 - Participate in the development of ITLS International
- Reimbursement:
- ICEP will reimburse International Meeting Delegates as budgeted
 - To be eligible for reimbursement, the delegate must be register for the International Trauma Conference and attend all sessions as directed by the chapter

Chapter Medical Director

- Appointed As: ITLS Chapter Medical Director
- Appointed By: ICEP President
- Appointed For: 1 year
- Prerequisites:
- Must be a physician licensed to practice medicine within Illinois
 - Must be a physician involved in emergency medicine with a background of involvement in pre-hospital care
 - Must be an ITLS instructor
 - Must be a member of the Advisory Committee
 - Must have extensive experience in managing continuing education courses and demonstrated an in-depth knowledge of ITLS
 - Experience as a committee chairperson is preferred
- Reappointment: The performance of the Medical Director should be reviewed

by the ICEP President on an annual basis to determine the advocacy of reappointment.

Removal:

If written allegations are made regarding inappropriate conduct by or an inadequate knowledge base of the Chapter Medical Director, the Chapter Advisory Committee may request the ICEP President to initiate an investigation. The Chapter Medical Director's designation may also be suspended pending the outcome of the investigation. The ICEP President shall appoint a three member special committee to conduct the investigation. The investigation shall be completed within sixty (60) days. Upon completion, the Chapter Medical Director will be informed, in writing, of the basis of the allegations and given an opportunity to refute the allegations, in writing, within thirty (30) days.

The special committee will then make recommendation for action including, but not limited to one or more of the following:

- A. Temporary suspension of the Chapter Medical Director designation for a specified period of time
- B. Permanent suspension of Chapter Medical Director designation
- C. Remedial training
- D. Supervision by the Chapter Advisory Committee and/or Chapter Coordinator

Duties and Responsibilities:

- Ultimately responsible for the management of the ITLS program within the chapter, in both educational and business-related matters
- Provide consistent leadership for the program
- Stimulates the evolution and consistency of ITLS programs throughout Illinois
- Ensures the availability of training and the quality of the programs offered
- Ensures the medical appropriateness of the course content
- Ensures that the program is taught in a manner consistent with the Illinois EMS statute and regulations
- Ensure the medical quality of ITLS courses throughout Illinois
- Advises the ITLS Illinois Advisory Committee on the appointments of affiliate faculty
- Represents ITLS Illinois as an International Meeting Delegate, if possible
- Regularly reviews the courses held under the auspices of the appointed Course Directors within the chapter
- Relieves a Course Director or Course Coordinator of this title if he/she fails to present courses that are consistent with ITLS standards, or where management

of the course impedes student education or the reputation of the ITLS Illinois program

- In association with the Chapter Coordinator, facilitates the daily operation of the ITLS Illinois program
- Oversees the appeal of due process activities
- Leads, supervises, and oversees the operation of the ITLS Advisory Committee
- Serves as the liaison between the ITLS Illinois Advisory Committee and the ICEP Board of Directors
- Advises ICEP Board of Directors on issues relative to the operation of the ITLS program and the progress of the Committee
- Appoints ad hoc subcommittees as needed to address specific ITLS issues
- Provides leadership for the ITLS Illinois Advisory Committee for strategic and long range planning
- Appoints a special committee to execute due process in the event of possible revocation
- Performs other duties as necessary

Chapter Coordinator

Appointed As: ITLS Illinois Chapter Coordinator

Appointed By: ICEP Executive Director

Appointed For: As deemed appropriate by the ICEP Executive Director

Prerequisites:

- Must possess and maintain affiliate faculty status or be the administrative designate of the ITLS chapter
- Should be an individual who has experience in managing continuing education courses and has demonstrated an in-depth knowledge of pre-hospital and in-hospital trauma care

Appointment: The Chapter Coordinator is appointed by the ICEP Executive Director

Reappointment: The performance of the coordinator should be reviewed on an annual basis to determine the advocacy of reappointment. Should the coordinator not demonstrate satisfactory performance or not wish to continue, the ICEP Executive Director shall initiate a search for a qualified candidate.

Removal: If written allegations are made regarding inappropriate conduct by or an inadequate knowledge base of Chapter Coordinator, the Chapter Advisory Committee may request the ICEP Executive Director to initiate an investigation. The Chapter Coordinator designation may also be suspended pending the outcome of the investigation. The entity or organization that appointed the Chapter Coordinator shall

appoint a three member special committee to conduct the investigation. The investigation shall be completed within sixty (60) days. Upon completion, Chapter Coordinator will be informed, in writing, of the basis of the allegations and given an opportunity to refute the allegations, in writing, within thirty (30) days.

The special committee will then make recommendation for action including, but not limited to one or more of the following:

- A. Temporary suspension of the Chapter Coordinator designation for a specified period of time
- B. Permanent suspension of Chapter Coordinator designation
- C. Remedial training
- D. Supervision by the Chapter Medical Director and/or Chapter Advisory Committee

Duties and Responsibilities:

- In association with Chapter Medical Director, facilitate the daily operation of the ITLS Illinois program
- Provides consistent leadership for the program
- Stimulate the evolution and consistency of ITLS programs throughout the chapter area
- Ensures the availability of training and the quality of the programs offered
- Provides financial management and oversight of the ITLS chapter including organization of chapter finances
- Ensures the quality and consistency of ITLS focusing primarily on the administrative aspects
- Advises the Chapter Advisory Committee regarding the appointment of affiliate faculty
- Organizes chapter records
- Provides administrative support for the ITLS chapter
- Executes the plans and enforce the policies of the ITLS Policy and Procedure Manual
- Coordinates due process activities of the Chapter Advisory Committee
- Performs other duties as necessary

Affiliate Faculty

Appointed As: ITLS Affiliate Faculty

Prerequisites:

- Must be a certified ITLS instructor for at least one year
- Must have participated in at least three courses since becoming a ITLS instructor, one of which must be outside his/her own EMS system
- Must have served as Course Director or Coordinator for at least two courses
- Must be a physician, registered nurse or EMT-P

- Must possess considerable knowledge with respect to the ITLS chapter structure and operations
- Must be willing to maintain active involvement with the development of ITLS educational material
- Must possess a willingness to actively promote the growth and development of the ITLS program

Appointed By: ITLS Advisory Committee and Chapter Medical Director

Appointment: A curriculum vitae (resume), recommendations by three active ITLS instructors, and a letter stating intent to fulfill the stated responsibilities should be sent to the Chapter Advisory Committee. The Advisory Committee shall vote on the appropriateness of the appointment.

Affiliate faculty will be equally distributed throughout the chapter.

Requirements:

- Must keep ITLS instructor certification current
- Must complete an Affiliate Faculty training program
- Must attend an Advisory Committee meeting once every two years, preferably when Affiliate Faculty training is scheduled
- An affiliate faculty may request a one-year sabbatical from ITLS duties with prior, written approval of the ITLS Illinois Advisory Committee

Status: Maintenance of affiliate faculty status is determined by his/her yearly activities which should include participation in at least four (4) courses in two (2) years one (1) of which as an affiliate faculty. It is strongly suggested and recommended that one course be outside his/her EMS system. Maintenance of affiliate faculty status is not considered an automatic right or due.

Removal: If written allegations are made regarding inappropriate conduct by or an inadequate knowledge base of the affiliate faculty member, the Chapter Advisory Committee may initiate an investigation. The affiliate faculty member's designation may also be suspended pending the outcome of the investigation. The Chapter Medical Director shall appoint a three member special committee to conduct the investigation. The investigation shall be completed within sixty (60) days. Upon completion, the affiliate faculty member will be informed, in writing, of the basis of the allegations and given an opportunity to refute the allegations, in writing, within thirty (30) days.

The special committee will then make recommendation to the Chapter Advisory Committee for action including, but not limited to one or more of the following:

- A. Temporary suspension of the affiliate faculty designation for a specified period of time
- B. Permanent suspension of affiliate faculty designation
- C. Remedial training
- D. Supervision by the Chapter Medical Director and/or Chapter Coordinator

Duties and Responsibilities:

- Monitors the quality of ITLS courses in the chapter
- Serves as a resource person for Course Medical Directors and Course Coordinators
- Monitors new ITLS instructors, course directors, and coordinators
- Participates as faculty for instructor courses and updates
- Participates as faculty for provider courses
- Participates in the ITLS Illinois Advisory Committee structure as available
- Serves as the primary liaison between ITLS instructors and the ITLS Chapter Coordinator
- Disseminates information to providers and instructors
- Promotes ITLS
- Provides valuable input affecting decisions made at the chapter level
- Performs other duties as necessary

Pediatric Affiliate Faculty

In addition to the above criteria:

- Have successfully completed a Pediatric ITLS provider course and have participated in at least one Pediatric ITLS course as an instructor
- Pediatric affiliate faculty must be recommended to the Advisory Committee by the provider course coordinator

Course Medical Director

Eligibility

- The Course Medical Director must be a licensed physician within Illinois
- Should be familiar with EMS systems and pre-hospital care and have experience and training related to trauma patients
- Must be an ITLS instructor and have taught at least one ITLS course following certification as an instructor
- Should serve as co-director for one course with a physician ITLS instructor
- Must be approved by the Chapter Medical Director
- Must be satisfactorily monitored by an affiliate faculty

Responsibilities

- Ensures that the program is consistent with ITLS standards
- Responsible for every aspect of the ITLS course
- Ensures adequate time for lectures and skills stations
- In the absence of an instructor, is prepared to present information
- It is strongly advised that the Course Director consult with the ITLS affiliate faculty during the planning stages of the course
- The Course Director or affiliate faculty are responsible for assuring that three faculty meetings are conducted:

(1) A meeting just prior to the skill stations to review teaching techniques and objectives of the skill stations. (Skill stations are not for lectures but for demonstrations and hands-on training.)

(2) A meeting prior to the patient assessment testing so that faculty members understand the approach to be used and the criteria for grading in the patient assessment stations, and retest policy. (It is important that a cohesive, unified approach be presented to the registrants.)

(3) A post-course meeting is also necessary for evaluation and review purposes.

Removal

If written allegations are made regarding inappropriate conduct by or an inadequate knowledge base of the Course Medical Director, the Chapter Advisory Committee may initiate an investigation. The Course Medical Director's designation may also be suspended pending the outcome of the investigation. The Chapter Medical Director shall appoint a three member special committee to conduct the investigation. The investigation shall be completed within sixty (60) days. Upon completion, the Course

Medical Director will be informed, in writing, of the basis of the allegations and given an opportunity to refute the allegations, in writing, within thirty (30) days.

The special committee will then make recommendation to the Chapter Advisory Committee for action including, but not limited to one or more of the following:

- A. Temporary suspension of the Course Medical Director designation for a specified period of time

- B. Permanent suspension of Course Medical Director designation
- C. Remedial training
- D. Supervision by the Chapter Medical Director and/or Chapter Coordinator

See policy on Medical Director Involvement in ITLS Courses on Page 32.

Course Coordinator

Eligibility

- Certified ITLS instructor, teaching at least once since initial certification
- Experienced hospital or pre-hospital educator
- In-depth knowledge of the ITLS survey and course contents
- Able to coordinate all requirements pre-course, during the course and post course follow-up
- The ITLS Course Coordinator can coordinate courses to the level of the coordinator's qualification

Responsibilities

- Must be present throughout the course and will serve as the primary resource for information and questions
- Coordinates all aspects of the ITLS course:
- Submits pre-course paperwork to Chapter Coordinator
- Completes pre-course preparation
- Orders textbooks
- Distributes textbooks at least thirty days before the course
- Verifies that each registrant meets pre-course criteria
- Selects and recruits faculty and affiliate faculty
 - Faculty lists must be provided to the Chapter Coordinator at least two weeks prior to the course
- Prepares student and faculty course packets
- Arranges for equipment
 - An Equipment Coordinator is strongly recommended. Equipment Coordinators should be at least a certified ITLS Basic Provider.
- Provides on-site coordination
- Registers students
- Makes arrangements for faculty
- Assures appropriate equipment placement
- Assures flow of skills stations
- Arranges patient assessment practice and testing stations
- Arranges for grading of written exams
- Completes the appropriate paperwork and submission of fees to ICEP within two weeks after the course
- The Course Coordinator must work closely with the Course Medical Director, Affiliate Faculty, and ITLS Chapter Coordinator
- Performs other duties as necessary

Removal

If written allegations are made regarding inappropriate conduct by or an inadequate knowledge base of the Course Coordinator, the Chapter Advisory Committee may initiate an investigation. The Course Coordinator's designation may also be suspended pending the outcome of the investigation. The Chapter Medical Director shall appoint a three member special committee to conduct the investigation. The investigation shall be completed within sixty (60) days. Upon completion, the Course Coordinator will be informed, in writing, of the basis of the allegations and given an opportunity to refute the allegations, in writing, within thirty (30) days.

The special committee will then make recommendation to the Chapter Advisory Committee for action including, but not limited to one or more of the following:

- A. Temporary suspension of the Course Coordinator designation for a specified period of time
- B. Permanent suspension of Course Coordinator designation
- C. Remedial training
- D. Supervision by the Chapter Medical Director and/or Chapter Coordinator

IV. PROTOCOL FOR CONDUCTING ITLS ILLINOIS COURSES

REQUESTING AN ITLS PROVIDER COURSE

1. The Course Coordinator must submit a completed Course Co-Sponsorship Agreement form, proposed agenda, and an Illinois Department of Public Health (IDPH) Continuing Education (CE) form to the Chapter Coordinator at least 90 days prior to the proposed provider course.
2. Upon return receipt of the application, the Chapter Coordinator will review the request and forward the IDPH CE form to IDPH. Should any issues arise, the Chapter Coordinator will respond to the course coordinator.
3. Upon receipt of the IDPH site code, the Chapter Coordinator will forward the form to the course coordinator.
4. At least two weeks prior to the course, an agenda with faculty assignments must be forwarded to the Chapter Coordinator.
5. For guidance throughout the planning, conducting and finalizing of the ITLS course, assistance can be obtained by contacting an affiliate faculty. The Chapter Coordinator will provide a list of the affiliate faculty upon request.
6. Upon completion of the course, the Course Coordinator must submit the following within two weeks:
 - a. Final typed faculty and student rosters
 - b. Course Summary form
 - c. Summary of Course Evaluation Forms
 - e. Student registration fees: Twenty seven dollars (\$27.00) per advanced and instructor student, seventeen dollars (\$17.00) per basic student, and fifteen dollars (\$15.00) per Pediatric student pass or fail.
7. Course rosters and other forms may be submitted electronically to the ICEP office.

Guidelines for Co-Sponsorship

1. Registrants:
 - Advanced provider course registrants must be licensed as EMT-I/P's, nurses, nurse practitioners, and physicians or certified as physician assistants or medical students.
 - Basic provider course registrants must be licensed as EMT-B's, first responders, or LPN's.
 - Pediatric ITLS registrants must have 4 years of advanced life support experience or have successfully passed an Advanced ITLS provider or PHTLS provider course.
 - Requests for monitoring a course should be considered on an individual basis, and at the discretion of the Course Coordinator and Affiliate Faculty/Course Director. These registrants must be informed that they are not eligible to test or to receive a certificate of completion.
2. Provider courses must be given through an EMS system and approved by ICEP.
3. ICEP recommends a ratio of 1 instructor to every six students, plus a course director and coordinator. The number of students is limited by the number of faculty available to teach. Most classes range from 24-36 students but, if enough instructors are available, as many as 50 students may be taught. Pediatric ITLS instructor to student ratio is preferably 1:6 with a maximum of 36 students per course.
4. An ITLS Illinois affiliate faculty member must be present throughout an advanced course.
5. A Course Medical Director does not necessarily have to be present during a course, but must be available by phone.
6. An ITLS Illinois affiliate faculty and Course Director must be present throughout a pediatric course.
7. Course Coordinators will be those persons who are currently certified as advanced ITLS instructors with a minimum licensure level of EMT-P or RN. (See Course Coordinator for additional information.)
8. Staffing by certified ITLS instructors at patient assessment stations, regardless of course, will reflect the 1:6 ratio.
9. All co-sponsoring organizations must be identified when requesting course approval.
10. No product endorsement may result from this program.
11. ICEP reserves the right to withdraw co-sponsorship and certification at any point if there is a failure to adhere to the agreed upon course guidelines.
12. All material outlined in ITLS manuals and **Illinois additions** must be included in a course. Any proposed additions or subtractions must be

submitted to the ITLS Advisory Committee for approval **PRIOR** to the course.

13. No course is considered complete until the appropriate class roster with names, addresses, level of licensure, grades, faculty roster and fees are submitted by the co-sponsoring system to the ICEP office within two weeks following the course. A copy of the student roster must be mailed to the regional IDPH EMS Coordinator.
14. ICEP will issue cards and certificates of course completion to the course coordinator for registrants who successfully complete the course. The card and certificate represents course completion only and is not a form of licensure.
15. **Advanced, Basic and Combined Course**
Advanced, basic and combined course core material includes the first twenty-two chapters of the provider manual and should be covered in all courses. All chapters in the appendix are optional and may be covered in a 16-hour course.

There are six skill stations recommended by ICEP instead of the ten recommended by ITLS and are outlined below. Skill stations 1-6 as outlined by ITLS Illinois are core. Staffing by certified ITLS instructors at patient assessment stations will reflect the 1:6 ratios.

Skills found in the appendix of student manual are optional. The ITLS Illinois Advisory Committee suggests the skill stations be divided as outlined in the course agendas. The patient assessment stations are the heart of the course. They integrate the lectures and the skills.

- Skill station #1 - Basic and advanced airway (advanced only for advanced providers)
- Skill station #2 - Short backboard, long backboard, log roll and rapid extrication
- Skill station #3 - Traction splints, helmet management and splinting
- Skill station #4 - Chest decompression and fluid resuscitation (advanced providers only - both external jugular vein cannulation and intraosseous infusion are core for advanced courses.)
- Skill station #5 - Patient assessment
- Skill station #6 - Patient assessment

Pediatric Course

The first fifteen chapters of the Pediatric ITLS text are considered core and should be covered in all courses. Some portions of the appendix may also be added.

Staffing by certified ITLS instructors at patient assessment stations will reflect the 1:6 ratio.

- Skill station #1 – Patient Assessment
- Skill station #2 – Airway Management

Skill station #3 – Spinal Immobilization
Skill station #4 – Needle Cricothyrotomy
Skill station #5 – Fluid Resuscitation (advanced) Intraosseous and Broslow
Tape

16. The Illinois Department of Public Health has approved ITLS for 16 hours of continuing education credit for advanced, basic and combined ITLS courses. The Illinois Department of Public Health has approved Pediatric ITLS for 7 hours of continuing education credit.
17. Usually, an ITLS course must be completed in a consecutive two-day period or extended over four non-consecutive days if the course is completed within 10 days, and the Course Coordinator and affiliate faculty are present at all sessions.

Guidelines for ITLS as Part of an EMS Training Program

1. ITLS as part of the Paramedic, Intermediate or Basic Training Program must adhere to all ITLS Illinois guidelines contained in the Policy and Procedure Manual.
2. Advanced course students must be enrolled in a state-approved training program.
3. The advanced provider course must be given through an EMS system and approved by the ITLS Illinois.
4. The course must be supervised by an ITLS Illinois approved Course Director and Course Coordinator. The Course Director must be readily available for consultation and to answer student questions
5. Certified ITLS instructors must teach lectures and skill stations.
6. An ITLS affiliate faculty must be consulted during the planning of the course, monitor the course, and be present during the practice and testing sessions.
7. Illinois-certified ITLS instructors must staff patient assessment stations.
8. No product endorsement may result from this program.
9. ITLS Illinois reserves the right to withdraw certification at any point if there is not adherence to the agreed-upon guidelines.
10. All material outlined in ITLS manuals and **Illinois additions** must be included in the course. Any proposed additions or subtractions must be submitted to the ITLS Illinois Advisory Committee for approval **PRIOR** to the course.
11. ITLS student manuals must be obtained for each student and distributed at least thirty days before the course.
12. The teaching of ITLS in the EMS training program should be completed within a period of one month or less. The patient assessment practice/testing stations and written examination must be given by the end of this period.
13. Patient assessment practice and testing must be completed with the Affiliate Faculty and Course Director present.
14. No course is considered complete until a typed or computer-generated class roster with names, addresses, level of licensure, written and patient assessment testing scores, faculty roster, and a fee of \$27 per advanced or \$17 per basic student is submitted to the ICEP office.
13. ITLS Illinois will issue certificates of completion for students who have successfully completed the course after they have received their Illinois EMT-P, EMT-I or EMT-B license. The certificates and wallet cards will be mailed to the Course Coordinator.

Protocol for Conducting an Instructor Course Guidelines for Co-Sponsorship

1. The Course Coordinator must submit a completed Course Co-Sponsorship Agreement form and an Illinois Department of Public Health (IDPH) Continuing Education (CE) form to the Chapter Coordinator at least 90 days prior to the course date.

ICEP will notify instructor potential candidates (those qualified in the last 18 months) of the upcoming instructor courses based on the schedule above.
2. Upon return receipt of the application, the Chapter Coordinator will review the request and forward the IDPH CE form to IDPH. Should any issues arise, the Chapter Coordinator will respond back to the course coordinator. The Chapter Coordinator will forward all necessary teaching materials to the course coordinator.
3. Upon receipt of the IDPH site code, the Chapter Coordinator will forward the form to the course coordinator.
4. The course coordinator will be responsible for registration of the instructor candidates including sending course materials. A registration fee of \$27 per student will be paid to ICEP by the course sponsoring organization.
5. At least two weeks prior to the course, an agenda with faculty assignments must be forwarded to the Chapter Coordinator.
6. Registrants:
 - Advanced provider course registrants must be licensed as EMT-I/P's, nurses, nurse practitioners, physicians, physician assistants or medical students. He/she must have achieved greater than 88% on the written test, "excellent" on patient assessment, and be recommended as a potential instructor by an affiliate faculty during an ITLS provider course.
 - Basic Provider course registrants must be licensed as EMT-B's, first responders, or LPN's. He/she must have achieved greater than 88% on the written test, "excellent" on patient assessment, and be recommended as a potential instructor by an affiliate faculty during an ITLS provider course.
7. Instructor courses must be given through an EMS system and approved by ICEP.
8. ICEP recommends a ratio of 1 affiliate faculty instructor to every six students. The number of students is limited by the number of faculty to teach them. Most classes range from 6-12 students.
9. An Illinois ITLS Affiliate Faculty member must be present throughout an instructor course.

10. Course Coordinators will be those persons who are currently certified as advanced ITLS Instructors with a minimum licensure level of EMT-P or RN. (See Course Coordinator description for additional information.)
11. All co-sponsoring organizations must be identified when requesting ICEP course approval.
12. No product endorsement may result from this program.
13. ICEP reserves the right to withdraw co-sponsorship and certification at any point if there is a failure to adhere to the agreed upon course guidelines.
14. All material outlined in ITLS manuals and **Illinois additions** must be included in a course. Any proposed additions or subtractions must be submitted to the ITLS Advisory Committee for approval **PRIOR** to the course.
15. No course is considered complete until the typed roster, instructor registration forms, mini-lecture monitoring forms, a course evaluation summary and fees have submitted by the co-sponsoring system to the ICEP office. An instructor candidate will be an official instructor once successful monitoring in a skill station, testing station, and lecture in a provider course.
16. ICEP will issue cards of course completion to the instructors who successfully complete the course. The card represents course completion only and is not a form of licensure.
17. The Illinois Department of Public Health has approved the ITLS Instructor Course for 8 hours of continuing education credit for advanced and basic instructor courses.
18. The instructor bridge course will consist of the following topics from the full instructor course: Administrative Structure, Course objectives, lesson plans, and curriculum and Demonstration of teaching and skills by IP's. Four hours of CE credit will be given for this bridge course.

Medical Director Involvement in ITLS Courses

To be certified, an ITLS course must be taught by registered ITLS instructors under the sponsorship of ITLS. The course does not certify future performance nor does it confer license of any kind upon successful completion.

ITLS strongly recommends on-site involvement of physician instructors in ITLS courses to integrate material into the local emergency medical service systems, as well as to provide medical oversight.

Each course must have a medical director who is available for consultation during the course. The course medical director acknowledges accountability by being familiar with all course content and ensuring the course is taught per guidelines of the chapter's policy and procedures and ITLS.

When the course medical director is not on-site, each course must have a designated affiliate faculty who is on-site and accepts responsibility for overall quality assurance.

The participation of both the course medical director and affiliate faculty provide the necessary quality assurance, overall responsibility, and assures adherence to ITLS standards.

The presence of the course medical director, especially during the testing stations, is strongly encouraged.

Pass/Fail Criteria

Any student who attends all of the lectures and skill stations, scores at least 76 percent (25 correct answers of 33 questions) on the written test and at least adequately on the patient assessment testing station, will pass the course. Students who fail the patient assessment test will be retested immediately. Ratings for patient assessment testing stations:

Inadequate

- disorganized assessment survey
- prolonged on-scene times in the setting of load and go situations
- critical actions missed
- making fatal errors and causing the death of the patient

Adequate

- reasonable organization of assessment survey
- accurate identification of a load and go situations
- abbreviated on-scene times for a load and go situations
- performs critical actions
- makes no fatal errors

Good

- organized assessment survey and solid overall performance
- interacts well with patient and team members
- performs all critical actions
- abbreviated on-scene times for load and go situations
- correctly performs or oversees performance of all critical interventions

Excellent

- excellent assessment survey organization
- excellent patient care
- interacts well with patient and team members
- directs the team well; displays leadership
- performs all critical actions
- demonstrates clear understanding of pre-hospital trauma assessment and management
- cooperative and supportive in the learning environment
- conveys attitude of interest and desire to help teach trauma assessment and management

Any registrant who fails the written post-test may retake the test within two weeks.

An Instructor Potential student must achieve greater than 88% (29 correct answers of 33 questions) on the written test, "excellent" on patient assessment, and be recommended as a potential instructor by an affiliate faculty during an ITLS provider course.

If a registrant receives "Good" rather than "Excellent-Instructor Potential" rating, he/she may be considered as an instructor candidate if recommended, in writing, by his/her EMS medical director, and if approved by the ITLS Illinois Advisory Committee.

ITLS Assistant Instructors

ITLS assistant instructors are recommended by EMS System Coordinators. The EMS Coordinator will submit names to the Course Coordinator for consideration. It is the responsibility of the affiliate faculty to assure that a quality ITLS program is maintained utilizing the assistants.

Eligibility Criteria:

- Licensed EMT-I/P or RN in the state of Illinois
- No medical performance complaints where disciplinary action has been taken for four calendar years or one relicensure period
- Must have an average, if system testing is required, of 80% on any skill station
- Must have previous experience as an assistant or instructor of a skill and patient assessment station

Responsibilities:

Assistant instructor shall be responsible for:

- Assisting a certified ITLS instructor at a skill or patient assessment station
- Assisting with documentation of students in the station
- Hour-for-hour continuing education may be awarded for a maximum of 16 hours (EMS system site code will be used.)
- Hour-for-hour continuing education may be awarded for pediatric ITLS instructing to a maximum of 7 hours (EMS system site code will be used.)

Certification/Recertification Policies

Advanced Provider Certification/Recertification

- ITLS Illinois certification shall be for a three (3) year period.
- Providers should be recertified prior to the end of the three (3) year period.
- Recertification can be accomplished by passing the complete provider course again or passing a recertification course.
- To maintain certification, a provider must recertify within three years of the date of his original course or most recent recertification.

See page 65 for a sample agenda of an ITLS Illinois provider recertification course.

Instructor Certification/Recertification

Instructor candidates must first successfully complete an ITLS Advanced Instructor Course. In order to receive ITLS instructor certification, a candidate must receive a satisfactory review by an ITLS affiliate faculty monitor while teaching a provider course. New instructor monitoring must include review of the candidate's performance in lecture, skill stations and patient assessment testing. An ITLS affiliate faculty monitor may recommend an Instructor-Candidate be monitored on more than one occasion before certification is granted.

A bridge course is available for current PHTLS, TNCC or TNS instructors. A condensed instructor course must be successfully completed as well as review of the candidate's performance in lecture, skill stations and patient assessment testing prior to qualifying as an ITLS instructor.

Instructor certification is for a three (3) year period. To maintain certification, instructors must attend an ICEP approved Instructor Update when required and have taught at least one (1) course per year per certification period.

See page 54 for a sample agenda of an ITLS Illinois Instructor recertification.

CERTIFICATION CARDS

- The Chapter Coordinator will issue all ITLS provider certification cards and certificates to the course coordinator for participants successfully completing a provider course. The Course Coordinator is responsible for distribution of all provider cards and certificates. For those not successfully completing the course, a certificate of participation will be issued.
- The Chapter Coordinator will issue new ITLS instructor cards to the participants successfully completing all instructor course requirements.
- The Chapter Coordinator will issue ITLS instructor cards to instructors who have completed mandatory updates as scheduled.

ITLS RECIPROACITY

ITLS Provider Status

ITLS provider status from other chapters will be accepted to the date of expiration. The candidate must attend an ITLS course or recertification course within Illinois for recertification.

ITLS Instructor Status

Instructor certification will be accepted from other ITLS chapters. An instructor coming into ITLS Illinois must apply to the Chapter Coordinator for reciprocity. This application will include the instructor's past activities regarding ITLS instruction and a letter confirming good standing from his/her former ITLS Chapter.

Once approved by the ITLS Chapter Coordinator, the instructor candidate must be briefed and monitored while teaching by an affiliate faculty. Upon completion of monitoring, the affiliate faculty will send a recommendation to the ITLS Chapter Coordinator. The Chapter Coordinator may issue a certification card or discuss the results with the Chapter Advisory Committee for resolution.

A bridge course is available for current PHTLS, TNS, OR TNCC Instructors (or similar program). Please see pages 66 - 67 for details.

FORMS

ILLINOIS COLLEGE OF EMERGENCY PHYSICIANS ITLS ILLINOIS COURSE REQUEST FORM

Must be submitted to ICEP 90 days prior to course

Course Coordinator: _____
Credentails EMT-P, RN MD, DO (please circle)

Phone: _____ Fax Number: _____

Email: _____

Affiliation Requesting Course: _____

Address: _____
Street City State Zip Code

Assistant Course Coordinator/Administrator: _____
Credentails EMT-P, RN MD, DO (please circle)

Medical Director: _____
Credentails EMT-P, RN MD, DO (please circle)

Assistant Medical Director: _____
Credentails EMT-P, RN MD, DO (please circle)

Affiliate Faculty: _____ Affiliate Faculty: _____
Credentails EMT-P, RN MD, DO (please circle) Credentails EMT-P, RN MD, DO (please circle)

Course Information:

Type: Advanced Basic Combined Pediatric
Recert Recert Recert Access
Instructor Instructor Instructor

Site Location: _____

Address: _____
Street City State Zip Code

Phone: _____

Is the course open to the general public? Open Closed

If closed, define student body: _____

Cost per student [included in tuition and fees]: _____

of students accepted: _____ Dates of Course: _____

of faculty anticipated: _____ # of testing stations anticipated: _____

ILLINOIS COLLEGE OF EMERGENCY PHYSICIANS ITLS ILLINOIS COURSE REQUEST FORM (continued)

A tentative schedule for the course must be attached with this request form. Two weeks prior to the course, a final schedule with faculty assignments must be submitted to ICEP.

Please submit the following with this form

- Preliminary course schedule
- Course brochure (if available)
- IDPH CE Form

Please send me the following supplies:

ITLS advanced provider books	Quantity _____
ITLS basic provider books	Quantity _____
ITLS military provider books	Quantity _____
ITLS advanced provider – Spanish	Quantity _____
ITLS instructor books	Quantity _____
ITLS pediatric books	Quantity _____
ITLS pediatric instructor books	Quantity _____
ITLS access books	Quantity _____

All orders must be prepaid or a purchase order provided PO _____

Send Invoice to: _____

Attention: _____

Complete Address: _____
Street
City
State
Zip Code

I have reviewed the ITLS co-sponsorship guidelines and agree to adhere to them. And upon completion of the course, I will forward to the ICEP a typed or computer-generated class roster and a fee of \$27 per advanced, \$17 per basic and \$15 per pediatric ITLS registrant (pass or fail). ICEP will prepare provider certificates and cards and forward them to the course coordinator for distribution. Instructor cards will be forwarded to the instructor.

Signature of Course Coordinator: _____

OFFICE USE ONLY

Approved Conditionally approved, specify _____

Denied: reason _____

Contacted: _____ Received Final Schedule: Yes No

ILLINOIS COLLEGE OF EMERGENCY PHYSICIANS ITLS ILLINOIS POST COURSE CHECKLIST

**This checklist must be sent with course materials
Must be received no more than two weeks after course**

ICEP
Attn: ITLS Illinois Chapter Coordinator
1 S 280 Summit Avenue, Court B-2
Oakbrook Terrace, IL 60181
630-495-6404 FAX
info@itraumailinois.org

Date Started	Date Completed	Total Hours	Number Enrolled	Number Passed
Number: <input type="checkbox"/> Advanced	<input type="checkbox"/> Basic	<input type="checkbox"/> Pediatric		
<input type="checkbox"/> Recert	<input type="checkbox"/> Recert	<input type="checkbox"/> Access		
<input type="checkbox"/> Instructor	<input type="checkbox"/> Instructor			
_____ Total Students	_____ Total Students	_____ Total Students		

_____ Advanced Students X \$27 = \$_____ _____ Basic Students X \$17 = \$_____

_____ Pediatric Students X \$15 = \$_____ _____ Instructor Students X \$27 = \$_____

\$_____ Total Enclosed

Responsible party for payment of fees (if not enclosed): _____

Mail Cards & Certificates to: _____

Attention: _____

Complete Address: _____

Phone number: _____

The following items have been sent to the Chapter Office:
Please put an "X" after each item enclosed

- | | | |
|--|-------|---|
| 1. Typed course roster | _____ | (Typed list of participants' names, addresses, provider level, test scores) |
| 2. Typed faculty roster with assignments | _____ | |
| 3. Course Evaluation summary | _____ | |
| 4. Payment of fees | _____ | |

For office use only

Date paperwork received _____	Date and amount fee received _____
International fees paid _____	IDPH CE site code _____
Date cards mailed: _____	



Grade Categories

- Excellent = E
- Good = G
- Adequate = A
- Inadequate = I

ITLS Course Roster

Name of Sponsoring Agency _____ Date of Course _____

Type of Course _____ Location of Course _____

Card Number	Name	Address, City, State and Zip	Professional Category	Written Test Score	PA Score	Grade (See above)	IP (Check)

**ILLINOIS COLLEGE OF EMERGENCY PHYSICIANS
ITLS ILLINOIS
COURSE COORDINATOR WORKSHEET**

COURSE DATE _____ COURSE NUMBER _____

LOCATION: _____

- | I. THREE MONTHS BEFORE THE COURSE | DONE | |
|--|-------------|----|
| A. Prepare budget | _____ | |
| B. Request approval of course from chapter office | _____ | |
| • Co-sponsorship agreement | _____ | |
| • IDPH CE Form | _____ | |
| • Proposed agenda | _____ | |
| C. Identify and confirm | _____ | |
| • Medical Director | _____ | |
| • Course Coordinator | _____ | |
| • Affiliate faculty | _____ | |
| D. Arrange course facilities | _____ | |
| • Course location | _____ | |
| • Lodging | _____ | |
| • Refreshments | _____ | |
| • Coffee | _____ | |
| • Lunches | _____ | |
| • Faculty dinner | _____ | |
| • Course equipment | _____ | |
| • AV equipment | _____ | |
| • Slide projector | _____ | |
| • Podium | _____ | |
| Skill station equipment | _____ | |
| (Refer to ITLS Instructor Manual) | | |
| E. Contact potential faculty, patient models, station assistants | _____ | |
| 1. Faculty | _____ | |
| a. | e. | |
| b. | f. | |
| c. | g. | |
| d. | h. | |
| 2. Course Assistants | _____ | |
| a. | c. | |
| b. | d. | |
| 3. Patient Models | _____ | |
| a. | d. | g. |
| b. | e. | h. |
| c. | f. | i. |

- F. Arrange course schedule _____
- G. Create and distribute course advertisement _____

II. TWO MONTHS BEFORE THE COURSE

- A. Order textbooks from ICEP _____

III. ONE MONTH BEFORE THE COURSE

- B. Send pre-course packets _____

- 1. Student packets _____

- a. Introductory letter _____

- b. Hotel accommodation information _____

- c. ITLS textbook _____

- d. Pretest _____

- d. Course agenda _____

- e. Map _____

- f. ITLS specialty items order form _____

- 2. Faculty packets _____

- a. Introductory letter with assignments _____

- b. Hotel accommodation information _____

- c. Lecture slides _____

- d. Course schedule _____

- g. Course material _____

- h. Testing scenario _____

- f. Map _____

- C. Mail packets to faculty _____

- D. Mail packets and books to students _____

III. TWO WEEKS BEFORE THE COURSE

- A. Confirm patient models _____

- B. Confirm station assistants _____

- C. On-site packets _____

- 1. Student Course _____

- a. Nametag _____

- b. Final course schedule _____

- c. Faculty list _____

- d. Student list _____

- e. Rotation schedule _____

- f. Course evaluation forms _____

- 2. Faculty _____

- a. Nametag _____

- b. Final course schedule _____

- c. Faculty list _____

- d. Student list _____

IV. DAY BEFORE THE COURSE

- A. Equipment placed in staging area _____
- B. Pre-course faculty meeting _____
- C. Arrange educational facility _____

V. DAY OF THE COURSE

- A. Arrive early to confirm seating, temperature, refreshments and registration area _____
- B. Register students _____
- C. Introduce faculty _____
- D. Set-up skill stations _____
- E. Moulage models _____
- F. Faculty meetings as necessary _____
- G. Provide feedback to students _____
- H. Conduct post-course faculty meeting _____
- I. Collect slides from instructors _____

VI. POST COURSE

- A. Thank-you letters to faculty, etc. _____
- B. Course report forms and fees forwarded to ICEP _____
- C. Reimburse faculty and staff _____
- D. Distribute course completion cards _____

**ILLINOIS COLLEGE OF EMERGENCY PHYSICIANS
ITLS ILLINOIS
PROPOSED COURSE - BUDGET/FINANCIAL SUMMARY**

Course Location _____
 Course Date _____

RECEIPTS

Tuition:

_____ Participants @ \$ _____
 _____ Participants @ \$ _____ TOTAL RECEIPTS \$ _____

DISBURSEMENTS

I. Travel Expenses

A. Faculty & Staff

- 1. TRAVEL \$
- 2. TRAVEL \$
- 3. TRAVEL \$
- 4. TRAVEL \$
- 5. TRAVEL \$
- 6. TRAVEL \$
- 7. TRAVEL \$
- 8. TRAVEL \$

B. Coordinator

- 1. TRAVEL \$

C. Assistants (Patients, assistants, etc.)

- 1. _____ \$ _____
- 2. _____ \$ _____
- 3. _____ \$ _____
- 4. _____ \$ _____
- 5. _____ \$ _____
- 6. _____ \$ _____
- 7. _____ \$ _____
- 8. _____ \$ _____

II. Course Equipment/Material

A. Material

- 1. _____ @ _____
- 2. _____ @ _____ \$ _____

B. Office Supplies/ Services

- 1. Postage \$ _____
- 2. Photocopying \$ _____
- 3. _____ \$ _____
- 4. _____ \$ _____
- 5. _____ \$ _____

C. Expendable Equipment

- 1. _____ \$ _____
- 2. _____ \$ _____
- 3. _____ \$ _____
- 4. _____ \$ _____
- 5. _____ \$ _____

D. Nonexpendable Equipment

- 1. _____ \$ _____
- 2. _____ \$ _____
- 3. _____ \$ _____
- 4. _____ \$ _____
- 5. _____ \$ _____

E. Facilities/Services

- 1. Room Rental \$ _____
- 2. Audio-Visual Rental \$ _____
- 3. Coffee Break(s) \$ _____
- 4. Lunch (es) \$ _____
- 5. Dinner(s) \$ _____
- 6. Administrative Charges \$ _____
- 7. _____ \$ _____

TOTAL \$ _____

III. Indirect Cost Charges

- A. ITLS Illinois Chapter fee
 _____ Participants @ \$ _____ each \$ _____

TOTAL \$ _____
 TOTAL TUITION \$ _____

PLUS GRANT MONIES (IF APPLICABLE) \$ _____

TOTAL RECEIPTS \$ _____
 MINUS TOTAL DISBURSEMENTS \$ _____
 TOTAL NET GAIN OR LOSS \$ _____

SAMPLE - LETTER TO COURSE REGISTRANTS

Date

Dear ITLS Illinois Course Participant:

Welcome to the **Advanced, Basic, or Combined (or Pediatric)** International Trauma Life Support Course to be held (date) _____ at (hospital) _____, (address) _____.

Enclosed you will find the following materials:

- ITLS provider textbook
- Pretest, answer sheet and key
- Agenda
- Map with directions to the course

We suggest you wear casual clothes. Several skill stations require floor work with various types of equipment.

The (Pediatric) International Trauma Life Support Course is an intense, two-day (one day for Pediatric) learning experience, which consists of didactic presentations, skill stations, a written examination and patient assessment testing. It is extremely important that you be familiar with the text and be well prepared prior to the course. Take the pretest after you have studied the text. Check your responses with the answer key provided.

If you have any questions, please contact (course coordinator) _____ at (phone number) _____.

Sincerely,

Course Director

Enclosures

SAMPLE - LETTER TO INSTRUCTORS

DT:

TO: ITLS Instructors

FR: Course Director

RE: Assignments - Course Location and Date

Thank you for agreeing to serve as an instructor at the **ADVANCED, BASIC, OR COMBINED (or Pediatric) ITLS COURSE** to be held (date) _____, (at) _____, (address) _____.

Agendas indicating the assignment of lectures, skill stations and patient assessment testing are enclosed. Your assignments are circled in red on the agendas.

If you are lecturing, we have enclosed the slides for your topic. They should be returned to (coordinator) _____ **immediately** following your lecture.

Please review the *Instructor's Guide* for station objectives and important points when preparing for the teaching stations. For patient evaluation and testing, we have enclosed a copy of your assigned scenario. Instructors are responsible for orienting the models to their roles **prior** to the testing session.

Enclosed are:

- A map indicating the general area of the hospital
- Faculty informational material
- Scenario for testing station
- Course agendas
- Slides (if lecturing)

If you have any questions, please contact (course coordinator) _____ at (phone number) _____.

Sincerely,

Course Director
Enclosures

**ILLINOIS COLLEGE OF EMERGENCY PHYSICIANS
ITLS ILLINOIS**

Affiliate Faculty Course Evaluation Form

Comments will be reviewed by the Advisory Committee for improvement purposes only.

Location _____ Date of Course _____

Medical Director _____

Course Coordinator _____

Affiliate Faculty Monitor _____

Number of students _____ Passed _____ Failed _____

Course sponsored by your EMS System? ___Yes ___No

	<u>Acceptable</u>	<u>Unacceptable</u>
1. Pre-course planning	_____	_____
2. Adequate facilities	_____	_____
3. Adequate number of faculty	_____	_____
4. Written materials distributed	_____	_____
5. Audio visual aids	_____	_____
6. Adequate amount of equipment	_____	_____
7. Didactic presentations	_____	_____
8. Skill stations	_____	_____
9. Patient assessment stations	_____	_____
10. Written examinations	_____	_____
11. Problem solving	_____	_____
12. Post course faculty meeting	_____	_____

Please use reverse side for comments

**ILLINOIS COLLEGE OF EMERGENCY PHYSICIANS
ITLS ILLINOIS
SAMPLE COURSE APPLICATION INFORMATION**

Name: _____ SS#: _____

Home address: _____

Work address: _____

Home phone: _____ Workphone _____

Degree (s): _____

Affiliation: _____

Course dates: _____

Course location: _____

Sponsoring agency: _____

* Have you ever attended an ITLS course before? Yes No
If so, when and where? _____

* Have you ever attended any other trauma-training program? Yes No
If so, what course, when and where? _____

* How did you learn about ITLS? _____

Tuition Fee Enclosed: \$ _____

Return to:

Course Coordinator information here

**ILLINOIS COLLEGE OF EMERGENCY PHYSICIANS
ITLS ILLINOIS
INSTRUCTOR RECIPROCITY FORM**

Instructor certification will be accepted from other ITLS chapters. An instructor coming into ITLS Illinois must apply to the ITLS Chapter Coordinator for reciprocity. This application will include the instructor's past activities regarding ITLS instruction and a letter confirming good standing from their former Chapter Medical Director.

Once approved by the ITLS Illinois Chapter Coordinator, the instructor candidate must be briefed and monitored teaching by a chapter affiliate faculty. Upon successfully completion of monitoring, the affiliate faculty will send his/her recommendation to the ITLS Illinois Chapter Coordinator. The Chapter Coordinator may issue a certification card or discuss the results with the Chapter Advisory Committee for resolution.

Name _____

Address _____

Phone: home () _____ work () _____

Occupation: EMT ____ Paramedic ____ RN ____ PA ____ Physician ____

Location of instructor course _____

Medical director _____

Date instructor course conducted _____

Former ITLS Chapter _____

ITLS ILLINOIS INSTRUCTOR RECERTIFICATION FORM

Name _____ Level of Certification _____

Home Address _____ County _____

City/State/Zip _____ Telephone Number _____

Date of Expiration _____ Type (*Circle One*) Basic Advanced

As an ITLS instructor, you are required to instruct one course per year. Please complete the form below with the appropriate information and submit it to the ICEP.

ICEP
ITLS Illinois
1 S 280 Summit Avenue, Ct B-2
Oakbrook Terrace, IL 60181
888-495-ICEP
FAX 630-495-6404

Date	Course Location	Lecture Assignment	Skills Station

Signature of Instructor _____ Date _____

SAMPLE AGENDAS

ITLS Illinois Affiliate Faculty Training Program Guide

- I. Registration
- II. Welcome/Course Overview
- III. ITLS International - A Global Perspective
- IV. ITLS Illinois - A Local Perspective
- V. Overview of Chapter Policies and Procedures
- VI. Roles and Responsibilities of the Chapter Affiliate Faculty
- VII. Common Perils and Pitfalls within a "Typical" ITLS Class
- VIII. Review of ITLS Scoring System
- IX. Summary
- X. Questions & Answers and Course Evaluation

ITLS Illinois Instructor Course Agenda

<u>Time</u>	<u>Topic</u>
0715-0745	Coffee and Registration
0745-0800	Greeting and Introductions <ul style="list-style-type: none">- Course Objectives- Successful course completion requirements- Role of an ITLS Illinois Instructor
0800-0815	History of ITLS
0815-0845	ITLS Organization and Structure
0845-0915	Course Structure <ul style="list-style-type: none">- Faculty- Content
0915-0930	Audiovisual aids and educational resources <ul style="list-style-type: none">- Planning and using the media- Stimulation and motivation
0930 – 0945	Break
0945-1030	Course objectives, lesson plans, and curriculum <ul style="list-style-type: none">- ITLS advanced lesson plan- ITLS basic lesson plan- ITLS combined lesson plan- Teaching stations- Testing stations
1030-1100	Patient assessment demonstration
1100-1130	Instructor candidate demonstrations
1130-1150	Moulage and Realism concepts (Optional)
1150-1230	Lunch
1230-1300	Skill Stations

- Pre-skill setup
- Skill lesson presentation
- Assistant instructors

1300-1430 Demonstration of teaching and skills by IP's

- Airway
- Chest decompression / fluid resuscitation
- Patient assessment
- Patient assessment
- Spinal immobilization & long backboard
- Traction splints, MAST, helmet removal

1430-1445 Break

1445-1545 Administrative Structure (Optional)

- ITLS Illinois structure and philosophy
- ITLS Illinois policy and procedures
- ITLS Illinois pre-course and post course material

1545 Adjournment

Refresher/Recertification

The following is an agenda for a one-day instructor refresher course. Prior to the course, the students should read the most current ITLS textbook, take the pretest, and study the areas identified as weak. The students should be prepared to take a written test. They will spend the first section of the course reviewing skills and patient assessment testing and the second section with testing.

The ITLS instructor recertification course must include each of the following areas:

- 1) ITLS Update
- 2) Patient assessment review (didactic and skill stations)
- 3) Practical skill stations
- 4) Written examination
- 5) Practical examination

SAMPLE - ADVANCED, BASIC OR COMBINED COURSE AGENDA

Other agendas may be found in the ITLS Instructor Guide

DAY ONE

7:45-8:00 am	Registration
8:00-8:15 am	Welcome and Overview of Course
8:15-8:45 am	Scene Size-Up (lecture)
8:45-9:30 am	Assessment and Initial management of the Trauma Patient and "Load and Go" Situations (lecture)
9:30-10:00 am	Airway Management for the Trauma Patient (lecture)
10:00-10:15 am	Break
10:15-10:30 am	Abdominal Trauma (lecture)
10:30-11:00 am	Thoracic Trauma (lecture)
11:00-11:30 am	Shock and Fluid Replacement (lecture) (ADVANCED STUDENTS ONLY)
11:30-12:00 pm	Spinal Cord Trauma (lecture)
12:00-1:00 pm	Lunch Faculty Meeting
1:00-1:15 pm	Patient Assessment Demonstration
1:15-5:15 pm	Skill Stations

Skill station #1 - Basic and advanced airway (advanced only for advanced providers)

Skill station #2 - Short backboard, long backboard, log roll and rapid extrication

Skill station #3 - Traction splints, helmet management and splinting

Skill station #4 - Chest decompression and fluid resuscitation (advanced providers only - both external jugular vein cannulation and intraosseous infusion are core for advanced courses.)

Skill station #5 - Patient assessment

DAY TWO

8:00-8:30 am	Head Trauma (lecture)
8:30-9:00 am	Extremity Trauma (lecture)
9:00-9:15 am	Trauma in the Elderly (lecture)
9:15-9:40 am	Burns (lecture)
9:40-10:00 am	Trauma in Pregnancy (lecture)
10:00-10:15 am	Break
10:15-10:45 am	Trauma in Children (lecture)
10:45-11:00 am	Patient under the Influence (lecture)
11:00-11:20 am	Blood and Body Fluid Precautions (lecture)
11:20-11:35 am	Rapid Extrication (lecture)
11:35-11:50 am	Patient Assessment Demonstration
11:50-12:30 pm	Lunch
12:30-1:00 pm	Post Test

Faculty Meeting

1:00-5:00 pm	Patient Assessment Practice and Testing
	<u>Assessment Station #1</u> (faculty)
	<u>Assessment Station #2</u> (faculty)
	<u>Assessment Station #3</u> (faculty)
	<u>Assessment Station #4</u> (faculty)
	<u>Assessment Station #5</u> (faculty)
	<u>Assessment Station #6</u> (faculty)
	<u>Assessment Station #7</u> (faculty) Optional
	<u>Assessment Station #8</u> (faculty) Optional
	<u>Assessment Station #9</u> (faculty) Optional

5:00-5:30 pm	Faculty Meeting
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Skill Station Rotation

GROUP A	B	C	D	E	F
1:15-1:55	1	2	3	4	5
1:55-2:35	2	3	4	5	6
2:35-3:15	3	4	5	6	1
3:15-3:55	4	5	6	1	2
3:55-4:35	5	6	1	2	3
4:35-5:15	6	1	2	3	4

<u>Group A</u>	<u>Group B</u>	<u>Group C</u>
Registrant #1	Registrant #2	Registrant #3
Registrant #4	Registrant #5	Registrant #6
Registrant #7	Registrant #8	Registrant #9
Registrant #10	Registrant #11	Registrant #12
Registrant #13	Registrant #14	Registrant #15
Registrant #16	Registrant #17	Registrant #18

<u>Group D</u>	<u>Group E</u>	<u>Group F</u>
Registrant #19	Registrant #20	Registrant #21
Registrant #22	Registrant #23	Registrant #24
Registrant #25	Registrant #26	Registrant #27
Registrant #28	Registrant #29	Registrant #30
Registrant #31	Registrant #32	Registrant #33
Registrant #34	Registrant #35	Registrant #36

- Skill station #1 - Basic and advanced airway (advanced only for advanced providers)
- Skill station #2 - Short backboard, long backboard, log roll and rapid extrication
- Skill station #3 - Traction splints, helmet management and splinting
- Skill station #4 - Chest decompression and fluid resuscitation (advanced providers only - both external jugular vein cannulation and intraosseous infusion are core for advanced courses.)
- Skill station #5 - Patient assessment
- Skill station #6 - Patient assessment

Patient Assessment Testing

	PRACTICE		TEST		
	12:30-1:00	1:00-1:30	1:30-2:00	2:00-2:30	2:30-4:30
GROUP A	1	2	3	4	5
GROUP B	2	3	4	5	6
GROUP C	3	4	5	6	7
GROUP D	4	5	6	7	8
GROUP E	5	6	7	8	9
GROUP F	6	7	8	9	1
GROUP G	7	8	9	1	2
GROUP H	8	9	1	2	3
GROUP I	9	1	2	3	4

NOTE: In practice groups, each person is leader at least one time, assists other times. In testing, one person at a time is tested.

<u>Group A</u>	<u>Group B</u>	<u>Group C</u>
Registrant #1	Registrant #2	Registrant #3
Registrant #4	Registrant #5	Registrant #6
Registrant #7	Registrant #8	Registrant #9
Registrant #10	Registrant #11	Registrant #12

<u>Group D</u>	<u>Group E</u>	<u>Group F</u>
Registrant #13	Registrant #14	Registrant #15
Registrant #16	Registrant #17	Registrant #18
Registrant #19	Registrant #20	Registrant #21
Registrant #22	Registrant #23	Registrant #24

<u>Group G</u>	<u>Group H</u>	<u>Group I</u>
Registrant #25	Registrant #26	Registrant #27
Registrant #28	Registrant #29	Registrant #30
Registrant #31	Registrant #32	Registrant #33
Registrant #34	Registrant #35	Registrant #36

SAMPLE – ADVANCED, BASIC OR COMBINED COURSE EVALUATION FORM

(SITE NAME)
(Date of Course)

Course Evaluation - Day 1

Please rank the various parts of this course according to the closest appropriate category:

Excellent - 5; Above Average - 4; Average - 3; Below Average - 2; Poor - 1

I. Lectures

"Scene Size-Up" – (lecturer)	5	4	3	2	1
"Assessment & Initial Management & load-and-go – (lecturer)	5	4	3	2	1
"Airway management" – (lecturer)	5	4	3	2	1
"Abdominal trauma" – (lecturer)	5	4	3	2	1
"Thoracic trauma" – (lecturer)	5	4	3	2	1
"Shock and fluid replacement" – (lecturer)	5	4	3	2	1
"Spinal cord trauma" – (lecturer)	5	4	3	2	1

II. Skill Stations Rotation

Station 1 Airway management - (faculty)	5	4	3	2	1
Station 2 Chest decompression & fluid resuscitation - (faculty)	5	4	3	2	1
Station 3 Traction splints and helmet removal - (faculty)	5	4	3	2	1
Station 4 Short and long back boards & rapid extrication - (faculty)	5	4	3	2	1
Station 5 Patient assessment - (faculty)	5	4	3	2	1
Station 6 Patient assessment - (faculty)	5	4	3	2	1

Course Evaluation - Day 2

Please rank the various parts of this course according to the closest appropriate category:

Excellent - 5; Above Average - 4; Average - 3; Below Average - 2; Poor - 1

I. Lectures

"Head trauma" – (lecturer)	5	4	3	2	1
"Extremity trauma" – (lecturer)	5	4	3	2	1
"Trauma in the elderly" – (lecturer)	5	4	3	2	1
"Burns" – (lecturer)	5	4	3	2	1
"Trauma in pregnancy" – (lecturer)	5	4	3	2	1
"Trauma in children" – (lecturer)	5	4	3	2	1
"Patient under the influence" – (lecturer)	5	4	3	2	1
"Rapid extrication" – (lecturer)	5	4	3	2	1

II. Assessment - Teaching Station

Station # _____ Instructor _____	5	4	3	2	1
Station # _____ Instructor _____	5	4	3	2	1
Station # _____ Instructor _____	5	4	3	2	1

III. Assessment - Testing Station

Station # _____ Instructor _____	5	4	3	2	1
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IV. Overall Course Evaluation

1. Were the course objectives presented clearly?	5	4	3	2	1
2. Was the level of presentation and delivery effective?	5	4	3	2	1
3. Were the visual aids helpful?	YES			NO	

4. Were the skill stations effective as a learning tool? YES NO
5. Were the faculty members interesting, helpful, and knowledgeable? YES NO
6. Were the facilities and equipment suitable? YES NO
7. Did this program meet your expectations? YES NO
8. Would you recommend ITLS to your colleagues? YES NO
9. Would you attend this course in 3 years for recertification? YES NO

10. Additional Comments:

Thank you for completing the evaluation forms. Please return to the course coordinator before you leave.

OPTIONAL SKILL STATION – CRICOTHYROIDOTOMY

NOTE: Surgical management of the airway is not part of the original ITLS curriculum. However, this suggested outline may be used by the course medical director in accordance with local policies. The following may guide such a skill station (which may be incorporated into the airway management station) and may be copied and made available to the faculty.

Objectives:

Upon completion of this station, the participant will be able to (1) identify and describe the surface markings and structures necessary in performing a needle and/or surgical cricothyroidotomy, (2) discuss the indications for and complications of these procedures, and (3) demonstrate the technique.

Indications for Cricothyroidotomy:

The cricothyroidotomy is an advanced airway skill which is used by physicians in the hospital setting infrequently to save a life when it is impossible to secure a patient's airway by less invasive means. It will be used rarely by pre-hospital personnel. Nonetheless, it may be a life-saving maneuver, and the technique should be understood. The technique should be used only when absolutely necessary, and only to secure an airway when no other method exists and approved by medical control.

Complications of Cricothyroidotomy:

Complications may include: asphyxia, aspiration, infection, esophageal perforation, hematoma, perforation of the posterior tracheal wall, perforation of the thyroid gland, hemorrhage, narrowing of the tracheal airway, vocal cord paralysis and/or hoarseness, and inadequate ventilation leading to further hypoxia. Please note that the surgical cricothyroidotomy should not be performed in pediatric patients in general due to the frequency of complications. This technique should only be used when ordered by medical control.

Equipment:

- 14 gauge IV catheters
- 10 cc. syringes
- #10 scalpel
- Hemostats
- Picture of anatomy
- Endotracheal and tracheostomy tubes
- Resusci-Anne mannequin head
- Optional - model of tracheal anatomy

Needle Cricothyroidotomy Procedure:

With the patient in a supine position, palpate the cricothyroid membrane (between the thyroid and cricoid cartilages), and prep the area with betadine swabs. Using a 14 gauge IV catheter attached to a syringe, puncture the skin in the midline overlying the cricothyroid membrane, directing the needle at a 45 degree angle toward the feet.

Carefully insert the needle through the cricothyroid membrane, aspirating as the needle is slowly advanced. When air is drawn into the syringe, the trachea has been entered, and the catheter is gently advanced downward into the trachea as the needle stylet is carefully withdrawn. Following successful placement, the catheter's needle hub is connected to a number 3.0 mm. pediatric endotracheal tube adapter, and then connected to 100% O₂ via a pediatric BVM. (NOTE: An adequate PaO₂ can be maintained for only approximately 30 minutes with this technique.) End tidal CO₂ should be used to confirm placement. The chest should be auscultated for equal breath sounds to confirm placement, and the catheter should be secured to the neck.

Surgical Cricothyroidotomy Procedure:

With the patient in a supine position, palpate the cricothyroidotomy membrane (between the thyroid and cricoid cartilages), and surgically prep the area with betadine swabs. Stabilizing the thyroid cartilage with the left hand, make a horizontal skin incision approximately one inch (1") in length over the cricothyroid membrane using the scalpel. Then carefully cut through the actual membrane. Once the membrane has been cut, insert the scalpel handle (or a hemostat) into the incision and rotate the handle (open the hemostat) to further open the incision. Once an entry into the trachea has been secured, insert an appropriately sized (typically a 6.0 or 7.0) cuffed endotracheal tube or tracheostomy tube into the incision and direct the tube down into the trachea. After pushing the tube only a short distance, inflate the cuff and ventilate the patient, listening for bilateral breath sounds and looking for adequate chest wall expansion. When the tube is confirmed to be in place, carefully secure the tube.

OPTIONAL SKILL STATION - IN-LINE INTUBATION

With an apneic patient with a suspected cervical fracture, prepare equipment and intubate the patient using in-line intubation.

1. Don appropriate protective personal equipment.
2. Hyperventilate patient for 3 minutes with BVM prior to attempting intubation while another student is completing the following:
 - A. Assemble laryngoscope blade and handle.
 - B. Check light to be certain it is bright and steady.
 - C. Check tube cuff integrity by inflation and then deflation while maintaining sterility of tube.
 - D. Lubricate the end of tube.
3. Patient's head should be placed in neutral cervical position with one rescuer keeping the head in stable position.
4. The student will intubate with the inner aspect of his/her thighs securing patient's head.
5. Insert laryngoscope blade and gently lift the soft structures of the upper airway avoiding excessive pressure on the teeth.
6. Student tilts his or her upper torso back until the cords are visualized.
7. Pass the tube through the cords ensuring the cuff is completely beyond the cords.
8. Ventilate and listen for bilateral breath sounds and listen over epigastrium.
9. If breath sounds are present, inflate cuff and secure the tube.
10. Ventilate with 100% O₂.

MODEL ILLINOIS ITLS PROVIDER RECERTIFICATION COURSE

The ITLS Illinois Advisory Committee has adopted a template for Provider Recertification courses conducted in the state. The course would run from half to a full day depending on the number of students and instructors. Students also have the option of taking the full two-day Provider course to recertify.

The template agenda follows:

<u>Time</u>	<u>Topic</u>
60"	Scene survey/ initial assessment Should include rapid extrication
60"	Airway management/thoracic trauma Should include demonstration of needle cricothyroidotomy, needle decompression
20"	Head trauma
20"	Abdominal trauma
20"	Shock Should include review of external jugular cannulation, intraosseous infusion
30"	Written exam
TBD	Patient assessment testing (time allocated depends on number of students and instructors)

BRIDGE COURSE POLICY

In an effort to facilitate the process by which certified trauma instructors may become ITLS instructors, ITLS has developed a "bridge" course. The following policy outlines the course requirements.

This course is open to any currently certified PHTLS or ATLS Instructor who wishes to become an ITLS Instructor. An ITLS faculty member must conduct the course.

Rationale: This course has been developed to facilitate the process by which certified trauma instructors may become certified as ITLS Instructors. The course assumes that the candidate is familiar with basic instructional methodology and the skills of ITLS. Successful completion certifies the candidate as an ITLS Instructor candidate.

Necessary Prerequisites The prerequisite for registering in the Bridge Course is current PHTLS or ATLS (or similar trauma training program) Instructor Certification.

Certified By: Following completion of the Bridge Course, the candidate is classified as an "Instructor Candidate". In order to become certified as an ITLS Instructor, the candidate must be recommended for certification by a faculty member who monitors the candidate teaching during an ITLS Provider Course. Monitoring must be within 12 months of the bridge course and include teaching a lecture and a skill station. An extension may be granted on the 12 months if considered appropriate by the chapter medical director.

Certified For: Three (3) years

Recertification: In order to be recertified as an ITLS Instructor, the individual must teach and be monitored in at least one ITLS course (Basic or Advanced) per year for the three years of certification. Instructor Updates may be required as deemed necessary by the chapter.

Recommended Course Length: One (1) day

Required Text: ITLS Instructor Manual and ITLS Provider Manual

BRIDGE COURSE OUTLINE

- I. Introduction
 - A. History of ITLS
 - 1. Why and how
 - 2. Course philosophy
 - 3. Educational philosophy
 - a. Educational flexibility/ academic freedom
 - b. Emphasis on ITLS Survey
 - B. ITLS Program Structure
 - 1. Provider
 - a. Advanced
 - b. Basic
 - 2. Instructors
 - 3. Affiliate faculty
 - 4. ITLS chapter committee
 - 5. ITLS international
- II. ITLS Program Administration
 - A. Provider course schedule review
 - B. Provider course coordinator
 - C. Administrative guidelines
 - 1. Books
 - 2. Slides
 - 3. Pre course paperwork
 - 4. Course fees
 - 5. Post course paperwork
- III. Student Evaluations
 - A. How to conduct patient scenario teaching and testing stations
 - 1. Scenarios
 - 2. Paperwork
 - 3. Pass/Retest/Fail criteria
 - B. Mock Scenarios
- IV. Completion/ Recertification Requirements
 - A. Monitoring for initial certification
 - B. Required teaching activity
 - C. Monitoring for recertification
- V. Wrap-up

SAMPLE – PEDIATRIC ITLS COURSE AGENDA

7:45 - 8:00 am	Registration / Collection of Pretest
8:00 - 8:15 am	Welcome / Introduction to Pediatric ITLS (<i>lecture</i>)
8:15 - 8:40 am	The Injured Child and Common Childhood Injuries (<i>lecture</i>)
8:40 - 9:10 am	Assessment of the Pediatric Trauma Patient and The Pediatric Airway (<i>lecture</i>)
9:10 - 9:45 am	Head and Cervical Spine Trauma and Immobilization (<i>lecture</i>)
9:45 - 10:30 am	Chest and Abdominal Trauma, Shock Trauma and Fluid Resuscitation (<i>lecture</i>)
10:30 - 10:45 am	BREAK
10:45 - 11:20 am	Pediatric Trauma Arrest, Trauma Scoring, Neonatal Resuscitation and Special Considerations (<i>lecture</i>)
11:20 - 12:00 pm	Pediatric Burns, Drowning and Abuse (<i>lecture</i>)
12:00 - 12:45 pm	LUNCH
12:45 - 1:00 pm	Pediatric Assessment Demonstration (<i>lecture</i>)
1:00 - 2:25 pm	Skill Stations Station #1-Patient Assessment – (<i>faculty</i>) Station #2-Airway Management – (<i>faculty</i>) Station #3-Spinal Immobilization – (<i>faculty</i>) Station #4-Needle Cricothyroidotomy – (<i>faculty</i>) Station #5-Fluid Resuscitation (optional) – (<i>faculty</i>)
2:25- 4:15 pm	Testing Station Patient Assessment Written Exam
4:15 - 4:30 pm	Course Wrap-up / Evaluation
4:30 pm	Adjournment

**SAMPLE – PEDIATRIC ITLS
STUDENT ROTATION SCHEDULES**

Station	1:00- 1:25	1:25- 1:45	1:45- 2:05	2:05- 2:25	2:25- 3:05	3:05- 3:40	3:40- 4:15
Assessment	A/B	C/D	E/F/G	H/I/J			
Airway	C/D	E/F/G	H/I/J	A/B			
Spinal	E/F/G	H/I/J	A/B	C/D			
Needle Cric.	H/I/J	A/B	C/D	E/F/G			
1					A/B/C	D/E/F	G/H/I/J
2					D/E/F	G/H/I/J	A/B/C
3					G/H/I/J	A/B/C	D/E/F
Written Exam							

- | | | | |
|----|---------|---------|---------|
| | Group A | Group B | Group C |
| 1. | 1. | 1. | |
| 2. | 2. | 2. | |
| 3. | 3. | 3. | |
| 4. | 4. | 4. | |

- | | | | |
|----|---------|---------|---------|
| | Group D | Group E | Group F |
| 1. | 1. | 1. | |
| 2. | 2. | 2. | |
| 3. | 3. | 3. | |
| 4. | 4. | 4. | |

- | | | | |
|----|---------|---------|---------|
| | Group G | Group H | Group I |
| 1. | 1. | 1. | |
| 2. | 2. | 2. | |
| 3. | 3. | 3. | |
| 4. | 4. | 4. | |

- | | | |
|----|---------|--|
| | Group J | |
| 1. | | |
| 2. | | |
| 3. | | |

PEDIATRIC ITLS

FORMAT FOR A THREE DAY COURSE

A Pediatric ITLS course may be extended over three (3) non-consecutive days under the following conditions:

- a. The course must be completed within 30 days.
- b. The Course Director, Course Coordinator and Affiliate Faculty must be available at all sessions.

Day 1:

6:15 - 6:30 pm	Registration / Collection of Pre-test	(15 minutes)
6:30 - 6:45 pm	Welcome / Introduction to Pediatric ITLS	(15 minutes)
6:45 - 7:15 pm	The Injured Child and Common Childhood Injuries	(30 minutes)
7:15 - 7:45 pm	Assessment of the Pediatric Trauma Patient and the Pediatric Airway	(30 minutes)
7:45 - 8:00 pm	BREAK	(15 minutes)
8:00 - 8:45 pm	Chest and Abdominal Trauma, Shock Trauma and Fluid Resuscitation	(45 minutes)
8:45 - 9:15 pm	Head and Cervical Spine Trauma and Immobilization	(30 minutes)
9:15 - 9:30 pm	Pediatric Assessment Demonstration	(15 minutes)

Day 2:

6:30 - 7:15 pm	Pediatric Trauma Arrest, Trauma Scoring Neonatal Resuscitation and Special Considerations	(45 minutes)
7:15 - 7:35 pm	Pediatric Burns, Drowning and Abuse	(30 minutes)
7:45 - 8:00 pm	Pediatric Assessment Demonstration	(15 minutes)
8:00 - 8:15 pm	BREAK	(15 minutes)

8:15 - 9:30 pm SKILL STATIONS
Skill Station #1 - Patient Assessment (25 minutes)
Skill Station #2 - Spinal Immobilization (25 minutes)
Skill Station #3 - Airway Management / Needle
Cricothyroidotomy (25 minutes)
Skill Station #4 - Fluid Resuscitation
(Optional)

Day 3:

6:30 - 7:00 pm Pediatric Assessment Demonstration
Question / Answer Session (30 minutes)

7:00 - 9:00 pm TESTING STATIONS:
Testing Station #1 - Written Exam
Testing Station #2 - Patient Assessment
Testing Station #3 - Patient Assessment
Testing Station #4 - Patient Assessment

(Note: Courses may be designed to allow for additional Patient Assessment practice prior to testing)

9:00 - 9:15 pm Course Wrap-up / Evaluations

9:15 pm Course Adjournment
(Faculty Meeting)

An EMSC Special Needs video is available for loan from the AHA office.

PEDIATRIC ITLS RECERTIFICATION COURSE

Pediatric ITLS certification is for three years. Pediatric providers have the option of taking a recertification course or completing a Pediatric Provider course.

The following is an agenda for a half-day refresher course. Prior to the course, the students should read the most current textbook, take a pretest, and study the areas identified as weak. The students should be prepared to take a written test. They will spend the morning reviewing skills and the afternoon reviewing patient assessment testing.

7:30-8:00 am	Registration and Collection of Pretests
8:00-9:00 am	Written Test
9:00-9:30 am	Lecture: What's New in Pediatric ITLS
9:30-11:00 am	Skill stations - 30 minutes each -Spinal Immobilization -Airway Management/Needle Cricothyroidotomy -Fluid Resuscitation (stations run concurrently)
11:00-11:15 am	Break
11:15-11:30 am	Review of Patient Assessment
11:30-12:30 pm	Patient Assessment Testing
12:30 pm	Adjournment and Faculty Meeting

Recertification courses must follow the Guidelines for Co-Sponsorship as outlined beginning on page 26 of this manual.

**SAMPLE – PEDIATRIC ITLS
COURSE EVALUATION FORM**

Course Evaluation - Day 1

Please rank the various parts of this course according to the closest appropriate category:

Poor - 1; Below Average - 2; Average - 3; Above Average - 4; Excellent - 5

I. Lectures

The Injured Child and Common Childhood Injuries 1 2 3 4 5
(Instructor's name)

Assessment of the Pediatric Trauma Patient
& Pediatric Airway (Instructor's name) 1 2 3 4 5

Head and Cervical Spine Trauma and Immobilization 1 2 3 4 5
(Instructor's name)

Chest and Abdominal Trauma, Shock Trauma and
Fluid Resuscitation (Instructor's name) 1 2 3 4 5

Pediatric Trauma Arrest, Trauma Scoring, Neonatal
Resuscitation and Special Considerations
(Instructor's name) 1 2 3 4 5

"Pediatric Assessment Demonstration"
(Instructor's name) 1 2 3 4 5

II. Skill Stations Rotation

Station 1 Patient Assessment (Instructor's name) 1 2 3 4 5

Station 2 Airway Management (Instructor's name) 1 2 3 4 5

Station 3 Spinal Immobilization (Instructor's name) 1 2 3 4 5

Station 4 Needle Cricothyroidotomy
(Instructor's name) 1 2 3 4 5

Station 5 Fluid Resuscitation (optional)
(Instructor's name) 1 2 3 4 5

III. Overall Course Evaluation

1. Were the course objectives presented clearly? 1 2 3 4 5

2. Was the level of presentation and
delivery effective? 1 2 3 4 5

3. Were the visual aids helpful? 1 2 3 4 5

4. Were the skill stations effective as a learning tool? 1 2 3 4 5

SKILL STATION - NEEDLE CRICOTHYROTOMY

NOTE: This suggested outline may be used by the course medical director in accordance with local policies. The following may guide such a skill station (which may be incorporated into the airway management station) and may be copied and made available to the faculty.

Objectives:

Upon completion of this station, the participant will be able to (1) identify and describe the surface markings and structures necessary in performing a needle cricothyroidotomy, (2) discuss the indications for and complications of these procedures, and (3) demonstrate the technique.

Equipment:

- 14 gauge IV catheters
- 10 cc. syringes
- Picture of anatomy
- Infant mannequin head
- Optional - model of infant tracheal anatomy

Needle Cricothyroidotomy Procedure:

With the patient in a supine position, palpate the cricothyroid membrane (between the thyroid and cricoid cartilages), and prep the area with antiseptic swabs. Using a 14 gauge IV catheter attached to a syringe, puncture the skin in the midline overlying the cricothyroid membrane, directing the needle at a 45 degree angle toward the feet.

Carefully insert the needle through the cricothyroid membrane, aspirating as the needle is slowly advanced. When air is drawn into the syringe, the trachea has been entered, and the catheter is gently advanced downward into the trachea as the needle stylet is carefully withdrawn. Following successful placement, the catheter's needle hub is connected to a number 3.0 mm. pediatric endotracheal tube adapter, and then connected O₂ (a Y-connector for high flow or an Abu bag). (NOTE: an adequate PaO₂ can be maintained for only approximately 30 minutes with this technique.) End tidal CO₂ should be utilized to confirm placement. The chest should be auscultated for equal breath sounds to confirm placement, and the catheter should be secured to the neck.

Indications for Needle Cricothyrotomy:

The cricothyrotomy is an advanced airway skill infrequently to save a life when it is impossible to secure a patient's airway by less invasive means. It will be used rarely by prehospital personnel. Nonetheless, it may be a life-saving maneuver,

and the technique should be understood. This procedure would be used only in a child who has an obstructed airway in whom all other efforts have failed. This procedure may not be effective in children less than 12 years old because the narrowest part of the airway is the subglottic cricoid ring.

Complications of Needle Cricothyrotomy:

Complications may include: asphyxia, aspiration, infection, esophageal perforation, hematoma, perforation of the posterior tracheal wall, perforation of the thyroid gland, hemorrhage, narrowing of the tracheal airway, vocal cord paralysis and/or hoarseness, and inadequate ventilation leading to further hypoxia. Please note that the surgical cricothyrotomy should not be performed in pediatric patients in general due to the frequency of complications. This technique should only be used when ordered by medical control.

Pediatric ITLS

Suggested Scenarios for Patient Assessment Skill Station

Skill Station A - Patient Assessment Scenario

SITUATION

A 5 year old girl is involved in a head-on collision at approximately 45 mph. She was a passenger in the front of the car. She was not restrained and the air bag apparently deployed.

HISTORY - Obtained from mother and child

S- Complains of pain in right leg and upper abdomen

A- NONE

M-NONE

P- NONE

L- 1 hour ago - ate a Popsicle

E- Involved in a motor vehicle crash as a passenger - mother driver

INJURIES

1. Cervical spine
2. Epidural hematoma with deteriorating mental status
3. Shock 2^o to intra-abdominal trauma
4. Open fracture right tibia

PATIENT INSTRUCTIONS

When spoken to, patient opens her eyes, responds verbally and follows commands. When asked, she complains of pain in the right leg and upper abdomen. Patient responds to painful stimuli (withdraw each extremity when stimulated).

EQUIPMENT LIST

Live model (optional)

Cervical collar

Spine board

Thoracic padding

B/P cuff

Stethoscope

Oxygen-nasal or facial mask, bag-valve mask apparatus, ET intubation apparatus

IV tubing

Skill Station A - Patient Assessment Scenario

PATIENT EVALUATION: Instructor's Information (Memorize)

Scene Survey - Scene is safe; 5 year old female found in car. Police are on scene with fire suppression extrication team.

LOC - Initially, patient opens her eyes, responds verbally and follows commands.

Airway - During initial exam, airway is open.

Respirations - Respirations are adequate; rate 28/min.

Ventilation instructions - Should order oxygen.

Circulation

Pulses - Present at neck - rate 130/min.

Skin color, condition and temperature - cool, pale

Capillary Refill - 5 seconds

Neck - No discoloration or swelling

Trachea - midline

Neck Veins - flat

Chest - (DCAP-BLS - TIC)

Looking - No visible signs of trauma

Feeling - No palpable signs of trauma

Listening - Clear to auscultation

Abdomen - (DCAP-BLS-TIC)

Bruising right upper quadrant - tenderness noted upon palpation

Pelvis - (DCAP-BLS-TIC) Stable

Extremities (DCAP-BLS-TIC-PMS)

Lower - Open right tibia fracture - pulses present

Upper - Negative

Bleeding - Small amount of bleeding from right tibia fracture

Exam of posterior - Normal

Skill Station A - Patient Assessment Scenario

SECONDARY SURVEY (should be performed in route)

History - Obtained from mother

Vital signs - BP- 90/60, pulse - 150, Resp. 36, Temperature feels cool

Head - Bruising of forehead noted - negative battle' s sign, negative raccoon eyes - pupils equal and reactive

Airway - Patent - rate 36/min.

Breathing - 36/min. - regular

Neck - Unchanged

Neck veins - Flat

Trachea - Midline

Chest - Unchanged

Abdomen - Tender, slightly distended, bruising right upper quadrant

Lower extremities - Unchanged

Upper extremities - Unchanged

Neurological exam - Now patient responds to only painful stimuli (withdraws each extremity when stimulated)

INTERVENTIONS

Spinal package

Oxygen

IV or intraosseous access attempted en route

Control bleeding and splint right tibia fracture

Rapid transport

REASSESSMENT SURVEY - Unchanged

Skill Station A - Patient Assessment Scenario

SCENARIO SPECIFIC CRITICAL ACTIONS

- Immobilization
- Oxygen therapy
- Splinting and control of bleeding
- Recognition of load and go situation

* Grading Sheets can be found in the Pediatric ITLS Coordinator and Instructor Guide.

Pediatric ITLS

Suggested Scenarios for Patient Assessment Skill Station

Skill Station B - Patient Assessment Scenario

SITUATION

A 10 year old boy was found by the police on the sidewalk after they received a report of gunshots being fired in the area.

HISTORY: Obtained from patient

- S-** Complains of pain in chest and shortness of breath
- A-** NONE
- M-**NONE
- P-** NONE
- L-** 5 hours ago
- E-** Walking down sidewalk and heard gunshots

INJURIES

1. Sucking wound to the chest 2⁰ to gunshot wound
2. Shock
3. Gun shot wound left femur

PATIENT INSTRUCTIONS

Patient is alert, but has difficulty talking due to shortness of breath.
Patient complains of pain in chest and left leg.

EQUIPMENT LIST

- Spine board
- O₂ mask
- IVS and tubing
- Occlusive dressing
- Splinting materials
- EKG monitor
- Tape
- Dressing
- Stethoscope
- BP cuff

Skill Station B - Patient Assessment Scenario

PATIENT EVALUATION: Instructor's Information (Memorize)

Scene Survey - Scene is safe; 10 year old boy found on sidewalk. Police on scene.

LOC - Patient is alert.

Airway - Airway is open.

Respirations - Respirations are rapid, shallow and labored.

Ventilation instructions - Should order oxygen.

Circulations

Pulses - Present at neck - rate 140/min.

Skin color, condition and temperature - Cool, pale, diaphoretic

Capillary Refill - 4 seconds

Neck - No discoloration or swelling

Trachea - Midline

Neck Veins - Flat

Chest - (DCAP-BLS-TIC)

Looking - Gun shot wound to right chest with sucking breath sounds

Feeling - Crepitus and instability, right chest

Listening - Decreased breath sound with "sucking" sounds

Abdomen - (DCAP-BLS-TIC) Negative

Pelvis - (DCAP-BLS-TIC) Stable

Extremities (DCAP-BLS-TIC-PMS)

Lower - Gun shot wound left femur - left thigh is swollen - distal pulses absent

Upper - Negative

Bleeding - Bleeding noted from gunshot wound to right chest and left femur

Exam of posterior - Gun shot entrance wound noted on right at level of the 12th rib

Skill Station B - Patient Assessment Scenario

SECONDARY SURVEY (should be performed en route)

History - Obtained from patient

Vital signs - BP- 80/60, pulse - 140, Resp. 24, Temperature feels cool

Head - No signs of trauma - pupils equal and reactive

Airway - Patient - rate 24/min. (with oxygen)

Breathing - 24/min., shallow, labored

Neck - Unchanged

Neck veins - Flat

Trachea - Midline

Chest - Unchanged

Abdomen - Unchanged

Lower extremities - Unchanged

Upper extremities - Unchanged

Neurological exam - Responds to verbal stimuli, restless

INTERVENTIONS (Patient deteriorates without proper intervention)

 Oxygen

 Treat sucking chest wound appropriately

 Control bleeding and splint left femur

 IV access attempted en route

 Rapid transport

REASSESSMENT SURVEY - Unchanged

Skill Station B - Patient Assessment Scenario

SCENARIO SPECIFIC CRITICAL ACTIONS

- Immobilization
- Oxygen therapy
- Recognition and treatment of sucking chest wound
- Splinting and control of bleeding left femur
- Recognition of load and go situation

* Grading Sheets can be found in the Pediatric ITLS Coordinator and Instructor Guide.

Pediatric ITLS

Suggested Scenarios for Patient Assessment Skill Station

Skill Station C - Patient Assessment Scenario

SITUATION

6 month old male apparently fell from a baby changing station at the local mall.

HISTORY - From mother

S - NONE

A- NONE

M- NONE

P- NONE

L- 1 hour ago (breast milk)

E- Mother states "fell from baby changing station" at the mall

HISTORY FROM BYSTANDER: Bystander reports that the mother was yelling and screaming at the baby "shut up" and "hold still" prior to the incident of falling.

INJURIES

1. Cerebral edema 2nd to "shaken baby syndrome"
2. Prior potential child abuse (faded bruises)

PATIENT INSTRUCTIONS

Patient is unconscious

No response to painful stimuli

EQUIPMENT LIST

Infant mannequin

Same as assessment station

Skill Station C - Patient Assessment Scenario

PATIENT EVALUATION: Instructor's information (memorize)

Scene Survey - Scene is safe; 6 month old found in the arms of the mother.
Police on scene with security.

LOC - Unconscious, unresponsive to painful stimuli

Airway - Open and adequate

Breathing - Normal rate 40-44 but irregular

Ventilation instructions - 100% oxygen by mask

Circulation

Pulse - 100 strong central and peripheral

Skin color - Condition and temperature-pale cool

Capillary refill - 2 seconds

Neck - No deformity

Trachea - Midline

Neck veins - Unable to assess on 6-month-old

Chest - Looking - No DCAP-BLS

Feeling - no TIC

Listening - breathing sounds present and equal

Abdomen - Perhaps slightly distended with bruising (faded)

Pelvis - Stable - bruises (faded) to buttocks

Extremities

Lower - Normal

Upper - Bruises (faded)

Bleeding - No active bleeding

Exam of Posterior - Normal

Skill Station C - Patient Assessment Scenario

SECONDARY SURVEY

History (obtained from mother and bystanders)

Vital Signs - B/P112/80, pulse 110, resp 40-44 irregular

Head - Normal, pupils equal and reactive

Airway - Clear

Breathing - 60, irregular

Circulation

B/P - 108/84

Pulse - 80

Skin color - Pale, cool

Capillary refill - 2 seconds

Neck - No change

Neck Veins - No change

Trachea - Midline

Chest - No changes

Abdomen - Slightly distended

Lower extremities - No change

Upper extremities - No change

Neurological exam - Still unconscious and unresponsive to painful stimuli

INTERVENTION (Patient deteriorates without proper interventions)

Spinal immobilization

O₂ / airway intervention / oral airway / BVM / Intubation

IV/IO en route

Rapid transport

Skill Station C - Patient Assessment Scenario

REASSESSMENT SURVEY

LOC - Unconscious

Airway - Open

Breathing - Still irregular at 60 (if airway intervention not completed)

Circulation

B/P - 100/50

Pulse - 110 (<80 if interventions not completed)

Skin color - Condition and temperature - unchanged

Capillary refill - 3 seconds

Neck - Unchanged

Trachea - Midline

Neck vein - Unable to assess on 6 mos. old

Chest - Normal

Abdomen - Slightly distended

Bleeding - None

Check intervention

Spinal immobilization

O₂

Airway control

Scene Specific Critical Actions

Spinal package

Give O₂ / airway intervention / oral airway / BVM / Intubation)

IV/IO en route possible fluid bolus

Rapid transport

* Grading Sheets can be found in the Pediatric ITLS Coordinator and Instructor Guide.

PEDIATRIC ITLS

EQUIPMENT LIST

Skill Stations

Airway Management

<u>Item</u>	<u>Quantity</u>
Pediatric bag valve mask devices	2
Infant O ₂ (nonrebreather)	2
Infant intubation mannequins	2
#3.0 ET tubes	2
#4.0 ET tubes	2
Laryngoscopes	2
Blades for laryngoscopes	
Straight	2
Curved	2
Oropharyngeal airways to fit airway mannequin	2
Easy Cap ETCO ₂ Device/PediCap	1
Towel rolls to immobilize a mannequin head	2
Tongue blades	8
Suction device (optional)	1
Pediatric non-rebreather mask	1
Pulse oximeter (optional)	1
Chest decompression mannequin or equivalent	1
18 gauge 1.25 inch over the needle catheters	10
Stethoscopes	2
Orogastric Tube (optional)	1
Penrose drain (optional)	1
20cc syringe	

Needle Cricothyrotomy

<u>Item</u>	
14 gauge IV catheters	
10 cc. syringes	
Picture of anatomy	
Infant mannequin heads	
Optional - model of infant tracheal anatomy	
Corrugated oxygen tubing / cow tracheas / neck mannequin	

Patient Assessment (per station...usually three needed)

<u>Item</u>	<u>Quantity</u>
Child patient or mannequin	1
Pediatric cervical collar	1
Cervical immobilization device	1
Pediatric immobilization device or Backboard with 3 straps (minimum)	1
Towels	4
Blankets	4
Trauma box (cardboard box is OK)	1
B/P cuff	1
Stethoscope	1
I.V. tubing (to simulate IV fluids)	1 set
4X4 gauze pads (unsterile)	10
4@ elastic wraps (Ace)	4
Kerlix rolls	4
2@ tape	1 roll
Broselow pediatric tape	1
Airway kit (cardboard box is OK)	1
Non-rebreather mask	1
Pediatric bag-valve device with appropriate size mask	1
Oropharyngeal airway to fit the mannequin	1
Tonsil tip suction device or something similar	1
Pediatric PASG, MAST (optional)	1
Car seat	1
EKG monitor (optional)	1
Pulse ox (optional)	1

Spinal Immobilization

<u>Item</u>	<u>Quantity</u>
Child patient or pediatric mannequin	1
Infant mannequin	1
Infant car seat (forward facing)	1
Pediatric cervical collar	1
Baby cervical collar	1
Towel rolls	2
2@ tape	2 rolls
Papoose board	1
Pediatric immobilization device (Pedi-pac)	1
Adult backboard	1
Backboard straps	3
Evac-u-splint (highly recommended)	1

Lectures

Lecture room of appropriate size with tables and chairs
LCD projector with remote and screen (a spare is a good idea)
Spare bulbs for projector
Laser pointer
Extension cord
Extra carousels
Extra slide set
Lectern with microphone (optional)
Refreshments for the morning and afternoon sessions

Moulage

Moulage kit to prepare child models

Fluid Resuscitation (Optional) This station can be set up and participants can go through the station at their convenience.

<u>Item</u>	<u>Quantity</u>
Table	1
Chairs	8
IV arm	1
Disposable gloves	1 box
IV catheters, 20 gauge	2
Pediatric armboard	1
Tourniquets	2
Adhesive tape	1 roll
Three-way stopcock	1
Extension set	1
NS, 1000 ml bag	1
Paper towels	1 roll
Trash can liner	1
Chicken leg (thawed) or pediatric I/O leg	1 for each student 2
I/O needles or bone marrow aspiration needles	9
3 ml syringes	10

Patient Assessment - Teaching and Testing Scenarios

(per station...usually six needed)

Same as the Assessment Skill Station

If you want the students to demonstrate intubation during patient assessment add:

<u>Item</u>	<u>Quantity</u>
Endotracheal tubes #3, #4, and #5	1 each
Laryngoscope with #1 straight blade	1
Stylet	1
Silicone spray	1 can