

**INTERNATIONAL TRAUMA LIFE SUPPORT
North Carolina Chapter**

**POLICY AND PROCEDURE MANUAL
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NORTH CAROLINA INTERNATIONAL TRAUMA LIFE SUPPORT, INC.

POLICY AND PROCEDURE MANUAL Revised June 18, 2011

A. INTRODUCTION

North Carolina International Trauma Life Support began training EMS personnel in the principles of ITLS in 1984. International Trauma Life Support granted the Charter for the North Carolina Chapter to the North Carolina College of Emergency Physicians, who has actively supported ITLS in North Carolina, since the inception of the program.

In 2011, the Chapter incorporated as a separate entity and the Charter was moved to North Carolina International Trauma Life Support, Inc. (NCITLS, Inc.)

The goals of International Trauma Life Support (ITLS) and NC ITLS are to teach Pre-hospital and Emergency Department personnel, of all levels, throughout North Carolina, an orderly and systematic approach to the initial evaluation and treatment of the traumatized patient. ITLS will accomplish this by development and maintenance of a concise, practical course for emergency response personnel, along with the appropriate educational materials.

The mission of NCITLS is to encourage and support the teaching of management of the trauma patient by providing training in ITLS to personnel in North Carolina and to ensure adherence to the goals, standards and guidelines set forth by ITLS International. Our goal is standardized instruction in the growing number of course offerings by establishing NCITLS as the certifying agency for ITLS in North Carolina.

This manual should be used by instructors and coordinators, in conjunction with the standard textbook and instructor's manual for the International Trauma Life Support (ITLS) course, as developed by John Campbell, M.D., in association with the Alabama Chapter of American College of Emergency Physicians (ACEP). This operating manual sets forth the mechanism and terminology for ITLS in North Carolina as endorsed by NCITLS.

In turn, physicians and EMS educators desiring to conduct an ITLS course will have access to the expertise and resources available through the NCITLS Board of Directors and State Affiliate Faculty Members.

Successful teaching of ITLS involves cooperation among those with first hand experience teaching ITLS, and those with broad experience in trauma care and teaching who wish to develop ITLS courses. The mechanism set forth in this document is designed to promote that cooperation under the auspices of North Carolina International Trauma Life Support.

Our ultimate goal is to provide the citizens of North Carolina with the best possible trauma care.

The Policy and Procedure Manual of ITLS **North Carolina** will be evaluated on a **yearly** basis. The ITLS Board of Directors must approve any modifications. Any Coordinator (or above) will be able to view the Policy and Procedure Manual on the NCITLS website at any time.

B. GENERAL POLICIES AND PROCEDURES

Section 100 – Course Requirements

.01 International Trauma Life Support courses must follow the nationally/internationally accepted guidelines for trauma care as outlined in the following reference materials:

ITLS Provider Manual – 7th edition
ITLS Instructor Guide – 7th edition
ITLS Military Provider Manual – 2nd edition
Pediatric Trauma Life Support Provider Manual – 3rd edition
Pediatric Trauma Life Support Instructor Guide – 3rd edition
ITLS Access Provider Manual – 2nd edition

.02 Recertification courses may be conducted in conjunction with provider courses or as determined by the course coordinator, whereby, minimum requirements established by the **NCITLS** must be successfully completed.

.03 Courses will be conducted in an organized professional manner that reflects positively on the chapter.

.04 Confidentiality with respect to student performance shall be maintained at all times.

.05 Records of student performance shall be maintained by course coordinators for a minimum period of 5 years.

.06 Requests for the approval of courses shall be received through the ITLS Course Management System no later than 30 days prior to the course date.

If, for any reason, the course request is not received in a timely manner, the Chapter Coordinator will determine course approval or denial.

.07 All requests for approval of courses shall contain the course dates, location, course medical director, course coordinator, list of instructors, list of Affiliate Faculty, course schedule and projected number of students. (See attached copy of Course Approval Form). Course approvals will be reviewed by the Chapter Coordinator. If rosters change prior to the course being held, the Course Management System must be updated.

.08 To assure the quality control of a course, every course must have a Medical Director, who is available by phone or pager. One Affiliate Faculty member must be on site at all times. The Affiliate Faculty member may concurrently serve as an instructor at the course. The Chapter Committee reserves the right to require additional Affiliate Faculty. The Chapter Committee reserves the right to modify this requirement based upon individual request.

- .09 The Chapter Coordinator is to receive a complete copy of all course paperwork from the course coordinator in 60 days or less after the course is completed.

Section 200 – Course Fees

- .01 Course coordinators may charge a reasonable fee to students as necessary to cover costs of conducting the course, instructor honorariums, course materials and chapter and international student certification fees.
- .02 The following fee schedule shall apply for international and Chapter fees:
- International - \$10.00 per student attending or enrolled
(There are no International fees for Instructor Recertifications.)
 - Chapter - \$ 8.00 per Student Certification
\$ 8.00 per Student Recertification
\$ 5.00 per Replacement card
- .03 Chapter fees for students certified may only be changed upon approval by the Chapter Board of Directors.
- .04 International fees for students are established by the International ITLS Board of Directors.
- .05 International and Chapter fees for students attending or enrolled are to be paid when completed course rosters and post-course paperwork are submitted to the Chapter Office at 654 Whites farm Road, Statesville, NC 28625. All course paperwork should be submitted within 30 days of course end.
- .06 The ITLS Course Management System (CMS) will not be accessible for Course Coordinators to access and print their own cards unless fees are paid or the Course Coordinator's organization/agency has a payment history qualifying that debt will be paid.
- .07 The NCITLS Chapter Coordinator reserves the right to deny course approval based on outstanding or bad debts incurred by a particular agency or individual that pertains to ITLS North Carolina.
- .08 Service fees or administrative costs may be charged for checks/payment terms returned due to insufficient funds.
- .09 Administrative cost for canceled registration at a course may be recovered by the organizing agency.
- .10 **NO CASH!** There should only be one check per course. **DO NOT** send individual personal checks! Assessment fees apply to all students pass or fail. Cards will be mailed after payment for the course is received and all paperwork is in order.

Section 300 – Chapter Committee

- .01 The NCITLS Chapter Committee shall operate in accordance with the bylaws of the organization or at the direction of the Chapter charter holder. The Committee will be comprised of the members of the Executive Committee. The At-large members will be elected at the state meeting in October with a 3 year term of office.
- .02 The Chapter Medical is the chairperson of the Chapter Committee and conducts all business meetings. He/she has the authority to approve and disapprove courses; and carry out all other duties specified in the chapter bylaws.
- .03 The Chapter Coordinator is responsible for coordinating activities of the coordinators, affiliate faculty and state committee members.
- .04 The ITLS Chapter Committee will select individuals to represent the organization at the ITLS International Conference. The Committee may also be convened in case of disciplinary issues.

Section 400 – Classifications

- .01 **Provider (Basic)** – Must be an entry-level EMS provider with suitable qualifications who functions within their scope of practice. Upon completion of the Basic Provider course with a written test score of at least 74 percent and at least an “adequate” rating on the patient assessment skills test, the student will be certified for a period of 3 years.
- .02 **Provider (Advanced)** – Must be an advanced-level practitioner who can perform advanced procedures who is certified or licensed and who functions within their scope of practice. Upon completion of the Advanced Provider course with a written test score of at least 74 percent and at least an “adequate” rating on the patient assessment skills test, the student will be certified for a period of 3 years.
- .03 **Provider (Pediatric)** Must be an entry-level EMS provider qualified to take an ITLS Basic course. ITLS strongly recommends that the candidate be a certified ITLS Basic or Advanced or PHTLS Provider. Upon completion of the Pediatric Provider course with a written test score of at least 74 percent and at least an “adequate” rating on the patient assessment skills test, the student will be certified for a period of 3 years.
- .04 **Provider (Access)** Must have a first responder role in EMS setting. Upon successfully completing an Access course by attending all lectures and skill stations, will be certified for a period of 3 years..
- .05 **Provider Re-Cert-** All current Advanced and Basic providers must attend a one-day ITLS recertification course prior to the expiration date on their card or complete a two-day ITLS Advanced or Basic Provider course..
- .06 **Instructor Candidate** – Must be a student who has successfully passed an ITLS Basic, Advanced, or Pediatric ITLS provider course with a written score of 90 percent or better; a rating of “excellent” on the patient assessment skills test; and an "instructor potential" recommendation by an affiliate faculty member or course coordinator during the ITLS provider course.
- .07 **Instructor** – After meeting all Instructor Candidate requirements, a student who has successfully completed an instructor course and has been monitored (in lecture, skills station,

and patient assessment at a provider course) by an affiliate faculty member, will be certified for a period of 3 years. Basic Providers may instructor only Basic-level courses. Current ITLS instructors who pass the Pediatric ITLS provider course are eligible to instruct Pediatric ITLS courses but may have to be monitored prior to teaching at the discretion of the Chapter.

.08 **Instructor Re-Cert** – All current instructors must teach at least three ITLS courses (instructor or provider) during each three year certification period and attend an Instructor Update or Refresher Course as determined by the Chapter. Pediatric instructors must teach at least one Pediatric ITLS course per year during every year of certification.

.09 **Bridge Certifications** – A PHTLS or ATLS instructor may become an ITLS instructor following successful completion of a Chapter-approved Bridge Course that emphasizes ITLS patient assessment, administrative structure, and philosophy. After completion, the Chapter's policies for provisional instructors will apply and must include monitoring.

A PHTLS provider may become an ITLS provider by taking and passing an ITLS provider course.

.10 **Course Coordinator** – Must be an experienced EMS educator and program organizer with a thorough knowledge of the ITLS program and a demonstrated history of coordinating and conducting multiple session programs. Current ITLS Instructor status is required. Responsible for coordinating all aspects of the ITLS course, from pre-course to post-course; being present through all courses, coordinate to serve as primary resource for information and questions of an administrative nature; and serving as a liaison between providers and the course medical director, affiliate faculty, and Chapter office. Appointed by the Chapter Coordinator. Reappointment every 3 years.

.11 **Affiliate Faculty** – Must be a current ITLS Coordinator who possesses considerable knowledge with respect to the Chapter structure and operations, and who is willing to maintain involvement with the growth and development of the ITLS program and educational materials. Affiliate Faculty monitor the quality of ITLS courses in the chapter, serve as a resource for course coordinators and medical directors, and monitor new ITLS instructors. Recommended by the Chapter Coordinator and appointed by the Chapter Medical Director.

.12 **Course Medical Director** – Must be a licensed physician within Chapter boundaries and should be familiar with EMS systems and prehospital care and have experience and training related to trauma patients. The Course Medical Director should be an ITLS instructor or should have served as co-director for one course with a physician ITLS instructor. The Course Medical Director provides clinical oversight during the course and must be on-call and available by phone throughout the course if not physically present. The Course Medical Director is appointed, and may only be removed by, the Chapter Medical Director.

.13 Chapter Coordinator –

Prerequisite: ITLS instructor / coordinator with interest and experience in conducting continuing education, program development and/or research.

Appointed by: NCITLS BOD on recommendation of NCITLS Medical Director

Reappointment: Yearly

Responsibilities:

- The NCITLS Chapter Coordinator will provide quality assurance oversight of ITLS courses and ensure compliance with ITLS International program standards.
- Responsible for collection of state and national fees, issuing certification cards and record keeping.
- He / She will assist the medical director and NCITLS BOD by ensuring standardization of course content and instruction.
- In association with Chapter Medical Director, oversees operation of the ITLS program in North Carolina. Provide administrative support for the ITLS chapter
- Ensure the availability of training and the quality of the programs offered
- Represent ITLS as an International Meeting Delegate
- Enforce the policies of the ITLS Policy and Procedure Manual
- Coordinate due process activities of the Chapter
- Other duties as assigned by the chapter
- May only be removed by Chapter BOD by recommendation of Chapter Medical Director.

.14 Chapter Medical Director –.

Prerequisite: Affiliate Faculty

Appointed by: NCITLS Board of Directors

Reappointment: Yearly

Responsibilities: Directly responsible for management of ITLS in the chapter, in both educational and business-related matters. He/she will abide by both International and Chapter guidelines.

- Provide consistent leadership for the program
- Ensure the availability of training and the quality of the programs offered
- Serve as a resource for Course Medical Directors and Chapter Coordinator

- Ensure that the program is taught in a manner consistent with ITLS and standards
- Work with Chapter Coordinator to develop a budget for presentation to NCITLS BOD annually
- Ensure the medical quality of ITLS courses throughout the chapter
- Represent NC ITLS as an International Meeting Delegate, if possible
- Regularly review the courses held under the auspices of the appointed Course Directors within the chapter
- Relieve a Course Director 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 Chapter ITLS Program
- Relieve a 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 chapter ITLS program
- In association with the Chapter Coordinator, facilitates the daily operation of the ITLS program
- Oversee the appeal of due process activities
- May be removed by a unanimous vote of the NCITLS BOD.

.15 International Congress Delegate

Prerequisite:	Current State Medical Director and state coordinator + at-large appointments to match number of eligible votes allocated by ITLS International. Alternates, up to 25% of Delegates, may also be appointed. Delegates must be ITLS providers, of good standing within the chapter.
Appointed by:	NC ITLS Medical Director/ NC ITLS State Coordinator, following written application to represent chapter at the International Congress.
Term:	Annual appointment
Responsibilities:	Responsible for understanding the ITLS process; voicing the chapter's concerns or needs on an International level, providing guidance to the chapter's programs.

Section 500 – Non-Discrimination and Harassment

01. It is the policy of ITLS North Carolina that all our participants should be able to enjoy an educational environment free from all forms of discrimination, including sexual harassment.

No person shall, on the basis of race, color, religion, sex, national origin, handicap, age or marital status be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any ITLS North Carolina approved education program.

Such conduct, whether committed by instructors, affiliate, or participants, is specifically prohibited. This includes offensive sexual flirtations, advances or propositions; continued or repeated verbal abuse of a sexual nature; graphic or degrading verbal comments about an individual on his or her appearance; the display of sexually suggestive objects or pictures; or any offensive or abusive physical contact.

In addition no one should imply or threaten that a participant's "cooperation" of a sexual nature (or refusal thereof) will have any effect on the individual's successful completion of the program, future instructional assignments or status as an affiliate faculty.

- .02 ITLS North Carolina will not tolerate any instances of Human Rights violations. Any agency, organization, or group that conducts or sponsors and educational course approved by ITLS North Carolina is responsible for providing the above stated discrimination-free education environment, and should have available and on file a copy of this Policy.

- .03 Any ITLS North Carolina approved educational program that does not comply with this policy shall be subject to sanctions, up to and including course decertification by ITLS North Carolina.

Any participants of ITLS North Carolina approved educational program that does not comply with this policy shall be subject to sanctions up to and including decertification of Affiliate, Instructor and Provider certifications.

- .04 Neither ITLS North Carolina nor ITLS International are not liable for any actions arising from any EMS Agency, Training Center or other entity as a result of their hosting and/or conducting an ITLS North Carolina approved course.

- .05 ITLS North Carolina shall comply with all of the appropriate rules and regulations current in the jurisdiction, territory, state, city, prefecture, parish or any other jurisdiction in which they will operate.

Section 600 – Dispute Resolution

- .01 It is the policy of ITLS **North Carolina** that the following standard procedure should be followed to resolve any conflict that may arise between a student and an instructor regarding materials taught in a course; between a student and an instructor unrelated to material taught; and/or between two instructors.

- .02 The student and instructor will first attempt to resolve the dispute by researching information in either the student textbook or the ITLS North Carolina Policy and Procedure Manual.

- .03 If the dispute is not satisfactorily resolved with research as stated above, the student (and Instructor if needed) will go to either the lead instructor of the course or the affiliate faculty member if the individual is on-site.
- .04 If the course's lead instructor or affiliate faculty member cannot satisfactorily resolve the dispute, the student (and instructor if needed) will consult the Chapter Coordinator.
- .05 The Chapter Coordinator will contact staff at the ITLS International office as needed for additional assistance.
- .06 ITLS North Carolina reserves the right to investigate all complaints brought to its attention and to proceed with disciplinary measures as deemed appropriate at the discretion of the Chapter Coordinator and the Chapter Medical Director.

Section 800 - Executive Committee and Executive Sessions

- .01 The Chapter shall periodically convene an Executive Committee comprised of: The Chapter Medical Director, the Chapter Coordinator, 5 Affiliate faculty members and 2 Members-at-large.
- .02 The intent and purpose of an Executive Committee meeting (otherwise known as an Executive Session) is to address specific business and administrative issues related to the organization as determined by the Committee Chair.
- .03 A majority of the committee may be convened to gather facts, investigate complaints and enforce the policies and procedures of the organization.
- .04 All parties that may be subject to an investigation of the facts in an Executive Session shall be entitled to due process.
- .05 The Executive Committee may remove an Affiliate Faculty member after due process.
- .06 Executive Committee members that may be involved in incidents that are under consideration as part of an Executive Session shall be temporarily replaced by another member from the ITLS Chapter Committee.
- .07 Any course participants, instructors, affiliate faculty or Chapter Committee members affected by actions taken, or recommendations made, as the result of an Executive Session shall be notified in writing of such action or recommendation. Written notice must be given via certified, return-receipt mail.
- .08 All decisions made in the Executive Session shall be final unless overturned or changed following appeal by the person or persons affected. The Executive Committee has the right to restrict the teaching abilities of the complainant.
- .09 Due Process shall be defined as the following: Within 60 days of receipt of complaint, the Executive Committee will investigate, determine validity and act on the complaint. The party will have 60 days to reply on the decision reached.

CHAPTER OFFICIALS

The Chapter Policy & Procedure Manual should include a record of every chapter official, including Medical Director(s), Coordinator(s), Chapter Committee Members, Chapter Executive Committee Members, and Regional Coordinators as applicable. This record should be updated annually, or as the positions change.

July 2011 to October 2014

<u>Name</u>	<u>Position</u>
1. Dr. Bill Sherrod	Chapter Medical Director
2. Terry DeRhodes, EMT-P	Chapter Coordinator
3. Corey Pittman, EMT-P	Member At-Large
4. Helen Christensen, EMT-P	Member At-Large
5. Billy Eldridge, EMT-P	Member At-Large
6. Dr. Anthony Fisher	Member At-Large
7. Vickey Lewis, RN	Member At-Large
8.	
9.	
10.	

Revised __7/6/2011__

Updated _____

SAMPLE COURSE COORDINATOR CHECKLIST

COURSE DATE: _____ COURSE NUMBER: _____

LOCATION: _____

I. THREE MONTHS BEFORE THE COURSE

A. Prepare budget _____

B. Request approval of course through CMS or from Chapter Committee _____

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, station assistants, patient models

1. Faculty

- a. _____
- b. _____
- c. _____
- d. _____

2. Station Assistants

- a. _____
- b. _____

3. Patient Models

- a. _____
- b. _____

F. Arrange course schedule _____

G. Create and distribute course advertisement _____

II. TWO MONTHS BEFORE THE COURSE

A. Order textbooks _____

III. ONE MONTH BEFORE THE COURSE

A. Prepare pre-course packets

1. Student pre-course 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 pre-course packets

- a. Introductory letter with assignments _____
- b. Hotel accommodation information _____
- c. Lecture slides _____
- d. Course schedule _____
- g. Course material _____
- h. Testing scenario _____
- f. Map _____

B. Mail textbooks and pre-course packets to students _____

C. Mail pre-course packets to faculty _____

IV. TWO WEEKS BEFORE THE COURSE

A. Confirm patient models _____

B. Confirm station assistants _____

C. On-site packets

1. Course Students _____

- a. Name tag _____
- b. Final course schedule _____
- c. Faculty list _____
- d. Student list _____
- e. Rotation schedule _____
- f. Course evaluation forms _____

2. Faculty

- a. Name tag _____
- b. Final course schedule _____
- c. Faculty list _____
- d. Student list _____

V. DAY BEFORE THE COURSE

- A. Equipment placed in staging area _____
- B. Pre-course faculty meeting _____

- C. Arrange educational facility _____

VI. 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 _____

VII. POST COURSE

- A. Thank-you letters to faculty, station assistants and patient models _____
- B. Course report forms and fees forwarded to the chapter office _____
- C. Reimburse faculty and staff _____
- D. Distribute course completion cards _____

SAMPLE PROPOSED COURSE BUDGET & FINANCIAL SUMMARY

COURSE DATE: _____ COURSE NUMBER: _____

LOCATION: _____

RECEIPTS:

I. Tuition:

_____ Participants @ \$ _____ each

TOTAL \$ _____

II. OTHER GRANT MONIES (IF APPLICABLE): L.E. _____

TOTAL RECEIPTS \$ _____

DISBURSEMENTS:

I. Travel Expenses / Subsistence

A. Faculty & Staff

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

B. Coordinator

1. _____ \$ _____

C. Assistants (Station assistants and Patient models, etc.)

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

II. Course Equipment/Material

A. Material

1. _____ \$ _____
2. _____ \$ _____

B. Office Supplies/ Services

1. Postage \$ _____
2. Photocopies \$ _____
3. _____ \$ _____

4. _____ \$ _____
5. _____ \$ _____

C. Expendable Equipment

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

D. Non expendable Equipment

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

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 Chapter fee
_____ Participants @ \$ _____ each
B. ITLS International fee
_____ Participants @ \$ _____ each

TOTAL \$ _____

TOTAL RECEIPTS \$ _____

Minus TOTAL DISBURSEMENTS \$ _____

TOTAL NET GAIN OR LOSS \$ _____

COURSE COORDINATOR

DATE

SAMPLE COURSE REQUEST APPLICATION WORKSHEET

Course Request must be submitted 30 to 90 days in advance of course date.

Course Coordinator: _____

Affiliation Requesting Course: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Alternate Phone: _____

Assistant Course Coordinator/Administrator: _____

Medical Director: _____

Assistant Medical Director: _____

Affiliate Faculty: _____

Course Type:

Advanced / Basic / Combined / Pediatric / Access
Recertification / Provider / Instructor

Course Date: _____

Course Location: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Alternate Phone: _____

Is the course open to the general public? **Yes No**

If closed, define student body: _____

Cost per student [including tuition and fees]: \$ _____

Course Information:

No. of students accepted: _____

No. of faculty anticipated: _____

No. of testing stations anticipated: _____

No. of books requested: _____

Equipment Needed: **Yes No**

The following will be sent with the request form:

- Preliminary course schedule, including faculty and assignments

NOTE: A Final Schedule must be submitted for quality assurance reviews at the end of the course when appropriate material is turned into the chapter ITLS office.

- Course Brochure (if available)

Need Invoice: **Yes No** (Must request invoice if needed)

Send Invoice to: _____

Attention of: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Alternate Phone: _____

ITLS Provider books needed: **Yes No** Quantity: _____

ITLS Pediatric books needed: **Yes No** Quantity: _____

ITLS Instructor books needed: **Yes No** Quantity: _____

ITLS Access books needed: **Yes No** Quantity: _____

For Office Use Only

Approved conditionally; specify: _____

Denied; reason: _____

Contacted: _____ Received Final Schedule: Yes No

Date Cards mailed: _____ Final Student Count: _____

SAMPLE POST-COURSE CHECKLIST

To be completed by Course Coordinators after a course and sent with course materials and course fees to Chapter Office. Must be received within designated time frame after course.

COURSE COORDINATOR: _____

COURSE DATE: _____ COURSE NUMBER: _____

LOCATION: _____

1. Responsible party for payment of fees: _____

Need Invoice: Yes No

Send Invoice to: _____

Attention of: _____

Address: *Street:* _____ *City:* _____ *State:* _____ *Zip Code:*

Home Phone No.: _____ Work Phone No.:

2. Cards & Certificates:

Mail Cards & Certificates to: _____

Attention of: _____

Address: *Street:* _____ *City:* _____ *State:* _____ *Zip Code:*

Home Phone No.: _____ Work Phone No.:

The following items have been sent to the Chapter Office:

(Please put an "X" after each item enclosed)

1. Complete ITLS course roster _____

(Typed list of participants' names and addresses)

2. Typed faculty roster _____

3. Post tests _____

4. Score sheets _____

5. Evaluations _____

6. Payment of fees _____ (*Request invoice if needed*)

For office use only

Paperwork received: _____ International Fees Paid: _____
Fees Invoiced: _____ Fees Received: _____

COURSE ROSTER TALLY SHEET

To be completed by Course Coordinators after a course to determine the amount of money for student fees owed to the Chapter. Use of CMS eliminates the need for this form.

Chapter Name: _____

Type of Course: _____

Date of Course: _____

Course Location: _____

Course CMS #: _____

Total number of students: _____

ITLS Course Fees (See Table): \$ _____

NCITLS Course Fees (See Table): \$ _____

Multiply Number of Students by Course Fee For:

Total Amount Due: \$ _____

Please remit this completed Course Tally Sheet with completed Course Rosters and fees to:

NCITLS
654 Whites Farm Road
Statesville, NC 28625

Course Fees (Total International and State)

Basic Provider: **\$18.00**

Advanced Provider: **\$18.00**

Basic Instructor: **\$18.00**

Advanced Instructor: **\$18.00**

Pediatric: **\$18.00**

Access: **\$18.00**

SAMPLE CONFIRMATION LETTER TO INSTRUCTORS

Date:

To: ITLS Instructors

From: Course Director

RE: Assignments - Course Location and Date

Thank you for your agreement to serve as an instructor at the <TYPE OF COURSE> to be held on <DATE OF COURSE> at <NAME OF FACILITY>, <MAILING 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, the slides for your topic are enclosed. They should be returned to <COURSE COORDINATOR> immediately following your lecture.

Please review the ITLS Instructor 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 course location
- Faculty informational material
- Scenarios for the testing stations
- Course agendas
- Slides for lecturing

If you have any questions, please contact <COURSE COORDINATOR> at <PHONE NUMBER> or <EMAIL ADDRESS>.

Sincerely,

Course Director

+Enclosures

SAMPLE CONFIRMATION LETTER TO COURSE REGISTRANTS

Date:

Dear ITLS Registrant:

Thank you for registering for the ITLS <TYPE OF COURSE> to be held on <DATE OF COURSE> at <NAME OF FACILITY>, <MAILING ADDRESS>.

Enclosed you will find the following materials:

- ITLS textbook
- Pretest, answer sheet and key
- Course agenda
- Map with directions to course location

The <TYPE OF COURSE> is an intense, <COURSE LENGTH> learning experience that 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.

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

If you have any questions, please contact <COURSE COORDINATOR> at <PHONE NUMBER> or <EMAIL ADDRESS>. We look forward to seeing you at the course!

Sincerely,

Course Director

+Enclosures

SAMPLE AFFILIATE FACULTY COURSE EVALUATION

To be completed by affiliate faculty member(s) at the completion of course.

Course Coordinator:

Assistant Course Coordinator:

Medical Director:

Course Information:

Type: Advanced / Basic / Combined / Pediatric / Access
Recertification / Initial / Instructor

Location:

No. of students:

No. of faculty:

No. of teaching stations:

No. of faculty at each teaching station:

No. of testing stations:

Please indicate the number of students for each category:

Basic Course: Passed: _____ Incomplete: _____ Retest: _____

Advanced Course: Passed: _____ Incomplete: _____ Retest: _____

Comments:

Name (printed):

Signature:

Date:

SAMPLE PROVIDER COURSE APPLICATION

*To be completed by individuals or organizations requesting the Chapter's assistance
in organizing and coordinating an initial ITLS Provider Course at their location*

Name: _____

Home address: _____

Work address: _____

Home phone: () _____ Work phone: () _____

Degree(s): _____

Affiliation: _____

Requested Course Date: _____

Proposed Course Location: _____

Sponsoring agency (if any): _____

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

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

How did you learn about ITLS? _____

Tuition Fee Enclosed: L.E. _____

Method of payment: Credit card / Check / Cash

Name (printed):

Signature:

Date:

SAMPLE INSTRUCTOR COURSE APPLICATION

*To be completed by individuals or organizations requesting the Chapter's assistance
in organizing and coordinating an initial ITLS Instructor Course at their location*

Name: _____

Home address: _____

Work address: _____

Home phone: () _____ Work phone: () _____

Degree(s): _____

Affiliation: _____

Requested Course date: _____

Proposed Course Location: _____

Sponsoring agency (if any): _____

Provider Course Date: _____

Location of Provider Course: _____

Name of Intended Course Medical Director (if any): _____

***Please include a letter of recommendation from the Medical Director of your EMS program or
emergency department along with a copy of your occupational license and current ITLS
provider certification card.***

Tuition Fee Enclosed: \$ _____

Method of payment: Credit card / Check / Cash

Name (printed):

Signature:

Date:

SAMPLE INSTRUCTOR RECIPROCITY FORM

To be completed by individuals requesting reciprocity as ITLS Instructors within a Chapter different from the Chapter in which certification was completed.

Name: _____

Address: _____

Home phone: () _____ Work phone: () _____

Medical Credentials: EMT-B EMT-I EMT-P RN PA Physician Other: _____

Location of instructor course: _____

Name of Medical director: _____

Date instructor course conducted: _____

Please include a copy of your occupational license, current ITLS provider and instructor certification cards, resume or curriculum vitae, as well as a letter of verification from your previous Chapter Coordinator. The affiliate faculty should forward a recommendation in writing to the Chapter Coordinator.

The Chapter Coordinator may request an interview if any questions or discrepancies arise. It may be necessary for the candidate to be monitored by an affiliate faculty while teaching one lecture and one skill station.

CHAPTER RECIPROCITY POLICY

ITLS Reciprocity in North Carolina

ITLS Provider Status: Will accept certification from other chapters up to date of expiration, then the candidate must recertify per NC ITLS rules.

ITLS Instructor Status: An instructor coming into the chapter must apply to the Chapter Coordinator for reciprocity. This letter of application will include the instructor's past activities regarding ITLS instruction and a letter confirming the activity from his/her former employer and/or Chapter Medical Director or Coordinator. A copy of a valid ITLS Instructor certification must accompany the request. Certification within the chapter will be valid until the expiration date of the certification issued by the previous chapter, plus one year in order to allow adequate time to meet NC Chapter recertification requirements.

PHTLS Provider and Instructor: Persons with valid PHTLS certification may obtain ITLS certification upon completion of a refresher (recertification) course. Persons with valid PHTLS Instructor certification may obtain ITLS Instructor Certification from the NC Chapter by completing one of the following pathways:

- Attendance and successful completion of a ITLS Instructor Course
- Monitored instruction at a ITLS course under the supervision of an affiliate faculty member. The candidate should present both a lecture and teach the patient assessment skill station.

Upon completion of the above requirements, a copy of the valid PHTLS Instructor card must accompany the Instructor verification form sent to the Chapter coordinator. The initial ITLS instructor certification, based upon reciprocity with PHTLS, shall be valid for a period of one year beyond the documented PHTLS expiration date.

SAMPLE PROVIDER COURSE EVALUATION

*To be completed by participants at the conclusion of the course.
Evaluation may be modified to be appropriate for any type of ITLS course. .*

Student Name (optional):

Course Coordinator:

Course Date:

Course Location:

Please rate all of the following course components on a scale of 1-5, with 5 being the best.

LECTURES

Mechanism of Motion Injury

• The instructor was organized	5	4	3	2	1
• The instructor seemed interested in the students	5	4	3	2	1
• Understanding of the material presented	5	4	3	2	1
• The instructor was effective, clear, informative and knowledgeable on the topic	5	4	3	2	1

Patient Assessment & Load and Go

• The instructor was organized	5	4	3	2	1
• The instructor seemed interested in the students	5	4	3	2	1
• Understanding of the material presented	5	4	3	2	1
• The instructor was effective, clear, informative and knowledgeable on the topic	5	4	3	2	1

Patient Assessment Demonstration

• The instructor was organized	5	4	3	2	1
• The instructor seemed interested in the students	5	4	3	2	1
• Understanding of the material presented	5	4	3	2	1
• The instructor was effective, clear, informative and knowledgeable on the topic	5	4	3	2	1

Airway Management of the Trauma Victim

• The instructor was organized	5	4	3	2	1
• The instructor seemed interested in the students	5	4	3	2	1
• Understanding of the material presented	5	4	3	2	1
• The instructor was effective, clear, informative and knowledgeable on the topic	5	4	3	2	1

Chest Trauma

• The instructor was organized	5	4	3	2	1
• The instructor seemed interested in the students	5	4	3	2	1
• Understanding of the material presented	5	4	3	2	1
• The instructor was effective, clear, informative and knowledgeable on the topic	5	4	3	2	1

Abdominal Trauma

• The instructor was organized	5	4	3	2	1
• The instructor seemed interested in the students	5	4	3	2	1
• Understanding of the material presented	5	4	3	2	1
• The instructor was effective, clear, informative and knowledgeable on the topic	5	4	3	2	1

Shock Evaluation and Management

• The instructor was organized	5	4	3	2	1
• The instructor seemed interested in the students	5	4	3	2	1
• Understanding of the material presented	5	4	3	2	1
• The instructor was effective, clear, informative and knowledgeable on the topic	5	4	3	2	1

Blood and Body Fluid Precautions

• The instructor was organized	5	4	3	2	1
• The instructor seemed interested in the students	5	4	3	2	1
• Understanding of the material presented	5	4	3	2	1
• The instructor was effective, clear, informative and knowledgeable on the topic	5	4	3	2	1

Burns

• The instructor was organized	5	4	3	2	1
• The instructor seemed interested in the students	5	4	3	2	1
• Understanding of the material presented	5	4	3	2	1
• The instructor was effective, clear, informative and knowledgeable on the topic	5	4	3	2	1

Head Trauma

• The instructor was organized	5	4	3	2	1
• The instructor seemed interested in the students	5	4	3	2	1
• Understanding of the material presented	5	4	3	2	1
• The instructor was effective, clear, informative and knowledgeable on the topic	5	4	3	2	1

Spinal Trauma

• The instructor was organized	5	4	3	2	1
• The instructor seemed interested in the students	5	4	3	2	1
• Understanding of the material presented	5	4	3	2	1

- The instructor was effective, clear, informative and knowledgeable on the topic 5 4 3 2 1

Trauma in Pregnancy

- The instructor was organized 5 4 3 2 1
- The instructor seemed interested in the students 5 4 3 2 1
- Understanding of the material presented 5 4 3 2 1
- The instructor was effective, clear, informative and knowledgeable on the topic 5 4 3 2 1

Trauma in Children

- The instructor was organized 5 4 3 2 1
- The instructor seemed interested in the students 5 4 3 2 1
- Understanding of the material presented 5 4 3 2 1
- The instructor was effective, clear, informative and knowledgeable on the topic 5 4 3 2 1

Trauma in the Elderly

- The instructor was organized 5 4 3 2 1
- The instructor seemed interested in the students 5 4 3 2 1
- Understanding of the material presented 5 4 3 2 1
- The instructor was effective, clear, informative and knowledgeable on the topic 5 4 3 2 1

Extremity Trauma

- The instructor was organized 5 4 3 2 1
- The instructor seemed interested in the students 5 4 3 2 1
- Understanding of the material presented 5 4 3 2 1
- The instructor was effective, clear, informative and knowledgeable on the topic 5 4 3 2 1

Patients under the Influence of Drugs

- The instructor was organized 5 4 3 2 1
- The instructor seemed interested in the students 5 4 3 2 1
- Understanding of the material presented 5 4 3 2 1
- The instructor was effective, clear, informative and knowledgeable on the topic 5 4 3 2 1

Trauma Cardiorespiratory Arrest

- The instructor was organized 5 4 3 2 1
- The instructor seemed interested in the students 5 4 3 2 1
- Understanding of the material presented 5 4 3 2 1
- The instructor was effective, clear, informative and knowledgeable on the topic 5 4 3 2 1

PRACTICAL SKILLS

Basic Airway Management

• The instructor was organized	5	4	3	2	1
• The instructor seemed interested in the students	5	4	3	2	1
• Understanding of the material presented	5	4	3	2	1
• The instructor was effective, clear, informative and knowledgeable on the topic	5	4	3	2	1
• Questions were answered appropriately and accurately	5	4	3	2	1
• Equipment was appropriate for the topic and in good condition	5	4	3	2	1

Spine Management Skills

• The instructor was organized	5	4	3	2	1
• The instructor seemed interested in the students	5	4	3	2	1
• Understanding of the material presented	5	4	3	2	1
• The instructor was effective, clear, informative and knowledgeable on the topic	5	4	3	2	1
• Questions were answered appropriately and accurately	5	4	3	2	1
• Equipment was appropriate for the topic and in good condition	5	4	3	2	1

Traction Splints

• The instructor was organized	5	4	3	2	1
• The instructor seemed interested in the students	5	4	3	2	1
• Understanding of the material presented	5	4	3	2	1
• The instructor was effective, clear, informative and knowledgeable on the topic	5	4	3	2	1
• Questions were answered appropriately and accurately	5	4	3	2	1
• Equipment was appropriate for the topic and in good condition	5	4	3	2	1

Helmet Management

• The instructor was organized	5	4	3	2	1
• The instructor seemed interested in the students	5	4	3	2	1
• Understanding of the material presented	5	4	3	2	1
• The instructor was effective, clear, informative and knowledgeable on the topic	5	4	3	2	1
• Questions were answered appropriately and accurately	5	4	3	2	1
• Equipment was appropriate for the topic and in good condition	5	4	3	2	1

Spine Management Skills II

• The instructor was organized	5	4	3	2	1
• The instructor seemed interested in the students	5	4	3	2	1
• Understanding of the material presented	5	4	3	2	1
• The instructor was effective, clear, informative and knowledgeable on the topic	5	4	3	2	1
• Questions were answered appropriately and accurately	5	4	3	2	1
• Equipment was appropriate for the topic and in good condition	5	4	3	2	1

Primary Survey

• The instructor was organized	5	4	3	2	1
• The instructor seemed interested in the students	5	4	3	2	1
• Understanding of the material presented	5	4	3	2	1
• The instructor was effective, clear, informative and knowledgeable on the topic	5	4	3	2	1
• Questions were answered appropriately and accurately	5	4	3	2	1
• Equipment was appropriate for the topic and in good condition	5	4	3	2	1

Secondary Survey

• The instructor was organized	5	4	3	2	1
• The instructor seemed interested in the students	5	4	3	2	1
• Understanding of the material presented	5	4	3	2	1
• The instructor was effective, clear, informative and knowledgeable on the topic	5	4	3	2	1
• Questions were answered appropriately and accurately	5	4	3	2	1
• Equipment was appropriate for the topic and in good condition	5	4	3	2	1

Putting It All Together

• The instructor was organized	5	4	3	2	1
• The instructor seemed interested in the students	5	4	3	2	1
• Understanding of the material presented	5	4	3	2	1
• The instructor was effective, clear, informative and knowledgeable on the topic	5	4	3	2	1
• Questions were answered appropriately and accurately	5	4	3	2	1
• Equipment was appropriate for the topic and in good condition	5	4	3	2	1

Advanced Airway Management

• The instructor was organized	5	4	3	2	1
• The instructor seemed interested in the students	5	4	3	2	1
• Understanding of the material presented	5	4	3	2	1
• The instructor was effective, clear, informative and knowledgeable on the topic	5	4	3	2	1
• Questions were answered appropriately and accurately	5	4	3	2	1
• Equipment was appropriate for the topic and in good condition	5	4	3	2	1

Chest Decompression / Fluid Resuscitation

• The instructor was organized	5	4	3	2	1
• The instructor seemed interested in the students	5	4	3	2	1
• Understanding of the material presented	5	4	3	2	1
• The instructor was effective, clear, informative and knowledgeable on the topic	5	4	3	2	1
• Questions were answered appropriately and accurately	5	4	3	2	1
• Equipment was appropriate for the topic and in good condition	5	4	3	2	1

SKILLS STATIONS

Skill Station # 1

• The instructor was organized	5	4	3	2	1
• The instructor seemed interested in the students	5	4	3	2	1
• Understanding of the material presented	5	4	3	2	1
• The instructor was effective, clear, informative and knowledgeable on the topic	5	4	3	2	1
• Questions were answered appropriately and accurately	5	4	3	2	1
• Equipment was appropriate for the topic and in good condition	5	4	3	2	1

Skill Station # 2

• The instructor was organized	5	4	3	2	1
• The instructor seemed interested in the students	5	4	3	2	1
• Understanding of the material presented	5	4	3	2	1
• The instructor was effective, clear, informative and knowledgeable on the topic	5	4	3	2	1
• Questions were answered appropriately and accurately	5	4	3	2	1
• Equipment was appropriate for the topic and in good condition	5	4	3	2	1

Skill Station # 3

• The instructor was organized	5	4	3	2	1
• The instructor seemed interested in the students	5	4	3	2	1
• Understanding of the material presented	5	4	3	2	1
• The instructor was effective, clear, informative and knowledgeable on the topic	5	4	3	2	1
• Questions were answered appropriately and accurately	5	4	3	2	1
• Equipment was appropriate for the topic and in good condition	5	4	3	2	1

Skill Station # 4

• The instructor was organized	5	4	3	2	1
• The instructor seemed interested in the students	5	4	3	2	1
• Understanding of the material presented	5	4	3	2	1
• The instructor was effective, clear, informative and knowledgeable on the topic	5	4	3	2	1
• Questions were answered appropriately and accurately	5	4	3	2	1
• Equipment was appropriate for the topic and in good condition	5	4	3	2	1

TESTING STATIONS

Testing Station # 1

• The instructor was organized	5	4	3	2	1
• The instructor appeared to grade impartially and fairly	5	4	3	2	1

Testing Station # 2

• The instructor was organized	5	4	3	2	1
• The instructor appeared to grade impartially and fairly	5	4	3	2	1

Testing Station # 3

• The instructor was organized	5	4	3	2	1
• The instructor appeared to grade impartially and fairly	5	4	3	2	1

Testing Station # 4

• The instructor was organized	5	4	3	2	1
• The instructor appeared to grade impartially and fairly	5	4	3	2	1

OVERALL COURSE

General Information

• The content and the objectives of the course	5	4	3	2	1
• The printed materials	5	4	3	2	1
• The classroom facilities/learning environment	5	4	3	2	1
• Overall you would consider this course	5	4	3	2	1
• Would you recommend this course to your co-workers?	5	4	3	2	1

We appreciate any comments to help make the course a better experience for future students:

Thank you for your time and comments.

