

1 TITLE 77: PUBLIC HEALTH  
2 CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
3 SUBCHAPTER g: EMERGENCY SERVICES AND HIGHWAY SAFETY  
4

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7 PEDIATRIC EMERGENCY AND CRITICAL CARE CENTERS, STROKE CENTERS, AND  
8 HOSPITALS ~~HOSPITAL~~ CODE  
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199		<a href="#"><u>Primary Stroke Center Plus Designation</u></a>
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- 222 515.APPENDIX N Pediatric Critical Care Center (PCCC)/Emergency Department Approved
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228 AUTHORITY: Implementing and authorized by the Emergency Medical Services (EMS)

229 Systems Act [210 ILCS 50].

230

231 SOURCE: Emergency Rule adopted at 19 Ill. Reg. 13084, effective September 1, 1995 for a

232 maximum of 150 days; emergency expired January 28, 1996; adopted at 20 Ill. Reg. 3203,

233 effective February 9, 1996; emergency amendment at 21 Ill. Reg. 2437, effective January 31,

234 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 5170, effective April 15, 1997;

235 amended at 22 Ill. Reg. 11835, effective June 25, 1998; amended at 22 Ill. Reg. 16543, effective

236 September 8, 1998; amended at 24 Ill. Reg. 8585, effective June 10, 2000; amended at 24 Ill.

237 Reg. 9006, effective June 15, 2000; amended at 24 Ill. Reg. 19218, effective December 15, 2000;

238 amended at 25 Ill. Reg. 16386, effective December 20, 2001; amended at 26 Ill. Reg. 18367,

239 effective December 20, 2002; amended at 27 Ill. Reg. 1277, effective January 10, 2003; amended

240 at 27 Ill. Reg. 6352, effective April 15, 2003; amended at 27 Ill. Reg. 7302, effective April 25,

241 2003; amended at 27 Ill. Reg. 13507, effective July 25, 2003; emergency amendment at 29 Ill.

242 Reg. 12640, effective July 29, 2005, for a maximum of 150 days; emergency expired December

243 25, 2005; amended at 30 Ill. Reg. 8658, effective April 21, 2006; amended at 32 Ill. Reg. 16255,

244 effective September 18, 2008; amended at 35 Ill. Reg. 6195, effective March 22, 2011; amended

245 at 35 Ill. Reg. 15278, effective August 30, 2011; amended at 35 Ill. Reg. 16697, effective

246 September 29, 2011; amended at 35 Ill. Reg. 18331, effective October 21, 2011; amended at 35

247 Ill. Reg. 20609, effective December 9, 2011; amended at 36 Ill. Reg. 880, effective January 6,

248 2012; amended at 36 Ill. Reg. 2296, effective January 25, 2012; amended at 36 Ill. Reg. 3208,

249 effective February 15, 2012; amended at 36 Ill. Reg. 11196, effective July 3, 2012; amended at

250 36 Ill. Reg. 17490, effective December 3, 2012; amended at 37 Ill. Reg. 5714, effective April 15,

251 2013; amended at 37 Ill. Reg. 7128, effective May 13, 2013; amended at 37 Ill. Reg. 10683,

252 effective June 25, 2013; amended at 37 Ill. Reg. 18883, effective November 12, 2013; amended

253 at 37 Ill. Reg. 19610, effective November 20, 2013; amended at 38 Ill. Reg. 9053, effective April

254 9, 2014; amended at 38 Ill. Reg. 16304, effective July 18, 2014; amended at 39 Ill. Reg. 13075,

255 effective September 8, 2015; amended at 40 Ill. Reg. 8274, effective June 3, 2016; amended at

256 40 Ill. Reg. 10006, effective July 11, 2016; recodified at 42 Ill. Reg. 10700; amended at 42 Ill.

257 Reg. 17632, effective September 20, 2018; amended at 43 Ill. Reg. 4145, effective March 19,

258 2019; emergency amendment at 44 Ill. Reg. 6463, effective April 10, 2020, for a maximum of  
259 150 days; amended at 44 Ill. Reg. 15619, effective September 1, 2020; emergency amendment at  
260 45 Ill. Reg. 12108, effective September 17, 2021, for a maximum of 150 days; emergency  
261 expired February 13, 2022; emergency amendment at 46 Ill. Reg. 1173, effective December 27,  
262 2021, for a maximum of 150 days; emergency amendment to emergency rule at 46 Ill. Reg.  
263 7899, effective April 26, 2022, for the remainder of the 150 days; emergency rule as amended  
264 expired May 25, 2022; emergency amendment at 46 Ill. Reg. 3419, effective February 14, 2022,  
265 for a maximum of 150 days; emergency expired July 13, 2022; emergency amendment at 46 Ill.  
266 Reg. 10000, effective May 26, 2022, for a maximum of 150 days; emergency expired October  
267 22, 2022; emergency amendment at 46 Ill. Reg. 17682, effective October 23, 2022, for a  
268 maximum of 150 days; amended at 46 Ill. Reg. 20898, effective December 16, 2022; amended at  
269 48 Ill. Reg. 16159, effective November 1, 2024; Subchapter f recodified at 49 Ill. Reg. 4112;  
270 amended at 50 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_.

271  
272 **SUBPART A: GENERAL PROVISIONS**

273  
274 **Section 515.100 Definitions**

275  
276 "Act" – the Emergency Medical Services (EMS) Systems Act [210 ILCS 50].

277  
278 "Acute Stroke-Ready Hospital" or "ASRH" – a hospital that has been designated  
279 by the Department as meeting the criteria for providing emergent stroke care.  
280 Designation may be provided after a hospital has been certified or through  
281 application and designation as an Acute Stroke-Ready Hospital. (Section 3.116  
282 of the Act)

283  
284 "Advanced Emergency Medical Technician" or "A-EMT" – a person who has  
285 successfully completed a course in basic and limited advanced emergency  
286 medical care as approved by the Department, is currently licensed by the  
287 Department in accordance with standards prescribed by the Act and this Part, and  
288 practices within an Intermediate or Advanced Life Support EMS System. (Section  
289 3.50(b-5) of the Act)

290  
291 "Advanced Life Support Services" or "ALS Services" – an advanced level of pre-  
292 hospital and inter-hospital emergency care and non-emergency medical services  
293 that includes basic life support care, cardiac monitoring, cardiac defibrillation,  
294 electrocardiography, intravenous therapy, administration of medications, drugs  
295 and solutions, use of adjunctive medical devices, trauma care, and other  
296 authorized techniques and procedures as outlined in the National EMS Education  
297 Standards relating to Advanced Life Support and any modifications to that  
298 curriculum or those standards specified in this Part. (Section 3.10(a) of the Act)

299  
300 "Advanced Practice Registered Nurse" or "APRN" – a person currently licensed

301 as an advanced practice registered nurse under the Illinois Nurse Practice Act by  
302 the Illinois Department of Financial and Professional Regulation.

303  
304 "Aeromedical Crew Member" or "Watercraft Crew Member or Off-road  
305 Specialized Emergency Medical Services Vehicle (SEMSV) Crew Member" – an  
306 individual, other than an EMS pilot, who has been approved by an SEMSV  
307 Medical Director for specific medical duties in a helicopter or fixed-wing aircraft,  
308 on a watercraft, or on an off-road SEMSV used in a Department-certified SEMSV  
309 Program.

310  
311 "Alternate EMS Medical Director" or "Alternate EMS MD" – the physician who  
312 is designated by the Resource Hospital to direct the ALS/Advanced/ILS/BLS  
313 operations in the absence of the EMS Medical Director.

314  
315 "Alternate Response Vehicle" – ambulance assist vehicles and non-transport  
316 vehicles as defined in Section 515.825 and Section 515.827.

317  
318 "Ambulance" – *any publicly or privately owned on-road vehicle that is*  
319 *specifically designed, constructed or modified and equipped for, and is intended*  
320 *to be used for, and is maintained or operated for, the emergency transportation of*  
321 *persons who are sick, injured, wounded or otherwise incapacitated or helpless, or*  
322 *the non-emergency medical transportation of persons who require the presence of*  
323 *medical personnel to monitor the individual's condition or medical apparatus*  
324 *being used on such individuals. (Section 3.85 of the Act)*

325  
326 "Ambulance Assistance Vehicle Provider" – *a provider of ambulance assistance*  
327 *vehicles that is licensed under the Act and serves a population within the State.*  
328 *(Section 3.88(a) of the Act)*

329  
330 "Ambulance Service Provider and Vehicle Service Provider Upgrades" – Rural  
331 Population – a practice that allows an ambulance, alternate response vehicle,  
332 specialized emergency medical services vehicle or vehicle service provider that  
333 serves a population of 7,500 or fewer to upgrade the level of service of the  
334 provider vehicle using pre-approved System personnel and equipment. (See 210  
335 ILCS 50/3.87)

336  
337 "Ambulance Service Provider" – any individual, group of individuals,  
338 corporation, partnership, association, trust, joint venture, unit of local government  
339 or other public or private ownership entity that owns and operates a business or  
340 service using one or more ambulances or EMS vehicles for the transportation of  
341 emergency patients.

342

343 "Applicant" – an individual or entity applying for a Department-issued license or  
344 certification.

345  
346 "Associate Hospital" – a hospital participating in an approved EMS System in  
347 accordance with the EMS System Program Plan, fulfilling the same clinical and  
348 communications requirements as the Resource Hospital. This hospital has neither  
349 the primary responsibility for conducting education programs nor the  
350 responsibility for the overall operation of the EMS System program. The  
351 Associate Hospital must have a basic or comprehensive emergency department  
352 with 24-hour physician coverage. It shall have a functioning Intensive Care Unit  
353 or a Cardiac Care Unit.

354  
355 "Associate Hospital EMS Coordinator" – the paramedic or registered professional  
356 nurse at the Associate Hospital who shall be responsible for duties in relation to  
357 the EMS System, in accordance with the Department-approved EMS System  
358 Program Plan.

359  
360 "Associate Hospital EMS Medical Director" – the physician at the Associate  
361 Hospital who shall be responsible for the day-to-day operations of the Associate  
362 Hospital in relation to the EMS System, in accordance with the Department-  
363 approved EMS System Program Plan.

364  
365 "Basic Emergency Department" – a classification of a hospital emergency  
366 department where at least one physician is available in the emergency department  
367 at all times; physician specialists are available in minutes; and ancillary services,  
368 including laboratory, x-ray and pharmacy, are staffed or are "on-call" at all times  
369 in accordance with Section 250.710 of the Hospital Licensing Requirements.

370  
371 "Basic Life Support" or "BLS Services" – *a basic level of pre-hospital and inter-*  
372 *hospital emergency care and non-emergency medical services that includes*  
373 *medical monitoring, clinical observation, airway management, cardiopulmonary*  
374 *resuscitation (CPR), control of shock and bleeding and splinting of fractures, as*  
375 *outlined in the National EMS Education Standards relating to Basic Life Support*  
376 *and any modifications to that curriculum or standards specified in this Part.*  
377 (Section 3.10(c) of the Act)

378  
379 "Board Eligible in Emergency Medicine" – completion of a residency in  
380 Emergency Medicine in a program approved by the Residency Review  
381 Committee for Emergency Medicine or the Council on Postdoctoral Training  
382 (COPT) for the American Osteopathic Association (AOA).

383  
384 "Continuing Education" or "CE" – ongoing emergency medical education after  
385 licensure that is designated to maintain, update or upgrade medical knowledge

386 and skills.

387

388 "Certified Registered Nurse Anesthetist" or "CRNA" – a licensed registered  
389 professional nurse who has had additional education beyond the registered  
390 professional nurse requirements at a school/program accredited by the National  
391 Council on Accreditation; who has passed the certifying exam given by the  
392 National Council on Certification; and who, by participating in 40 hours of  
393 continuing education every two years, has been recertified by the National  
394 Council on Recertification.

395

396 "Child Abuse and Neglect" – see the definitions of "abused child" and "neglected  
397 child" in Section 3 of the Abused and Neglected Child Reporting Act.

398

399 "Child Life Specialist" – a person whose primary role is to minimize the adverse  
400 effects of children's experiences by facilitating coping and the psychosocial  
401 adjustment of children and their families through the continuum of care.

402

403 "Clinical Nurse Specialist" – a person who is currently licensed as an APRN and  
404 who has met all qualifications for a clinical nurse specialist. For out-of-state  
405 facilities that have Illinois recognition under the EMS, trauma, or pediatric  
406 program, the clinical nurse specialist shall have an unencumbered license in the  
407 state in which he or she practices.

408

409 "Clinical Observation" – *ongoing observation of a patient's condition by a*  
410 *licensed health care professional utilizing a medical skill set while continuing*  
411 *assessment and care.* (Section 3.5 of the Act)

412

413 "Comprehensive Emergency Department" – a classification of a hospital  
414 emergency department where at least one licensed physician is available in the  
415 emergency department at all times; physician specialists shall be available in  
416 minutes; ancillary services, including laboratory and x-ray, are staffed at all times;  
417 and the pharmacy is staffed or "on-call" at all times in accordance with Section  
418 250.710 of the Hospital Licensing Requirements.

419

420 "Comprehensive Stroke Center" or "CSC" – *a hospital that has been certified and*  
421 *has been designated as a Comprehensive Stroke Center under Subpart K.*  
422 (Section 3.116 of the Act)

423

424 "CPR for Healthcare Providers" – a course in cardiopulmonary resuscitation that  
425 meets or exceeds the American Heart Association course "BLS for Healthcare  
426 Providers".

427

428 "Critical Care Transport" or "CCT" or "Specialty Care Transport" or "SCT" – *pre-*  
429 *hospital or inter-hospital transportation of a critically injured or ill patient by a*  
430 *vehicle service provider, including the provision of medically necessary supplies*  
431 *and services, at a level of service beyond the scope of the paramedic. When*  
432 *medically indicated for a patient, as determined by a physician licensed to*  
433 *practice medicine in all of its branches, an APRN, or a physician assistant, in*  
434 *compliance with Section 3.155(b) and (c) of the Act. (Section 3.10(f-5)*  
435

436 "Department" or "IDPH" – *the Illinois Department of Public Health. (Section 3.5*  
437 *of the Act)*  
438

439 "Department's Division of Emergency Medical Services (EMS) website" – *the*  
440 *portion of the Department's website reserved for the Department's Division of*  
441 *EMS available at: [https://dph.illinois.gov/topics-services/emergency-](https://dph.illinois.gov/topics-services/emergency-preparedness-response/ems.html)*  
442 *preparedness-response/ems.html*  
443

444 "Director" – *the Director of the Illinois Department of Public Health or the*  
445 *Director's designee. (Section 3.5 of the Act)*  
446

447 "Door-to-\_\_\_\_\_" – *the time from patient arrival at the health care facility until the*  
448 *specified result, procedure or intervention occurs.*  
449

450 "Dysrhythmia" – *a variation from the normal electrical rate and sequences of*  
451 *cardiac activity, also including abnormalities of impulse formation and*  
452 *conduction.*  
453

454 "Electrocardiogram" or "EKG" – *a single lead graphic recording of the electrical*  
455 *activity of the heart by a series of deflections that represent certain components of*  
456 *the cardiac cycle.*  
457

458 "Emergency" – *a medical condition of recent onset and severity that would lead a*  
459 *prudent layperson, possessing an average knowledge of medicine and health, to*  
460 *believe that urgent or unscheduled medical care is required. (Section 3.5 of the*  
461 *Act)*  
462

463 "Emergency Communications Registered Nurse" ~~or~~ "ECRN" – *a registered*  
464 *professional nurse licensed under the Nurse Practice Act who has successfully*  
465 *completed supplemental education in accordance with this Part and who is*  
466 *approved by an EMS Medical Director to monitor telecommunications from and*  
467 *give voice orders to EMS System personnel, under the authority of the EMS*  
468 *Medical Director and in accordance with System protocols. (Section 3.80 of the*  
469 *Act) For out-of-state facilities that have Illinois recognition under the EMS,*  
470 *trauma, or pediatric program, the professional shall have an unencumbered license*

471 in the state in which the professional practices.

472

473 "Emergency Department Approved for Pediatrics" or "EDAP" – a hospital  
474 participating in an approved EMS System and designated by the Department  
475 pursuant to Section 515.4000 of this Part as being capable of providing optimal  
476 emergency department care to pediatric patients 24 hours per day.

477

478 "Emergency Medical Dispatch Priority Reference System" or "EMDPRS" – an  
479 EMS System's organized approach to the receipt, management and disposition of  
480 a request for emergency medical services.

481

482 "Emergency Medical Dispatcher" or "EMD" – *a person who has successfully*  
483 *completed a training course in emergency medical dispatching in accordance*  
484 *with this Part, who accepts calls from the public for emergency medical services*  
485 *and dispatches designated emergency medical services personnel and vehicles.*  
486 (Section 3.70 of the Act)

487

488 "Emergency Medical Responder" or "EMR" or "First Responder" – a person who  
489 has successfully completed a course of instruction for the Emergency Medical  
490 Responder as approved by the Department, who provides Emergency Medical  
491 Responder services prior to the arrival of an ambulance or specialized emergency  
492 medical services vehicle, in accordance with the level of care established in the  
493 National EMS Educational Standards for Emergency Medical Responders as  
494 modified by the Department.

495

496 "Emergency Medical Responder Services" – *a preliminary level of pre-hospital*  
497 *emergency care that includes cardiopulmonary resuscitation (CPR), monitoring*  
498 *vital signs and control of bleeding, as outlined in the Emergency Medical*  
499 *Responder (EMR) curriculum of the National EMS Education standards and any*  
500 *modifications to that curriculum (standards) specified in this Part. (Section*  
501 *3.10(d) of the Act)*

502

503 "Emergency Medical Services Personnel" or "EMS Personnel" – *persons licensed*  
504 *as an Emergency Medical Responder (EMR) (First Responder), Emergency*  
505 *Medical Dispatcher (EMD), Emergency Medical Technician (EMT), Emergency*  
506 *Medical Technician-Intermediate (EMT-I), Advanced Emergency Medical*  
507 *Technician (A-EMT), Paramedic, Emergency Communications Registered Nurse*  
508 *(ECRN), or Pre-Hospital Registered Nurse (PHRN). (Section 3.5 or the Act)*

509

510 "Emergency Medical Services System" or "EMS System" or "System" – *an*  
511 *organization of hospitals, vehicle service providers and personnel approved by*  
512 *the Department in a specific geographic area, which coordinates and provides*  
513 *pre-hospital and inter-hospital emergency care and non-emergency medical*

514 *transports at a BLS, ILS and/or ALS level pursuant to a System Program Plan*  
515 *submitted to and approved by the Department, and pursuant to the EMS Region*  
516 *Plan adopted for the EMS Region in which the System is located. (Section 3.20(a)*  
517 *of the Act)*

518  
519 "Emergency Medical Services System Survey" – a questionnaire that provides  
520 data to the Department for the purpose of compiling annual reports.

521  
522 "Emergency Medical Technician" or "EMT" or "EMT-B" – a person who has  
523 *successfully completed a course in basic life support as approved by the*  
524 *Department, is currently licensed by the Department in accordance with*  
525 *standards prescribed by the Act and this Part and practices within an EMS*  
526 *System. (Section 3.50(a) of the Act)*

527  
528 "Emergency Medical Technician-Coal Miner" – for purposes of the Coal Mine  
529 Medical Emergencies Act, an EMT, A-EMT, EMT-I or Paramedic who has  
530 received additional education emphasizing extrication from a coal mine.

531  
532 "Emergency Medical Technician-Intermediate" or "EMT-I" – a person who has  
533 *successfully completed a course in intermediate life support as approved by the*  
534 *Department, is currently licensed by the Department in accordance with the*  
535 *standards prescribed in this Part and practices within an Intermediate or*  
536 *Advanced Life Support EMS System. (Section 3.50(b) of the Act)*

537  
538 "Emergent Stroke Care" – emergency medical care that includes diagnosis and  
539 emergency medical treatment of suspected or known acute stroke patients.  
540 (Section 3.116 of the Act)

541  
542 "Emergent Stroke Ready Hospital" – a hospital that has been designated by the  
543 Department as meeting the criteria for providing emergent stroke care as set forth  
544 in the Act and Section 515.5060. (Section 3.116 of the Act)

545  
546 "EMS" – emergency medical services.

547  
548 "EMS Administrative Director" – the administrator, appointed by the Resource  
549 Hospital in consultation with the EMS Medical Director, in accordance with this  
550 Part, responsible for the administration of the EMS System. (Section 3.35 of the  
551 Act)

552  
553 "EMSC" – Emergency Medical Services for Children.

554  
555 "EMS Lead Instructor" ~~or~~ "LI" – a person who has successfully completed a  
556 course of education as approved by the Department in this Part, and who is

557 *currently approved by the Department to coordinate or teach education, training*  
558 *and continuing education courses, in accordance with this Part. (Section 3.65(a)*  
559 *of the Act)*

560  
561 "EMS Medical Director" or "EMS MD" – the physician, appointed by the  
562 Resource Hospital, who has the responsibility and authority for total management  
563 of the EMS System.

564  
565 "EMS Regional Plan" – a plan established by the EMS Medical Director's  
566 Committee in accordance with Section 3.30 of the Act.

567  
568 "EMS System Coordinator" – an individual responsible to the EMS Medical  
569 Director and EMS Administrative Director for coordination of the educational and  
570 functional aspects of the System program.

571  
572 "EMS System Program Plan" – the document prepared by the Resource Hospital  
573 and approved by the Department that describes the EMS System program and  
574 directs the program's operation.

575  
576 "Fixed-Wing Aircraft" – an engine-driven aircraft that is heavier than air, and is  
577 supported in-flight by the dynamic reaction of the air against its wings.

578  
579 "Full-Time" – on duty a minimum of 36 hours a week.

580  
581 "Half-Duplex Communications" – a radio or device that transmits and receives  
582 signals in only one direction at a time.

583  
584 "Health Care Facility" – a hospital, nursing home, physician's office or other  
585 fixed location at which medical and health care services are performed. It does  
586 not include "pre-hospital emergency care settings" that utilize EMS Personnel to  
587 render pre-hospital emergency care prior to the arrival of a transport vehicle, as  
588 defined in the Act and this Part. (Section 3.5 of the Act)

589  
590 "Helicopter" or "Rotorcraft" – an aircraft that is capable of vertical take offs and  
591 landings, including maintaining a hover.

592  
593 "Helicopter Shopping" – the practice of calling various operators until a  
594 helicopter emergency medical services (HEMS) operator agrees to take a flight  
595 assignment, without sharing with subsequent operators that the previously called  
596 operators declined the flight, or the reasons why the flight was declined.

597  
598 "Hospital" – has the meaning ascribed to that term in Section 3 of the *Hospital*  
599 *Licensing Act.* (Section 3.5 of the Act)

600  
601 "Hospitalist" – a physician who primarily provides unit-based/in-hospital  
602 services.  
603  
604 "In-Field Service Level Upgrade" – a practice that allows the delivery of  
605 advanced care from a lower level service provider by a licensed higher level of  
606 care ambulance, alternate response vehicle, or specialized emergency medical  
607 services vehicle according to a pre-approved written plan approved by the local  
608 EMS Medical Director.  
609  
610 "Instrument Flight Rules" or "IFR" – the operation of an aircraft in weather  
611 minimums below the minimums for flight under visual flight rules (VFR). (See  
612 General Operating and Flight Rules, 14 CFR 91.115 through 91.129.)  
613  
614 "Instrument Meteorological Conditions" or "IMC" – meteorological conditions  
615 expressed in terms of visibility, distance from clouds and ceiling, which require  
616 Instrument Flight Rules.  
617  
618 "Intermediate Life Support Services" or "ILS Services" – *an intermediate level of*  
619 *pre-hospital and inter-hospital emergency care and non-emergency medical*  
620 *services that includes basic life support care plus intravenous cannulation and*  
621 *fluid therapy, invasive airway management, trauma care, and other authorized*  
622 *techniques and procedures as outlined in the Intermediate Life Support national*  
623 *curriculum of the United States Department of Transportation and any*  
624 *modifications to that curriculum specified in this Part. (Section 3.10 of the Act)*  
625  
626 "Level I Trauma Center" – a hospital participating in an approved EMS System  
627 and designated by the Department pursuant to Section 515.2030 to provide  
628 optimal care to trauma patients and to provide all essential services in-house, 24  
629 hours per day.  
630  
631 "Level II Trauma Center" – a hospital participating in an approved EMS System  
632 and designated by the Department pursuant to Section 515.2040 to provide  
633 optimal care to trauma patients, to provide some essential services available in-  
634 house 24 hours per day, and to provide other essential services readily available  
635 24 hours a day.  
636  
637 "Licensee" – an individual or entity to which the Department has issued a license.  
638  
639 "Limited Operation Vehicle" – *a vehicle which is licensed by the Department to*  
640 *provide basic, intermediate or advanced life support emergency or non-*  
641 *emergency medical services that are exclusively limited to specific events or*  
642 *locales. (Section 3.85 of the Act)*

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"Local System Review Board" – a group established by the Resource Hospital to hear appeals from EMS Personnel or other providers who have been suspended or have received notification of suspension from the EMS Medical Director.

"Medical Monitoring" – *the performance of medical tests and physical exams to evaluate an individual's on-going exposure to a factor that could negatively impact that person's health. This includes close surveillance or supervision of patient's liable to suffer deterioration in physical or mental health and checks of various parameters such as pulse rate, temperature, respiration rate, the condition of the pupils, the level of consciousness and awareness, the degree of appreciation of pain, and blood gas concentrations such as oxygen and carbon dioxide.* (Section 3.5 of the Act)

"Mobile Radio" – a two-way radio installed in an EMS vehicle, which may not be readily removed.

"Morbidity" – a negative outcome that is the result of the original medical or trauma condition or treatment rendered or omitted.

"911" – an emergency answer and response system in which the caller need only dial 9-1-1 on a telephone or mobile device to obtain emergency services, including police, fire, medical ambulance and rescue.

"Non-emergency Medical Care" – *medical care, clinical observation, or medical monitoring rendered to patients whose conditions do not meet the Act's definition of emergency, before or during transportation of such patients to or from health care facilities visited for the purpose of obtaining medical or health care services that are not emergency in nature, using a vehicle regulated by the Act and this Part.* (Section 3.10(g) of the Act)

"Nurse Practitioner" – a person who is currently licensed as an APRN and who has met all qualifications for a nurse practitioner. For out-of-state facilities that have Illinois recognition under the EMS, trauma, or pediatric program, the nurse practitioner shall have an unencumbered license in the state in which he or she practices.

"Off-Road Specialized Emergency Medical Services Vehicle" or "Off-Road SEMSV" or "Off-Road SEMS Vehicle" – a motorized cart, golf cart, all-terrain vehicle (ATV), or amphibious vehicle that is not intended for use on public roads.

"Paramedic" or "EMT-P" – *a person who has successfully completed a course in advanced life support care as approved by the Department, is currently licensed*

686 *by the Department in accordance with standards prescribed by the Act and this*  
687 *Part and practices within an Advanced Life Support EMS System. (Section 3.50*  
688 *of the Act)*

689  
690 "Participating Hospital" – a hospital participating in an approved EMS System in  
691 accordance with the EMS System Program Plan, which is not a Resource Hospital  
692 or an Associate Hospital.

693  
694 "Pediatric Critical Care Center" or "PCCC" – a hospital participating in an  
695 approved EMS System and designated by the Department as being capable of  
696 providing optimal critical and specialty care services to pediatric patients, and of  
697 providing all essential services either in-house or readily available 24 hours per  
698 day.

699  
700 "Pediatric Patient" – patient from birth through 15 years of age.

701  
702 "Physician" – any person licensed to practice medicine in all of its branches under  
703 the Illinois Medical Practice Act of 1987. For out-of-state facilities that have  
704 Illinois recognition under the EMS, trauma, or pediatric program, the physician  
705 shall have an unencumbered license in the state in which the physician practices.

706  
707 "Physician Assistant" or "PA" – a person who is licensed under the Physician  
708 Assistant Practice Act. For out-of-state facilities that have Illinois recognition  
709 under the EMS, trauma, or pediatric program, the PA shall have an unencumbered  
710 license in the state in which the PA practices.

711  
712 "Pilot" or "EMS Pilot" – a pilot certified by the Federal Aviation Administration  
713 who has been approved by an SEMSV Medical Director to fly a helicopter or  
714 fixed-wing aircraft used in a Department-certified SEMSV Program.

715  
716 "Police Dog" – *a specially trained dog owned or used by a law enforcement*  
717 *department or agency in the course of the department's or agency's official work,*  
718 *including a search and rescue dog, service dog, accelerant detection canine, or*  
719 *other dog that is in use by a county, municipal, or State law enforcement agency*  
720 *for official duties. (Section 3.55(e) of the Act)*

721  
722 "Practitioner Order for Life-Sustaining Treatment on POLST" or "Do Not  
723 Resuscitate" or "DNR" – an authorized practitioner order that reflects an  
724 individual's wishes about receiving cardiopulmonary resuscitation (CPR) and life-  
725 sustaining treatments, including medical interventions and artificially  
726 administered nutrition.

727  
728 "Pre-Hospital Advanced Practice Registered Nurse" or "PHAPRN" – an APRN,

729 with an unencumbered APRN license in Illinois, who has successfully completed  
730 supplemental education in accordance with this Part and who is approved by an  
731 Illinois EMS Medical Director to practice within an EMS System for pre-hospital  
732 and inter-hospital emergency care and non-emergency medical transports.  
733

734 "Pre-Hospital Care" – those medical services rendered to patients for analytic,  
735 resuscitative, stabilizing, or preventive purposes, precedent to and during  
736 transportation of such patients to healthcare facilities. (Section 3.10(e) of the  
737 Act)  
738

739 "Pre-Hospital Care Participants" – Any EMS Personnel, Ambulance Service  
740 Provider, EMS Vehicle, Associate Hospital, Participating Hospital, EMS  
741 Administrative Director, EMS System Coordinator, Associate Hospital EMS  
742 Coordinator, Associate Hospital EMS Medical Director, ECRN, Resource  
743 Hospital, Emergency Dispatch Center or physician serving on an ambulance or  
744 non-transport vehicle or giving voice orders for an EMS System and who are  
745 subject to suspension by the EMS Medical Director of that System in accordance  
746 with the policies of the EMS System Program Plan approved by the Department.  
747

748 "Pre-Hospital Physician Assistant" or "PHPA" – a graduate PA, with an  
749 unencumbered Illinois Physician Assistant License, who has successfully  
750 completed supplemental education in accordance with this Part and who is  
751 approved by an Illinois EMS Medical Director to practice within an EMS System  
752 for pre-hospital and inter-hospital emergency care and non-emergency medical  
753 transports.  
754

755 "Pre-Hospital Registered Nurse" or ~~or~~ "PHRN" – a registered professional nurse,  
756 with an unencumbered registered professional nurse license in the state in which  
757 he or she practices who has successfully completed supplemental education in  
758 accordance with this Part and who is approved by an Illinois EMS Medical  
759 Director to practice within an EMS System for pre-hospital and inter-hospital  
760 emergency care and non-emergency medical transports. (Section 3.80 of the Act)  
761 For out-of-state facilities that have Illinois recognition under the EMS, trauma, or  
762 pediatric program, the professional shall have an unencumbered license in the  
763 state in which the professional practices.  
764

765 "Primary Stroke Center" or "PSC" – a hospital that has been certified by a  
766 Department-approved, nationally recognized certifying body and designated as a  
767 Primary Stroke Center by the Department. (Section 3.116 of the Act)  
768

769 "Primary Stroke Center Plus" or "PSC+" – a hospital that has been certified by a  
770 Department-approved, nationally recognized certifying body and designated as  
771 such by the Department. (Section 3.116 of the Act)

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"Provisional EMR" – a person who is at least 16 years of age, who has successfully completed a course of instruction for emergency medical responders as prescribed by the Department and passed the exam, and who functions within an approved EMS System pursuant to Section 515.715.

"Regional EMS Advisory Committee" – a committee formed within an Emergency Medical Services Region to advise the Region's EMS Medical Directors Committee and to select the Region's representative to the State Emergency Medical Services Advisory Council, consisting of at least the members of the Region's EMS Medical Directors Committee, the Chair of the Regional Trauma Committee, the EMS System Coordinators from each Resource Hospital within the Region, one administrative representative from an Associate Hospital within the Region, one administrative representative from a Participating Hospital within the Region, one administrative representative from the vehicle service provider which responds to the highest number of calls for emergency service within the Region, one administrative representative of a vehicle service provider from each System within the Region, one individual from each level of license provided by the Act, one pre-hospital registered nurse practicing within the Region, and one registered professional nurse currently practicing in an emergency department within the Region. Of the two administrative representatives of vehicle service providers, at least one shall be an administrative representative of a private vehicle service provider. The Department's Regional EMS Coordinator for each Region shall serve as a non-voting member of that Region's EMS Advisory Committee. (Section 3.25 of the Act)

"Regional EMS Coordinator" – the designee of the Chief, Division of Emergency Medical Services and Highway Safety, Department of Public Health.

"Regional EMS Medical Directors Committee" – a group comprised of the Region's EMS Medical Directors, along with the medical advisor to a fire department vehicle service provider. For regions that include a municipal fire department serving a population of over 2,000,000 people, that fire department's medical advisor shall serve on the Committee. For other regions, the fire department vehicle service providers shall select which medical advisor to serve on the Committee on an annual basis. (Section 3.25 of the Act)

"Regional Stroke Advisory Subcommittee" – a subcommittee formed within each Regional EMS Advisory Committee to advise the Director and the Region's EMS Medical Directors Committee on the triage, treatment, and transport of possible acute stroke patients and to select the Region's representative to the State Stroke Advisory Subcommittee. (Section 3.116 of the Act) The composition of the

815 Subcommittee shall be as set forth in Section 3.116 of the Act.

816

817 *"Regional Trauma Advisory Committee" – a committee formed within an*  
818 *Emergency Medical Services Region, to advise the Region's Trauma Center*  
819 *Medical Directors Committee, consisting of at least the Trauma Center Medical*  
820 *Directors and Trauma Coordinators from each trauma center within the Region,*  
821 *one EMS Medical Director from a Resource Hospital within the Region, one EMS*  
822 *System Coordinator from another Resource Hospital within the Region, one*  
823 *representative each from a public and private vehicle service provider which*  
824 *transports trauma patients within the Region, an administrative representative*  
825 *from each trauma center within the Region, one EMR, EMD, EMT, EMT-I, A-*  
826 *EMT, Paramedic, ECRN, or PHRN representing the highest level of EMS*  
827 *Personnel practicing within the Region, one emergency physician and one trauma*  
828 *nurse specialist currently practicing in a trauma center. The Department's*  
829 *Regional EMS Coordinator for each Region shall serve as a non-voting member*  
830 *of that Region's Trauma Advisory Committee. (Section 3.25 of the Act)*

831

832 *"Registered Nurse" or "Registered Professional Nurse" or "RN" – a person who is*  
833 *licensed as an RN under the Illinois Nurse Practice Act. For out-of-state facilities*  
834 *that have Illinois recognition under the EMS, trauma, or pediatric program, the*  
835 *registered professional nurse shall have an unencumbered license in the state in*  
836 *which the nurse practices.*

837

838 *"Resource Hospital" – the hospital with the authority and the responsibility for an*  
839 *EMS System as outlined in the Department-approved EMS System Program Plan.*  
840 *The Resource Hospital, through the EMS Medical Director, assumes*  
841 *responsibility for the entire program, including the clinical aspects, operations and*  
842 *education programs. This hospital agrees to replace medical supplies and provide*  
843 *for equipment exchange for participating EMS vehicles.*

844

845 *"Resource Limitation" – a hospital may request to go on Resource Limitation,*  
846 *which occurs when healthcare resources are limited, and the healthcare demand*  
847 *exceeds available supplies.*

848

849 *"Rural Ambulance Service Provider" – an ambulance service provider licensed*  
850 *under the Act that serves a rural population of 7,500 or fewer inhabitants.*  
851 *(Section 3.87(a) of the Act)*

852

853 *"Rural In-Field Service Level Upgrade" – a practice that allows the delivery of*  
854 *advanced care for a lower level service provider that serves a rural population of*  
855 *7,500 or fewer inhabitants, through use of EMS System approved EMS personnel.*

856

857 *"Rural Vehicle Service Provider" – an entity that serves a rural population of*

858 7,500 or fewer inhabitants and is licensed by the Department to provide  
859 emergency or non-emergency medical services in compliance with the Act, this  
860 Part and an operational plan approved by the entity's EMS System, utilizing at  
861 least an ambulance, alternate response vehicle as defined by the Department in  
862 this Part, or specialized emergency medical services vehicle. (Section 3.87(a) of  
863 the Act)

864  
865 "Screening" – a preliminary procedure or assessment, such as a test or  
866 examination, to detect the most characteristic sign or signs of a disorder or  
867 condition that may require further investigation (for example, assessing for  
868 potential abuse or neglect through interview responses and behavioral/physical  
869 symptom clues).

870  
871 "SEMSV Medical Direction Point" or "Medical Direction Point" – the  
872 communication center from which the SEMSV Medical Director or designee  
873 issues medical instructions or advice to the aeromedical, watercraft, or off-road  
874 SEMSV crew members.

875  
876 "SEMSV Medical Director" or "Medical Director" – the physician appointed by  
877 the SEMSV Program who has the responsibility and authority for total  
878 management of the SEMSV Program, subject to the requirements of the EMS  
879 System of which the SEMSV Program is a part.

880  
881 "SEMSV Program" or "Specialized Emergency Medical Services Vehicle  
882 Program" – a program operating within an EMS System, pursuant to an EMS  
883 System program plan submitted to and certified by the Department, using  
884 specialized emergency medical services vehicles to provide emergency  
885 transportation to sick or injured persons.

886  
887 "Special-Use Vehicle" – any publicly or privately owned vehicle that is  
888 specifically designed, constructed or modified and equipped, and is intended to be  
889 used for, and is maintained or operated solely for, the emergency or non-  
890 emergency transportation of a specific medical class or category of persons who  
891 are sick, injured, wounded or otherwise incapacitated or helpless (e.g., high-risk  
892 obstetrical patients). (Section 3.85 of the Act)

893  
894 "Specialized Emergency Medical Services Vehicle" or "SEMSV" – a vehicle or  
895 conveyance, other than those owned or operated by the federal government, that  
896 is primarily intended for use in transporting the sick or injured by means of air,  
897 water, or ground transportation, that is not an ambulance as defined in the Act.  
898 The term includes watercraft, aircraft and special purpose ground transport  
899 vehicles not intended for use on public roads. (Section 3.85 of the Act)

900 "Primarily intended", for the purposes of this definition, means one or more of the

901 following:

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Over 50 percent of the vehicle's operational (i.e., in-flight) hours are devoted to the emergency transportation of the sick or injured;

The vehicle is owned or leased by a hospital or ambulance provider and is used for the emergency transportation of the sick or injured;

The vehicle is advertised as a vehicle for the emergency transportation of the sick or injured;

The vehicle is owned, registered or licensed in another state and is used on a regular basis to pick up and transport the sick or injured within or from within this State; or

The vehicle's structure or permanent fixtures have been specifically designed to accommodate the emergency transportation of the sick or injured.

"Standby Emergency Department" – a classification of a hospital emergency department where at least one of the RNs on duty in the hospital is available for emergency services at all times, and a licensed physician is "on-call" to the emergency department at all times in accordance with Section 250.710 of the Hospital Licensing Requirements.

"Standby Emergency Department Approved for Pediatrics" or "SEDP" – a hospital participating in an approved EMS System and designated by the Department, pursuant to Section 515.4010, as being capable of providing optimal standby emergency department care to pediatric patients and to have transfer agreements and transfer mechanisms in place when more definitive pediatric care is needed.

"State EMS Advisory Council" – a group that advises the Department on the administration of the Act and this Part whose members are appointed in accordance with Section 3.200 of the Act.

"Stretcher Van" – a vehicle used by a licensed stretcher van provider to transport non-emergency passengers in accordance with the Act and this Part.

"Stretcher Van Provider" – an entity licensed by the Department to provide non-emergency transportation of passengers on a stretcher in compliance with the Act and this Part, utilizing stretcher vans. (Section 3.86 of the Act)

944 "Stroke Network" – a voluntary association of hospitals, including a hospital with  
945 a board eligible or board certified neurosurgeon or neurologist, that may, among  
946 other activities, share stroke protocols; provide medical consultations on possible  
947 or known acute stroke patients or on inter-facility transfers of possible or known  
948 acute stroke patients; or provide education specific to improving acute stroke care.  
949 Participating hospitals in a stroke network may be in-state or out-of-state.

950  
951 "Substantial Compliance" – meeting requirements except for variance from the  
952 strict and literal performance that results in unimportant omissions or defects  
953 given the particular circumstances involved.

954  
955 "Substantial Failure" – the failure to meet requirements other than a variance from  
956 the strict and literal performance that results in unimportant omissions or defects  
957 given the particular circumstances involved.

958  
959 "Sustained Hypotension" – two systolic blood pressures of 90 mmHg five minutes  
960 apart or, in the case of a pediatric patient, two systolic blood pressures of 80  
961 mmHg five minutes apart.

962  
963 "System Participation Suspension" – the suspension from participation within an  
964 EMS System of an individual or individual provider, as specifically ordered by  
965 that System's EMS Medical Director.

966  
967 "Telecommunications Equipment" – a communication system capable of  
968 transmitting and receiving voice and electrocardiogram (EKG) signals.

969  
970 "Telemetry" – the transmission of data through a communication system to a  
971 receiving station for recording, interpretation and analysis.

972  
973 *"Thrombectomy Capable Stroke Center" or "TC" – a hospital that has been*  
974 *certified by a Department-approved, nationally recognized certifying body and*  
975 *designated as such by the Department. (Section 3.116 of the Act)*

976  
977 *"Thrombectomy Ready Stroke Center" or "TR" – a hospital that has been certified*  
978 *by a Department-approved, nationally recognized certifying body and designated*  
979 *as such by the Department. (Section 3.116 of the Act)*

980  
981 "Transport Vehicle Service Provider" – any individual, group of individuals,  
982 corporation, partnership, association, trust, joint venture, unit of local government  
983 or other public or private ownership entity that owns and operates an EMS  
984 business or EMS transport service using one or more ambulances or EMS  
985 vehicles for the transportation of emergency patients.

986

987 "Trauma" – any significant injury which involves single or multiple organ  
988 systems. (Section 3.5 of the Act)

989  
990 "Trauma Category I" – a classification of trauma patients in accordance with  
991 Appendix C and Appendix F.

992  
993 "Trauma Category II" – a classification of trauma patients in accordance with  
994 Appendix C and Appendix F.

995  
996 "Trauma Center" – a hospital which: within designated capabilities provides  
997 optimal care to trauma patients; participates in an approved EMS System; and is  
998 duly designated pursuant to the provisions of the Act. (Section 3.90 of the Act)

999  
1000 "Trauma Center Medical Director" or "Trauma Center MD" – the trauma surgeon  
1001 appointed by a Department-designated Trauma Center who has the responsibility  
1002 and authority for the coordination and management of patient care and trauma  
1003 services at the Trauma Center. He or she must have 24-hour independent  
1004 operating privileges and shall be board certified in surgery with at least one year  
1005 of experience in trauma care.

1006  
1007 "Trauma Center Medical Directors Committee" – a group composed of the  
1008 Region's Trauma Center Medical Directors. (Section 3.25 of the Act)

1009  
1010 "Trauma Coordinator" – an RN working in conjunction with the Trauma Medical  
1011 Director. The Trauma Coordinator is responsible for the organization of service  
1012 and systems necessary for a multidisciplinary approach throughout the continuum  
1013 of trauma care.

1014  
1015 "Trauma Nurse Specialist" or "TNS" – an RN licensed under the Nurse Practice  
1016 Act who has successfully completed supplemental education and testing  
1017 requirements as prescribed by the Department, and is licensed in accordance with  
1018 this Part. (Section 3.75 of the Act) For out-of-state facilities that have Illinois  
1019 recognition under the EMS, trauma, or pediatric program, the professional shall  
1020 have an unencumbered license in the state in which the professional practices.

1021  
1022 "Trauma Nurse Specialist Course Coordinator" or "TNSCC" – an RN appointed  
1023 by the Chief Executive Officer of a hospital designated as a TNS education site,  
1024 who meets the requirements of Section 515.750.

1025  
1026 "Trauma Service" – an identified hospital surgical service in a Level I or Level II  
1027 Trauma Center functioning under a designated trauma director in accordance with  
1028 Sections 515.2030(c) and 515.2040(c).

1029

1030 "Unit Identifier" – a number assigned by the Department for each EMS vehicle in  
1031 the State to be used in radio communications.

1032  
1033 "Vehicle Service Provider" – an entity licensed by the Department to provide  
1034 emergency or non-emergency medical services in compliance with the Act and  
1035 this Part and an operational plan approved by its EMS Systems, utilizing at least  
1036 ambulances or specialized emergency medical service vehicles (SEMSV).  
1037 (Section 3.85(a) of the Act)

1038  
1039 "Watercraft" – a nautical vessel, boat, airboat, hovercraft or other vehicle that  
1040 operates in, on or across water.

1041  
1042 (Source: Amended at 50 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

1043  
1044 **SUBPART B: EMS REGIONS**

1045  
1046 **Section 515.210 EMS Regional Plan Development**

- 1047  
1048 a) *Within six months after designation of an EMS Region, an EMS Region Plan*  
1049 *addressing at least the information prescribed in Section 515.220 shall be*  
1050 *submitted to the Department for approval. The plan shall be developed by the*  
1051 *Region's EMS Medical Directors Committee with advice from the Regional EMS*  
1052 *Advisory Committee; portions of the plan concerning trauma shall be developed*  
1053 *jointly with the Region's Trauma Center Medical Directors or Trauma Center*  
1054 *Medical Directors Committee, whichever is applicable, with advice from the*  
1055 *Regional Trauma Advisory Committee, if such Advisory Committee has been*  
1056 *established in the Region. (Section 3.25(a) of the Act)*  
1057  
1058 b) *Portions of the Plan concerning stroke shall be developed jointly with the*  
1059 *Regional Stroke Advisory Subcommittee as identified in Section 515.5004.*  
1060 *(Section 3.25(a) of the Act) The Director will coordinate with and assist the EMS*  
1061 *System Medical Directors and Regional Stroke Advisory Subcommittee within*  
1062 *each EMS Region to establish protocols related to the triage, treatment, and*  
1063 *transport of possible acute stroke patients by licensed emergency medical*  
1064 *services providers. (Section 3.30(a)(9) of the Act)*  
1065  
1066 c) The Regional Stroke Subcommittee shall provide updates to the Regional EMS  
1067 Advisory Committee at the Regional EMS Advisory Committee's regularly  
1068 scheduled meetings. The Plan shall also be updated at least annually to consider  
1069 the most current nationally recognized standards of stroke care and to incorporate  
1070 each CSC, TCSC, TRSC, PSC+, PSC, ASRH, ~~Comprehensive Stroke Center,~~  
1071 ~~Primary Stroke Center or Acute Stroke Ready Hospital~~ into the Region Plan.  
1072

- 1073 d) *A Region's Trauma Center Medical Directors may choose to participate in the*  
1074 *development of the EMS Region Plan through membership on the Regional EMS*  
1075 *Advisory Committee, rather than through a separate Trauma Center Medical*  
1076 *Directors Committee. If that option is selected, the Region's Trauma Center*  
1077 *Medical Director shall also determine whether a separate Regional Trauma*  
1078 *Advisory Committee is necessary for the Region. (Section 3.25(b) of the Act)*  
1079
- 1080 e) *In the event of disputes over content of the Plan between the Region's EMS*  
1081 *Medical Directors Committee and the Region's Trauma Center Medical Directors*  
1082 *or Trauma Center Medical Directors Committee, whichever is applicable, the*  
1083 *Director of the Illinois Department of Public Health shall intervene through a*  
1084 *review in accordance with Section 515.230. (Section 3.25(c) of the Act)*  
1085
- 1086 f) If after six months a Plan or portions of a Plan are not submitted, the Director will  
1087 contact the EMS Medical Directors to seek input as to disputes, problems, or  
1088 issues concerning areas not developed in the Plan. If necessary, the Director will  
1089 contact members of the Regional EMS Advisory Committee to seek input into  
1090 portions of the Plan that are not agreed upon. After consulting with the  
1091 Committee and reviewing the plans submitted by the surrounding Regions, the  
1092 Director will develop proposed policies and procedures for the Region. The  
1093 Committee shall approve these policies within 30 days or submit its own policies  
1094 to the Director for approval. If the Committee has not submitted a complete Plan  
1095 after 30 days, the Region will implement the policies and procedures developed  
1096 by the Director in its EMS Region Plan.  
1097
- 1098 g) *Every 2 years, the members of the Region's EMS Medical Directors Committee*  
1099 *shall rotate serving as Committee Chair, and select the Associate Hospital,*  
1100 *Participating Hospital and vehicle service providers that shall send*  
1101 *representatives to the Advisory Committee, and the EMS Personnel and nurse*  
1102 *who shall serve on the Advisory Committee. (Section 3.25(d) of the Act) Each*  
1103 *System in the Region must have at least one representative on the Committee.*  
1104
- 1105 h) *Every 2 years, the members of the Trauma Center Medical Directors Committee*  
1106 *shall rotate serving as Committee Chair, and select the vehicle service providers,*  
1107 *EMS Personnel, emergency physician, EMS System Coordinator and TNS who*  
1108 *shall serve on the Advisory Committee. (Section 3.25(e) of the Act) It is*  
1109 *recommended that the committee chair be held by Trauma Center Medical*  
1110 *Directors of the Level I Trauma Centers in the Region.*  
1111

1112 (Source: Amended at 50 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

1113  
1114 **Section 515.220 EMS Regional Plan Content**  
1115

- 1116 a) *The EMS Medical Directors Committee portion of the Regional Plan shall*  
1117 *address at least the following (Section 3.30(a) of the Act):*  
1118
- 1119 1) *Protocols for inter-System/inter-Region patient transports, including*  
1120 *protocols for pediatric patients and pediatric patients with special health*  
1121 *care needs, identifying the conditions of emergency patients that may not*  
1122 *be transported to the different levels of emergency department, based on*  
1123 *the emergency department classifications and relevant Regional*  
1124 *considerations (e.g., transport times and distances);*  
1125
  - 1126 2) *Regional standing medical orders;*  
1127
  - 1128 3) *Patient transfer patterns, including criteria for determining whether a*  
1129 *patient needs the specialized service of a trauma center, along with*  
1130 *protocols for the bypassing of or diversion to any hospital, trauma center*  
1131 *or regional trauma center, CSC, TCSC, TRSC, PSC+, PSC, ASRH, or*  
1132 *Emergent Stroke Ready Hospital~~Comprehensive Stroke Center, Primary~~*  
1133 *~~Stroke Center, Acute Stroke Ready Hospital or Emergent Stroke Ready~~*  
1134 *~~Hospital~~, which are consistent with individual System bypass or diversion*  
1135 *protocols and protocols for patient choice or refusal;*  
1136
  - 1137 4) *Protocols for resolving regional or inter-System conflict;*  
1138
  - 1139 5) *An EMS disaster preparedness plan which includes the actions and*  
1140 *responsibilities of all EMS participants within the Region for care and*  
1141 *transport of both the adult and pediatric population;*  
1142
  - 1143 6) *Regional standardization of CE requirements;*  
1144
  - 1145 7) *Regional standardization of Do Not Resuscitate (DNR) and Practitioner*  
1146 *Orders for Life-Sustaining Treatment (POLST) policies, and protocols for*  
1147 *power of attorney for health care;*  
1148
  - 1149 8) *Protocols for disbursement of Department grants (Section 3.30(a)(1-8) of*  
1150 *the Act);*  
1151
  - 1152 9) *Protocols for the triage, treatment, and transport of possible acute stroke*  
1153 *patients developed jointly with the Regional Stroke Advisory*  
1154 *Subcommittee (Section 3.30(a)(9) of the Act). Regional Stroke Data will*  
1155 *be considered as it becomes available regarding development of stroke*  
1156 *transport protocols;*  
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1200
- 10) *Regional standing medical orders shall include the administration of opioid antagonists. (Section 3.30(a)(10) of the Act);*
  - 11) Protocols for stroke screening;
  - 12) Pediatric protocols that align with Appendix D; and
  - 13) Development of a policy for incidents involving school buses, which shall include, but not be limited to:
    - A) Assessment of the incident, including mechanism and extent of damage to the vehicle;
    - B) Passenger assessment/extent of injuries;
    - C) A provision for transporting all children with special healthcare needs and those with communication difficulties;
    - D) Age specific issues; and
    - E) Use of a release form for non-transport.
- b) *The Trauma Center Medical Directors or Trauma Center Medical Directors Committee portion of the Regional Plan shall address at least the following:*
- 1) *The identification of regional trauma centers and identification of trauma centers that specialize in pediatrics;*
  - 2) *Protocols for inter-System and inter-Region trauma patient transports, including identifying the conditions of emergency patients which may not be transported to the different levels of emergency department, based on their department classifications and relevant Regional considerations (e.g., transport times and distances);*
  - 3) *Regional trauma standing medical orders;*
  - 4) *Trauma patient transfer patterns, including criteria for determining whether a patient needs the specialized services of a trauma center, along with protocols for the bypassing of or diversion to any hospital, trauma center or regional trauma center which are consistent with individual System bypass or diversion protocols and protocols for patient choice or refusal (These policies must include the criteria of Appendix C.);*

- 1201 5) *The identification of which types of patients can be cared for by Level I*  
1202 *and Level II Trauma Centers;*
- 1203
- 1204 6) *Criteria for inter-hospital transfer of trauma patients, including the*  
1205 *transfer of pediatric patients;*
- 1206
- 1207 7) *The treatment of trauma patients in each trauma center within the Region;*  
1208
- 1209 8) *A program for conducting a quarterly conference which shall include at a*  
1210 *minimum a discussion of morbidity and mortality between all professional*  
1211 *staff involved in the care of trauma patients. (Section 3.30(b)(1-9) of the*  
1212 *Act)*
- 1213
- 1214 A) The Region shall include a review of morbidity/audit filters that  
1215 have been determined by the Region.
- 1216
- 1217 B) Cumulative regional reports will be made available upon request  
1218 from the Department; and
- 1219
- 1220 9) *The establishment of a regional trauma quality assurance and*  
1221 *improvement subcommittee, consisting of trauma surgeons, that shall*  
1222 *perform periodic medical audits of each trauma center's trauma services,*  
1223 *and forward tabulated data from those reviews to the Department.*  
1224 *(Section 3.30(b)(9) of the Act)*
- 1225
- 1226 c) The Regional Stroke Advisory Subcommittee portion of the Region Plan shall  
1227 address at least the following:
- 1228
- 1229 1) The identification of CSC, TCSC, TRSC, PSC+, PSC,  
1230 ASRH, Comprehensive Stroke Centers, Primary Stroke Centers, Acute  
1231 Stroke-Ready Hospitals and Emergent Stroke Ready Hospitals, and their  
1232 incorporation in the Region Plan and the EMS System Program Plan;
- 1233
- 1234 2) In conjunction with the EMS Medical Directors, development of protocols  
1235 for identifying and transporting acute stroke patients to the nearest  
1236 appropriate facility capable of providing acute stroke care. These protocols  
1237 shall be consistent with individual System bypass or diversion protocols  
1238 and protocols for patient choice;
- 1239
- 1240 3) Regional stroke transport protocols recommended by the Regional Stroke  
1241 Advisory Subcommittee and approved by the EMS Medical Directors  
1242 Committee; and
- 1243

1244 4) With the EMS Medical Directors, joint development of acute stroke  
1245 patient transfer patterns, including criteria for determining whether a  
1246 patient needs the specialized services of a CSC, TCSC, TRSC, PSC+,  
1247 PSC, ASRH,~~Comprehensive Stroke Center, Primary Stroke Center, Acute~~  
1248 ~~Stroke-Ready Hospital~~ or Emergent Stroke Ready Hospital, along with  
1249 protocols for the bypassing of, or diversion to, any hospital, that are  
1250 consistent with individual inter-system bypass or diversion protocols and  
1251 protocols for patient choice or refusal.

1252  
1253 d) *The Director shall coordinate with and assist the EMS System Medical Directors*  
1254 *and Regional Stroke Advisory Subcommittee within each EMS Region to establish*  
1255 *protocols related to the assessment, treatment, and transport of possible acute*  
1256 *stroke patients by licensed emergency medical services providers. These*  
1257 *protocols shall include regional transport plans for the triage and transport of*  
1258 *possible acute stroke patients to the most appropriate CSC, TCSC, TRSC, PSC+,*  
1259 *PSC, or ASRH*~~Comprehensive Stroke Center, Primary Stroke Center or Acute~~  
1260 ~~Stroke-Ready Hospital~~, unless circumstances warrant otherwise. (Section  
1261 3.118.5(f) of the Act)

1262  
1263 e) *The Region's EMS Medical Directors and Trauma Center Medical Directors*  
1264 *Committees shall appoint any subcommittees that they deem necessary to address*  
1265 *specific issues concerning Region activities. (Section 3.30(c) of the Act)*

1266  
1267 f) Regional Pediatric Quality Improvement Subcommittee.  
1268 Each region shall have a regional pediatric quality improvement subcommittee.  
1269 Hospitals within each region that are designated as an SEDP, EDAP or PCCC  
1270 shall have their Pediatric Quality Coordinator (PQC) participate in their respective  
1271 regional pediatric quality improvement subcommittee, which shall minimally  
1272 meet on a quarterly basis and conduct regional pediatric quality improvement  
1273 projects. The chair of each regional subcommittee (or designee) shall report their  
1274 quality improvement activities to their Regional EMS Advisory Committee.

1275  
1276 (Source: Amended at 50 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

1277  
1278 **Section 515.250 Hospital Stroke Care Fund (Repealed)**

1279  
1280 a) ~~When funding is available, the Director will annually distribute, through matching~~  
1281 ~~grants, moneys deposited into the Hospital Stroke Care Fund. The Director will~~  
1282 ~~provide funds to the following:~~

1283  
1284 1) ~~Illinois hospitals that have been certified as Comprehensive Stroke~~  
1285 ~~Centers, Primary Stroke Centers and Acute Stroke-Ready Hospitals or that~~  
1286 ~~seek certification or designation or both as Comprehensive Stroke Centers,~~

- 1287 ~~Primary Stroke Centers and Acute Stroke Ready Hospitals. If certification~~  
1288 ~~or designation is not achieved within 12 months after receipt of the grant,~~  
1289 ~~all grant funds shall be returned to the Hospital Stroke Care Fund.~~  
1290  
1291 2) ~~Illinois hospitals that have been designated as Acute Stroke Ready~~  
1292 ~~Hospitals or that seek designation as Acute Stroke Ready Hospitals. If~~  
1293 ~~designation is not achieved within 12 months after receipt of the grant, all~~  
1294 ~~grant funds shall be returned to the Hospital Stroke Care Fund.~~  
1295  
1296 b) ~~Money, including appropriations, donations and grants, shall be deposited into the~~  
1297 ~~fund and allocated according to the hospital needs in each region.~~  
1298  
1299 e) ~~Award of Funds~~  
1300  
1301 1) ~~Any hospital licensed under the Hospital Licensing Act or operated under~~  
1302 ~~the University of Illinois Hospital Act may apply to the Department for~~  
1303 ~~funds.~~  
1304  
1305 2) ~~Applications shall be made in a manner and form prescribed by the~~  
1306 ~~Department. The form and instructions, including timelines for~~  
1307 ~~application submission and approval, will be posted on the Department's~~  
1308 ~~website.~~  
1309  
1310 3) ~~Each Regional Stroke Advisory Subcommittee shall forward to the~~  
1311 ~~Department matching grant recommendations that reflect a consensus of~~  
1312 ~~Comprehensive Stroke Centers, Primary Stroke Centers and Acute Stroke~~  
1313 ~~Ready Hospitals, or other hospitals seeking certification or designation,~~  
1314 ~~within their EMS Region. The Department will consider the~~  
1315 ~~Subcommittee's recommendations when awarding matching grants to~~  
1316 ~~hospitals seeking to improve stroke care.~~  
1317  
1318 4) ~~When applications exceed available funds, the Department *may consider*~~  
1319 ~~*prioritizing grant awards to hospitals in areas with the highest incidence*~~  
1320 ~~*of stroke, taking into account geographic diversity, where possible.*~~  
1321 ~~(Section 3.117.5(d) of the Act)~~  
1322  
1323 5) ~~All grant funds awarded shall be used exclusively for the establishment~~  
1324 ~~and retention of Comprehensive Stroke Centers, Primary Stroke Centers,~~  
1325 ~~Acute Stroke Ready Hospitals, stroke networks and improvement of~~  
1326 ~~stroke systems of care. Grant funds used for personnel costs shall be~~  
1327 ~~directly related to enhancement of stroke care. All grant funds are subject~~  
1328 ~~to the Illinois Grant Funds Recovery Act.~~  
1329

- 1330 d) ~~Subject to appropriation, the Director will award matching grants to:~~
- 1331
- 1332 1) ~~Hospitals for the acquisition and maintenance of necessary infrastructure,~~
- 1333 ~~including personnel, equipment, supplies, and pharmaceuticals for the~~
- 1334 ~~prevention, diagnosis, treatment and management of acute stroke patients~~
- 1335 ~~(Section 3.117.5(a) of the Act);~~
- 1336
- 1337 2) ~~Hospitals to pay the fee for certifications and re-certifications by~~
- 1338 ~~Department approved, nationally recognized certifying bodies or to~~
- 1339 ~~provide additional certification, education or training for directors of~~
- 1340 ~~stroke care, physicians, hospital staff, or emergency medical services~~
- 1341 ~~personnel authorized under the Act (Section 3.117.5(a) of the Act);~~
- 1342
- 1343 3) ~~Comprehensive Stroke Centers, Primary Stroke Centers and Acute Stroke-~~
- 1344 ~~Ready Hospitals for developing or enlarging stroke networks, for stroke~~
- 1345 ~~education, and to enhance the ability of the EMS System to respond to~~
- 1346 ~~possible acute stroke patients (Section 3.117.5(b) of the Act);~~
- 1347
- 1348 4) ~~Hospitals that have been certified as Comprehensive Stroke Centers,~~
- 1349 ~~Primary Stroke Centers or Acute Stroke Ready Hospitals (Section~~
- 1350 ~~3.226(b)(1) of the Act);~~
- 1351
- 1352 5) ~~Hospitals that seek certification or designation or both as Comprehensive~~
- 1353 ~~Stroke Centers, Primary Stroke Centers or Acute Stroke Ready Hospitals~~
- 1354 ~~(Section 3.226(b)(2) of the Act);~~
- 1355
- 1356 6) ~~Hospitals that have been designated Acute Stroke Ready Hospitals~~
- 1357 ~~(Section 3.226(b)(3) of the Act);~~
- 1358
- 1359 7) ~~Hospitals that seek designation as Acute Stroke Ready Hospitals (Section~~
- 1360 ~~3.226(b)(4) of the Act); and~~
- 1361
- 1362 8) ~~Grants will also be awarded for the development of stroke networks~~
- 1363 ~~(Section 3.226(b)(5) of the Act).~~
- 1364
- 1365 e) ~~Interfund transfers from the Hospital Stroke Care Fund shall be prohibited.~~
- 1366 ~~(Section 3.226(d) of the Act)~~
- 1367

(Source: Repealed at 50 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 515.255 Stroke Data Collection Fund**

1370

1371

- 1372 a) *The Stroke Data Collection Fund is created as a special fund in the State treasury*  
1373 *for the purpose of receiving appropriations, donations and grants collected by the*  
1374 *Department pursuant to Department designation of CSC, TCSC, TRSC, PSC+,*  
1375 *PSC, and ASRH~~Comprehensive Stroke Centers, Primary Stroke Centers and~~*  
1376 *~~Acute Stroke-Ready Hospitals.~~ ((Section 3.117.75 of the Act)*  
1377  
1378 b) *Moneys in the fund shall be used by the Department to support the data collection*  
1379 *provided for in Section 3.118 of the Act.*  
1380  
1381 c) *Any surplus funds beyond what are needed to support the data collection provided*  
1382 *for in Section 3.118 of the Act shall be used by the Department to support the*  
1383 *salary of the Department Stroke Coordinator or for other stroke-care initiatives,*  
1384 *including administrative oversight of stroke care. (Section 3.117.75(b) of the*  
1385 *Act)*  
1386

1387 (Source: Amended at 50 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)  
1388

1389 **SUBPART C: EMS SYSTEMS**

1390  
1391 **Section 515.330 EMS System Program Plan**  
1392

1393 An EMS System Program Plan shall contain the following information:  
1394

- 1395 a) The name, address and fax number of the Resource Hospital;  
1396  
1397 b) The names, resumes, and contact information that includes address, phone, and  
1398 email addresses of the following persons:  
1399  
1400 1) The EMS MD;  
1401  
1402 2) The Alternate EMS MD;  
1403  
1404 3) The EMS Administrative Director;  
1405  
1406 4) The EMS System Coordinator;  
1407  
1408 c) The name, address and fax number of each Associate or Participating Hospital  
1409 (see subsection (i));  
1410  
1411 d) The name, email address, and primary address of each transport and non-transport  
1412 provider, as well as vehicle locations participating within the EMS System;  
1413

- 1414 e) A map of the EMS System's service area indicating the location of all hospitals,  
1415 licensed healthcare facilities, and transport and non-transport providers  
1416 participating in the EMS System;  
1417
- 1418 f) Current letters of commitment from the following persons at the Resource  
1419 Hospital that describe the commitment of the writer and his or her office to the  
1420 development and ongoing operation of the EMS System, and that state the writer's  
1421 understanding of and commitment to any necessary changes, such as emergency  
1422 department staffing and educational requirements:  
1423
- 1424 1) The Chief Executive Officer of the hospital;
  - 1425
  - 1426 2) The Chief of the Medical Staff; and
  - 1427
  - 1428 3) The Director of the Nursing Services;
  - 1429
- 1430 g) A letter of commitment from the EMS MD that describes the EMS MD's  
1431 agreement to:  
1432
- 1433 1) Be responsible for the ongoing education of all System personnel,  
1434 including didactic and clinical experience;  
1435
  - 1436 2) Develop and authorize written standing orders (treatment protocols,  
1437 standard operating procedures) and certify that all involved personnel will  
1438 be knowledgeable and competent in emergency care;  
1439
  - 1440 3) Be responsible for supervising all personnel participating within the  
1441 System, as described in the System Program Plan;  
1442
  - 1443 4) Be responsible for developing or approving a system complaint form and  
1444 submitting the following to the Department on a monthly basis:  
1445
    - 1446 A) Number of EMS patient care complaints, including a brief synopsis  
1447 of the issue;
    - 1448
    - 1449 B) Outcome of the system investigation; and
    - 1450
    - 1451 C) Names and licenses of the EMS personnel involved in sustained  
1452 allegations.
    - 1453  - 1454 5) Develop or approve one or more patient care reports covering all types of  
1455 patient care responses performed by System providers;  
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- 6) Pursuant to Sec. 515.310(k), EMS Systems utilizing an approved EMS provider short patient care report form will require, at a minimum, the following data elements to be left at the receiving hospital:
    - A) Name of patient;
    - B) Age;
    - C) Vital Signs;
    - D) Chief complaint;
    - E) List of current medications;
    - F) List of allergies;
    - G) All treatment rendered;
    - H) Date;
    - I) Time of patient contact; and
    - J) Mechanism of injury.
  - 7) Develop a policy to ensure that patient care reports are filed and either transmitted or dropped off at the receiving hospital within 4 hours when a short form is not provided and 12 hours when a short form is provided;
  - 8) Ensure that the Department has access to all records, equipment and vehicles under the authority of the EMS MD during any Department inspection, investigation or site survey;
  - 9) Notify the Department of any changes in personnel providing pre-hospital care in accordance with the EMS System Program Plan approved by the Department;
  - 10) Be responsible for the total management of the System, including the enforcement of compliance with the System Program Plan by all participants within the System;
  - 11) Direct the applicant to the Department's Division of EMS website for access to an independent renewal form for EMS Personnel within the

- 1499 System who have not been recommended for relicensure by the EMS MD;  
1500 and  
1501
- 1502 12) Be responsible for compliance with the provisions of Sections 515.400  
1503 and 515.410;  
1504
- 1505 h) A description of the method of providing EMS services, which includes:  
1506
- 1507 1) Single vehicle response and transport;  
1508
- 1509 2) Dual vehicle response;  
1510
- 1511 3) Level of first response vehicle;  
1512
- 1513 4) Level of transport vehicle;  
1514
- 1515 5) A policy identifying when and how a patient may be transported directly  
1516 to *an EMS-System-approved mental health facility* if that patient.  
1517
- 1518 A) *has no immediate life-threatening injuries or illness;*  
1519
- 1520 B) *is not under the influence of drugs or alcohol;*  
1521
- 1522 C) *has no immediate or obvious need for transport to an emergency*  
1523 *department; and*  
1524
- 1525 D) *has an immediate need for transport to an EMS-approved mental*  
1526 *health facility. (Sec. 3.155(i) of the EMS System Act)*  
1527
- 1528 6) A policy identifying when a patient may be transported to an *EMS-System-*  
1529 *approved urgent care or immediate care facility that meets the proper*  
1530 *criteria and is approved by Online Medical Control or the EMS Medical*  
1531 *Director or Emergency Communications Registered Nurse. (Sec. 3.155(i)*  
1532 *of the Act)*  
1533
- 1534 7) A policy that describes in-field service level upgrade, using advanced  
1535 level EMS vehicle service providers;  
1536
- 1537 8) A policy that describes ambulance service provider and vehicle service  
1538 provider upgrade – rural population (optional);  
1539
- 1540 9) A policy for Alternative Staffing Models for private ambulance providers  
1541 consistent with Section 515.830(k);

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- 10) Use of mutual aid agreements; and
  - 11) Informing the caller requesting an emergency vehicle of the estimated time of arrival when this information is requested by the caller;
- i) A letter of commitment from each Associate Hospital, Participating Hospital or Veterans Health Administration facility within the System that includes the following:
- 1) Signed statements by the hospital's Chief Executive Officer, Chief of the Medical Staff and Director of the Nursing Service describing their commitments to the standards and procedures of the System;
  - 2) A description of how the hospital will relate to the EMS System Resource Hospital, its involvement in the ongoing planning and development of the program, and its use of the education and continuing education aspects of the program;
  - 3) Only at an Associate Hospital, a commitment to meet the System's educational standards for ECRNs;
  - 4) An agreement to abide by the system policy regarding the exchange of all medications and equipment with all pre-hospital providers participating in the System or other EMS System whose ambulances transport to them;
  - 5) An agreement to use the standard treatment orders as established by the Resource Hospital;
  - 6) An agreement to follow the operational policies and protocols of the System;
  - 7) A description of the level of participation in the education and continuing education of EMS Personnel;
  - 8) An agreement to collect and provide relevant data as determined by the Resource Hospital;
  - 9) A description of the hospital's or facility's data collection and reporting methods and the personnel responsible for maintaining all data;

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- 10) An agreement to allow the Department access to all records, equipment and vehicles relating to the System during any Department inspection, investigation or site survey;
  - 11) If the hospital is a participant in another System, a description of how it will interact within both Systems and how it will ensure that communications interference as a result of this dual participation will be minimized; and
  - 12) The names, email addresses, and resumes of the Associate Hospital EMS MD and Associate Hospital EMS Coordinator;
- j) A letter of commitment from each ambulance provider participating within the System that indicates compliance with Section 515.810;
- k) Descriptions and documentation of each communications requirement provided in Section 515.400;
- l) The Program Plan shall consist of the EMS System Manual, which shall be made accessible to all System Participants and shall include the following Sections:
- 1) Education
    - A) Curricula and standards for all education programs for EMS Personnel offered or authorized within the System shall be consistent with national EMS education standards, including any necessary transitional or bridge education to align System personnel with the current national EMS education standards.
    - B) Education, testing and credentialing requirements for ECRN, PHRN, PHPA, and PHAPRN.
    - C) Continuing education for EMS Personnel, including:
      - i) System requirements (hours, types of content, etc.);
      - ii) A plan for measurement of ongoing competency for all System Participants (i.e., quality assurance);
      - iii) Requirements for approval of academic course work;
      - iv) Didactic programs offered by the System;

- 1626 v) Clinical opportunities available within the System; and
- 1627
- 1628 vi) Recordkeeping requirements for participants, which must
- 1629 be maintained at the Resource Hospital.
- 1630
- 1631 D) Renewal Protocols
- 1632
- 1633 i) System examination requirements for EMS Personnel;
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- 1635 ii) Procedures for approval and the renewal of EMS
- 1636 Personnel;
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- 1638 iii) Requirements for submission of transaction cards for EMS
- 1639 Personnel meeting renewal requirements; and
- 1640
- 1641 iv) Department renewal application forms for EMS Personnel
- 1642 who have not met renewal requirements according to
- 1643 System records.
- 1644
- 1645 E) System Participant education and information, including:
- 1646
- 1647 i) Distribution of System Manual amendments;
- 1648
- 1649 ii) In-services for policy and protocol changes;
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- 1651 iii) Methods for communicating updates on System and
- 1652 regional activities, and other matters of medical, legal
- 1653 and/or professional interest; and
- 1654
- 1655 iv) Locations of library/resource materials, forms, schedules,
- 1656 etc.
- 1657
- 1658 F) A plan that describes how Emergency Medical dispatch agencies
- 1659 and EMRs participate within the EMS System Program Plan (see
- 1660 Sections 515.710 and 515.725).
- 1661
- 1662 G) A System may require that up to one-half of the continuing
- 1663 education hours that are required toward relicensure, as determined
- 1664 by the Department, be earned through attendance at System-
- 1665 required courses.
- 1666
- 1667 H) A didactic continuing education offering or course that has
- 1668 received a State site code or has been approved by other

1669 Department-approved national accrediting bodies shall be accepted  
1670 by the System, subject only to the requirements of subsection  
1671 (1)(1)(C).  
1672

1673 2) Medications and Equipment

- 1674 A) A list of all medications and equipment required for each type of  
1675 System vehicle;  
1676  
1677 B) Procedures for obtaining replacements at System hospitals; and  
1678  
1679 C) Policies for appropriate storage and security of medications.  
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1682 3) Personnel Requirements for EMS Personnel

- 1683 A) Minimum staffing for each type and level of vehicle; and  
1684  
1685 B) Guidelines for EMS Personnel patient interaction.  
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1688 4) EMS Protocols, including medical-legal policies, but not limited to:

- 1689 A) The Regional Standing Medical Orders; and  
1690  
1691 B) Administrative, Legal and EMS Protocols and Guidelines  
1692 (Appendix D).  
1693

1694  
1695 5) Communications standards and protocols, including:

- 1696 A) The information contained in the System Program Plan relating to  
1697 the requirements of Sections 515.410(a)(1), (2), (3) and (4) and  
1698 515.390(b) and (c);  
1699  
1700 B) Protocols ensuring that physician direction and voice orders to  
1701 EMS vehicle personnel and other hospitals participating in the  
1702 System are provided from the operational control point of the  
1703 Resource or Associate Hospital;  
1704  
1705 C) Protocols ensuring that the voice orders via radio and using  
1706 telemetry shall be given by or under the direction of the EMS MD  
1707 or the EMS MD's designee, who shall be either an ECRN or  
1708 physician;  
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1710 D) Protocols defining when an ECRN should contact a physician; and  
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- E) A policy requiring that all on-line medical direction calls are to be recorded for retrospective review for a minimum of 365 days, or consistent with the hospital's record retention policy, whichever is longer.
- 6) The EMS System shall have a quality improvement plan which describes how quality indicators and quality benchmarks are selected and how results and improved processes are communicated to the system participants.
- 7) The plan shall also include quality improvement measures for both adult and pediatric patient care that shall be performed on a quarterly basis and be available upon Department request; ambulance operation and System educational activities, including, but not limited to, monitoring educational activities to ensure that the instructions and materials are consistent with national EMS education standards for EMTs and Section 3.50 of the Act; unannounced inspections of pre-hospital services; and peer review.
- 8) Data collection and evaluation methods that include:
  - A) The process that will facilitate problem identification, evaluation, patient care gaps, disease/injury surveillance, and monitoring in reference to patient care and/or reporting discrepancies from hospital and pre-hospital providers;
  - B) A policy identifying any additional required data elements that the EMS provider shall include in their patient care report;
  - C) Identified benchmarks or thresholds that should be met;
  - D) A copy of the evaluation tool for the short reporting form, if used, and the pre-hospital reporting form; and
  - E) A sample of the required information and data submitted by the provider to be reported to the Department summarizing System activity (see Section 515.350).
- 9) Operational policies that delineate the respective roles and responsibilities of all providers in the System regarding the provision of emergency service, including policies identified in Appendix D.

- 1754 10) Each EMS System shall develop an administrative policy that provides the  
1755 IDPH Division of EMS and Highway Safety and its State Regional EMS  
1756 Coordinator with notification the next business day when an Illinois  
1757 licensed EMS crew member is killed in the line of duty.  
1758
- 1759 11) The responsibilities of the EMS MD.  
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- 1761 12) The responsibilities of the Alternate EMS MD.  
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- 1763 13) The responsibilities of the EMS Administrative Director.  
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- 1765 14) The responsibilities of the EMS System Coordinator, as designated by the  
1766 EMS MD and Resource Hospital, including, but not limited to, data  
1767 evaluation, quality management, complaint investigation, supervision of  
1768 all didactic education, clinical and field experiences, and physician and  
1769 nurse education as required by Section 515.320(h);  
1770
- 1771 m) *Written protocols for the bypassing of or diversion to any hospital, trauma center*  
1772 *or regional trauma center, STEMI center, CSC, TCSC, TRSC, PSC+, PSC,*  
1773 *~~ASRH Comprehensive Stroke Center, Primary Stroke Center, Acute Stroke-~~*  
1774 *~~Ready Hospital~~ or Emergent Stroke Ready Hospital, which provide that a person*  
1775 *shall not be transported to a facility other than the nearest hospital, regional*  
1776 *trauma center or trauma center, STEMI center, CSC, TCSC, TRSC, PSC+, PSC,*  
1777 *~~ASRH Comprehensive Stroke Center, Primary Stroke Center, Acute Stroke-Ready~~*  
1778 *~~Hospital~~ or Emergent Stroke Ready Hospital unless the medical benefits to the*  
1779 *patient reasonably expected from the provision of appropriate medical treatment*  
1780 *at a more distant facility outweigh the increased risks to the patient from*  
1781 *transport to the more distant facility, or the transport is in accordance with the*  
1782 *System's protocols for patient choice or refusal. (Section 3.20(c)(5) of the Act)*  
1783 The bypass status policy shall include criteria to address how the hospital will  
1784 manage pre-hospital patients with life threatening conditions within the hospital's  
1785 then-current capabilities while the hospital is on bypass status. In addition, a  
1786 hospital can declare a resource limitation, which is further outlined in the System  
1787 Plan, for the following conditions:  
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- 1789 1) There are no critical or monitored beds available in the hospital; or  
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- 1791 2) An internal disaster occurs in the hospital;  
1792
- 1793 n) Bypass status may not be honored or deemed reasonable if multiple hospitals in a  
1794 geographic area are on bypass status and transport time by an ambulance to the  
1795 nearest facility identified in the regional or system bypass plan exceeds 15  
1796 minutes;

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- o) Each hospital shall have a policy addressing peak census procedures and a surge capacity plan.
  
- p) The EMS Medical Director may allow for the Administration of an Initial Occupational Safety and Health Administration (OSHA) Respirator Medical Evaluation Questionnaire on behalf of fire personnel provided the following is in place:
  - 1) A licensed EMT, AEMT, EMT-I, Paramedic, PHRN, PHAPRN, or PHPA may administer the OSHA respiratory medical evaluation questionnaire according to the employer's written respiratory protection program and if permitted by the EMS System Medical Director and according to the policy submitted to the Department for approval as part of the System Plan;
  - 2) The licensed EMT, AEMT, EMT-I, Paramedic, PHRN, PHAPRN, or PHPA must have the appropriate training and education to administer the respiratory evaluation questionnaire;
  - 3) Training and education on the administration of the respiratory evaluation questionnaire is the responsibility of the employer;
  - 4) Any individual who administers the respiratory evaluation questionnaire shall make the appropriate referrals for medical examination with a Licensed Physician, APRN, or Physician Assistant as indicated in the Employer's Respiratory Protection Program;
  - 5) The employer must maintain all records regarding training and education of EMS personnel designated to administer the respiratory medical evaluation questionnaire and EMS Medical Director approval of their ability to administer the medical evaluation questionnaire at their agency. All records shall be made available to the EMS System or the Department upon request.

(Source: Amended at 50 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

SUBPART K: COMPREHENSIVE STROKE CENTERS,  
PRIMARY STROKE CENTERS, AND ACUTE STROKE-READY HOSPITALS

**Section 515.5000 Definitions**

For the purposes of this Subpart K:

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- a) *"Certification" or "certified" means certification of a CSC, TCSC, TRSC, PSC+, PSC, or ASRH, ~~Comprehensive Stroke Center (CSC), Primary Stroke Center or Acute Stroke Ready Hospital~~ using evidence-based standards, from a nationally recognized certifying body approved by the Department. (Section 3.116 of the Act) The State Stroke Advisory Subcommittee shall forward recommendations of certifying bodies to the Department at least annually. The Department will consult the State Stroke Advisory Subcommittee when reviewing and approving certifying bodies. The Department will maintain and post on the Department's Division of EMS website a current list of the names, phone numbers and website information, if available, of the approved certifying bodies. The list will be reviewed at least annually.*
- b) *"Designation" or "designated" means the Department's recognition of a hospital as a CSC, TCSC, TRSC, PSC+, PSC, or ASRH ~~CSC, Primary Stroke Center or Acute Stroke Ready Hospital~~. (Section 3.116 of the Act)*

(Source: Amended at 50 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 515.5004 Regional Stroke Advisory Subcommittee**

- a) *Of the members first appointed, one-third shall be appointed for a term of one year, one-third shall be appointed for a term of 2 years, and the remaining members shall be appointed for a term of 3 years. The terms of subsequent appointees shall be 3 years. (Section 3.116 of the Act)*
- b) *The Regional Stroke Advisory Subcommittee shall function as a subcommittee of the Regional EMS Advisory Committee and report biannually at regularly scheduled meetings as identified in Section 515.210(b) and (c). The Regional Stroke Advisory Subcommittee shall make recommendations to the Regional EMS Medical Directors related to the establishment and revision of evidence based protocols for the triage, treatment and transport of possible acute stroke patients to the appropriate CSC, TCSC, TRSC, PSC+, PSC, or ASRH ~~CSC, Primary Stroke Center or Acute Stroke Ready Hospital~~. The Regional Stroke Advisory Subcommittee shall assist with the development of stroke networks.*
- c) *The Regional Stroke Advisory Committee shall collect and evaluate de-identified stroke care data from regional stroke network hospitals and EMS Systems to evaluate and make recommendations to the Regional EMS MDs for improvement in regional stroke systems of care.*

(Source: Amended at 50 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

1883 **Section 515.5010 Stroke Care – Restricted Practices**

1884  
1885 *Sections in the Act pertaining to CSC, TCSC, TRSC, PSC+, PSC, or ASRH~~Comprehensive~~*  
1886 *~~Stroke Centers, Primary Stroke Centers or Acute Stroke Ready Hospitals~~ are not medical*  
1887 *practice guidelines and shall not be used to restrict the authority of a hospital to provide services*  
1888 *for which it has received a license under State law. (Section 3.119 of the Act)*

1889  
1890 (Source: Amended at 50 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

1891  
1892 **Section 515.5015 Comprehensive Stroke Center (CSC) Designation**

1893  
1894 a) Subject to Section 515.5017~~515.5040~~, *Comprehensive Stroke Center designation*  
1895 *shall remain valid at all times while the hospital maintains its certification as a*  
1896 *CSC, in good standing, with the certifying body.*

1897  
1898 b) *The duration of a CSC designation shall coincide with the duration of its CSC*  
1899 *certification.*

1900  
1901 c) *Each designated CSC shall have its designation automatically renewed upon the*  
1902 *Department's receipt of a copy of the certifying body's certification renewal and*  
1903 *an application form available through the Department. (Section 3.117(a-5)(5) of*  
1904 *the Act)*

1905  
1906 d) *A hospital shall submit a copy of its certification renewal from the certifying body*  
1907 *as soon as practical, but no later than 30 business days after the hospital receives*  
1908 *the certification.*

1909  
1910 (Source: Amended at 50 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

1911  
1912 **Section 515.5090 Data Collection and Submission**

1913  
1914 a) *The Department may administer a data collection system to collect data that is*  
1915 *already reported by designated CSC, TCSC, TRSC, PSC+, PSC, and*  
1916 *ASRH~~Comprehensive Stroke Centers, Primary Stroke Centers, and Acute Stroke-~~*  
1917 *~~Ready Hospitals~~ to their certifying body, to fulfill certification requirements.*  
1918 *CSC, TCSC, TRSC, PSC+, PSC, and ASRH~~CSCs, PSCs and ASRHs~~ may provide*  
1919 *data used in submission to their certifying body, to satisfy any Department*  
1920 *reporting requirements. The Department may require submission of data*  
1921 *elements in a format that is used statewide. If the Department establishes*  
1922 *reporting requirements for designated CSC, TCSC, TRSC, PSC+, PSC, and*  
1923 *ASRH~~CSCs, PSCs and ASRHs~~, the Department shall permit each designated*  
1924 *CSC, TCSC, TRSC, PSC+, PSC, and ASRH~~CSC, PSC and ASRH~~ to capture*  
1925 *information using existing electronic reporting tools used for certification*

1926 *purposes. Nothing in this Section shall be construed to empower the Department*  
1927 *to specify the form of internal recordkeeping. (Section 3.118(e) of the Act*

1928  
1929 b) *Stroke data collection systems and all stroke-related data collected from hospitals*  
1930 *shall comply with the following requirements:*

1931  
1932 1) *The confidentiality of patient records shall be maintained in accordance*  
1933 *with State and federal laws.*

1934  
1935 2) *Hospital proprietary information and the names of any hospital*  
1936 *administrator, health care professional, or employee shall not be subject*  
1937 *to disclosure.*

1938  
1939 3) *Information submitted to the Department shall be privileged and strictly*  
1940 *confidential and shall be used only for the evaluation and improvement of*  
1941 *hospital stroke care. Stroke data collected by the Department shall not be*  
1942 *directly available to the public and shall not be subject to civil subpoena,*  
1943 *nor discoverable or admissible in any civil, criminal, or administrative*  
1944 *proceeding against a health care facility or health care professional.*  
1945 *(Section 3.118(d) of the Act)*

1946  
1947 (Source: Amended at 50 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

1948  
1949 **Section 515.5110 Thrombectomy Capable Stroke Center, Thrombectomy Ready Stroke**  
1950 **Center, and Primary Stroke Center Plus Designation**

1951  
1952 a) Subject to Section 515.5040, TCSC, TRSC, and PSC+ designation shall remain  
1953 valid at all times while the hospital maintains its certification as a TCSC, TRSC,  
1954 and PSC+ in good standing, with the certifying body.

1955  
1956 b) The duration of a TCSC, TRSC, and PSC+ designation shall coincide with the  
1957 duration of its TCSC, TRSC, and PSC+ certification,

1958  
1959 c) Each designated TCSC, TRSC, and PSC+ shall have its designation  
1960 automatically renewed upon the Department's receipt of a copy of the certifying  
1961 body's certification renewal and an application form available through the  
1962 Department. (Section 3.117(a-5)(5) of the Act), and

1963  
1964 d) A hospital shall submit a copy of its certification renewal from the certifying body  
1965 as soon as practical, but no later than 30 business days after the hospital receives  
1966 the certification.

1967  
1968 (Source: Added at 50 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

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**Section 515.5120 Request for Thrombectomy Capable Stroke Center, Thrombectomy Ready Stroke Center, and Primary Stroke Center Plus**

- a) A hospital that is already certified as a TCSC, TRSC, or PSC+ by a nationally recognized certifying body approved by the Department shall send a copy of the Certificate and annual fee to the Department along with an application available through the Department. (Section 3.117(a)(3.5)(a-5) and (5) of the Act)
- b) Within 30 business days after the Department receives the hospital's certificate indicating that the hospital is a certified TCSC, TRSC, or PSC+ in good standing with the certifying body and the application available through the Department, the hospital shall be deemed to be a State-designated TCSC, TRSC, or PSC+.
- c) The Department will send designation notices to hospitals that it designates as TCSC, TRSC, and PSC+. A list of designated TCSC, TRSC, and PSC+ will be maintained on the Department's Division of EMS website. Names of designated TCSC, TRSC, and PSC+ will be added upon designation. Names will be removed from the website designation list in accordance with Section 3.118(c) of the Act.
- d) The application available through the Department shall include a statement that the hospital meets the requirements for TCSC, TRSC, or PSC+ designation in Section 3.117 of the Act. The applicant hospital shall provide the following:
  - 1) Hospital name and address;
  - 2) Hospital chief executive officer/administrator typed name and signature;
  - 3) Hospital stroke medical director typed name and signature; and
  - 4) Contact person typed name, email address and phone number.
- e) The application available through the Department will instruct the hospital to provide proof of current TCSC, TRSC, or PSC+ certification from a nationally recognized certifying body approved by the Department.
- f) A hospital designated as a TCSC, TRSC, or PSC+ shall pay an annual fee of \$450.

(Source: Added at 50 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)

**Section 515.5130 Suspension and Revocation of Thrombectomy Capable Stroke Center, Thrombectomy Ready Stroke Center, and Primary Stroke Center Plus**

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- a) *A hospital that no longer meets nationally recognized, evidence-based standards for TCSC, TRSC, or PSC+, or loses its TSC or PSC+ certification, shall notify the Department, the hospital's EMS MD, and the Regional EMS Advisory Committee, in writing, within 5 business days, upon notification from the certifying body. (Section 3.117(a-5)(6)(A) of the Act)*
  
- b) Suspension of Designation
  - 1) *The Department shall have the authority and responsibility to suspend or revoke the hospital's TCSC, TRSC, or PSC+ designation upon receiving notice that the hospital's TCSC, TRSC, or PSC+ certification has lapsed or been revoked by the State recognized certifying body. (Section 3.117(a-5)(4)(A) of the Act)*
  
  - 2) *The Department shall have the authority and responsibility to suspend the hospital's TCSC, TRSC, and PSC+ designation in extreme circumstances in which patients may be at risk for immediate harm or death, until such time as the certifying body investigates and makes a final determination regarding certification. (Section 3.117(a-5)(4)(B) of the Act) The Department will notify the hospital's certifying body and provide the hospital and EMS MD with written notice of the Department's decision to suspend designation.*
  
  - 3) *Upon receipt of the Department's written notice to suspend designation, the hospital shall have 15 business days in which to make a written request for an administrative hearing to contest the Department's decision. Administrative hearings will be conducted in accordance with Section 515.180. The Department will notify the hospital, the EMS MD, and the hospital's certifying body of the Department's final administrative decision to revoke designation.*
  
  - 4) *The Department will suspend the hospital's TCSC, TRSC, and PSC+, designation at the request of a hospital seeking to suspend its own Department designation. (Section 3.117(a-5)(4)(D) of the Act)*
  
  - 5) *The Department shall have the authority to conduct investigations. All applicants for designation and designees shall fully cooperate with any Department investigation, including providing patient medical records as requested by the Department. (Section 3.125(d) of the Act) The failure to fully cooperate shall be grounds for denying, suspending, or revoking a designation.*

2055           c)   The Department will restore any previously suspended or revoked Department  
2056           designation upon notice to the Department that the certifying body has confirmed  
2057           or restored the TCSC, TRSC, or PSC+ certification of that previously designated  
2058           hospital. (Section 3.117(a-5)(4)(C) of the Act)

2059  
2060           (Source: Added at 50 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_)