

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Emergency Medical Services and Trauma Center Code
- 2) Code Citation: 77 Ill. Adm. Code 515
- 3)

<u>Section Numbers:</u>	<u>Adopted Action:</u>
515.100	Amended
515.470	New
515.630	New
515.835	New
515.840	New
515.845	New
- 4) Statutory Authority: Emergency Medical Services (EMS) Systems Act [210 ILCS 50]
- 5) Effective Date of Rulemaking: October 21, 2011
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? No
- 8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection.
- 9) Notice of Proposed Amendments Published in Illinois Register: May 20, 2011; 35 Ill. Reg. 7926
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between proposal and final version:

The following changes were made in response to JCAR suggestions during the first notice period:

1. In Section 515.470(a), add "vehicle service" after "*EMS*".
2. In Section 515.470(c), change "Requirement" to "Requirements" and add (77 Ill. Adm. Code 250)".
3. In Section 515.470 relabel "g)", "h)" and "i)" as "f)", "g)" and "h)".

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4. In Section 515.630(d), after "Part", add "to determine if the applicant qualifies for the licensure level applied for".
5. In Section 515.630(f), after "examination", add "and having paid all required fees".
6. In Section 515.630(f), add "and 515.460" after "515.530 and after "issued", add "as set forth in Section 515.590".

The following changes were made in response to comments and suggestions of JCAR:

1. In Section 515.470(c), change "[210 ILCS 85]" to "(77 Ill. Adm. Code 250)".
2. In Section 515.470(h), after the period, add "(Section 3.85(b)(7) of the Act)".
3. In Section 515.630(c), after the period, add "(Section 3.50(d)(2.5) of the Act)".

In addition, various typographical, grammatical, and form changes were made in response to the comments from JCAR.

- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 14) Are there any amendments pending on this Part? Yes

<u>Section Numbers:</u>	<u>Proposed Action:</u>	<u>Ill. Reg. Citation:</u>
515.100	Amend	35 Ill. Reg. 10520; July 8, 2011
515.125	Amend	35 Ill. Reg. 10520; July 8, 2011
515.445	Amend	35 Ill. Reg. 10520; July 8, 2011
515.825	Amend	35 Ill. Reg. 10520; July 8, 2011
515.830	Amend	35 Ill. Reg. 10520; July 8, 2011
515.3090	New	35 Ill. Reg. 10520; July 8, 2011
515.4000	Amend	35 Ill. Reg. 10520; July 8, 2011
515.4010	Amend	35 Ill. Reg. 10520; July 8, 2011
515.4020	New	35 Ill. Reg. 10520; July 8, 2011
515.APPENDIX D	Amend	35 Ill. Reg. 10520; July 8, 2011

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515.APPENDIX K	Amend	35 Ill. Reg. 10520; July 8, 2011
515.APPENDIX L	Amend	35 Ill. Reg. 10520; July 8, 2011
515.APPENDIX M	Amend	35 Ill. Reg. 10520; July 8, 2011
515.APPENDIX N	New	35 Ill. Reg. 10520; July 8, 2011
515.APPENDIX O	New	35 Ill. Reg. 10520; July 8, 2011
515.APPENDIX P	New	35 Ill. Reg. 10520; July 8, 2011
515.860	New	35 Ill. Reg. 12645; July 29, 2011
515.750	Amend	35 Ill. Reg. 14071; August 19, 2011

- 15) Summary and Purpose of Rulemaking: The rules in Part 515 set forth requirements for Emergency Medical Services Systems, including licensing requirements for emergency medical technicians and vehicle service providers. The rules are amended to implement several recent statutory changes. Public Act 96-540 amended the Emergency Medical Services (EMS) Systems Act (Act) to authorize the Department to review applications for EMT licensure from honorably discharged members of the U.S. armed forces who have emergency medical training. Public Act 96-702 amended the Act to include requirements for stretcher van providers. Stretcher van providers are defined as entities licensed by the Department to provide non-emergency transportation of passengers on a stretcher, in compliance with the Act and this Part, using stretcher vans. Public Act 96-1009 amended the Act to permit limited EMS System participation by facilities operated by the United States Department of Veterans Affairs, Veterans Health Administration, thus allowing EMS providers to transport patients to Veterans Health Administration facilities that voluntarily participate in an EMS System. This rulemaking amends the Definitions section and adds new sections to reflect the statutory requirements.
- 16) Information and questions regarding these adopted amendments shall be directed to:
Susan Meister
Division of Legal Services
Department of Public Health
535 West Jefferson, 5th Floor
Springfield, Illinois 62761

e-mail: dph.rules@illinois.gov
217/782-2043

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TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER f: EMERGENCY SERVICES AND HIGHWAY SAFETYPART 515
EMERGENCY MEDICAL SERVICES AND TRAUMA CENTER CODE

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[515.835 Stretcher Van Provider Licensing Requirements](#)
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515.APPENDIX A A Request for Designation (RFD) Trauma Center
515.APPENDIX B A Request for Renewal of Trauma Center Designation
515.APPENDIX C Minimum Trauma Field Triage Criteria
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515.APPENDIX G	Credentials of General/Trauma Surgeons Level I and Level II
515.APPENDIX H	Credentials of Emergency Department Physicians Level I and Level II
515.APPENDIX I	Credentials of General/Trauma Surgeons Level I and Level II Pediatric Trauma Centers
515.APPENDIX J	Credentials of Emergency Department Physicians Level I and Level II Pediatric Trauma Centers
515.APPENDIX K	Application for Facility Recognition for Emergency Department with Pediatrics Capabilities
515.APPENDIX L	Pediatric Equipment Recommendations for Emergency Departments
515.APPENDIX M	Interfacility Pediatric Trauma and Critical Care Consultation and/or Transfer Guideline

AUTHORITY: Implementing and authorized by the Emergency Medical Services (EMS) Systems Act [210 ILCS 50].

SOURCE: Emergency Rule adopted at 19 Ill. Reg. 13084, effective September 1, 1995 for a maximum of 150 days; emergency expired January 28, 1996; adopted at 20 Ill. Reg. 3203, effective February 9, 1996; emergency amendment at 21 Ill. Reg. 2437, effective January 31, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 5170, effective April 15, 1997; amended at 22 Ill. Reg. 11835, effective June 25, 1998; amended at 22 Ill. Reg. 16543, effective September 8, 1998; amended at 24 Ill. Reg. 8585, effective June 10, 2000; amended at 24 Ill. Reg. 9006, effective June 15, 2000; amended at 24 Ill. Reg. 19218, effective December 15, 2000; amended at 25 Ill. Reg. 16386, effective December 20, 2001; amended at 26 Ill. Reg. 18367, effective December 20, 2002; amended at 27 Ill. Reg. 1277, effective January 10, 2003; amended at 27 Ill. Reg. 6352, effective April 15, 2003; amended at 27 Ill. Reg. 7302, effective April 25, 2003; amended at 27 Ill. Reg. 13507, effective July 25, 2003; emergency amendment at 29 Ill. Reg. 12640, effective July 29, 2005, for a maximum of 150 days; emergency expired December 25, 2005; amended at 30 Ill. Reg. 8658, effective April 21, 2006; amended at 32 Ill. Reg. 16255, effective September 18, 2008; amended at 35 Ill. Reg. 6195, effective March 22, 2011; amended at 35 Ill. Reg. 15278, effective August 30, 2011; amended at 35 Ill. Reg. 16697, effective September 29, 2011; amended at 35 Ill. Reg. 18331, effective October 21, 2011.

SUBPART A: GENERAL

Section 515.100 Definitions

For the purposes of this Part:

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

Advanced Life Support ~~(ALS)~~ Services or ALS Services – an advanced level of pre-hospital and inter-hospital emergency care and non-emergency medical care that includes basic life support care, cardiac monitoring, cardiac defibrillation, electrocardiography, intravenous therapy, administration of medications, drugs and solutions, use of adjunctive medical devices, trauma care, and other authorized techniques and procedures as outlined in the Advanced Life Support National Curriculum of the United States Department of Transportation and any modifications to that curriculum specified in this Part. (Section 3.10 of the Act)

Aeromedical Crew Member or Watercraft Crew Member or Off-road SEMSV Crew Member – an individual, other than an EMS pilot, who has been approved by an SEMSV Medical Director for specific medical duties in a helicopter or fixed-wing aircraft, on a watercraft, or on an off-road SEMSV used in a Department-certified SEMSV Program.

Alternate EMS Medical Director or Alternate ~~EMS MDEMSMD~~ – the physician who is designated by the Resource Hospital to direct the ALS/ILS/BLS operations in the absence of the EMS Medical Director.

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

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

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

Associate Hospital – a hospital participating in an approved EMS System in

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accordance with the EMS System Program Plan, fulfilling the same clinical and communications requirements as the Resource Hospital. This hospital has neither the primary responsibility for conducting training programs nor the responsibility for the overall operation of the EMS System program. The Associate Hospital must have a basic or comprehensive Emergency Department with 24-hour physician coverage. It must have a functioning Intensive Care Unit and/or a Cardiac Care Unit.

Associate Hospital EMS Coordinator – the EMT-P or Registered Nurse at the Associate Hospital who shall be responsible for duties in relation to the ALS, ILS or BLS System, in accordance with the Department-approved EMS System Program Plan.

Associate Hospital EMS Medical Director – the physician at the Associate Hospital who shall be responsible for the day-to-day operations of the Associate Hospital in relation to the ALS, ILS, or BLS System, in accordance with the Department-approved EMS System Program Plan.

Basic Emergency Department – a classification of a hospital Emergency Department where at least one physician is available in the Emergency Department at all times; physician specialists are available in minutes; and ancillary services including laboratory, x-ray and pharmacy are staffed or are "on-call" at all times in accordance with Section 250.710 of the Hospital Licensing Requirements (77 Ill. Adm. Code 250).

Basic Life Support (~~BLS~~) Services or BLS Services – a basic level of pre-hospital and inter-hospital emergency care and non-emergency medical care that includes airway management, cardiopulmonary resuscitation (CPR), control of shock and bleeding and splinting of fractures, as outlined in a Basic Life Support National Curriculum of the United States Department of Transportation and any modifications to that curriculum specified in this Part. (Section 3.10 of the Act)

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

Certified Registered Nurse Anesthetist or CRNA – a licensed registered professional nurse who has had additional education beyond the registered

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professional nurse requirements at a school/program accredited by the National Council on Accreditation, and passed the certifying exam given by the National Council on Certification, and who by participating in 40 hours of continuing education every two years, has been recertified by the National Council on Recertification.

Channel, Half-Duplex – a radio channel that transmits and receives signals, but in only one direction at a time.

CME – continuing medical education.

Comprehensive Emergency Department – a classification of a hospital Emergency Department where at least one licensed physician is available in the Emergency Department at all times; physician specialists shall be available in minutes; ~~and~~ ancillary services including laboratory and x-ray are staffed at all times; and pharmacy is staffed or "on-call" at all times in accordance with Section 250.710 of the Hospital Licensing Requirements (77 Ill. Adm. Code 250).

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

Department – the Illinois Department of Public Health. (Section 3.5 of the Act)

Director – the Director of the Illinois Department of Public Health or his/her designee. (Section 3.5 of the Act)

Dysrhythmia – a variation from the normal electrical rate and sequences of cardiac activity, also including abnormalities of impulse formation and conduction.

Effective Radiated Power ~~or ERP(ERP)~~ – the power gain of a transmitting antenna multiplied by the net power accepted by the antenna from the connected transmitter.

Electrocardiogram ~~or EKG(EKG)~~ – a single lead graphic recording of the electrical activity of the heart by a series of deflections that represent certain components of the cardiac cycle.

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Emergency – a medical condition of recent onset and severity that would lead a prudent lay person, possessing an average knowledge of medicine and health, to believe that urgent or unscheduled medical care is required. (Section 3.5 of the Act)

Emergency Communications Registered Nurse or ECRN – a registered professional nurse, licensed under the ~~Nurse~~Nursing and Advanced Practice Nursing Act [225 ILCS 65], who has successfully completed supplemental education in accordance with this Part and who is approved by an EMS Medical Director to monitor telecommunications from and give voice orders to EMS System personnel, under the authority of the EMS Medical Director and in accordance with System protocols. (Section 3.80 of the Act) These individuals were formerly called MICNS.

Emergency Medical Dispatcher – a person who has successfully completed a training course in emergency medical dispatching meeting or exceeding the National Curriculum of the United States Department of Transportation in accordance with this Part, who accepts calls from the public for emergency medical services and dispatches designated emergency medical services personnel and vehicles. (Section 3.70 of the Act)

Emergency Medical Dispatch Priority Reference System or medical dispatch priority reference system (EMDPRS) – an EMS System's organized approach to the receipt, management and disposition of a request for emergency medical services.

Emergency Medical Services ~~(EMS)~~ System or EMS System or System – an organization of hospitals, vehicle service providers and personnel approved by the Department in a specific geographic area, which coordinates and provides pre-hospital and inter-hospital emergency care and non-emergency medical transports at a BLS, ILS and/or ALS level pursuant to a System Program Plan submitted to and approved by the Department and pursuant to the EMS Regional Plan adopted for the EMS Region in which the System is located. (Section 3.20 of the Act)

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

Emergency Medical Technician-Basic or EMT-B – a person who has successfully

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completed a course of instruction in basic life support as prescribed by the Department, is currently licensed by the Department in accordance with standards prescribed by the Act and this Part and practices within an EMS System. (Section 3.50 of the Act)

Emergency Medical Technician-Coal Miner – for purposes of the Coal Mine Medical Emergencies Act, an EMT-B, EMT-I or EMT-P who has received training emphasizing extrication from a coal mine.

Emergency Medical Technician-Intermediate or EMT-I – a person who has successfully completed a course of instruction in intermediate life support as prescribed by the Act and this Part and practices within an Intermediate or Advanced Life Support EMS System. (Section 3.50 of the Act)

Emergency Medical Technician-Paramedic or EMT-P – a person who has successfully completed a course of instruction in advanced life support care as prescribed by the Department, is licensed by the Department in accordance with standards prescribed by the Act and this Part and practices within an Advanced Life Support EMS System. (Section 3.50 of the Act)

EMS Administrative Director – the administrator, appointed by the Resource Hospital with the approval of the EMS Medical Director, responsible for the administration of the EMS System.

EMS Medical Director or [EMS MDEMSMD](#) – the physician, appointed by the Resource Hospital, who has the responsibility and authority for total management of the EMS System.

EMS Lead Instructor – a person who has successfully completed a course of education as prescribed by the Department in this Part, and who is currently approved by the Department to coordinate or teach education, training and continuing education courses, in accordance with this Part. (Section 3.65 of the Act)

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

EMS System Coordinator – the designated individual responsible to the EMS Medical Director and EMS Administrative Director for coordination of the

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educational and functional aspects of the System program.

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

First Responder – a person who has successfully completed a course of instruction in emergency first response as prescribed by the Department, who provides first response services prior to the arrival of an ambulance or specialized emergency medical services vehicle, in accordance with the level of care established in the emergency first response course. (Section 3.60 of the Act)

First Response Services – a preliminary level of pre-hospital emergency care that includes cardiopulmonary resuscitation (CPR), monitoring vital signs and control of bleeding, as outlined in the First Responder curriculum of the United States Department of Transportation and any modifications to that curriculum specified in this Part. (Section 3.10 of the Act)

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

Full-Time – on duty a minimum of 36 hours, four days a week.

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

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

Hospital – *has the meaning ascribed to that term in Section 3 of the Hospital Licensing Act [210 ILCS 85]. (Section 3.5 of the Act)*

Instrument Flight Rules or IFR – the operation of an aircraft in weather minimums below the minimums for flight under visual flight rules (VFR). (See General Operating and Flight Rules, 14 CFR 91.115 through 91.129.)

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Instrument Meteorological Conditions ~~or IMC~~(~~IMC~~) – meteorological conditions expressed in terms of visibility, distance from clouds and ceiling, which require Instrument Flight Rules.

Intermediate Life Support (~~ILS~~) *Services* or ILS Services – an intermediate level of pre-hospital and inter-hospital emergency care and non-emergency medical care that includes basic life support care, plus intravenous cannulation and fluid therapy, invasive airway management, trauma care, and other authorized techniques and procedures as outlined in the Intermediate Life Support National Curriculum of the United States Department of Transportation and any modifications to that curriculum specified in this Part. (Section 3.10 of the Act)

Level I Trauma Center – a hospital participating in an approved EMS System and designated by the Department pursuant to Section 515.2030 of this Part to provide optimal care to trauma patients and to provide all essential services in-house, 24 hours per day.

Level II Trauma Center – a hospital participating in an approved EMS System and designated by the Department pursuant to Section 515.2040 of this Part to provide optimal care to trauma patients, to provide some essential services available in-house 24 hours per day, and to provide other essential services readily available 24 hours a day.

Licensee – an individual or entity to which the Department has issued a license.

Limited Operation Vehicle – a vehicle which is licensed by the Department to provide basic, intermediate or advanced life support emergency or non-emergency medical services that are exclusively limited to specific events or locales. (Section 3.85 of the Act)

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

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 trauma and/or treatment rendered or omitted.

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

Non-emergency Medical Care – medical services rendered to patients whose condition does not meet the Act's definition of emergency, during transportation of such patients to health care facilities for the purpose of obtaining medical or health care services which are not emergency in nature, using a vehicle regulated by the Act and this Part. (Section 3.10 of the Act)

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.

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

Pediatric Trauma Patient – trauma patient from birth to 15 years of age.

Physician – any person licensed to practice medicine in all of its branches under the Medical Practice Act of 1987 [225 ILCS 90].

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

Portable Radio – a hand-held radio that accompanies the user during the conduct of emergency medical services.

Pre-Hospital Care – those emergency medical services rendered to emergency patients for analytic, resuscitative, stabilizing, or preventive purposes, precedent to and during transportation of such patients to hospitals. (Section 3.10 of the Act)

Pre-Hospital Care Provider – a System Participant or any EMT-B, I, P, Ambulance, Ambulance Provider, EMS Vehicle, Associate Hospital, Participating Hospital, EMS System Coordinator, Associate Hospital EMS Coordinator,

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Associate Hospital EMS Medical Director, ECRN or Physician serving on an ambulance or giving voice orders over an EMS System and subject to suspension by the EMS Medical Director of that System in accordance with the policies of the EMS System Program Plan approved by the Department.

Pre-Hospital Registered Nurse or Pre-Hospital RN – a registered professional nurse, licensed under the Nursing and Advanced Practice Nursing Act, who has successfully completed supplemental education in accordance with this Part and who is approved by an EMS Medical Director to practice within an EMS System as emergency medical services personnel for pre-hospital and inter-hospital emergency care and non-emergency medical transports. (Section 3.80 of the Act)
This individual was formerly called a Field RN.

Regional EMS Advisory Committee – a committee formed within an Emergency Medical Services (EMS) 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 Emergency Medical Technician (EMT)/Pre-Hospital RN from each level of EMT/Pre-Hospital RN 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, Illinois 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*

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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 Trauma Advisory Committee – a committee formed within an Emergency Medical Services (EMS) Region, to advise the Region's Trauma Center Medical Directors Committee, consisting of at least the Trauma Center Medical Directors and Trauma Coordinators from each Trauma Center within the Region, one EMS Medical Director from a Resource Hospital within the Region, one EMS System Coordinator from another Resource Hospital within the Region, one representative each from a public and private vehicle service provider which transports trauma patients within the Region, an administrative representative from each Trauma Center within the Region, one EMT representing the highest level of EMT practicing within the Region, one emergency physician and one Trauma Nurse Specialist (TNS) currently practicing in a Trauma Center. The Department's Regional EMS Coordinator for each Region shall serve as a non-voting member of that Region's Trauma Advisory Committee. (Section 3.25 of the Act)

Registered Nurse or Registered Professional Nurse or RN – a person who is licensed as a professional nurse under the Nursing and Advanced Practice Nursing Act [225 ILCS 65].

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

SEMSV Medical Control Point or Medical Control Point – the communication center from which the SEMSV Medical Director or his or her designee issues medical instructions or advice to the aeromedical, watercraft, or off-road SEMSV crew members.

SEMSV Medical Director or Medical Director – the physician appointed by the SEMSV Program who has the responsibility and authority for total management

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of the SEMSV Program, subject to the requirements of the EMS System of which the SEMSV Program is a part.

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

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

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

Over 50 percent of the vehicle's operational (e.g., 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 registered nurses 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

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the Hospital Licensing Requirements (77 Ill. Adm. Code 250).

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

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)

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

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

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

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

Telecommunications Equipment – a radio capable of transmitting and/or receiving voice and electrocardiogram (EKG) signals.

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Telemetry – the transmission of data by wire, radio, or other means from remote sources to a receiving station for recording and analysis.

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

Trauma Category I – a classification of trauma patients in accordance with ~~Section 515~~.Appendix C and ~~515~~.Appendix F of this Part.

Trauma Category II – a classification of trauma patients in accordance with ~~Section 515~~.Appendix C and ~~515~~.Appendix F of this Part.

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

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

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

Trauma Coordinator – a registered nurse working in conjunction with the Trauma Medical Director. The Trauma Coordinator is responsible for the organization of service and systems necessary for a multidisciplinary approach throughout the continuum of trauma care.

Trauma Nurse Specialist or TNS – a registered professional nurse who has successfully completed education and testing requirements as prescribed by the Department, and is certified in accordance with this Part. (Section 3.75 of the Act)

Trauma Nurse Specialist Course Coordinator ~~or TNSCC~~(TNSCC) – a registered nurse appointed by the Chief Executive Officer of a hospital designated as a TNS Training Site, who meets the requirements of Section 515.750 of this Part.

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Trauma Service – an identified hospital surgical service in a Level I or Level II Trauma Center functioning under a designated trauma director in accordance with Sections 515.2030(c) and 515.2040(c) of this Part.

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

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

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

(Source: Amended at 35 Ill. Reg. 18331, effective October 21, 2011)

SUBPART C: EMS SYSTEMS

Section 515.470 Participation by Veterans Health Administration Facilities

- a) *Subject to patient preference, Illinois EMS vehicle service providers may transport patients to Veterans Health Administration facilities that voluntarily participate in an EMS System. (Section 3.20(c)(11) of the Act)*
- b) *Any Veterans Health Administration facility seeking limited participation in an EMS System shall agree to comply with the emergency department requirements set forth in the Hospital Licensing Requirements and with the requirements of this Section. (Section 3.20(c)(11) of the Act)*
- c) *The types of Veterans Health Administration facilities that may participate in an EMS System (Section 3.20(c)(11) of the Act): A Veterans Health Administration facility that meets the minimum standards for a basic or comprehensive emergency department as established by the Hospital Licensing Requirements (77 Ill. Adm. Code 250) that has the ability to promptly evaluate, treat, stabilize, admit or transfer patients to an appropriate hospital capable of providing the appropriate level of care based upon individual patient needs.*

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- d) A Veterans Health Administration facility seeking to participate in an EMS System shall apply in writing to the EMS MD of the System for approval. The facility shall indicate the level at which it seeks to participate (i.e., participating, associate or resource hospital), in accordance with Section 515.320 of this Part and, in the case of a resource hospital, Section 515.300 of this Part. Approval shall be based on the facility's demonstration that it can provide care at the level of participation being sought, in accordance with the requirements of the Act and this Part.
- e) The EMS MD shall notify the facility and the Department of the approval and the type of patients for which care is approved. If the EMS MD denies the approval, the denial shall be issued in writing and shall include the reasons for denial.
- f) The EMS System shall submit a revised System Program Plan to the Department providing for participation of the facility at the level approved by the EMS MD.
- g) Participating facilities shall agree to comply with the requirements of the EMS System Plan as set forth in Section 515.330 of this Part, System protocols established by the System, and any other applicable requirements of this Part, unless waived by the Department in accordance with Section 3.185 of the Act and Section 515.150 of this Part.
- h) If at any time the Director or his or her designee has determined that an immediate and serious danger to the public health, safety and welfare exists, the Department will issue an emergency order in accordance with Section 3.85(b)(7) of the Act to prevent licensed vehicle providers from transporting patients to the facility's emergency department. (Section 3.85(b)(7) of the Act)

(Source: Added at 35 Ill. Reg. 18331, effective October 21, 2011)

SUBPART D: EMERGENCY MEDICAL TECHNICIANS

Section 515.630 Evaluation and Recognition of Military Experience and Education

- a) The Department will review applications for EMT licensure from honorably discharged members of the armed forces of the United States with military emergency medical training. (Section 3.50(d)(2.5) of the Act)

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- b) The Department will provide application forms. Applications shall be filed with the Department within one year after military discharge and shall contain the following:
- 1) Documentation that the application is being filed within one year after military discharge;
 - 2) Proof of successful completion of military emergency medical training;
 - 3) A detailed description of the emergency medical curriculum completed, including official documentation demonstrating basic coursework and curriculum; and
 - 4) A detailed description and official documentation of the applicant's clinical experience. (Section 3.50(d)(2.5) of the Act)
- c) The Department may request additional and clarifying information and supporting documentation, if necessary, to verify the information provided in subsection (b). (Section 3.50(d)(2.5) of the Act)
- d) The Department shall evaluate the application, including the applicant's training and experience, consistent with the standards set forth under Section 3.10(a), (b), (c) or (d) of the Act or the requirements of this Part to determine if the applicant qualifies for the licensure level applied for. (Section 3.50(d)(2.5) of the Act)
- e) If the application clearly demonstrates that the training and experience meet the standards of subsection (d), the Department shall offer the applicant the opportunity to successfully complete a Department-approved EMT examination for which the applicant is qualified, in accordance with Section 515.530 of this Part. (Section 3.50(d)(2.5) of the Act)
- f) Upon the applicant's passage of an examination and having paid all required fees, as set forth in Sections 515.530 and 515.460 of this Part, the Department shall issue a license, which shall be subject to all provisions of the Act and this Part that are otherwise applicable to the class of EMT license issued as set forth in Section 515.590. (Section 3.50(d)(2.5) of the Act)

(Source: Added at 35 Ill. Reg. 18331, effective October 21, 2011)

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SUBPART F: VEHICLE SERVICE PROVIDERS

Section 515.835 Stretcher Van Provider Licensing Requirements

- a) An application for a stretcher van provider license shall be submitted on a form prescribed by the Department. The application shall include, but not be limited to:
- 1) Applicant's and registered agent's name and permanent business addresses and telephone numbers; and
 - 2) For each vehicle to be covered by the license, the make, model, year, vehicle identification number, State vehicle license number and proof of liability insurance.
- b) The application shall be accompanied by a fee of \$25 for each vehicle included in the license application, up to 100 vehicles. A fee of \$2500 shall be submitted for applications for 100 or more vehicles.
- c) An application for license renewal shall be submitted to the Department in accordance with subsections (a) and (b) of this Section at least 60 days, but no more than 90 days, prior to license expiration.
- d) The Department shall issue a license that is valid for one year if, after inspection, the Department finds that the stretcher van provider and each vehicle identified in the application are in compliance with the Act and this Part.
- e) The Department is authorized to make inspections and make investigations as it deems necessary to determine compliance with the Act and this Part. Advance notice shall not be required. Pursuant to any inspection or investigation, a licensee shall allow the Department full access to all records, equipment, personnel and vehicles relating to activities addressed in the Act or this Part.
- f) Each license is issued to the licensee for the vehicles identified in the application and is not transferrable. The licensee shall notify the Department, in writing, within 10 days after any changes in the information on the application. Additional vehicles shall not be put into service until an application is submitted with the required fee and an inspection is conducted.

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- g) *A stretcher van provider is prohibited from advertising, identifying its vehicles, or disseminating information in a false or misleading manner concerning the provider's type and level of vehicles, location, response times, level of personnel, licensure status, or EMS System participation. (Section 3.86 of the Act)*

(Source: Added at 35 Ill. Reg. 18331, effective October 21, 2011)

Section 515.840 Stretcher Van Requirements

- a) A stretcher van shall not be a passenger sedan, limousine, or recreational vehicle. Sport utility vehicles with fewer than three passenger doors and a wheelbase of less than 100 inches are not permitted to be licensed as stretcher vans.
- b) A stretcher van shall have the capability for continuous and reliable voice communication with staffed dispatch bases and receiving facilities, and the ability to contact emergency services as necessary.
- c) A stretcher van shall have sufficient room for two attendants and appropriate equipment to secure all passengers and the stretcher to prevent injury or aggravation of an existing medical condition and to allow for direct observation of the stretcher passenger.
- d) A stretcher van shall be in good operating condition and equipped with seat belts for each passenger, one working 5-pound ABC fire extinguisher, and one working battery-operated flashlight. A stretcher van shall not be equipped with emergency (red or blue) lights or other emergency warning devices.
- e) A stretcher van shall have accommodation for a primary wheeled litter, which shall be at least 75 inches long and 22 inches wide and fastened securely with a crash-stable quick-release three-point fastener (i.e., Ferno Type 175 fastener or equivalent); in addition, passengers on the primary wheeled litter shall be secured with three sets of straps and over-shoulder straps.
- f) A stretcher van shall have a flat and unencumbered floor with a non-skid surface that is easily cleaned. The patient area of the stretcher van shall be constructed of surfaces that are non-porous and easily sanitized.
- g) A stretcher van shall have a loading light capable of illuminating the area around the stretcher van.

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- h) A stretcher van shall be equipped with a crash-stable quick-release mounting bracket for each oxygen cylinder transported.
- i) A stretcher van shall have provisions for continuous visual and voice communication between the driver and the passenger.
- j) A stretcher van shall have heating, cooling and ventilation systems in good working condition. The passenger area shall be clear and designed to ensure that there are no sharp projections that could injure the passenger.
- k) Smoking or use of smoking materials or devices shall not be permitted in stretcher vans licensed under this Part. A stretcher van shall include "No Smoking" and "Fasten Seat Belt" signs conspicuously posted in the driver and passenger compartments.
- l) A stretcher van shall provide either:
 - 1) A 24-hour written agreement to have emergency road service; or
 - 2) One spare wheel and tire, one with a jack with the capacity to raise a wheel of the stretcher van, and one wheel lug wrench.
- m) A stretcher van shall be equipped with:
 - 1) Two each: pillows, sheets and blankets;
 - 2) CPR mask with safety valve;
 - 3) Red bio-hazard labeled isolation bags; and
 - 4) A box of disposable gloves.
- n) All equipment and supplies in a stretcher van shall be properly secured, so as to be crash safe.
- o) A stretcher van shall not transport more than one stretcher passenger at any one time.

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(Source: Added at 35 Ill. Reg. 18331, effective October 21, 2011)

Section 515.845 Operation of Stretcher Vans

- a) No stretcher van may be operated with a crew of fewer than two trained attendants. One trained attendant shall remain with the passenger.
- b) All stretcher van attendants shall be CPR certified and have received basic training in the operation of stretchers.
- c) A stretcher van provider may provide transport of a passenger on stretcher provided the passenger meets all of the following requirements:
 - 1) He or she needs no medical equipment, except self-administered medications;
 - 2) He or she needs no medical monitoring or medical observation;
 - 3) He or she needs routine non-emergent transportation to or from a medical appointment or service if he or she is convalescent or otherwise bed confined and does not require medical monitoring, aid, care, or treatment during transport. (Section 3.86(c) of the Act)
- d) Examples of appropriate stretcher van transport include, but are not limited to, transport from a passenger's home to another residential setting, a medical appointment or a therapy session.
- e) A stretcher van provider shall not transport a passenger who meets any of the following conditions:
 - 1) He or she is currently admitted to a hospital or is being transported to a hospital for admission or urgent emergency treatment;
 - 2) He or she is acutely ill, wounded or medically unstable as determined by a licensed physician;
 - 3) He or she is experiencing an emergency medical condition, an acute medical condition, an exacerbation of a chronic medical condition, or a sudden illness or injury;

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- 4) He or she was administered a medication that might prevent the passenger from caring for himself or herself;
 - 5) He or she was moved from one environment where 24-hour medical monitoring or medical observation will take place by certified or licensed nursing personnel to another such environment. Such environments shall include, but not be limited to, hospitals licensed under the Hospital Licensing Act or operated under the University of Illinois Hospital Act, and nursing facilities licensed under the Nursing Home Care Act. (Section 3.86(d) of the Act)
- f) Examples of inappropriate transports by stretcher vans include:
- 1) Passengers who, by nature of their illness or injury, are likely to encounter complications and are likely to require medical care in route;
 - 2) Passengers whose physical or mental state prevents them from cooperating with the stretcher van operators (e.g., senile dementia/Alzheimer's, mentally unstable individuals or passengers who present a risk of elopement).

(Source: Added at 35 Ill. Reg. 18331, effective October 21, 2011)