

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED 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>Proposed Action:</u>
515.715	New
515.830	Amend
- 4) Statutory Authority: Emergency Medical Services (EMS) Systems Act [210 ILCS 50]
- 5) A Complete Description of the Subjects and Issues Involved: Section 515.715 is a new rule to implement PA 097-1014, which amended the Emergency Medical Services (EMS) Systems Act to add provisional licenses for first responders and to require the Department to develop standards for alternate vehicle staffing in rural or semi-rural areas. The rule will create a provisional licensure for First Responders (FR) and Emergency Medical Responders (EMR). This rule will allow 16 and 17 year olds to be licensed as a Provisional FR or EMR until their 18th birthday, when their license will then become an FR or EMR license.

Section 515.830 updates the ambulance medical equipment list to include electronic documentation with paper backup, and to increase the number of adult, pediatric and infant oxygen masks from one to two. The equipment changes also include the addition of a current safety inspection sticker, the Illinois poison center telephone number and the IDPH central complaint hotline. The amendment eliminates personnel requirements for Basic Life Support (BLS) ambulances that have an Automated External Defibrillator on board, since these are now required on all BLS ambulances. The amendments also implement PA 097-1014 by describing the requirements necessary for alternate rural staffing and alternate response authorization for rural areas of the State.

The economic effect of this proposed rulemaking is unknown. Therefore, the Department requests any information that would assist in calculating this effect.

The Department anticipates adoption of this rulemaking approximately six to nine months after publication of the Notice in the *Illinois Register*.

- 6) Published studies or reports, and sources of underlying data, used to compose this rulemaking: None

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- 7) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? No
- 10) Are there any other proposed rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a State Mandate.
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking:

Interested persons may present their comments concerning this rulemaking within 45 days after this issue of the *Illinois Register* to:

Susan Meister
Division of Legal Services
Illinois Department of Public Health
535 W. Jefferson St., 5th floor
Springfield, Illinois 62761
217/782-2043
e-mail: dph.rules@illinois.gov

- 13) Initial Regulatory Flexibility Analysis:
 - A) Types of small businesses, small municipalities and not for profit corporations affected: Emergency service agencies, which can be small businesses, small municipalities or not for profit corporations.
 - B) Reporting, bookkeeping or other procedures required for compliance: Procedures and policies will need to be required if the EMS agency decides they want to have a rural staffing or an alternate response or Provisional FR or EMR personnel in their System. These are not mandated.
 - C) Types of professional skills necessary for compliance: Emergency Medical Personnel

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- 14) Regulatory Agenda on which this rulemaking was summarized: January 2012 and July, 2012

The full text of the Proposed Amendments begins on the next page:

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TITLE 77: PUBLIC HEALTH

CHAPTER I: DEPARTMENT OF PUBLIC HEALTH

SUBCHAPTER f: EMERGENCY SERVICES AND HIGHWAY SAFETY

PART 515

EMERGENCY MEDICAL SERVICES AND TRAUMA CENTER CODE

SUBPART A: GENERAL

Section	
515.100	Definitions
515.125	Incorporated and Referenced Materials
515.150	Waiver Provisions
515.160	Facility, System and Equipment Violations, Hearings and Fines
515.170	Employer Responsibility

SUBPART B: EMS REGIONS

Section	
515.200	Emergency Medical Services Regions
515.210	EMS Regional Plan Development
515.220	EMS Regional Plan Content
515.230	Resolution of Disputes Concerning the EMS Regional Plan
515.240	Bioterrorism Grants

SUBPART C: EMS SYSTEMS

Section	
515.300	Approval of New EMS Systems
515.310	Approval and Renewal of EMS Systems
515.315	Bypass Status Review
515.320	Scope of EMS Service
515.330	EMS System Program Plan
515.340	EMS Medical Director's Course
515.350	Data Collection and Submission
515.360	Approval of Additional Drugs and Equipment
515.380	Do Not Resuscitate (DNR) Policy
515.390	Minimum Standards for Continuing Operation
515.400	General Communications
515.410	EMS System Communications
515.420	System Participation Suspensions

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- 515.430 Suspension, Revocation and Denial of Licensure of EMTs
- 515.440 State Emergency Medical Services Disciplinary Review Board
- 515.445 Pediatric Care
- 515.450 Complaints
- 515.455 Intra- and Inter-system Dispute Resolution
- 515.460 Fees
- 515.470 Participation by Veterans Health Administration Facilities

SUBPART D: EMERGENCY MEDICAL TECHNICIANS

Section

- 515.500 Emergency Medical Technician-Basic Training
- 515.510 Emergency Medical Technician-Intermediate Training
- 515.520 Emergency Medical Technician-Paramedic Training
- 515.530 EMT Testing
- 515.540 EMT Licensure
- 515.550 Scope of Practice – Licensed EMT
- 515.560 EMT-B Continuing Education
- 515.570 EMT-I Continuing Education
- 515.580 EMT-P Continuing Education
- 515.590 EMT License Renewals
- 515.600 EMT Inactive Status
- 515.610 EMT Reciprocity
- 515.620 Felony Convictions
- 515.630 Evaluation and Recognition of Military Experience and Education
- 515.640 Reinstatement

SUBPART E: EMS LEAD INSTRUCTOR, EMERGENCY MEDICAL DISPATCHER, FIRST RESPONDER, PRE-HOSPITAL REGISTERED NURSE, EMERGENCY COMMUNICATIONS REGISTERED NURSE, AND TRAUMA NURSE SPECIALIST

Section

- 515.700 EMS Lead Instructor
- 515.710 Emergency Medical Dispatcher
- 515.715 Provisional Licensure for First Responders and Emergency Medical Responders
- 515.720 First Responder
- 515.725 First Responder – AED
- 515.730 Pre-Hospital Registered Nurse
- 515.740 Emergency Communications Registered Nurse
- 515.750 Trauma Nurse Specialist

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515.760 Trauma Nurse Specialist Program Plan

SUBPART F: VEHICLE SERVICE PROVIDERS

Section

515.800 Vehicle Service Provider Licensure
515.810 EMS Vehicle System Participation
515.820 Denial, Nonrenewal, Suspension and Revocation of a Vehicle Service Provider License
515.825 Alternate Response Vehicle
515.830 Ambulance Licensing Requirements
515.835 Stretcher Van Provider Licensing Requirements
515.840 Stretcher Van Requirements
515.845 Operation of Stretcher Vans
515.850 Reserve Ambulances
515.860 Critical Care Transport

SUBPART G: LICENSURE OF SPECIALIZED EMERGENCY
MEDICAL SERVICES VEHICLE (SEMSV) PROGRAMS

Section

515.900 Licensure of SEMSV Programs – General
515.910 Denial, Nonrenewal, Suspension or Revocation of SEMSV Licensure
515.920 SEMSV Program Licensure Requirements for All Vehicles
515.930 Helicopter and Fixed-Wing Aircraft Requirements
515.935 EMS Pilot Specifications
515.940 Aeromedical Crew Member Training Requirements
515.945 Aircraft Vehicle Specifications and Operation
515.950 Aircraft Medical Equipment and Drugs
515.955 Vehicle Maintenance for Helicopter and Fixed-wing Aircraft Programs
515.960 Aircraft Communications and Dispatch Center
515.965 Watercraft Requirements
515.970 Watercraft Vehicle Specifications and Operation
515.975 Watercraft Medical Equipment and Drugs
515.980 Watercraft Communications and Dispatch Center
515.985 Off-Road SEMSV Requirements
515.990 Off-Road Vehicle Specifications and Operation
515.995 Off-Road Medical Equipment and Drugs
515.1000 Off-Road Communications and Dispatch Center

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SUBPART H: TRAUMA CENTERS

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515.2000	Trauma Center Designation
515.2010	Denial of Application for Designation or Request for Renewal
515.2020	Inspection and Revocation of Designation
515.2030	Level I Trauma Center Designation Criteria
515.2035	Level I Pediatric Trauma Center
515.2040	Level II Trauma Center Designation Criteria
515.2045	Level II Pediatric Trauma Center
515.2050	Trauma Center Uniform Reporting Requirements
515.2060	Trauma Patient Evaluation and Transfer
515.2070	Trauma Center Designation Delegation to Local Health Departments
515.2080	Trauma Center Confidentiality and Immunity
515.2090	Trauma Center Fund
515.2100	Pediatric Care (Renumbered)
515.2200	Suspension Policy for Trauma Nurse Specialist Certification

SUBPART I: EMS ASSISTANCE FUND

Section

515.3000	EMS Assistance Fund Administration
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SUBPART J: EMERGENCY MEDICAL SERVICES FOR CHILDREN

Section

515.3090	Pediatric Recognition of Hospital Emergency Departments and Inpatient Critical Care Services
515.4000	Facility Recognition Criteria for the Emergency Department Approved for Pediatrics (EDAP)
515.4010	Facility Recognition Criteria for the Standby Emergency Department Approved for Pediatrics (SEDP)
515.4020	Facility Recognition Criteria for the Pediatric Critical Care Center (PCCC)
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
515.APPENDIX D	Standing Medical Orders
515.APPENDIX E	Minimum Prescribed Data Elements
515.APPENDIX F	Template for In-House Triage for Trauma Centers

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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	Inter-facility Pediatric Trauma and Critical Care Consultation and/or Transfer Guideline
515.APPENDIX N	Pediatric Critical Care Center (PCCC)/Emergency Department Approved for Pediatrics (EDAP) Recognition Application
515.APPENDIX O	Pediatric Critical Care Center Plan
515.APPENDIX P	Pediatric Critical Care Center (PCCC) Pediatric Equipment/Supplies/Medications Requirements

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; amended at 35 Ill. Reg. 20609, effective December 9, 2011; amended at 36 Ill. Reg. 880, effective January 6, 2012; amended at 36 Ill. Reg. 2296, effective January 25, 2012; amended at 36 Ill. Reg. 3208, effective February 15, 2012; amended at 36 Ill. Reg. 11196, effective July 3, 2012; amended at

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36 Ill. Reg. _____, effective December 3, 1012; amended at 37 Ill. Reg. _____, effective _____.

SUBPART E: EMS LEAD INSTRUCTOR, EMERGENCY MEDICAL DISPATCHER, FIRST RESPONDER, PRE-HOSPITAL REGISTERED NURSE, EMERGENCY COMMUNICATIONS REGISTERED NURSE, AND TRAUMA NURSE SPECIALIST

Section 515.715 Provisional Licensure for First Responders and Emergency Medical Responders

- a) A person under the age of 18 shall not be issued a First Responder or Emergency Medical Responder license. A person between the ages of 16 and 18 who has successfully completed a Department approved First Responder or Emergency Medical Responder course may apply to the Department for a provisional First Responder or Emergency Medical Responder License. Upon satisfaction of all other applicable requirements, the Department shall issue a provisional license, subject to the following limitations:
- 1) A person with a provisional license shall not use his or her provisional license except when affiliated with a recognized Illinois EMS System and with the written authorization of that EMS System's Medical Director;
 - 2) A provisional licensee shall not be placed in a position of primary response to emergencies by any licensee of the Department, unless the assignment satisfies all other provisions of this Part;
 - 3) A provisional licensee shall function as a First Responder or Emergency Medical Responder only while under the direct, personal and continuous supervision of at least one other non-provisional EMS personnel licensed at or above the level of the provider's license. Nothing in this Part shall preclude a provisionally licensed First Responder or Emergency Medical Responder from providing Nationally Recognized Basic First Aid when not participating as part of the emergency medical response of his/her affiliated agency;
 - 4) A provisional licensee shall not be involved in the transport of a patient unless he or she is under the direct, personal and continuous supervision of at least two other non-provisional EMS personnel licensed at or above the level of the transport provider's license. A provisional licensee shall not be used to satisfy the staffing requirements of this Part;

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- 5) A provisional licensee shall not operate, drive or maneuver a Department licensed transport vehicle, rescue vehicle or non-transport agency owned vehicle in connection with an emergency response or the transportation of any patient; and
- 6) A provisional licensee may apply to the Department for full licensure upon turning 18 years of age as required in Section 515.725.
- b) The EMS provider agency and the supervising licensee shall be jointly responsible for assuring that no provisional licensee violates rules applicable to the provisional licensee and shall jointly report, in writing, the nature and details of any violations of this Section to the EMS Medical Director within 48 hours after the occurrence. A failure to make written reports as required shall be grounds for disciplinary action as authorized by this Part.
- c) Violation of provisions applicable to provisional licensees shall be grounds for any form of disciplinary action authorized by this Part, up to and including license suspension and revocation.
- d) Applicants for Provisional First Responder shall verify compliance pursuant to Section 10-65(c) of the Illinois Administrative Procedure Act [5 ILCS 100/10-65(c)] and Section 515.620 of this Part on a form prescribed by the Department.
- e) The Provisional First Responder license fee shall be the same fee schedule for First Responders/Emergency Medical Responders. The license fee shall be in effect for four years and include the opportunity to apply for upgrade to First Responder/Emergency Medical Responder licensure upon age 18.

(Source: Added at 37 Ill. Reg. _____, effective _____)

SUBPART F: VEHICLE SERVICE PROVIDERS

Section 515.830 Ambulance Licensing Requirements

- a) Vehicle Design
 - 1) Each new vehicle used as an ambulance shall comply with the criteria established by the U.S. General Services Administration's Specification for Ambulance (KKK-A-1822F), with the exception of Section 3.16.2,

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Color, Paint and Finish.

- 2) *A licensed vehicle shall be exempt from subsequent vehicle design standards or specifications required by the Department in this Part, as long as said vehicle is continuously in compliance with the vehicle design standards and specifications originally applicable to that vehicle, or until said vehicle's title of ownership is transferred. (Section 3.85(b)(8) of the Act)*
- 3) The following requirements listed in Specification KKK-A-1822F shall be considered mandatory in Illinois even though they are listed as optional in that publication:
 - A) 3.7.7.1 Each vehicle will be equipped with either a battery charger or battery conditioner (see 3.15.3 item 7).
 - B) 3.8.5.2 Patient compartment checkout lights will be provided (see 3.15.3 item 9).
 - C) 3.12.1 An oxygen outlet will be provided above the secondary patient (see 3.15.4 M9).
 - D) 3.15.4M3 Electric clock with sweep second hand will be provided.
- b) Equipment Requirements – Basic Life Support Vehicles
Each ambulance used as a Basic Life Support vehicle shall meet the following equipment requirements, as determined by the Department by an inspection:
 - 1) Stretchers, Cots, and Litters
 - A) Primary Patient Cot
Shall meet the requirements of sections 3.11.5, 3.11.8.1 of KKK-A-1822F.
 - B) Secondary Patient Stretcher
Shall meet the requirements of sections 3.11.5, 3.11.5.1, 3.11.8.1 of KKK-A-1822F.
 - 2) Oxygen, portable
Shall meet the operational requirements of section 3.12.2 of KKK-A-

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1822-F.

- 3) Suction, portable
 - A) Shall meet the operational requirements of section 3.12.4 of KKK-A-1822F.
 - B) A manually operated suction device is acceptable if approved by the Department.
- 4) Medical Equipment
 - A) Squeeze bag-valve-mask ventilation unit with adult size transparent mask and child size bag-valve-mask ventilation unit with child, infant and newborn size transparent masks
 - B) Lower-extremity traction splint, adult and pediatric sizes
 - C) Blood pressure cuff, one each, adult, child and infant sizes and gauge
 - D) Stethoscopes, two per vehicle
 - E) Pneumatic counterpressure trouser kit, adult size, optional
 - F) Long spine board with three sets of torso straps, 72" x 16" minimum
 - G) Short spine board (32" x 16" minimum) with two 9-foot torso straps, one chin and head strap or equivalent vest type (wrap around) per vehicle; extrication device optional
 - H) Airway, oropharyngeal – adult, child, and infant, sizes 00-5
 - I) Airway, nasopharyngeal with lubrication, sizes 12-34F
 - J) Two adult and two pediatric ~~One adult, child and infant~~ sized non-rebreather oxygen masks per vehicle
 - K) Two infant partial re-breather oxygen masks per vehicle

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- L ~~K~~) Three nasal cannulas, adult and child size, per vehicle
- M ~~L~~) Bandage shears, one per vehicle
- N ~~M~~) Extremity splints, adult, two long and short per vehicle
- O ~~N~~) Extremity splints, pediatric, two long and short per vehicle
- P ~~O~~) Rigid cervical collars – one pediatric, small, medium, and large sizes or adjustable size collars per vehicle. Shall be made of rigid material to minimize flexion, extension, and lateral rotation of the head and cervical spine when spine injury is suspected
- Q ~~P~~) Patient restraints, arm and leg, sets
- R ~~Q~~) Pulse oximeter with pediatric and adult probes
- S ~~R~~) AED or defibrillator that includes pediatric capability

5) Medical Supplies

- A) Trauma dressing – six per vehicle
- B) Sterile gauze pads – 20 per vehicle, 4 inches by 4 inches
- C) Bandages, soft roller, self-adhering type, 10 per vehicle, 4 inches by 5 yards
- D) Vaseline gauze – two per vehicle, 3 inches by 8 inches
- E) Adhesive tape rolls – two per vehicle
- F) Triangular bandages or slings – five per vehicle
- G) Burn sheets – two per vehicle, clean, individually wrapped
- H) Sterile solution (normal saline) – four per vehicle, 500 cc or two per vehicle, 1,000 cc plastic bottles or bags
- I) Thermal absorbent blanket and head cover, aluminum foil roll or appropriate heat reflective material – minimum one

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- J) Obstetrical kit, sterile – minimum one, pre-packaged with instruments and bulb syringe
- K) Cold packs, three per vehicle
- L) Hot packs, three per vehicle, optional
- M) Emesis basin – one per vehicle
- N) Drinking water – 1 quart, in nonbreakable container; sterile water may be substituted
- O) Ambulance emergency run reports – 10 per vehicle, on a form prescribed by the Department or one that contains the data elements from the Department-prescribed form as described in Section 515. Appendix E of this Part or electronic documentation with paper backup
- P) Pillows – two per vehicle, for ambulance cot
- Q) Pillowcases – two per vehicle, for ambulance cot
- R) Sheets – two per vehicle, for ambulance cot
- S) Blankets – two per vehicle, for ambulance cot
- T) CPR mask – one per vehicle, with safety valve to prevent backflow of expired air and secretions
- U) Urinal
- V) Bedpan
- W) Remains bag, optional
- X) Nonporous disposable gloves
- Y) Impermeable red biohazard-labeled isolation bag
- Z) Face protection through any combination of masks and eye

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protection and field shields

- AA) Suction catheters – sterile, single use, two each, 6, 8, 10, 12, 14 and 18F, plus three tonsil tip semi-rigid pharyngeal suction tip catheters per vehicle; all shall have a thumb suction control port
 - BB) Child and infant or convertible car seats
 - CC) Current equipment/drug dosage sizing tape or pediatric equipment/drug age/weight chart
 - DD) Flashlight, two per vehicle, for patient assessment
 - EE) Current Safety Inspection sticker (Illinois Vehicle Code 625 ILCS 5)
 - FF) Illinois Poison Center telephone number
 - GG) Department of Public Health Central Complaint Registry telephone number posted where visible to the patient
- c) Equipment Requirements – Intermediate and Advanced Life Support Vehicles
Each ambulance used as an Intermediate Life Support vehicle or as an Advanced Life Support vehicle shall meet the requirements in subsections (b) and (d) of this Section and shall also comply with the equipment and supply requirements as determined by the EMS Medical Director in the System in which the ambulance and its crew participate. Drugs shall include both adult and pediatric dosages. These vehicles shall have a current pediatric equipment/drug dosage sizing tape or pediatric equipment/drug dosage age/weight chart.
- d) Equipment Requirements – Rescue and/or Extrication
The following equipment shall be carried on the ambulance, unless the ambulance is routinely accompanied by a rescue vehicle:
- 1) Wrecking bar, 24"
 - 2) Goggles for eye safety
 - 3) Flashlight – one per vehicle, portable, battery operated

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- 4) Fire Extinguisher – two per vehicle, ABC dry chemical, minimum 5-pound unit with quick release brackets. One mounted in driver compartment and one in patient compartment
- e) Equipment Requirements – Communications Capability
Each ambulance shall have reliable ambulance-to-hospital radio communications capability and meet the requirements provided in Section 515.400 of this Part.
- f) Equipment Requirements – Epinephrine

A person currently licensed as an EMT-B, EMT-I, or EMT-P who has successfully completed a Department-approved course in the administration of epinephrine shall be required to carry epinephrine (both adult and pediatric doses) with him or her in the ambulance or drug box as part of the EMT medical supplies whenever he or she is performing the duties of an emergency medical technician, within the context of the EMS System plan. (Section 3.55(a-7) of the Act)

- g) Personnel Requirements
 - 1) Each Basic Life Support ~~basic life support~~ ambulance shall be staffed by a minimum of ~~two~~ one EMT Basic, Intermediate, Paramedic or EMTs, intermediate, paramedic, Pre-Hospital RN ~~Pre Hospital RNs or physicians and one other EMT Basic, Intermediate, Paramedic, Pre Hospital RN, or physician or a combination thereof on all responses.~~ emergency calls.
 - 2) Each Basic Life Support ~~vehicle using automated defibrillation~~ shall be staffed by a minimum of ~~one EMT B approved by the EMS Medical Director for automated defibrillation, a Pre Hospital RN or physician and one other EMT, Pre Hospital RN or physician.~~
 - 2) ~~3)~~ Each ambulance used as an Intermediate Life Support vehicle shall be staffed by a minimum of one Intermediate, Paramedic, or Pre-Hospital RN and one other EMT Basic, Intermediate, Paramedic, one EMT-I, Pre-Hospital RN, or physician ~~and one other EMT, Pre Hospital RN or physician on all responses.~~ Each ILS vehicle using automated defibrillation shall be staffed by a minimum of one EMT I approved by the EMS Medical Director for automated defibrillation, a Pre Hospital RN or physician and one other EMT, Pre Hospital RN or physician. ~~Each ambulance used as an Advanced Life Support vehicle shall be staffed by a minimum of one EMT-P, Pre Hospital RN or physician and one other~~

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~~EMT, Pre-Hospital RN or physician.~~

- 3) Each ambulance used as an Advanced Life Support vehicle shall be staffed by a minimum of one Paramedic or Pre-Hospital RN and one other EMT Basic, Intermediate, Paramedic, Pre-Hospital RN, or physician on all responses.
- 4) ~~Each ambulance provider that operates an emergency transport vehicle shall ensure through written agreement with the EMS System that the agency providing emergency care at the scene and enroute to a hospital meets the requirements of this Subpart.~~

h) Alternate Rural Staffing Authorization-

- 1) A Vehicle Service Provider that serves a rural or semi-rural population of 10,000 or fewer inhabitants and exclusively uses volunteers or paid-on-call personnel or a combination to provide patient care may apply for alternate rural staffing authorization to authorize the ambulance, Special-Use Vehicle, or Limited Operation Vehicle to be staffed by one EMT licensed at or above the level at which the vehicle is licensed, plus one First Responder/Emergency Medical Responder when two licensed Emergency Services Personnel are not available to respond. (Section 2.85(b)(3) of the Act)
- 2) The EMT licensed at or above the level at which the ambulance is licensed shall be the primary patient care provider in route to the health care facility.
- 3) The Vehicle Service Provider shall obtain the prior written approval for alternate rural staffing from the EMS MD. The EMS MD shall submit to the Department a request for an amendment to the existing EMS System plan that clearly demonstrates the need for alternate rural staffing in accordance with subsection (h)(4) of this Section and that the alternate rural staffing will not reduce the quality of medical care established by the Act and this Part.
- 4) A Vehicle Service Provider requesting alternate rural staffing authorization shall clearly demonstrate all of the following:
 - A) That it has undertaken extensive efforts to recruit and train

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licensed EMS personnel;

- B) That despite its exhaustive efforts, licensed EMS personnel are not available; and
- C) That without alternative rural staffing authorization the rural or semi-rural population of 10,000 or fewer inhabitants served will be unable to meet staffing requirements as specified in subsection (g) of this Section.

- 5) The alternate rural staffing authorization and subsequent authorizations shall include beginning and termination dates not to exceed 48 months. The EMS MD shall re-evaluate subsequent requests for authorization for compliance with subsections (h)(4)(A)-(C) of this Section. Subsequent requests for authorization shall be submitted to the Department for approval in accordance with this Section.
- 6) Alternate rural staffing authorization may be suspended or revoked, after an opportunity for hearing, if the Department determines that a violation of this Part has occurred. Alternate rural staffing authorization may be summarily suspended by written order of the Director or designee, served on the vehicle service provider, if the Director or designee determines that continued operation under the alternate rural staffing authorization presents an immediate threat to the health or safety of the public. After summary suspension, the vehicle service provider shall have the opportunity for an expedited hearing.
- 7) Vehicle Service Providers that cannot meet the alternate rural staffing authorization requirements of this Section may apply through the EMS MD to the Department for a staffing waiver pursuant to Section 515.150 of this Part.

i) Alternate Response Authorization

- 1) A Vehicle Service Provider that exclusively uses volunteers or paid-on-call personnel or a combination to provide patient care who are not required to be stationed with the vehicle may apply to the Department for alternate response authorization to authorize the ambulance, Special-Use Vehicle, or Limited Operation Vehicle licensed by the Department to travel to the scene of an emergency staffed by at least one licensed

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Emergency Services Personnel.

- 2) A Vehicle Service Provider operating under alternate response authorization shall ensure that a second licensed Emergency Services Personnel provider is on scene or in route to the emergency response location.
- 3) The Vehicle Service Provider shall demonstrate to the Department that it has safeguards to ensure that no patient will be transported with fewer than two EMTs, at least one of whom shall be licensed at or above the level of the license for the ambulance, unless the Vehicle Service Provider is approved for alternate rural staffing authorization.
- 4) Alternate response authorization may be suspended or revoked, after an opportunity for hearing, if the Department determines that a violation of this Part has occurred. Alternate response authorization may be summarily suspended by written order of the Director or designee, served on the Vehicle Service Provider, if the Director or designee determines that continued operation under the alternate response authorization presents an immediate threat to the health or safety of the public. After summary suspension, the licensee shall have the opportunity for an expedited hearing (see Section 515.180).

j) Alternate Response Authorization – Secondary Response Vehicles

- 1) A Vehicle Service Provider that uses volunteers or paid-on-call personnel or a combination to provide patient care, and staffs its primary response vehicle with personnel stationed with the vehicle, may apply for alternate response authorization for its secondary response vehicles. The secondary or subsequent ambulance, Special-Use Vehicle, or Limited Operation Vehicle licensed by the Department at the BLS, ILS, or ALS level, where personnel are not stationed with the vehicle, may respond to the scene of an emergency when the primary vehicle is on another response. The vehicle shall be staffed by at least one licensed Emergency Services Personnel.
- 2) A Vehicle Service Provider operating under the alternate response authorization shall ensure that a second licensed Emergency Services Personnel provider is on the scene or in route to the emergency response location.

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- 3) The Vehicle Service Provider shall demonstrate to the Department that it has written safeguards to ensure that no patient will be transported with fewer than two EMTs, at least one of whom shall be licensed at or above the level of the license for the ambulance, unless the Vehicle Service Provider is approved for alternate rural staffing authorization under subsection (h) of this Section.
- 4) Alternate response authorization for secondary response vehicles may be suspended or revoked, after an opportunity for hearing, if the Department determines that a violation of this Part has occurred. Alternate response authorization for secondary response vehicles may be summarily suspended by written order of the Director or designee, served on the Vehicle Service Provider, if the Director or designee determines that continued operation under the alternate response authorization for secondary vehicles presents an immediate threat to the health or safety of the public. After summary suspension, the Vehicle Service Provider shall have the opportunity for an expedited hearing (see Section 515.180).

kh) Operational Requirements

- 1) An ambulance that is transporting a patient ~~to a hospital~~ shall be operated in accordance with the requirements of the Act and this Part.
- 2) A licensee shall operate its ambulance service in compliance with this Part, 24 hours a day, every day of the year. Except as required in this subsection (k) below, each individual vehicle within the ambulance service shall not be required to operate 24 hours a day, as long as at least one vehicle for each level of service covered by the license is in operation at all times. An ALS vehicle can be used to provide coverage at either an ALS, ILS or BLS level, and the such coverage will meet the requirements of this Section.
 - A) At the time of application for initial or renewal licensure, and upon annual inspection, the applicant or licensee shall submit to the Department for approval a list containing the anticipated hours of operation for each vehicle covered by the license.
 - i) A current roster shall also be submitted, which lists the

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EMS Personnel ~~EMTs, Pre-Hospital RNs and~~ ~~and/or~~ physicians who are employed or available to staff each vehicle during its hours of operation. The roster shall include each staff person's name, license number, license expiration date and daytime telephone number, and shall state whether the ~~such~~ person is ~~generally~~ scheduled to be on site or on call.

- ii) An actual or proposed four-week staffing schedule shall also be submitted, which covers all vehicles, includes staff names from the submitted roster, and states whether each staff member is scheduled to be on site or on call during each work shift.
 - B) Licensees shall ~~be required to~~ obtain the EMS MD's ~~Medical Director's~~ approval of their vehicles' hours of operation prior to submitting an application to the Department. An EMS MD ~~Medical Director~~ may require specific hours of operation for individual vehicles to assure appropriate coverage within the System.
 - C) A Vehicle Service Provider ~~licensee~~ that advertises its service as operating a specific number of vehicles or more than one vehicle shall state in the advertisement the hours of operation for those vehicles, if individual vehicles are not available 24 hours a day. Any advertised vehicle for which hours of operation are not stated shall be required to operate 24 hours a day.
- 3) For each patient transported to a hospital, the ambulance staff shall, at a minimum, measure and record the information required in Section 515. Appendix E.
 - 4) A Vehicle Service Provider ~~licensee~~ shall provide emergency service within the service area on a per-need basis without regard to the patient's ability to pay for the ~~such~~ service.
 - 5) A Vehicle Service Provider ~~licensee~~ shall provide documentation of procedures to be followed when a call for service is received and a vehicle is not available, including copies of mutual aid agreements with other ambulance providers. (See Section 515.810(h) of this Part.)

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- 6) A Vehicle Service Provider licensee shall not operate its ambulance at a level exceeding the level for which it is licensed (basic life support, intermediate life support, advanced life support), unless ~~the such~~ vehicle is operated pursuant to an EMS System-approved in-field service level upgrade.
- 7) The Department ~~will shall~~ inspect ~~relicense qualifying~~ ambulances each year. If the Vehicle Service Provider licensee has no violations of this Section that threaten the health or safety of patients or the public attained 90 percent compliance with the requirements of this Section on inspections for the previous five years and has no substantiated complaints against it, the Department ~~will shall~~ inspect the Vehicle Service Provider's licensee's ambulances in alternate years, and the Vehicle Service Provider licensee may, with the Department's prior approval, ~~shall~~ self-inspect its ambulances in the other years. The Vehicle Service Provider licensee shall use the Department's inspection form for self-inspection. Nothing contained in this subsection (i)(7) shall prevent the Department from conducting unannounced inspections.
- li) A licensee may use a replacement vehicle for up to 10 days without a Department inspection provided that the Department is notified of the use of the vehicle by the second working day.
- mj) *Patients, individuals who accompany a patient, and emergency services personnel may not smoke while inside an ambulance or SEMSV. The Department of Public Health shall impose a civil penalty on an individual who violates this subsection in the amount of \$100. (Section 3.155(h) of the Act)*
- nk) Any provider may request a waiver of any requirements in this Section under the provisions of Section 515.150.

(Source: Amended at 37 Ill. Reg. _____, effective _____)