

ILLINOIS REGISTER

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) Section Numbers: Adopted Action:

515.Appendix L Amended
515.Appendix O Amended
- 4) Statutory Authority: Emergency Medical Services (EMS) Systems Act [210 ILCS 50]
- 5) Effective Date of Rulemaking:
- 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:

July 27, 2012; 36 Ill. Reg. 11937
- 10) Has JCAR issued a Statement of Objection to these rules? No
- 11) Difference(s) between proposal and final version:

The following changes were made in response to comments received during the first notice or public comment period:

1. In Section 515.Appendix O, delete “Appendix” and insert, “APPENDIX”.
2. In Section 515.APPENDIX O, delete “Disaster Preparedness” and insert, “disaster preparedness”.
3. In Section 515.APPENDIX O, delete “both of”.

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

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- 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 an emergency rule currently in effect? No
- 14) Are there any amendments pending on this Part? No
- 15) Summary and Purpose of Rulemaking:

Section 515.Appendix L provides the equipment list required by all Emergency Departments Approved for Pediatrics (EDAP) and Standby Emergency Departments Approved for Pediatrics (SEDP). This Section is being amended to delete the use of gastric lavage equipment, which is no longer considered standard care.

Section 515. Appendix O provides the application guide that a hospital must follow to apply for Pediatric Critical Care Center (PCCC) recognition. Within this Section is a checklist for the PCCC facility's emergency department, which must adhere to certain requirements. Section 515.Appendix O is being amended to update the requirements recently added for the EDAP, which must be followed by all emergency departments within a recognized PCCC facility.

- 16) Information and questions regarding these adopted amendments shall be directed to:

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Department of Public Health
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Springfield, Illinois 62761
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The full text of the adopted 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
515.370	Automated Defibrillation (Repealed)
515.380	Do Not Resuscitate (DNR) Policy
515.390	Minimum Standards for Continuing Operation
515.400	General Communications
515.410	EMS System Communications

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515.420	System Participation Suspensions
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
515.720	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

Section

- 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

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 36 Ill. Reg. _____, effective _____.

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Section 515.APPENDIX L Pediatric Equipment Recommendations for Emergency Departments

The following list identifies pediatric equipment items that are recommended for the two emergency department facility recognition levels. Equipment items are classified as "essential" (E) and "need to be stocked in the emergency department" (ED).

	EDAP	SEDP
Monitoring Devices		
Blood glucose measurement device (i.e., chemistry strip or glucometer)	E (ED)	E (ED)
Continuous end-tidal PCO ₂ monitor and pediatric CO ₂ colorimetric detector (disposable units may be substituted)	E (ED)	E (ED)
Doppler ultrasound blood pressure device (neonatal-adult thigh cuffs)	E (ED)	E (ED)
ECG monitor-defibrillator/cardioverter with pediatric and adult sized paddles, with pediatric dosage settings and pediatric-adult pacing electrodes	E (ED)	E (ED)
Hypothermia thermometer (Note: with a range of 28-42°C)	E (ED)	E (ED)
Pediatric monitor electrodes	E (ED)	E (ED)
Otoscope/ophthalmoscope/stethoscope	E (ED)	E (ED)
Pulse oximeter with pediatric and adult probes	E (ED)	E (ED)
Sphygmomanometer with cuffs (neonatal-adult thigh)	E (ED)	E (ED)
Vascular Access Supplies and Equipment		
Arm boards (sized infant through adult)	E (ED)	E (ED)
Blood gas kits	E (ED)	E (ED)
Butterfly-type needles (19-25 g)*	E (ED)	E (ED)

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Catheter-over-needle devices (16-24 g)*	E (ED)	E (ED)
Central venous catheters (stock one small and one large size)	E (ED)	E (ED)
Infusion pumps, drip or volumetric, with microinfusion capability, appropriate tubing & connectors	E (ED)	E (ED)
Intraosseous needles or bone marrow needles (13-18 g size range; stock one large/one small bore) or IO device (pediatric and adult sizes)	E (ED)	E (ED)
IV extension tubing, stopcocks, and T-connectors	E (ED)	E (ED)
IV fluid/blood warmer	E (ED)	E (ED)
IV solutions: standard crystalloid and colloid solutions (D10W, D5/.2 NS, D5/.45 NS, D5/.9 NS and 0.9 NS)	E (ED)	E (ED)
Syringes (1ml through 20 ml)	E (ED)	E (ED)
Tourniquets	E (ED)	E (ED)
Umbilical vein catheters (3.5 and 5 Fr; the same size feeding tube may be used for 5 Fr)*	E (ED)	E (ED)
Respiratory Equipment and Supplies		
Bag-valve-mask device, self-inflating infant/child and adult (1000 ml) with O ₂ reservoir and clear masks (neonatal through large adult sizes)*; PEEP valve and manometer	E (ED)	E (ED)
Bulb syringe	E (ED)	E (ED)
Endotracheal tubes:*		
Uncuffed (sizes 2.5 and 3.0)	E (ED)	E (ED)
Cuffed or Uncuffed (3.5, 4.0, 4.5, 5.0, 5.5)	E (ED)	E (ED)
Cuffed (sizes 6.0, 6.5, 7.0, 7.5, 8.0)	E (ED)	E (ED)
Stylets for endotracheal tubes (pediatric and adult)	E (ED)	E (ED)

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Laryngoscope handle (pediatric and adult)	E (ED)	E (ED)
Laryngoscope blades (curved 2, 3; straight or Miller 0, 1, 2, 3)*	E (ED)	E (ED)
Magill forceps (pediatric and adult)	E (ED)	E (ED)
Meconium aspirator	E (ED)	E (ED)
Nasopharyngeal airways (sizes 12, 16, 20, 24, 28, 30 Fr)*	E (ED)	E (ED)
Nebulized medication, administration set with pediatric and adult masks	E (ED)	E (ED)
Oral airways (sizes 0, 1, 2, 3, 4, 5 or size 50 mm, 60 mm, 70 mm, 80 mm, 90 mm, 100 mm)*	E (ED)	E (ED)
Oxygen delivery device with flow meter and tubing	E (ED)	E (ED)
Oxygen delivery adjuncts:		
Tracheostomy collar	E (ED)	E (ED)
Standard masks, clear (pediatric and adult sizes) and non-rebreather masks, clear (pediatric and adult sizes)	E (ED)	E (ED)
<u>Partial-non-rebreather or non-rebreather masks, clear (pediatric and adult sizes)</u>	<u>E (ED)</u>	<u>E (ED)</u>
Nasal cannula (infant, pediatric and adult)	E (ED)	E (ED)
Peak flow meter	E (ED)	E (ED)
Supplies/kit for patients with difficult air way conditions:	E (ED)	E (ED)
• LMA (sizes 1, 1.5, 2, 2.5, 3, 4 and 5); or		
• Cricothyrotomy kit or cricothyrotomy capabilities (i.e., 10 g needle and 3 mm ET tube adapter or 14 g needle and 3.5 mm ET tube adapter)		
Suction capability (wall)	E (ED)	E (ED)
Suction capability (portable)	E (ED)	E (ED)

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Suction catheters (sizes 5/6, 8, 10, 12, 14, 16 Fr and Yankauer-tip catheter)*	E (ED)	E (ED)
Tracheostomy tubes (sizes PED* 3.0, 3.5, 4.0, 4.5, 5.0, 5.5)* (correspond to PT 00, 0, 1, 2, 3, 4, in old schematization)	E (ED)	---
Tube thoracostomy tray and water seal drainage capacity with chest tubes (sizes 12-32 Fr)*	E (ED)	---
Medications (unit dose, prepackaged)		
Access to the Illinois Poison Center 1-800-222-1222 through posting of phone number in ED	E (ED)	E (ED)
Activated charcoal (consider with and without Sorbitol)	E (ED)	E (ED)
Adenosine	E (ED)	E (ED)
Amiodarone	E (ED)	E (ED)
Antiemetics	E (ED)	E (ED)
Antimicrobial agents (parenteral and oral)	E (ED)	E (ED)
Antipyretics	E (ED)	E (ED)
Atropine	E (ED)	E (ED)
Barbiturates, e.g., Phenobarbital, Pentobarbital, Thiopental	E (ED)	E (ED)
Benzodiazepines, e.g., Lorazepam, Midazolam, Diazepam	E (ED)	E (ED)
Beta agonist for inhalation (Albuterol, Levalbuterol)	E (ED)	E (ED)
Beta blockers, e.g., Propranolol, Metoprolol	E (ED)	E (ED)
Calcium (chloride or gluconate)	E (ED)	E (ED)
Corticosteroids, e.g., Dexamethasone, Hydrocortisone,	E (ED)	E (ED)

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Methylprednisolone		
Dextrose (25% and 50%)	E (ED)	E (ED)
Diphenhydramine	E (ED)	E (ED)
Dobutamine	E (ED)	---
Dopamine	E (ED)	---
Epinephrine (1:1,000 and 1:10,000)	E (ED)	E (ED)
Epinephrine (Racemic)	E (ED)	E (ED)
Fosphenytoin and/or Phenytoin	E (ED)	E (ED)
Furosemide	E (ED)	E (ED)
Glucagon or Glucose Paste	E (ED)	E (ED)
Insulin, regular	E (ED)	E (ED)
Lidocaine 1%	E (ED)	E (ED)
Magnesium Sulfate	E (ED)	E (ED)
Mannitol	E (ED)	E (ED)
Narcotics	E (ED)	E (ED)
Neuromuscular blocking agents (i.e., succinylcholine, rocuronium, vecuronium)	E (ED)	E (ED)
Ocular anesthetics	E (ED)	E (ED)
Poison Specific Antidotes		
Acetylcysteine	E (ED)	E (ED)
Cyanide kit	E (ED)	E (ED)
Flumazenil	E (ED)	E (ED)
Naloxone	E (ED)	E (ED)

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Procainamide	E (ED)	E (ED)
Sodium bicarbonate – 8.4% and 4.2%	E (ED)	E (ED)
Sedative/Hypnotic (e.g., Ketamine, Etomidate)	E (ED)	E (ED)
Tetanus Immune Globulin (Human)	E (ED)	E (ED)
Tetanus Vaccines (single or in combination with other vaccines)	E (ED)	E (ED)
Topical Anesthetics	E (ED)	E (ED)
Miscellaneous Equipment	E (ED)	E (ED)
Dosing device – length or weight based system for dosing and equipment	E (ED)	E (ED)
Dosing/equipment chart by weight	E (ED)	E (ED)
EMS communication equipment (i.e., telemetry, MERCI, cellular or dedicated phone)	E (ED)	E (ED)
Examination gloves, disposable	E (ED)	E (ED)
Fluorescein (eye strips)	E (ED)	E (ED)
Gastric lavage equipment	E (ED)	E (ED)
Infant formulas, dextrose in water with various nipple sizes	E (ED)	E (ED)
Lubricant, water soluble	E (ED)	E (ED)
Nasogastric tubes 8 through-18 Fr* (may substitute feeding tubes 5F and 8F)	E (ED)	E (ED)
Oral rehydrating solution	E (ED)	E (ED)
Pain scale assessment tools appropriate for age	E (ED)	E (ED)

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Pediatric emergency/crash cart or bag with defined list of contents attached to bag/cart	E (ED)	E (ED)
Restraining device, pediatric (papoose)	E (ED)	E (ED)
Resuscitation board	E (ED)	E (ED)
Urinary catheters (8-22 Fr)*	E (ED)	E (ED)
Warming devices, age appropriate	E (ED)	E (ED)
Weighing scales (in kilograms) for infant and children	E (ED)	E (ED)
Woods lamp (blue light)	E (ED)	E (ED)
Specialized Pediatric Trays		
Initial newborn resuscitation equipment (can include warming device, feeding tubes, neonatal mask)	E (ED)	E (ED)
Lumbar puncture tray, including a selection of needle sizes (size 18-22 g, 1½-3 inch needle)	E (ED)	E (ED)
Minor surgical instruments and sutures	E (ED)	E (ED)
Newborn kit/OB kit (including umbilical clamp, bulb syringe, towel)	E (ED)	E (ED)
Fracture Management Devices		
Extremity splints	E (ED)	E (ED)
Femur splint (child and adult)	E (ED)	E (ED)
Semi-rigid neck collars (child through adult) or cervical immobilization equipment suitable for children	E (ED)	E (ED)
Spinal immobilization board (child and adult)	E (ED)	E (ED)

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* Shall minimally stock a range of each commonly available size noted or comparable sizes.

(Source: Amended at 36 Ill. Reg. _____, effective _____)

Section 515. APPENDIX Appendix O Pediatric Critical Care Center Plan

I. PEDIATRIC CRITICAL CARE CENTER PLAN

Application Checklist

Instructions: Please follow and complete this checklist carefully. It outlines the components that must be included in the submitted plan. Please include any applicable supplemental documentation.

A. Organizational Structure

1. Enclosed is an organizational table identifying the administrative relationships among all departments in the hospital, especially as they relate to the pediatrics department. The table shall include, but is not limited to, the following:

- board of directors
- chief executive officers
- emergency department
- department of pediatrics
- pediatric ambulatory care
- trauma service
- department of radiology
- laboratory services
- transport service team
- social services

2. Enclosed is an organizational table showing the organizational structure of the department of pediatrics, including the relationship of the physician, nursing and ancillary services for both the PICU and pediatric units. Include the reporting structure for the pediatric chairman (to whom he/she reports).

Department of Pediatrics Organizational Structure (Table)

3. Enclosed is an organizational table showing the organizational structure of the emergency department, including the relationship of the physician, nursing and

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ancillary services. Include the reporting structure for the emergency department director (to whom he/she reports).

- Emergency Department Organizational Structure (Table)

EDAP Checklist

Review the criteria in Section 515.4000(a)(1) and (2) for the physician staff qualifications and continuing medical education and submit each of the following:

- A policy or medical staff bylaws that incorporate the physician qualifications and CME requirements.
- A completed Credentials of Emergency Department Physicians form
- A completed Credentials of Fast Track Physicians form
- The curriculum vitae for the ED medical director
- A current one-month physician schedule for the ED

Review the criteria in Section 515.4000(a)(3) for the ED physician coverage and submit a policy that addresses this requirement.

Review the criteria in Section 515.4000(a)(4) for ED consultation and submit a one-month on-call schedule identifying availability of board certified/board prepared pediatricians or pediatric emergency medicine physicians.

Review the criteria in Section 515.4000(a)(5) for ED physician back-up and submit a policy that addresses this requirement.

Review the criteria in Section 515.4000(a)(6) for on-call specialty physician response time and submit a policy that addresses this requirement.

Review the criteria in Section 515.4000(b)(1) and (2) for mid-level provider qualifications and continuing medical education and submit the following (as applicable):

- A policy(s) that incorporates the mid-level provider qualifications and continuing education requirements
- A completed Credentials of Emergency Department Mid-level Providers form
- A current one-month mid-level provider schedule

Review the criteria in Section 515.4000(c)(1) and (2) for nursing qualifications and continuing education and submit the following:

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- A policy that incorporates the nursing qualifications and CE requirements
- A completed Credentials of Emergency Department Nursing Staff form
- A one-month nurse staffing schedule for the emergency department

Review the criteria in Section 515.4000(d)(1) for inter-facility transfer and submit the following:

- An inter-facility transfer policy that addresses pediatric transfers
- A copy of current pediatric-specific transfer agreements with hospitals that provide pediatric specialty services, pediatric intensive care and burn care not available at your facility

Review the criteria in Section 515.4000(d)(2) for suspected child abuse and neglect and submit a policy that addresses this requirement.

Review the criteria in Section 515.4000(d)(3) for treatment protocols and submit all pediatric treatment protocols.

Review the criteria in Section 515.4000(d)(4) for latex allergy policy and submit a policy that addresses latex allergies and the availability of latex-free equipment and supplies.

[Review the criteria in Section 515.4000\(d\)\(5\) for disaster preparedness and submit a completed pediatric disaster preparedness checklist.](#)

Review the criteria in Section 515.4000(e)(1) for quality improvement activities and the multidisciplinary quality improvement committee and submit ~~both of~~ the following:

- A quality improvement plan, including a QI policy, pediatric indicators, feedback loop and target time frames for closure of issues
- The composition of the multidisciplinary QI committee

Review the criteria in Section 515.4000(e)(2) and (3) for the pediatric physician champion and the pediatric quality coordinator responsibilities and submit ~~both of~~ the following:

- A curriculum vitae for the pediatric physician champion
- A curriculum vitae and job description for the pediatric quality coordinator
- Documentation detailing the participation of the pediatric quality coordinator in regional QI activities and how that has affected pediatric quality care in the ED

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Review the criteria in Section 515.4000(f) for the list of emergency department equipment requirements and submit a completed checklist indicating the availability of all equipment.

Indicate in the pediatric plan whether each item is currently available. If equipment/supply items are not available, a plan for securing the items shall be identified (e.g., submission of a purchase order to assure that the item is on order) or a waiver request shall be submitted for each item. Requests for waiver shall include the criteria by which compliance is considered to be a hardship and demonstrate that there will be no reduction in the provision of medical care.

If assistance is needed in identifying specific vendors for any of the equipment or supply items in this application, please contact the Marketing Administrator, Group Purchasing Services, Metropolitan Chicago Healthcare Council at 312-906-6122.

B. PCCC Checklist

1. Hospital Requirements

Review the criteria in Section 515.4020(a) of the PCCC requirements as related to hospital resources and submit documentation identifying the ability to meet each of the following:

- A scope of services/policy outlining PICU services, unit resources and capabilities. Include any guidelines that outline pediatric admission criteria based on age parameters and/or diagnoses
- A list of the members of the PICU Committee, as well as their disciplines, to meet subsection (a)(3)
- Documentation to substantiate that Section 515.4020(a)(4) (Helicopter landing) is met
- A statement regarding 24-hour availability to meet Section 515.4020(a)(5) (CAT scan)
- A statement regarding the ability to meet Section 515.4020(a)(6) (Laboratory)
- A statement of availability or transfer agreement to meet Section 515.4020(a)(7) (Hemodialysis capabilities)
- A statement or scope of service from each program identifying the availability of staff as required in Section 515.4020(a)(8) (Other staffing/services)
- A list of professional pediatric critical care educational trainings that staff have provided in the past year to meet Section 515.4020(a)(9) (include information on trainings held within the facility, within the region or surrounding geographic area)
- A list of pediatric emergency care classes that staff have provided in the past year to meet Section 515.4020(a)(10) (i.e., CPR, first aid, health fairs, etc., conducted

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for the patient population and the community, region or surrounding geographic area)

- Documentation of any pediatric research the facility has been engaged in during the past year to meet Section 515.4020(a)(11) (include the research project abstract, summary of projects or listing of research activities)

II. PICU SERVICE REQUIREMENTS

A. Professional Staff

1. PICU Medical Director

Review the criteria in Section 515.4020(b) for the Medical Director and Co-Director requirements and submit each of the following:

- A curriculum vitae for the appointed PICU medical director
 A copy of board certification or verification of board certification
 A curriculum vitae and board certification for the co-director (as applicable – see Section 515.4020(b)(1))

2. PICU Medical Staff Requirements

Review the criteria in Section 515.4020(c) and submit each of the following:

PICU Medical Staff

- A policy outlining PICU physician staffing, coverage, availability, and CME requirements that incorporates Section 515.4020(c)(1)(A) and (B)
 A completed Credentials of PICU Physicians form that includes the medical director (and co-director as applicable)
 A one-month staffing schedule/calendar (schedule should be from within the three-month time period previous to the application submission)

Physician Specialist Availability (Section 515.4020(c)(2))

- A policy or by-laws that address the response time and on-call scheduling of pediatric surgeons
 A policy/process outlining board or sub-board certification or board preparedness for all specialist physicians
 A policy/process outlining how pediatric proficiency is defined and assuring that all specialist physicians maintain 10 hours of pediatric CME per year

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- A policy/process outlining anesthesiologist on-call staffing and response time, subspecialty training in pediatric anesthesiology or pediatric proficiency as defined by institution, and 10 hours of pediatric CME per year; for Certified Registered Nurse Anesthetists, provide a copy of the by-laws that address their responsibilities and back up
 - On-call schedules from the last month that list physician availability to meet Section 515.4020(c)(2)(C) and (D)
3. PICU Mid-Level Providers (Physician Assistant or Nurse Practitioner) Requirements

NOTE – Complete this section only if physician assistants or nurse practitioners practice in the PICU.

Review the criteria in Section 515.4020(d) and submit each of the following:

Nurse Practitioner (Section 515.4020(d)(1))

- A policy outlining PICU nurse practitioner staffing, coverage, availability, responsibilities and credentialing process
- A copy of a one-month staffing schedule/calendar (schedule should be from within the three-month time period previous to the application submission)
- A completed Credentials of PICU Mid-Level Providers form

Physician Assistant (Section 515.4020(d)(2))

- A policy outlining PICU physician assistant staffing, coverage, availability, responsibilities and credentialing process
- A copy of a one-month staffing schedule/calendar (schedule should be from within the three-month time period previous to the application submission)
- A completed Credentials of PICU Mid-Level Providers form

Education (Section 515.4020(d)(3) and (4))

- A policy that incorporates APLS, PALS or ENPC (Section 515.4020(d)(3))
- A copy of the PICU physician assistant/nurse practitioner continuing education policy that incorporates Section 515.4020(d)(4)

4. PICU Nursing Staff Requirements

Review the criteria in Section 515.4020(e) and submit each of the following:

PICU Nurse Manager

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- A curriculum vitae for the PICU manager
- A policy or job description that incorporates Section 515.4020(e)(1)(C)

PICU Advanced Practice Nurse

- A policy or job description of the role and responsibilities of the advanced practice nurse in the PICU
- A resume of the PICU advanced practice nurse
- A policy that incorporates Section 515.4020(e)(2)(C) and (D)

Nursing Patient Care Services

- A policy/documentation outlining current nursing shift staffing plan/patterns
- A completed Credentials of PICU Nursing Staff form that includes the PICU nurse manager and PICU advanced practice nurse
- A policy or job description for the PICU nurse that outlines the orientation process to the unit responsibilities and requirements of the Department (Section 515.4020(e)(3)(C) and (D))
- A copy of a one-month nurse staffing schedule/calendar (schedule shall be from within the three-month time period previous to the application submission)
- A policy reflecting yearly competency review requirements for the PICU staff

D. Policies, Procedures and Treatment Protocols

Review the criteria in Section 515.4020(f) and submit each of the following:

- An admission and discharge criteria policy
- A staffing policy that addresses nursing shift staffing patterns based on patient acuity
- A policy for managing the psychiatric needs of the PICU patient
- Protocols, order sets, pathways or guidelines for management of high- and low-frequency diagnoses

E. Inter-facility Transfer/Transport Requirements

Review the criteria in Section 515.4020(g) and submit each of the following:

- A copy of the last annual report containing the number of annual transfers to the facility from transferring institutions
- A policy outlining the feedback process to transferring hospitals on the status of the referral patient and the methods for quality review of the transfer process

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- Documentation outlining the pediatric inter-facility transport system capabilities and resources
- A transfer policy that addresses pediatric inter-facility transfers

F. Quality Improvement Requirements

Review the criteria in Section 515.4020(h) and submit each of the following:

- A list of the members of the Multidisciplinary Pediatric Quality Improvement Committee and their respective positions/disciplines
- An institutional Quality Improvement Organizational Chart
- The PICU outcome analysis plan and pediatric monitoring activities that meet Section 515.4020(h)(2) (minutes from the past year that reflect the activities of the Multidisciplinary Pediatric Quality Improvement Committee will be requested at the time of site survey)

G. Equipment

Review the criteria in Section 515.4020(i) and submit the following:

Indicate in the Pediatric Plan whether each item is currently available. If equipment/supply items are not available, a plan for securing the items shall be identified (e.g., submission of a purchase order to assure that the item is on order); if the item is not on order, a waiver request shall be submitted for each item. Requests for waiver shall include the criteria by which compliance is considered to be a hardship and shall demonstrate that there will be no reduction in the provision of medical care.

If assistance is needed in identifying specific vendors for any of the equipment/supply items noted in this application, please contact the Marketing Administrator, Group Purchasing Services, Metropolitan Chicago Healthcare Council at 312-906-6122.

III. PEDIATRIC INPATIENT CARE SERVICE REQUIREMENTS

A. Professional Staff

1. Pediatric Unit Physician Requirements

Review the criteria in Section 515.4020(j) and submit each of the following:

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- A curriculum vitae and a copy of board certification for the pediatric inpatient director
- A policy or a scope of services for the pediatric unit that defines responsibility for medical management of care
- If pediatric hospitalists are used, documentation that defines their scope of service, including their responsibilities to other attending physicians
- A completed Credentials of Pediatric Unit Hospitalists form
- A policy that incorporates Section 515.4020(j)(1)(B)
- A policy or scope of services outlining the responsibility of the PICU medical director or his/her designee as being available on call and for consultation on all pediatric in-house patients who may require critical care

2. Pediatric Unit Nurse Manager Requirements

Review the criteria in Section 515.4020(j)(2) and submit each of the following:

- A curriculum vitae for the pediatric unit manager
- A job description or policy incorporating Section 515.4020(j)(2)(C)

3. Pediatric Unit Nursing Care Services

Review the criteria in Section 515.4020(j)(3) and submit each of the following:

- A policy/documentation outlining current nursing shift staffing plan/patterns
- A policy describing annual competency review requirements for the pediatric nursing staff (Section 515.4020(j)(3)(B))
- A policy or job description for the pediatric unit nurse that outlines the orientation process to the unit responsibilities and requirements of the Department that address Section 515.4020(j)(3)(A) through (D)
- A copy of a one-month nursing staffing schedule/calendar (schedule shall be from within the three-month time period previous to the application submission)
- A completed Credentials for the Pediatric Unit Nursing Staff form that includes the Pediatric Unit Nurse Manager

B. Policies, Procedures and Treatment Protocols

Review the criteria in Section 515.4020(k) and submit each of the following:

- A policy or scope of services that outlines the pediatric department services, ages of patients served and admission guidelines

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- A staffing policy that addresses nursing shift staffing patterns based on patient acuity
- A safety and security policy for the patient in the unit
- An inter-facility transport policy that addresses safety and acuity
- An intra-facility transport policy that addresses safety and acuity
- A latex allergy policy
- A pediatric organ procurement/donation policy
- An isolation precautions policy that incorporates appropriate infection control measures
- A disaster/terrorism policy that addresses the specific medical and psychosocial needs of the pediatric population
- Protocols, order sets, pathways or guidelines for management of high- and low-frequency diagnoses
- A pediatric policy that addresses the resources available to meet the psychosocial needs of patients and family, and appropriate social work referral for the following indicators (see Pediatric Bill of Rights in Appendix N):
 - Child death
 - Child has been a victim of or witness to violence
 - Family needs assistance in obtaining resources to take the child home
 - Family needs a payment resource for their child's health needs
 - Family needs to be linked back to their primary health, social service or educational system
 - Family needs support services to adjust to their child's health condition or the increased demands related to changes in their child's health condition
 - Family needs additional education related to the child's care needs to care for the child at home
- A discharge planning policy or protocol that includes the following:
 1. Documentation of appropriate primary care/specialty follow-up provisions
 2. Mechanism to access a primary care resource for children who do not have a provider
 3. Discharge summary provision to appropriate medical care provider, parent/guardian, that includes:
 - Information on the child's hospital course
 - Discharge instructions and education
 - Follow-up arrangements
 4. Appropriate referral of patients to rehabilitation or specialty services for children who may have any of the following problems:
 - Require the assistance of medical technology

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- Do not exhibit age-appropriate activity in cognitive, communication or motor skills, behavioral or social/emotional realms
- Have additional medical or rehabilitation needs that may require specialized care, such as medication, hospice care, physical therapy, home health or speech/language services
- Have a brain injury – mild, moderate or severe
- Have a spinal cord injury
- Exhibit seizure behavior during an acute care episode or have a history of seizure disorder and are not currently linked with specialty follow-up
- Have a submersion injury, such as a near drowning
- Have a burn (other than a superficial burn)
- Have a pre-existing condition that experiences a change in health or functional status
- Have a neurological, musculoskeletal or developmental disability
- Have a sudden onset of behavioral change, for example, in cognition, language or affect

C. Quality Improvement Requirements

Review the criteria in Section 515.4020(l) and submit the following:

- The titles of the pediatric unit representatives that serve on the Multidisciplinary Pediatric Quality Improvement Committee

D. Equipment Requirements

Review the criteria in Section 515.4020(m) and submit the following:

Indicate in the Pediatric Plan whether each item is currently available. If equipment/supply items are not available, a plan for securing the items shall be identified (e.g., submission of a purchase order to assure that the item is on order); if the item is not on order, a waiver request shall be submitted for each item. Requests for waiver shall include the criteria by which compliance is considered to be a hardship and shall demonstrate that there will be no reduction in the provision of medical care.

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(Source: Amended at 36 Ill. Reg. _____, effective _____)