

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENT

- 1) Heading of the Part: Emergency Medical Services and Trauma Center Code
- 2) Code Citation: 77 Ill. Adm. Code 515
- 3) Section Number: 515.860 Adopted Action:
New
- 4) Statutory Authority: Emergency Medical Services (EMS) Systems Act [210 ILCS 50]
- 5) Effective Date of Rulemaking: January 6, 2012
- 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 amendment, 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 29, 2011; 35 Ill. Reg. 12645
- 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 comments received during the first notice or public comment period:

1. In Section 515.860(c), add "Tier I transports are considered "expanded scope of practice." at the end of the subsection.
2. In Section 515.860(d), add "Tier II and Tier III are considered Critical Care Transports." at the end of the subsection.
3. In Section 515.860(h), change "at the Tiers described in this Section if the provider demonstrates compliance with the requirements for the Tier for which approval is being sought." to "when the provider demonstrates compliance with an

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approved EMS System's Critical Care Transport Program Plan for Tier II or Tier III transports. Only Department approved agencies may advertise as Critical Care Transport providers."

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>Illinois Register Citation:</u>
515.750	Amend	35 Ill. Reg. 14071; August 19, 2011
515.620	Amend	35 Ill. Reg. 18565; November 14, 2011

- 15) Summary and Purpose of Rulemaking: This rulemaking adds a new Section to implement provisions of Public Act 96-1469 (effective January 1, 2011) concerning critical care transport services. The legislation defined critical care transport and authorized the Department to promulgate rules. The proposed amendments include the statutory definition of critical care transport and a tiered system of critical care transport plans that will provide for voluntary certification at one of three levels. For each level, the criteria specified in the legislation are included: personnel staffing and licensure; education, certification, and experience; medical equipment and supplies; vehicle standards; treatment and transport protocols; and quality assurance and data collection.
- 16) Information and questions regarding this adopted rulemaking 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 Amendment 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

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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

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515.200	Emergency Medical Services Regions
515.210	EMS Regional Plan Development
515.220	EMS Regional Plan Content
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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

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515.410	EMS System Communications
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

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515.510	Emergency Medical Technician-Intermediate Training
515.520	Emergency Medical Technician-Paramedic Training
515.530	EMT Testing
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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

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- 515.740 Emergency Communications Registered Nurse
515.750 Trauma Nurse Specialist
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
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515.2020 Inspection and Revocation of Designation
515.2030 Level I Trauma Center Designation Criteria
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515.2060 Trauma Patient Evaluation and Transfer
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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

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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
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

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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.

SUBPART F: VEHICLE SERVICE PROVIDERS

Section 515.860 Critical Care Transport

- a) "Critical care transport" means the pre-hospital or inter-hospital transportation of a critically injured or ill patient by a vehicle service provider, including the provision of medically necessary supplies and services, at a level of service beyond the scope of the EMT-Paramedic. When medically indicated for a patient, as determined by a physician licensed to practice medicine in all of its branches, an advanced practice nurse, or a physician's assistant, in compliance with Section 3.155(b) and (c) of the Act, critical care transport may be provided by:
- 1) Department-approved critical care transport providers, not owned or operated by a hospital, utilizing EMT-Paramedics with additional training, nurses, or other qualified health professionals; or
 - 2) Hospitals, when utilizing any vehicle service provider or any hospital-owned or operated vehicle service provider. Nothing in the Act requires a hospital to use, or to be, a Department-approved critical care transport provider when transporting patients, including those critically injured or ill. Nothing in the Act shall restrict or prohibit a hospital from providing, or arranging for, the medically appropriate transport of any patient, as determined by a physician licensed to practice medicine in all of its branches, an advanced practice nurse, or a physician's assistant. (Section 3.10(f-5) of the Act)
- b) All critical care transport providers must function within a Department-approved EMS System. Nothing in this Part shall restrict a hospital's ability to furnish personnel, equipment, and medical supplies to any vehicle service provider, including a critical care transport provider. (Section 3.10(g-5) of the Act)
- c) For the purposes of this Section, "expanded scope of practice" includes the accepted national curriculum plus additional training, education, experience, and equipment (see Section 515.360) as approved by the Department pursuant to

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Section 3.55 of the Act. Tier I transports are considered "expanded scope of practice".

- d) For the purposes of this Section, critical care transport plans are defined in three tiers of care. Tier II and Tier III are considered Critical Care Transports.
- e) Tier I
Tier I provides a level of care for patients who require care beyond the paramedic USDOT Curriculum scope of practice, up to but not including the requirements of Tiers II and III. Tier I transport includes the use of a ventilator, the use of infusion pumps with administration of medication drips, and maintenance of chest tubes.
- 1) Personnel Staffing and Licensure
- A) Licensure:
- i) Licensed Illinois Paramedic or Pre-Hospital Registered Nurse (PHRN);
- ii) Scope of practice more comprehensive than USDOT Curriculum, as approved by the Department in accordance with the EMS System Plan (see Sections 515.310 and 515.330); and
- iii) Approved to practice by the Department in accordance with the EMS System Plan.
- B) Minimum Staffing:
- i) EMT-Basic, Intermediate or Paramedic/PHRN as driver; and
- ii) Paramedic Expanded Scope of Practice credentialed individual or PHRN, who shall remain with the patient at all times.
- 2) Education, Certification, and Experience

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- A) Initial Education: Documentation of initial education and demonstrated competencies of expanded scope of practice skills as required by Tier I Level of Care and approved by the Department in accordance with the EMS System Plan.
- B) Continuing Education Requirements:
- i) Annual competencies of expanded scope of practice knowledge, equipment and procedures shall be completed; and
 - ii) The EMS vehicle service provider shall maintain documentation of competencies and provide documentation to the EMS Resource Hospital upon request.
- C) Certifications – Tier I personnel shall maintain all renewable critical care certifications and credentials in active status:
- i) Advanced Cardiac Life Support (ACLS);
 - ii) Pediatric Education for Pre-Hospital Professionals (PEPP) or Pediatric Advance Life Support (PALS); and
 - iii) International Trauma Life Support (ITLS) or Pre-Hospital Trauma Life Support (PHTLS).
- D) Experience:
- i) Minimum of one year of experience functioning in the field at an ALS level; and
 - ii) Documentation of education and demonstrated competencies of expanded scope of practice skills required for Tier I Level of Care, approved by the Department and included in the EMS System Plan.
- 3) Medical Equipment and Supplies
- A) Ventilator; and

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- B) Infusion pumps.
- 4) Vehicle Standards
Any vehicle used for providing expanded scope of practice care shall comply at a minimum with Section 515.830 (Ambulance Licensing Requirements) or Sections 515.900 (Licensure of SEMSV Programs – General) and 515.920 (SEMSV Program Licensure Requirements for All Vehicles) regarding licensure of SEMSV programs and SEMSV vehicle requirements, including additional medical equipment and ambulance equipment as defined in this Section. Any vehicle used for expanded scope of practice transport shall be equipped with an onboard alternating current (AC) supply capable of operating and maintaining the AC current needs of the required medical devices used in providing care during the transport of a patient.
- 5) Treatment and Transport Protocols shall address the following:
- A) EMS System Medical Director or Designee present at established Medical Control;
- B) Communication points for contacting Medical Control and a written Expanded Scope of Practice Standard;
- C) Written operating procedures and protocols signed by the EMS MD and approved for use by the Department in accordance with the System Plan; and
- D) Use of a ventilator, infusion pumps with administration of medication drips, and maintenance of chest tubes.
- 6) Quality Assurance Program
- A) The Tier I transport provider shall develop a written Quality Assurance (QA) Plan approved by the EMS System and the Department in accordance with subsection (e)(6)(D). The provider shall provide quarterly QA reports to the assigned EMS Resource Hospitals for the first 12 months of operation.

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- B) The EMS System shall establish the frequency of quality reports after the first year if the System has not identified any deficiencies or adverse outcomes.
- C) A Medical Director shall oversee the QA Program.
- D) The QA Plan shall evaluate all expanded scope of practice activity for medical appropriateness and thoroughness of documentation. The review shall include:
- i) Review of transferring physician orders and evidence of compliance with those orders;
 - ii) Documentation of vital signs and frequency and evidence that abnormal vital signs or trends suggesting an unstable patient were appropriately detected and managed;
 - iii) Documentation of any side effects/complications, including hypotension, extreme bradycardia or tachycardia, increasing chest pain, dysrhythmia, altered mental status and/or changes in neurological examination, and evidence that interventions were appropriate for those events;
 - iv) Documentation of any unanticipated discontinuation of a catheter or rate adjustments of infusions, along with rationale and outcome;
 - v) Review of any Medical Control contact for further direction;
 - vi) Documentation that any unusual occurrences were promptly communicated to the EMS System; and
 - vii) A root cause analysis of any event or care inconsistent with standards. The EMS System educator shall assess and carry out a corrective action plan.

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E) The QA Plan will be subject to review as part of an EMS System site survey and as deemed necessary by the Department (e.g., in response to a complaint).

f) Tier II
Tier II provides a level of care for patients who require care beyond the USDOT Curriculum and expanded scope of practice ALS (paramedic) transport program, and who require formal advanced education for ALS paramedic staff. Tier II transport includes the use of a ventilator, infusion pumps with administration of medication drips, maintenance of chest tubes, and other equipment and treatment, such as, but not limited to: arterial lines; accessing central lines; medication-assisted intubation; patient assessment and titration of IV pump medications, including additional active interventions necessary in providing care to the patient receiving treatment with advanced equipment and medications.

1) Personnel Staffing and Licensure

A) Licensure – Licensed Illinois Paramedic or PHRN:

i) Expanded scope of practice more comprehensive than USDOT Curriculum and expanded scope Tier I level; and

ii) Approved to practice by the EMS System and the Department in accordance with the EMS System Plan.

B) Minimum Staffing:

i) Paramedic/PHRN; and

ii) Paramedic or PHRN who is critical care prepared, who shall remain with the patient at all times.

2) Education, Certification and Experience

A) Initial Advanced Formal Education:

i) 80 hours established higher collegiate education or equivalent critical care education based on existing university program models; and

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- A) Ventilator; and
- B) Infusion pumps.
- 4) Vehicle Standards
Any vehicle used for providing critical care transport shall comply at a minimum with Section 515.830 (Ambulance Licensing Requirements) or Sections 515.900 (Licensure of SEMSV Programs – General) and 515.920 (SEMSV Program Licensure Requirements for All Vehicles) regarding licensure of SEMSV programs and SEMSV vehicle requirements, including additional medical equipment and ambulance equipment as defined in this Section. Any vehicle used for critical care transport shall be equipped with an onboard AC supply capable of operating and maintaining the AC current needs of the required medical devices used in providing care during the transport of a patient.
- 5) Treatment and Transport Protocols shall address the following:
 - A) EMS System Medical Director or designee present at established Medical Control communication points and a written Expanded Scope of Practice Standard Operating Procedure signed by the EMS MD and approved for use by the Department in accordance with the System Plan;
 - B) The use of a ventilator, infusion pumps with administration of medication drips, maintenance of chest tubes, and other equipment and treatment, such as, but not limited to: arterial lines, accessing central lines, and medication-assisted intubation; and
 - C) Patient assessment and titration of IV pump medications, including additional active interventions necessary in providing care to the patient receiving treatment with advanced equipment and medications.
- 6) Quality Assurance Program
 - A) The Tier II transport provider shall develop a written QA Plan approved by the EMS System and the Department in

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accordance with subsection (f)(6)(D). The participating provider shall provide quarterly reports to the assigned EMS Resource Hospitals for the first 12 months of operation.

B) The EMS System shall establish the frequency of quality reports after the first year if the System has not identified any deficiencies or adverse outcomes.

C) A Medical Director shall oversee the QA Program.

D) The QA Plan shall evaluate all expanded scope of practice activity for medical appropriateness and thoroughness of documentation. The review shall include:

- i) Review of transferring physician orders and evidence of compliance with those orders;
- ii) Documentation of vital signs and frequency, and evidence that abnormal vital signs or trends suggesting an unstable patient were appropriately detected and managed;
- iii) Documentation of any side effects/complications, including hypotension, extreme bradycardia or tachycardia, increasing chest pain, dysrhythmia, altered mental status and/or changes in neurological examination, and evidence that interventions were appropriate for those events;
- iv) Documentation of any unanticipated discontinuation of a catheter or rate adjustments of infusions, along with rationale and outcome;
- v) Review of any Medical Control contact for further direction;
- vi) Documentation that unusual occurrences were promptly communicated to the EMS System; and

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- i) Current certifications shall be maintained;
- ii) 12 hours of critical care level education shall be completed annually; and
- iii) The EMS vehicle service provider shall maintain documentation of compliance with subsections (g)(2)(B)(i) and (ii) and shall provide documentation to the EMS Resource Hospital upon request.

C) Certifications

Tier III personnel shall maintain the following renewable critical care certifications and credentials in active status:

- i) ACLS;
- ii) PEPP or PALS; and
- iii) ITLS or PHTLS.

D) Experience

- i) Minimum of two years experience functioning in the field at an ALS Level;
- ii) Documented demonstrated competencies; and
- iii) Completion of annual competencies of expanded scope knowledge, equipment and procedures.

3) Education, Certification and Experience – Nurse:A) Continuing Education Requirements

- i) 12 hours of critical care level education shall be completed annually;

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- ii) The EMS provider shall maintain documentation of compliance with subsection (g)(3)(A)(i) and shall provide documentation to the EMS Resource Hospital upon request; and
- iii) Annual competencies of expanded scope of practice knowledge, equipment and procedures shall be completed.

B) Certifications

Tier III personnel shall maintain the following renewable critical care certifications and credentials in active status:

- i) ACLS;
- ii) PALS, PEPP or ENPC;
- iii) ITLS, PHTLS, TNCC or TNS; and
- iv) ECRN or equivalent.

C) Advanced Certifications Preferred but not Required

- i) Certified Emergency Nurse (CEN);
- ii) Critical Care Registered Nurse (CCRN);
- iii) Critical Care Emergency Medical Technician-Paramedic (CCEMT-P);
- iv) Certified Registered Flight Nurse (CFRN); and
- v) Certified Transport Registered Nurse (CTRN).

D) Experience

- i) Two years of experience with demonstrated competency in a critical care setting; and
- ii) Documented demonstrated competencies.

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- 4) Medical Equipment and Supplies
Tier III transport requires nursing level treatment modalities and interventions as agreed upon by the sending physician and the accepting physician at the receiving facility. If either physician is not available for consult, the provider's Medical Director or designee shall direct care.
- 5) Vehicular Standards
Any vehicle used for providing critical care transport shall comply, at a minimum, with Section 515.830 (Ambulance Licensing Requirements) or Sections 515.900 (Licensure of SEMSV Programs – General) and 515.920 (SEMSV Program Licensure Requirements for All Vehicles) regarding licensure of SEMSV programs and SEMSV vehicle requirements, including additional medical equipment and ambulance equipment as defined in this Section. Any vehicle used for critical care transport shall be equipped with an onboard AC supply capable of operating and maintaining the AC current needs of the required medical devices used in providing care during the transport of a patient.
- 6) Treatment and Transport Protocols shall address the following:
 - A) Paramedic or PHRN: EMS Medical Director or designee present at established Medical Control communication points and written Critical Care Standard Operating procedure signed by the EMS MD and approved for use by the Department in accordance with the System Plan;
 - B) Registered Nurse: The provider's Critical Care Medical Director may establish standing medical orders for nursing personnel, or the RN may be approved to accept orders from the sending physician and/or receiving physician.
- 7) Quality Assurance Program
 - A) The Tier III transport provider shall have a written QA Plan approved by the EMS System and the Department, in accordance with subsection (g)(7)(D). The provider shall provide quarterly reports to the assigned EMS Resource Hospitals for the first 12 months of operation.

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- B) The EMS System shall establish the frequency of quality reports after the first year if the System has not identified any deficiencies or adverse outcomes.
- C) A Medical Director shall oversee the QA Program.
- D) The QA Plan shall evaluate all expanded scope of practice activity for medical appropriateness and thoroughness of documentation. The review shall include:
- i) Review of transferring physician orders and evidence of compliance with those orders;
 - ii) Documentation of vital signs and frequency and evidence that abnormal vital signs or trends suggesting an unstable patient were appropriately detected and managed;
 - iii) Documentation of any side effects/complications, including hypotension, extreme bradycardia or tachycardia, increasing chest pain, dysrhythmia, altered mental status and/or changes in neurological examination, and evidence that interventions were appropriate for those events;
 - iv) Documentation of any unanticipated discontinuation of a catheter or rate adjustments of infusions, along with rationale and outcome;
 - v) Review of any medical control contact for further direction;
 - vi) Prompt communication of unusual occurrences to the EMS System;
 - vii) A root cause analysis of any event or care inconsistent with standards. The EMS System educator shall assess and carry out a corrective action plan.

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- E) The QA Plan will be subject to review as part of an EMS System site survey and as deemed necessary by the Department (e.g., in response to a complaint).
- h) The Department will approve vehicle service providers for critical care transport when the provider demonstrates compliance with an approved EMS System's Critical Care Transport Program Plan for Tier II or Tier III transports. Only Department approved agencies may advertise as Critical Care Transport providers.
- i) The Department will suspend a vehicle service provider's approval for critical care transport if any part of the provider's QA plan is not followed or if a situation exists that poses a threat to the public health and safety. The Department will provide a notice of suspension of critical care transport approval and an opportunity for hearing. If the vehicle service provider does not respond to the notice within 10 days after receipt, approval will be revoked.
- j) The Director may summarily suspend any licensed provider's authorization to perform critical care transports under this Part if the Director or designee determines that continued critical care transport by the provider poses an imminent threat to the health or safety of the public. Any order for suspension will be in writing and effective immediately upon service of the provider or its lawful agent. Any provider served with an order of suspension shall immediately cease accepting all critical care transport cases and shall have the right to request a hearing if a written request is delivered to the Department within 15 days after receipt of the order of suspension. If a timely request is delivered to the Department, then the Department will endeavor to schedule a hearing in an expedited manor, taking into account equity and the need for evidence and live witnesses at the hearing. The Department is authorized to seek injunctive relief in the circuit court if the Director's order is violated.

(Source: Added at 36 Ill. Reg. 880, effective January 6, 2012)