DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Emergency Medical Services, Trauma Center, Primary Stroke Center and Emergent Stroke Ready Hospital Code

2) Code Citation: 77 Ill. Adm. Code 515

3)

Section Numbers:	Proposed Action:
515.100	Amend
515.125	Amend
515.500	Amend
515.510	Amend
515.520	Amend
515.700	Amend
515.900	Amend
515.910	Amend
515.920	Amend
515.930	Amend
515.935	Amend
515.940	Amend
515.945	Amend
515.950	Amend
515.955	Amend
515.960	Amend
515.963	New

4) Statutory Authority: Emergency Medical Services (EMS) Systems Act [210 ILCS 50]

5) A Complete Description of the Subjects and Issues Involved: The Emergency Medical Services, Trauma Center, Primary Stoke Center and Emergent Stroke Ready Hospital Code is being amended to improve Special Emergency Medical ServicesVehicle (SEMSV) safety and to bring them up to current standards. Section 515.100 is being amended to define "Helicopter Shopping", "Stroke Network" and "System Participation Suspension". Section 515.125 is being amended to include federal government publications pertaining to requirements for an aircraft crew. Section 515.900 and Section 515.910 is being amended for technical cleanup. Section 515.920 is being amended to define the qualifications of the SEMSV Medical Director.Section 515.930 is being amended to include the Federal Aviation Administration (FAA) requirements for fixed-wing EMS pilots. Section 515.935 is being amended to allow the EMS System to approve pilots. This Section also requires temporary staffing to be three full-time pilots and is

permitted for no more than six months before hiring a replacement. EMS pilots must have a minimum of 2000 flight hours with a minimum of 1500 rotorcraft flight hours, and 100 flight hours at night with a minimum of 500 hours of turbine time. Each fixed-wing aircraft pilot shall be approved by the Medical Director for participation in an EMS System.

Sections 515.500, 515.510, 515.520 and 515.700 are being amended to include the responsibility of the lead instructor to ensure that the class begins after the Department has issued written approval and a site code. Lead instructors must also ensure that the curriculum presented to the EMT students has approval of the Department and the EMS System. No lead instructor will teach methods of assessment or intervention that are not approved by the Department or the EMS System.

Section 515.940 is being amended to replace the requirement for the aeromedical crew members from Basic Trauma Life Support (BTLS) to International Trauma Life Support (ITLS). This Section also includes Trauma Nurse Advanced Trauma Course (TNATC) and a course equivalent to Neonatal Resuscitation Program (NRP) as other options to some of the other required courses. The Section defines the requirement of tracheal intubation for aeromedical crew members.Section 515.945 removes the fishing kit from the survival equipment requirements and also requires a single engine fixed-wing aircraft to be powered by a turbine engine. Section 515.950 amends requirements for aircraft medical equipment and drugs. Section 515.955 requires mechanics to have competed factory approved training for the makes and models of aircraft in the SEMSV program.

Section 515.960 requires the dispatcher for all aeromedical services to have knowledge of the EMS roles and responsibilities for various levels of training, medical terminology, obtaining patient information and assistance with hazardous material responses and recognition training and crew resource management. Section 515.963 is a new Section that describes the flight program safety standards.

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. The Federal Aviation Administration Type Certificate Data Sheet

for a particular aircraft required crew can be found at http://www.faa.gov/aircraft/.

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? Yes

10) Are there any other proposed rulemakings pending on this Part? Yes

Section Number	Proposed Action	Ill. Reg. Citation
515.150	Amend	37 Ill. Reg. 20601; December 27, 2013
515.165	New	37 Ill. Reg. 20601; December 27, 2013
515.170	Amend	37 Ill. Reg. 20601; December 27, 2013
515.190	Renumbered/amend	37 Ill. Reg. 20601; December 27, 2013
515.430	Repeal	37 Ill. Reg. 20601; December 27, 2013
515.460	Amend	37 Ill. Reg. 20601; December 27, 2013
515.590	Amend	37 Ill. Reg. 20601; December 27, 2013
515.620	Renumbered	37 Ill. Reg. 20601; December 27, 2013
515.630	New	37 Ill. Reg. 20601; December 27, 2013
515.800	Amend	37 Ill. Reg. 20601; December 27, 2013

11) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a State Mandate on units of local government."

12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking:

Susan Meister
Division of Legal Services
Illinois Department of Public Health
535 W. Jefferson St., 5th floor
Springfield, Illinois 62761

(271) 782-2043
dph.rules@illinois.gov

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: All SEMSV programs will need to adhere to the requirements set fourth in the rule. Additional training and equipment may be needed.

B) Reporting, bookkeeping or other procedures required for compliance: All SEMSV programs will be required to keep records of education and equipment

C) Types of professional skills necessary for compliance: All pilots, drivers of SEMSV, registered nurses, physicians, EMTs, Paramedics must comply with the education requirements.

14) Regulatory Agenda on which this rulemaking was summarized: January 2014

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER f: EMERGENCY SERVICES AND HIGHWAY SAFETY

PART 515
EMERGENCY MEDICAL SERVICES, TRAUMA CENTER, PRIMARY STROKE CENTER AND EMERGENT STROKE READY HOSPITAL CODE

SUBPART A: GENERAL PROVISIONS

SUBPART B: EMS REGIONS

SUBPART C: EMS SYSTEMS

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

SUBPART H: TRAUMA CENTERS

SUBPART I: EMS ASSISTANCE FUND

SUBPART J: EMERGENCY MEDICAL SERVICES FOR CHILDREN

SUBPART K: PRIMARY STROKE CENTERS AND EMERGENT STROKE READY HOSPITALS

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

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. 17490, effective December 3, 2012; amended at 37 Ill. Reg. 18883, effective November 12, 2013; amended at 37 Ill. Reg. 19610, effective November 20, 2013; amended at 38 Ill. Reg. _____, effective _____.

SUBPART A: GENERAL PROVISIONS

Section 515.100 Definitions

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

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

Aeromedical Crew Member or Watercraft Crew Member or Off-road Specialized Emergency Medical Services Vehicle (SEMSV) Crew Member – an individual,

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

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

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

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

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

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

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

Associate Hospital EMS Medical Director – the physician at the Associate

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

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

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

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

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

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

Child Abuse and Neglect – see the definitions of "abused child" and "neglected child" in Section 3 of the Abused and Neglected Child Reporting Act ~~[325 ILCS 5/3]~~.

Child Life Specialist – A person whose primary role is to minimize the adverse effects of children's experiences by facilitating coping and the psychosocial

adjustment of children and their families through the continuum of care.

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

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

Critical Care Transport – A Specialty Care Transport (SCT) level of inter-facility or 911 service that uses paramedic, pre-hospital registered nurse (PHRN) and, on occasion, specialized nursing staff to perform skills and interventions at levels above the usual and customary scope of paramedic practice within the State of Illinois. Advanced education, continuing education and special certifications are required. All Critical Care Transport Programs shall be under the direction of a Department-approved ALS EMS System.

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

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

Door-to-_____ − The time from patient arrival at the health care facility until the specified result, procedure or intervention occurs.

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

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

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

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

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

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

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

~~*Emergent Stroke Care – emergency medical care that includes diagnosis and emergency medical treatment of suspected or known acute stroke patients.* (Section 3.116 of the Act)~~

~~*Emergent Stroke Ready Hospital – a hospital that has been designated by the Department as meeting the criteria for providing emergency stroke care* as set forth in the Act and Section 515.5060. (Section 3.116 of the Act)~~

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

Emergency Medical Services System or EMS System or System – *an organization of hospitals, vehicle service providers and personnel approved by*

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

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

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

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

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

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

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

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

EMS Administrative Director – the administrator, appointed by the Resource

Hospital with the approval of the EMS Medical Director, responsible for the administration of the EMS System.

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

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

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

EMS System Coordinator – the designated individual responsible to the EMS Medical Director and EMS Administrative Director for coordination of the educational and functional aspects of the System program.

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

First Responder – a person who is at least 18 years of age, who has successfully completed a course of instruction in emergency medical responder as prescribed by the Department, who provides first response services prior to the arrival of an ambulance or specialized emergency medical services vehicle, in accordance with the level of care established in the emergency medical responder course. (Section 3.60 of the Act)

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

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

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

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

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

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

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

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

Hospitalist – a physician who primarily provides unit-based/in-hospital services.

Instrument Flight Rules or IFR – the operation of an aircraft in weather minimums below the minimums for flight under visual flight rules (VFR). (See General Operating and Flight Rules, 14 CFR 91.115 through 91.129.)
Instrument Meteorological Conditions or IMC – meteorological conditions expressed in terms of visibility, distance from clouds and ceiling, which require Instrument Flight Rules.

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

Level I Trauma Center – a hospital participating in an approved EMS System and

designated by the Department pursuant to Section 515.2030 of this Part to provide optimal care to trauma patients and to provide all essential services in-house, 24 hours per day.

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

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

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

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

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

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

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

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

Nurse Practitioner – a person who is licensed as a nurse practitioner under the Nurse Practice Act ~~[225 ILCS 65]~~. For out-of-state facilities that have Illinois recognition under the trauma or pediatric programs, the professional shall have an

unencumbered license in the state in which he or she practices.

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

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

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

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

Physician – any person licensed to practice medicine in all of its branches under the Medical Practice Act of 1987 ~~[225 ILCS 60]~~.

Physician Assistant – a person who is licensed under the Physician Assistant Practice Act ~~[225 ILCS 95]~~. For out-of-state facilities that have Illinois recognition under the trauma or pediatric programs, the professional shall have an unencumbered license in the state in which he or she practices.

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

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

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

Pre-Hospital Care Provider – a System Participant or any EMT-B, I, P, Ambulance, Ambulance Provider, EMS Vehicle, Associate Hospital, Participating Hospital, EMS System Coordinator, Associate Hospital EMS Coordinator, Associate Hospital EMS Medical Director, ECRN or Physician serving on an

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

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

Primary Stroke Center – a hospital that has been certified by a Department-approved, nationally recognized certifying body and designated as a Primary Stroke Center *by the Department.* (Section 3.116 of the Act)

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

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

Regional EMS Medical Directors Committee – a group *comprised of the Region's*

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

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

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

Registered Nurse or Registered Professional Nurse or RN – a person who is licensed as a professional nurse under the Nurse Practice Act ~~[225 ILCS 65]~~. For out-of-state facilities that have Illinois recognition under the trauma or pediatric programs, the professional shall have an unencumbered license in the state in which he or she practices.

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

provide for equipment exchange for participating EMS vehicles.

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

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

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

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

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

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

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

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

The vehicle is advertised as a vehicle for the emergency transportation of

the sick or injured;

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

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

Standby Emergency Department – a classification of a hospital emergency department where at least one of the registered nurses on duty in the hospital is available for emergency services at all times, and a licensed physician is "on-call" to the emergency department at all times in accordance with Section 250.710 of the Hospital Licensing Requirements ~~(77 Ill. Adm. Code 250)~~.

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

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

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

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

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

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

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

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

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

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

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

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

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

Trauma – any significant injury which involves single or multiple organ systems.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

(Section 3.5 of the Act)

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

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

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

Trauma Center Medical Director – the trauma surgeon appointed by a Department-designated Trauma Center who has the responsibility and authority for the coordination and management of patient care and trauma services at the Trauma Center. He or she must have 24-hour independent operating privileges and shall be board certified in surgery with at least one year of experience in trauma care.
Trauma Center Medical Directors Committee – a group composed *of the Region's Trauma Center Medical Directors.* (Section 3.25 of the Act)

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

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

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

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

Unit Identifier – a number assigned by the Department for each EMS vehicle in

the State to be used in radio communications.

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

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

(Source: Amended at 38 Ill. Reg. _____, effective _____)

Section 515.125 Incorporated and Referenced Materials

a) The following regulations and standards are incorporated in this Part:

1) Private and professional association standards:

A) Glasgow Coma Scale
Champion HR, Sacco WJ, Carnazzo AJ et al.:
CritCare Med 9(9): 672-676 (1981)

B) Revised Trauma Score, 1999
from Resources for the Optimal Care of the Injured Patient
American College of Surgeons
633 North Saint Clair Street
Chicago, Illinois 60611-3211

C) Abbreviated Injury Score, 2005
American Association for the Advancement
of Automotive Medicine
Des Plaines, Illinois 60008

D) Injury Severity Score
Baker SP, O'Neil B, Hadon W et al.:
Journal of Trauma 14: 187-196 (1974)

E) International Classification of Diseases,
9th Revision, Clinical Modification (ICD-9-CM)

Alphabetic Index to External Causes of Injury (E-Codes), Second Printing (2010)
World Health Organization, Geneva, Switzerland and National Center for Health Statistics
Published by Edwards Brothers, Inc. Ann Arbor, Michigan

F) Resources for Optimal Care of the Injured Patient (2006)
American College of Surgeons
633 North Saint Clair Street
Chicago, Illinois 60611-3211

G) Pediatric Advanced Life Support (2011)
American Heart Association National Center
7272 Greenville Center
Dallas, Texas 75231

2) Federal government publications:

A) Federal Specifications for Ambulance, KKK-A-1822F (August 2007), United States General Services Administration, Specifications Section, 2200 Crystal Drive, Suite 1006, Arlington VA 22202

B) United States Department of Transportation, Emergency Medical Technician-Basic: National Standard Curriculum (1998), which may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402

C) United States Department of Transportation, Emergency Medical Technician-Intermediate: National Standard Curriculum (1998), which may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402

D) United States Department of Transportation, Emergency Medical Technician-Paramedic: National Standard Curriculum (1998), which may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 (See Sections 515.215(a); 515.500(c) and (e); 515.510(a) and (d); 515.530(c); 515.532(b); 515.810(b) and (c); and 515.850(a) and (b).)

E) United States Department of Transportation, First Responder: National Standard Curriculum (1997), which may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402

F) United States Department of Transportation, EMS Instructor Training Program: National Standard Curriculum (1995), which may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402

G) United States Department of Transportation, Emergency Medical Dispatcher: National Standard Curriculum (1995), which may be obtained from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402

H) The Federal Aviation Administration Type Certificate Data Sheet for a particular aircraft required crew can be found at http://www.faa.gov/aircraft/.

3) Federal regulations:

A) 47 CFR 90 (October 1, 2008) − Private Land Mobile Radio Services

B) Air Taxi Operations and Commercial Operators (14 CFR 135 (January 1, 2009), Subparts A, Sections 135.1 through 135.43; B, Sections 135.61 through 135.125; C, Sections 135.141 through 135.185; D, Sections 135.201 through 135.229; E, Sections 135.241 through 135.247; F, Section 135.261; J, Sections 135.411 through 135.443)

C) 42 CFR 2A (October 1, 2009) − Confidentiality of Alcohol and Drug Abuse Patient Records

b) All incorporations by reference of federal regulations and the standards of nationally recognized organizations refer to the regulations and standards on the date specified and do not include any amendments or editions subsequent to the date specified.

c) The following statutes and State regulations are referenced in this Part:

1) Federal statutes:

Federal Aviation Act of 1958, Sections 307 and 308 (P.L. 85-726, 72 USC 731)

2) State of Illinois statutes:

A) Hospital Emergency Services Act [210 ILCS 80]

B) Hospital Licensing Act [210 ILCS 85]

C) Medical Practice Act of 1987 [225 ILCS 60]

D) Nurse Practice Act [225 ILCS 65]

E) Code of Civil Procedure [735 ILCS 5]

F) Emergency Telephone System Act [50 ILCS 750]

G) Boat Registration and Safety Act [625 ILCS 45]

H) Open Meetings Act [5 ILCS 120]

I) Illinois Administrative Procedure Act [5 ILCS 100]

J) Head and Spinal Cord Injury Act [410 ILCS 515]

K) Freedom of Information Act [5 ILCS 140]

L) State Records Act [5 ILCS 160]

M) Coal Mine Medical Emergencies Act [410 ILCS 15]

N) Abused and Neglected Child Reporting Act [325 ILCS 5]

3) State of Illinois regulations:

A) Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100)

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

C) Aviation Safety (92 Ill. Adm. Code 14.790, 14.792, 14.795)

(Source: Amended at 38 Ill. Reg. _____, effective _____)

SUBPART D: EMERGENCY MEDICAL TECHNICIANS

Section 515.500 Emergency Medical Technician-Basic Training

a) Applications for approval of EMT-B Training Programs shall be filed with the Department on forms prescribed by the Department. The application shall contain, at a minimum, name of applicant, agency and address, type of training program, lead instructor's name and address, dates of the training program, and name and signature of EMS MD ~~Medical Director~~.

b) Applications for approval, including a copy of the class schedule and course syllabus, shall be submitted at least 60 days before ~~in advance of~~ the first scheduled class. A ~~Included with the application shall be a~~ description of the clinical requirements, textbook being used and passing score for the class shall be included with the application.

c) The EMS MD ~~Medical Director~~ shall attest on the application form that the training program shall be conducted according to the United States Department of Transportation's National Standard Curriculum (minimum sections shall include #1 through #7 of the National Curriculum for EMT Basic), and that all instructors are knowledgeable in the material and capable of instructing at the EMT-B level. The curriculum shall include training in the use of epinephrine for both adults and children for application in the treatment of allergic reactions and anaphylaxis.

d) The EMT-B training program shall designate an EMS Lead Instructor, who shall be responsible for the overall management of the training program and shall be approved by the Department based on requirements of Section 515.700.

e) The lead Instructor for the training class shall be responsible for ensuring that no EMT training class begins until after the Department issues its formal written pre-approval, which shall be in the form of a numeric site approval code.

f) The lead instructor for the training class shall be responsible for ensuring that all materials presented to EMT students conform to all curriculum requirements of both the Department and the EMS System granting its approval. Methods of assessment or intervention that are not approved by both the Department and the EMS System shall not be taught or presented.

g)~~e)~~ Any change except for ~~excluding~~ an emergency change (e.g., weather or instructor illness) in the EMT-B training program's EMS MD ~~Medical Director~~ or EMS Lead Instructor shall require an amendment to be filed with the Department.

h) ~~f)~~ Questions for all quizzes and tests to be given during the EMT-B training program shall be prepared by the EMS Lead Instructor and available upon the Department's request.

i)~~g)~~ Each approved training program shall submit a student roster within 10 days after the first class, as well as a student roster indicating successful or unsuccessful completion within 10 days after the last class. An examination roster shall be submitted to the Department prior to the deadline date for examination.

j~~h)~~ All approved programs shall maintain class and student records for seven years, and these shall be made available to the Department upon request.

(Source: Amended at 38 Ill. Reg. _____, effective _____)

Section 515.510 Emergency Medical Technician-Intermediate Training

a) An EMT-I training program shall be conducted only by an EMS System or a community college under the direction of the EMS System.

b) Applications for approval of EMT-I Training Programs shall be filed with the Department on forms prescribed by the Department. The application shall contain, at a minimum, name of applicant, agency and address, type of training program, lead instructor's name and address, dates of the training program, and names and signatures of the EMS MD ~~Medical Direct~~or and EMS System Coordinator.

c) Applications for approval, including a copy of the class schedule and course syllabus, shall be submitted at least 60 days before ~~in advance~~ of the first scheduled class.

d) The EMS Medical Director of the EMS System shall attest on the application form that the training program shall be conducted according to the United States

Department of Transportation's National Standard Curriculum. The course hours shall minimally include 200 hours of didactic education and 150 hours of clinical experience, which includes hospital and field internship experience. The curriculum shall include training in the use of epinephrine for both adults and children for application in the treatment of allergic reaction and anaphylaxis.

e) The EMT-I training program shall be under the direction of the EMS MD ~~Medical Director~~ and the EMS System Coordinator.

f) The EMS System shall designate an EMS Lead Instructor, who shall be approved by the Department based on the requirements of Section 515.700.

g) The EMS Lead Instructor shall be an EMT-I, an EMT-P, a Registered Professional Nurse or a physician and shall have four years of experience in emergency care as a provider and two years of teaching experience in a classroom setting.

h) The lead Instructor for the training class shall be responsible for ensuring that no EMT training class begins until after the Department issues its formal written pre-approval, which shall be in the form of a numeric site approval code.

i) The lead instructor for the training class shall be responsible for ensuring that all materials presented to EMT students conform to all curriculum requirements of both the Department and the EMS system granting its approval. Methods of assessment or intervention that are not approved by both the Department and the EMS System shall not be taught or presented.

j)~~h)~~ Any change except for ~~excluding~~ an emergency change (e.g., weather or instructor illness) in the EMT-I training program's EMS MD ~~Medical Director~~, EMS System Coordinator and/or EMS Lead Instructor shall require an amendment to be filed with the Department.

k)~~i)~~ A candidate for an EMT-I training program must have a current Illinois EMT-B license.

l)~~j)~~ Before a candidate is accepted into the program, documentation shall ~~must~~ be submitted that an EMS System vehicle will be available to accommodate field experience.

m)~~k)~~ Each approved training program shall submit a student roster within 10 days after

the first class, as well as a student roster indicating successful or unsuccessful completion within 10 days after the last class. An examination roster shall be submitted to the Department prior to the deadline date for examination.

n)~~l)~~ After an EMT-I candidate has completed and passed all components of the training program, and passed the National Registry examination or the Department examination when available, the EMS MD shall submit to the Department a transaction card (Form No. IL 482-0837) concerning that individual.

o)m) All approved programs shall maintain class and student records for seven years, and these shall be made available to the Department upon request.

(Source: Amended at 38 Ill. Reg. _____, effective _____)

Section 515.520 Emergency Medical Technician-Paramedic Training

a) An EMT-P training program shall be conducted only by an EMS System or a community college under the direction of the EMS System.

b) Applications for approval of EMT-P training programs shall be filed with the Department on forms prescribed by the Department. The application shall contain, at a minimum, name of applicant, agency and address, type of training program, dates of the training program, and names and signatures of the EMS MD ~~Medical Director~~ and EMS System Coordinator.

c) Applications for approval, including a copy of the class schedule and course syllabus, shall be submitted at least 60 days before ~~in advance of~~ the first scheduled class.

d) The EMS MD ~~Medical Director~~ of the EMS System shall attest on the application form that the training program shall be conducted according to the United States Department of Transportation's National Standard Curriculum. The EMT-P training program shall include all components of the National Standard Curriculum. The course hours shall minimally include 450 hours of didactic education and 500 hours of clinical experience, which includes hospital and field internship experience. The curriculum shall include training in the use of epinephrine for both adults and children for application in the treatment of allergic reactions and anaphylaxis.

e) The EMT-P training program's lead coordinators shall be the EMS MD ~~Medical~~

~~Director~~ and the EMS System Coordinator.

f) The lead Instructor for the training class shall be responsible for ensuring that no EMT training class begins until after the Department issues its formal written pre-approval, which shall be in the form of a numeric site approval code.

g) The lead instructor for the training class shall be responsible for ensuring that all materials presented to EMT students conform to all curriculum requirements of both the Department and the EMS system granting its approval. Methods of assessment or intervention that are not approved by both the Department and the EMS System shall not be taught or presented.

h)~~f)~~ Any change except for ~~excluding~~ an emergency change (e.g., weather or instructor illness) in the EMT-P training program's EMS Medical Director and/or EMS System Coordinator shall require an amendment to be filed with the Department.

i)~~g)~~ A candidate for an EMT-P training program must have a current Illinois EMT-B or EMT-I license.

j)~~h)~~ Before a candidate is accepted into the program, documentation shall ~~must~~ be submitted that an EMS System vehicle will be available to accommodate field internship needs.

k)~~i)~~ Each approved training program shall submit a student roster within 10 days after the first class, as well as a student roster indicating successful or unsuccessful completion within 10 days after the last class. An examination roster shall be submitted to the Department prior to the deadline date for examination.

l)~~j)~~ After an EMT-P candidate has completed and passed all components of the training program, and passed the Department or National Registry examination, the EMS MD shall submit to the Department a transaction card (Form No. IL 482-0837) concerning that individual.

m)~~k)~~ All approved programs shall maintain class and student records for seven years, and these shall be made available to the Department upon request.

(Source: Amended at 38 Ill. Reg. _____, effective _____)

SUBPART E: EMS LEAD INSTRUCTOR, EMERGENCY MEDICAL DISPATCHER,

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

FIRST RESPONDER, PRE-HOSPITAL REGISTERED NURSE, EMERGENCY COMMUNICATIONS REGISTERED NURSE, AND TRAUMA NURSE SPECIALIST

Section 515.700 EMS Lead Instructor

a) *All education, training and continuing education courses for EMT-B, EMT-I, EMT-P, Pre-Hospital RN, ECRN, First Responder and Emergency Medical Dispatcher* shall *be coordinated by at least one approved EMS Lead Instructor. A program may use* more than *one EMS Lead Instructor. A single EMS Lead Instructor may simultaneously coordinate more than one program or course*. (Section 3.65(b)(5) of the Act)

b) To apply to take the EMS Lead Instructor's examination, the candidate shall submit:

1) Documentation of experience and education in accordance with subsection (c) ~~of this Section~~;

2) A fee of $50 in the form of a money order or certified check made payable to the Department (cash or a personal check will not be accepted);

3) A letter from the EMS MD ~~Medical Director~~ saying that he/she will approve the course conducted by the candidate;

4) An EMS Lead Instructor application form prescribed by the Department, which shall include, but not be limited to, name, address, and resume.

c) An EMS Lead Instructor shall meet at least the following minimum experience and education requirements:

1) A current license as an EMT-B, EMT-I, EMT-P, RN or physician;

2) A minimum of four years of experience in pre-hospital emergency care;

3) At least two years of documented teaching experience;

4) Documented classroom teaching experience, i.e., BTLS, PHTLS, CPR, Pediatric Advanced Life Support (PALS);

5) Documented successful completion of the Illinois EMS Instructor

Education Course or equivalent to the National Standard Curriculum for EMS Instructors.

d) Upon the applicant's completion of the EMS Lead Instructor examination with a score of at least 80 percent, the Department will approve the individual as an EMS Lead Instructor. The approval will be valid for four years.

e) EMT-I and EMT-P Lead Instructors shall attend a Department-approved curriculum review course whenever revisions are made to the National Standard Curricula for Basic, Intermediate, and/or Paramedic.

f) To renew approval for another four-year period, the EMS Lead Instructor shall submit to the Department at least 60 days, but not more than 90 days, prior to the approval expiration:

1) A letter of support from an EMS MD ~~Medical Director~~ indicating that the EMS Lead Instructor has satisfactorily coordinated programs for the EMS System at any time during the four-year period;~~.~~

2) Documentation of at least 10 hours of continuing education annually. (Programs used to fulfill other professional continuing education requirements, i.e., EMT, nursing, may also be used to meet this requirement.); and

3) Documentation of attendance at a Department-approved curriculum review course, if applicable, in accordance with subsection (e).

g) The Department shall, in accordance with Section 515.160 of this Part, *suspend or revoke the approval of an EMS Lead Instructor, after an opportunity for a hearing, when findings show the EMS Lead Instructor has failed:*

1) *To conduct a course in accordance with the curriculum prescribed by the Act* and/or this Part; or

2) *To comply with protocols prescribed by* this Part. (Section 3.65(b)(7) of the Act)

h) The EMS Lead Instructor shall be responsible for the following:

1) Ensuring that no EMT training class begins until after the Department issues its formal written pre-approval, which shall be in the form of a numeric site approval code; and

2) Ensuring that all materials presented to EMT students conform to all curriculum requirements of both the Department and the EMS System granting its approval. Methods of assessment or intervention that are not approved by both the Department and the EMS System shall not be taught or presented.

(Source: Amended at 38 Ill. Reg. _____, effective _____)

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

Section 515.900 Licensure of SEMSV Programs - General

a) No person, either as owner, agent or otherwise, shall furnish, operate, conduct, maintain, advertise or otherwise be engaged in the provision of emergency medical care or transportation to a sick or injured patient using a Specialized Emergency Medical Services Vehicle (SEMSV), unless currently licensed by the Department pursuant to this Subpart. This requirement applies to:

1) Any air medical service that may pick up a patient within the State of Illinois; and

2) Any provider that advertises that it provides air medical transport services, regardless of its base of operation, location of vehicle registration, or percentage of vehicle use for air medical transport.

b) An application for licensure shall be filed with the Department by submitting a Program Plan that includes the information required in this Part. The Program Plan shall be signed by the SEMSV Medical Director and the EMS Medical Director of the EMS System of which the SEMSV Program is a part. (See Section 515.920(a) of this Part.)

c) Each license ~~licensure~~ shall be valid for a period of one year from the date of issuance, unless suspended or revoked.

d) Each license shall be issued to the program named in the application for the

specific vehicle or vehicles ~~vehicle(s)~~ identified in the application and shall not be assignable or transferable.

e) Section 515.800 regarding application and renewal of licensure shall apply. ~~An application for renewal of licensure shall be filed with the Department at least 30 days prior to the expiration date on a form prescribed by the Department. The renewal application shall be accompanied by photocopies of any current licenses or certificates required of SEMSV personnel by the provisions of this Part (see Sections 515.920(e), 515.935, 515.940(a) of this Part) and verification that SEMSV personnel continuing education required by the provisions of this Part have been met. (See Section 515.930(d) of this Part.) Each renewed license shall be valid for a period of one year from the date of issuance, unless suspended or revoked.~~

f) The Department shall inspect any vehicles, equipment, records or other documents covered by the licensed or applicant SEMSV Program annually to determine initial or continued compliance with the requirements of the Act and ~~or~~ this Part.

(Source: Amended at 38 Ill. Reg. _____, effective _____)

Section 515.910 Denial, Nonrenewal, Suspension or Revocation of SEMSV Licensure

a) The Director may *issue an Emergency Suspension Order for any provider or vehicle licensed under this* Part or the *Act, when the Director or his designee has determined that an immediate and serious danger to the public health, safety and welfare exists. Suspension or revocation proceedings which offer an opportunity for hearing shall be promptly initiated after the emergency suspension order has been issued*. (Section 3.85(b)(7) of the Act)

b) The Department, in accordance with Section 515.160 of this Part, after notice and an opportunity for hearing, shall deny an application for licensure or renewal, suspend or revoke a license when the applicant or license holder has failed to meet or has violated any of the requirements of the Act or this Part~~;~~, or when any SEMSV personnel, during the provision of emergency services, have engaged in dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud or harm the public, such as not meeting the requirements of the Act, charging for services or equipment not provided or used, or using unqualified personnel as provided in Section 515.940.

c) All hearings shall be governed by the Department's ~~Rules of~~ Practice and Procedure ~~Procedures~~ in Administrative Hearings and Section 3.135(a) and (b) of the Act ~~(77 Ill. Adm. Code 100)~~. Upon receipt of a notice of denial, nonrenewal, suspension, or revocation, ~~to deny, nonrenew, suspend or revoke,~~ the applicant or certificate holder shall have 15 days in which to request ~~such~~ a hearing.

(Source: Amended at 38 Ill. Reg. _____, effective _____)

Section 515.920 SEMSV Program Licensure Requirements for All Vehicles

a) The SEMSV Program shall be part of a Department-approved EMS System that is located within the geographical area that the program serves.

b) The SEMSV Program shall meet and comply with all State and federal requirements governing the specific vehicles employed in the program. (See Section 515.930, 515.945, or 515.970 of this Part.)

c) The SEMSV Program shall comply with this Part during its hours of operation. The SEMSV Program shall operate 24 hours per day, every day of the year, in accordance with weather conditions, except when the service is committed to another medical emergency request, or is unavailable due to maintenance requirements.

d) The SEMSV Program shall provide pre-hospital emergency services within its service area on a per-need basis without regard to the patient's ability to pay for the ~~such~~ service.

e) The SEMSV Program shall be supervised and managed by a Medical Director, who shall be a physician who has met at least the following requirements:

1) Educational experience in those areas of medicine that are commensurate with the mission statement of the medical service (e.g., trauma, pediatric, neonatal, obstetrics) or utilize specialty physicians as consultants when appropriate;

2) Training and experience in Advanced Cardiac Life Support (ACLS), such as the American Heart Association's ACLS course or equivalent education;

3) Training and experience in Pediatric Advanced Life Support (PALS), such

as the American Heart Association PALS course or ASEP/American Academy of Pediatrics Advanced Pediatric Life Support Course or equivalent education;

4) Training and experience in Advanced Trauma Life Support (ATLS), such as the American College of Surgeons' ATLS course or equivalent education;

5) In programs using air vehicles, documentation, such as certificates or proof of completion in course work designed to bring about:
   A) Experience and knowledge in in-flight ~~inflight~~ treatment modalities;

   B) Experience and knowledge in altitude physiology;

   C) Experience and knowledge in infection control as it relates to airborne and intra-facility transportation; and

   D) Experience and knowledge in stress management techniques;

6) In programs using watercraft, documentation, such as certificates of completion in course work designed to bring about:

   A) Experience and knowledge in treating persons suffering from drowning (cold, warm, fresh and salt water); and

   B) Experience and knowledge in diving accident physiology and treatment.

7) In programs using air vehicles, the Medical Director shall be knowledgeable and involved in the establishment of flight safety and weather-related parameters.

(Source: Amended at 38 Ill. Reg. _____, effective _____)

Section 515.930 Helicopter and Fixed-Wing Aircraft Requirements

In addition to the requirements specified in Sections 515.900 and 515.920 of this Part, an SEMSV Program using helicopters or fixed-wing aircraft shall submit a Program Plan that includes the following:

a) Documentation of the Medical Director's credentials as required by Section 515.920(e) of this Part, and a statement signed by the Medical Director containing his or her commitment to the following duties and responsibilities:

1) Supervising and managing the program;

2) Supervising and evaluating the quality of patient care provided by the aeromedical crew;

3) Developing written treatment protocols and standard operating procedures to be used by the aeromedical crew during flight;

4) Developing and approving a list of equipment and drugs to be available on the SEMSV during patient transfer;

5) Providing periodic review, at least monthly, of patient care provided by the aeromedical crew;

6) Providing for the continuing education of the aeromedical team (see Section 515.940(a)(2));

7) Providing medical advice and expertise on the use~~, need~~ and special requirements of aeromedical transfer;

8) Submitting documentation assuring the qualifications of the aeromedical crew;

9) Notifying the Department when the primary SEMSV is unavailable in excess of 24 hours, stating the reason for unavailability, the expected date of return to service, and the provisions made, if any, for replacement vehicles;

10) Assuring appropriate staffing of the SEMSV, with a minimum of one EMS pilot and one aeromedical crew member for Basic Life Support missions. There shall be two aeromedical crew members for Advanced Life Support and critical care transports, one of which must be a registered nurse or physician with completion of training required by Section 515.940. Two EMS pilots shall be used for fixed-wing aircraft or helicopters when required by the Federal Aviation Administration (FAA).

Additional aeromedical personnel may be required at the discretion of the SEMSV Medical Director. The SEMSV Medical Director shall provide the Department with a list of all approved pilots and aeromedical crew members, and shall update the list whenever a change in the ~~such~~ personnel is made;

b) The SEMSV Medical Director's list of required medical equipment and drugs for use on the aircraft (see Section 515.950);

c) The SEMSV Medical Director's treatment protocols and standard operating procedures;

d) The curriculum and requirements for orientation and training (see Section 515.940(a)(2), (3) and (4)), including mandatory continuing education for all aeromedical crew members consisting of at least 16 hours in specialized aeromedical transportation topics, eight hours of which may include quality assurance reviews; operational safety standards; and weather related parameters;

e) A description of the communications system accessing the aeromedical dispatch center, the medical control point, receiving and referring agencies (see Section 515.960 of this Part);

f) A description and map of the service area for each vehicle;

g) A description of the EMS System's method of providing emergency medical services using the SEMSV Program; and

h) The identification number and description of all vehicles used in the program.

(Source: Amended at 38 Ill. Reg. _____, effective _____)

Section 515.935 EMS Pilot Specifications

a) Approval for EMS System participation for a ~~EMS~~ pilot ~~approval for helicopters and fixed-wing aircraft~~ shall be valid for a period of one year and may be renewed by the Medical Director if the pilot has completed renewal training, which shall include, but is not limited to, the requirements of subsections (b)(1) and (5)(A) through (H) or subsections (c)(1) and (3)(A) through (F) of this Section.

1) For helicopter programs only:

A) Four EMS pilots per helicopter, excluding relief support, shall be dedicated to the SEMSV Program. Temporary staffing by three full- time pilots is permitted for no more than six months while finding and training a replacement pilot.

B) An EMS pilot assigned to SEMSV duty shall be physically present at the aircraft base to assure timely response.

C) An EMS pilot assigned to SEMSV duty shall be provided with work space to carry out assigned duties. If ~~In the event that~~ duty time exceeds 12 continuous hours, separate sleeping quarters shall be provided to assure physical rest.

2) For fixed-wing programs only: One EMS pilot per aircraft who will respond within one-half hour from the receipt of the request.

b) Each EMS pilot assigned to a helicopter shall be approved for participation in an EMS System by the Medical Director and shall meet the following requirements:

1) Compliance with subparts E and F of Air Taxi Operations and Commercial Operators (14 CFR 135).

2) A minimum of 2000 ~~rotorcraft~~ flight hours with a minimum of 1500 rotorcraft flight hours and the following stipulations: ~~as pilot-in-command, including:~~

A) Factory school or equivalent (ground and flight);

B) A minimum of 1000 hours as the pilot in command (PIC) in a rotorcraft; ~~Five hours as pilot-in-command or at the controls prior to EMS missions if transitioning from a single to a single engine helicopter, from a twin to a single engine helicopter, or from a twin to a twin engine helicopter;~~

C) 100 flight hours at night, unaided; and ~~Ten hours as pilot-in-command or at the controls prior to EMS missions if transitioning from a single to a twin engine aircraft.~~

D) A minimum of 500 hours of turbine time.

3) A minimum of five hours day/night area flight orientation, of which two hours must be at night, and, in the judgment ~~judgement~~ of the SEMSV Medical Director, special terrain flight orientation.

4) Instrument Flight Rules (IFR) certification by the Federal Aviation Administration (IFR Currency is recommended).

5) Documentation ~~Provide documentation~~ of completion of training that includes, but is not limited to, the following:
   A) Judgment ~~Judgement~~ and decision making;
   B) Local routine operating procedures, including day and night operations;
   C) Flight by reference to instruments, including Instrument Meteorological Conditions (IMC) recovery;
   D) Regional area weather phenomena;
   E) Area terrain hazards;
   F) Scene procedures;
   G) EMS System and SEMSV Program communications requirements;
   H) Orientation to each hospital/pre-hospital health care system affiliated with the SEMSV Program; and
   I) Crew resource management training.

c) Each pilot assigned to a fixed-wing aircraft shall be approved by the Medical Director for participation in an EMS System and shall meet the following requirements:
   1) Compliance with subparts E and F of Air Taxi Operations and Commercial Operators (14 CFR 135);
   2) The pilot shall have ~~a commercial pilot certificate with~~ a minimum of 2000 flight hours; a minimum of 1000 flight hours as PIC in a fixed wing aircraft; ~~pilot-in-command and an airplane multi-engine land instrument~~

~~rating, with a minimum of 250 hours of instrument flying time, to include no more than 125 hours of simulated time~~ ~~and~~ 100 night flight hours and 25 hours in the specific make and model of aircraft before flying as the PIC ~~pilot-in-command~~ on patient missions~~;~~, or completion of a commercially established training program for the specific make and model air craft and the successful completion of the check ride;

3) Provide documentation of completion of training that includes, but is not limited to, the following:

A) Judgment ~~Judgement~~ and decision making;

B) Local routine operating procedures, including day and night operations;

C) Flight by reference to instruments, including Instrument Meteorological Conditions (IMC) recovery;

D) Regional area weather phenomena;

E) Area terrain hazards;

F) EMS System and SEMSV Program communications requirements; and

G) Crew resource management training.

(Source: Amended at 38 Ill. Reg. _____, effective _____)

Section 515.940 Aeromedical Crew Member Training Requirements

a) Except as provided for by subsection (b) of this Section, each aeromedical crew member assigned to a helicopter or fixed-wing aircraft shall be approved by the Medical Director and shall meet the following requirements:

1) Be an EMT-P, registered nurse or a physician.

2) Each crew member shall ~~must~~ be current in, or obtain within six months of hire:

A) Advanced Cardiac Life Support (ACLS);

B) ~~Basic Trauma Life Support (BTLS) or~~ Pre-Hospital Trauma Life Support (PHTLS) or International Trauma Life Support (ITLS);

C) Pediatric Advanced Life Support (PALS) or Emergency Nursing Pediatric Course (ENPC) or Pediatric Education for Prehospital Professionals (PEPP) Advanced;

D) Trauma Nurse Specialist (TNS), ~~or~~ Trauma Nurse Core Curriculum (TNCC) or Trauma Nurse Advanced Trauma Course (TNATC); or

E) Neonatal Resuscitation Program (NRP) or an equivalent as approved by the EMS MD.

3) Initial training program requirements for full-time and part-time Critical Care and ALS providers. Each Critical Care and ALS provider shall ~~must~~ successfully complete a comprehensive training program or show proof of recent experience/training in the categories listed in subsections (A) and (B) ~~below~~ prior to assuming independent responsibility.

A) Didactic Component - Shall be specified and appropriate for the mission statement and scope of the medical transport service:

i) Advanced airway management;~~.~~

ii) Altitude physiology/stressors of flight if involved in rotor wing or fixed wing operations;~~.~~

iii) Anatomy, physiology and assessment for adult, pediatric and neonatal patients;~~.~~

iv) Aviation - aircraft orientation/safety and in-flight procedures/general aircraft safety, including depressurization procedures for fixed wing (as appropriate). Ambulance orientation/ safety and procedures as appropriate;~~.~~

v) Cardiac emergencies and advanced cardiac critical care;~~.~~

vi) Hemodynamic monitoring, pacemakers, automatic implantable cardiac defibrillator (AICD), intra-aortic balloon pump, and central lines, pulmonary artery and arterial catheters;~~.~~

vii) Disaster and triage;~~.~~

viii) EMS radio communications;~~.~~

ix) Environmental emergencies;~~.~~

x) Hazardous materials recognition and response;~~.~~

xi) High risk obstetric emergencies (bleeding, medical, and trauma);~~.~~

xii) Infection control;~~.~~

xiii) Metabolic/endocrine emergencies;~~.~~

xiv) Multi-trauma (chest, abdomen, facial);~~.~~

xv) Neonatal emergencies (respiratory distress, surgical, cardiac);~~.~~

xvi) Oxygen therapy in the medical transport environment – mechanical ~~Mechanical~~ ventilation and respiratory physiology for adult, pediatric and neonatal patients as appropriate to the mission statement and scope of care of the medical transport service;~~.~~

xvii) Pediatric medical emergencies;~~.~~

xviii) Pediatric trauma;~~.~~

xix) Pharmacology;~~.~~

xx) Quality Management – didactic ~~Didactic~~ education that supports the medical transport service mission statement and scope of care (e.g., adult, pediatric, neonatal);~~.~~

xxi) Respiratory emergencies;~~.~~

xxii) Scene management/rescue/extrication (rotor wing and ground ambulance);~~.~~

xxiii) Stress recognition and management;~~.~~

xxiv) Survival training;~~.~~

xxv) Record keeping;~~.~~

xxvi) Thermal, chemical and electrical burns;~~.~~

xxvii) Legal aspects; and~~.~~

xxviii) Toxicology.

B) Clinical Component – clinical ~~Clinical~~ experiences shall include, but not be limited to, the following (experiences shall be specific and appropriate for the mission statement and scope of care of the medical transport service):

i) Critical care;~~.~~

ii) Emergency care;~~.~~

iii) Invasive procedures or mannequin equivalent for practicing invasive procedures;~~.~~

iv) Neonatal intensive care;~~.~~

v) Obstetrics – five deliveries;~~.~~

vi) Pediatric critical care;~~.~~

vii) Pre-hospital care, for rotor wing programs only; and ~~.~~

viii) Tracheal intubations –10 performed on live patients either in the field or in the hospital setting when in the presence of and under the direct supervision of a licensed physician or certified registered nurse anesthetist (CRNA); or performed on cadavers while under direct supervision; or when in the

presence of and under the direct and immediate supervision of the EMS MD or SEMSV Medical Director, a Human Patient Simulator (HPS).

4) Continuing education/staff development shall ~~must~~ be provided and documented for all full-time and part-time Critical Care and ALS providers. These shall be specific and appropriate for the mission statement and scope of care of the medical transport service.

A) Didactic continuing education shall ~~must~~ include:

i) Aviation – safety issues (if involved in rotor wing or fixed wing operations);~~.~~

ii) Requirements of this Part ~~State EMS rules~~ regarding ground and air transport;~~.~~

iii) Altitude physiology/stressors of flight (if involved in both rotor wing and fixed wing operations);~~.~~

iv) Critical care courses;~~.~~

v) Emergency care courses;~~.~~

vi) Hazardous materials recognition and response;~~.~~

vii) Infection control;~~.~~

viii) Stress recognition and management;~~.~~

ix) Survival training.

x) Equipment reviews consistent with program scope and mission.

B) Clinical and laboratory continuing education shall ~~must~~ include:

i) Emergency/trauma care;~~.~~

ii) Critical care (adult, pediatric, neonatal);~~.~~

iii) Invasive procedure labs;~~.~~

iv) Labor and delivery;~~.~~

v) Pre-hospital experience, for rotor wing programs only;~~.~~

vi) Skills maintenance program documented to comply with number of skills required in a set period of time according to policy of the medical transport service (i.e., endotracheal intubations, chest tubes);~~.~~

vii) No fewer ~~Since endotracheal intubation is an essential life saving measure, no less~~ than five ~~live~~ successful intubations per year are required for each Critical Care or ALS provider. These intubations may be on live patients either in the field or in the hospital setting when in the presence of and under the direct supervision of a licensed physician or CRNA; or cadavers while under direct supervision; or when in the presence of and under the direct and immediate supervision of the EMS MD or SEMSV Medical Director, a Human Patient Simulator (HPS). Success rates for all live intubations are documented and monitored through the quality management process; and~~.~~

viii) Live, mannequin or cadaver intubation experience within the following age ranges if served by the air medical/ground inter-facility ~~interfacility~~ service: birth to 28 days; 28 days to 12 months; 12 months to 2 years; 2 years to 8 ~~6~~ years; and 8 ~~6~~ years and older.

5) Yearly completion of the continuing education requirements as described in Section 515.930(d) of this Part.

b) In addition to at least one aeromedical crew member for Basic Life Support who has met the requirements of subsection (a) ~~of this Section~~, and two aeromedical crew members, one of whom must be an R.N. or licensed physician, for Advanced Life Support or critical care transport missions who have met the requirements of subsection (a) ~~of this Section~~, the Medical Director may approve and assign additional crew members to a helicopter or fixed-wing aircraft. The ~~Such~~ additional crew members shall meet the following requirements:

1) Provide documentation of completion of training that includes, but is not limited to, the following:

A) General patient care in-flight,

B) Aircraft emergencies,

C) Flight safety,

D) EMS System and SEMSV Program communications,

E) Use of all patient care equipment, and

F) Rescue and survival techniques.

2) Yearly completion of the continuing education requirements as described in Section 515.930(d) of this Part.

(Source: Amended at 38 Ill. Reg. _____, effective _____)

Section 515.945 Aircraft Vehicle Specifications and Operation

a) All vehicles shall meet the requirements of subparts A, B, C, and D of Air Taxi Operations and Commercial Operators (14 CFR 135).

b) All vehicles shall have communication equipment to permit both internal crew and air-to-ground exchange of information between individuals and agencies, including at least those involved in SEMSV medical control within the EMS System, the flight operations center, air traffic control and law enforcement agencies. Helicopters must be able to communicate with law enforcement agencies, EMS providers, fire agencies, and referring and receiving facilities.

c) Rotor wing vehicles shall be equipped with a Medical Emergency Radio Communications for Illinois (MERCI) radio.

d) All vehicles shall be designed to allow the loading and unloading of the patient without rotating the patient more than 30 degrees along the longitudinal axis or 45 degrees along the lateral axis.

e) All vehicles shall be climate controlled to prevent temperature extremes that

would adversely affect patient care in the judgment ~~judgement~~ of the Medical Director.

f) All vehicles shall have interior lighting to permit patient care to be given and patient status to be monitored without interfering with the pilot's vision.

g) All vehicles shall carry survival equipment including but not limited to:

1) Two sources of heat or fire,

2) Two forms of signaling device,

3) Equipment to provide shelter: blanket, nylon cord and adhesive tape,

4) Knife ~~and fishing kit~~, and

5) Food and water supply.

h) All patients shall be restrained to the helicopter or fixed-wing aircraft litter ~~in order~~ to assure the safety of the patient and crew.

i) For helicopter programs:

1) Each rotorcraft shall be powered by at least one turbine engine. There shall be at least one dedicated turbine powered rotorcraft. ~~single-engine aircraft~~.

2) Each vehicle shall be staffed with at least one EMS pilot and at least one aeromedical crew member for Basic Life Support missions. There shall be two aeromedical crew members for Advanced Life Support and critical care transports, one of which shall be an R.N. or licensed physician.

3) Each vehicle shall be equipped with flight reference instruments to allow recovery from inadvertent Instrument Flight Rules (IFR) situations.

4) Each vehicle shall be equipped with a searchlight pivoting at least 180 degrees horizontal and 90 degrees vertical, controlled by the pilot without removing hands from the flight controls. The searchlight shall be at least 400,000 candlepower, mounted and operated in accordance with requirements of the Federal Aviation Administration (14 CFR 135).

5) The cockpit shall be isolated by a protective barrier to minimize in-flight ~~inflight~~ distraction or interference.

6) All medical equipment, supplies and personnel shall be secured ~~and/~~or restrained.

7) All equipment, litters/stretchers and seating shall be arranged so as not to block rapid egress by personnel or patient from the aircraft and shall be affixed or secured in racks or compartments approved by the Federal Aviation Administration (14 CFR 135) or by straps.

j) For fixed-wing aircraft programs:

1) All single engine fixed wing aircraft shall be powered by a turbine engine. There shall be at least one dedicated fixed-wing ~~twin-engine~~ aircraft.

2) Each vehicle shall be staffed with at least one EMS pilot and at least one aeromedical crew member for Basic Life Support missions. There shall be two aeromedical crew members for Advanced Life Support and critical care transports.

3) The aircraft shall be IFR equipped and certified.

4) All equipment, litters/stretchers and seating shall be arranged so as not to block rapid egress by personnel or patient from the aircraft and shall be affixed or secured in approved racks or compartments or by strap restraint.

(Source: Amended at 38 Ill. Reg. _____, effective _____)

Section 515.950 Aircraft Medical Equipment and Drugs

a) Each helicopter or fixed-wing aircraft shall be equipped with medical equipment and drugs that are appropriate for the various types of missions to which it will be responding, as specified by the SEMSV Medical Director.

b) The SEMSV Medical Director shall submit for approval to the Department a list of medical equipment and drugs to be taken on any particular mission based on patient type (adult, child, infant), medical condition (high risk infant, cardiac, burn, etc.) and anticipated treatment needs en route. This shall include, but not be limited to:

1) Cardiac monitor with extra battery;

2) Defibrillator that is adjustable for all age groups;

3) External pacemaker;

4) Advanced airway equipment, including ~~to include~~ laryngoscope and tracheal intubation supplies for all age ranges;

5) Mechanical ventilator available;

6) Two suction sources; one must be portable;

7) Pulse oximeter;

8) End tidal CO2 – electronic or chemical;

9) Automatic blood pressure monitor;

10) Doppler with dual capacity to obtain fetal heart tones as well as systolic blood pressure;

11) Invasive pressure monitor;

12) Intravenous pumps with adjustable rates for appropriate age groups;

13) Two sources of oxygen; one must be portable;

14) A stretcher that is large enough to carry the 95th percentile adult, full length in supine position, and that is rigid enough to support effective cardiopulmonary resuscitation and has the capability of raising the head 30°;

15) Electrical power source provided by an inverter or appropriate power source of sufficient output to meet the requirements of the complete specialized equipment package without compromising the operation of any electrical aircraft equipment;

16) If the patient weighs less than 60 lbs. (27 kg.), an appropriate (for height and weight) restraint device shall ~~must~~ be used, which shall ~~must~~ be secured by a devise approved by the Federal Aviation Administration (14

CFR 135); and

17) An isolette if the service mission profile includes neonate transports. ~~Isolette.~~

c) The Department's approval shall be based on, but not limited to:

1) Length of time of the mission;

2) Possible environmental or weather hazards;
3) Number of individuals served; and

4) Medical condition of individuals served.

(Source: Amended at 38 Ill. Reg. _____, effective _____)

Section 515.955 Vehicle Maintenance for Helicopter and Fixed-wing Aircraft Programs

a) For helicopter programs:

1) The maintenance program shall meet the requirements of subpart J of Air Taxi Operations and Commercial Operators (14 CFR 135).

2) One certified airframe and power plant (A & P) mechanic with two years experience for each helicopter shall be available and dedicated to the program 24 hours per day.

3) Mechanics shall have completed factory- approved ~~provided~~ training for the makes and models of aircraft used in the SEMSV Program.

4) Back-up maintenance support shall be available when the primary mechanic is unavailable or during times of extensive maintenance needs.

5) Hangar facilities shall be available for major maintenance activities, as specified in manufacturer's requirements. These facilities need not be located at the base of operations.

6) Progressive maintenance on aircraft used by the SEMSV Program is recommended, including routine daily inspections, as required by the aircraft manufacturer.

b) For fixed-wing aircraft programs:

1) The maintenance program shall meet the requirements of subpart J of Air Taxi Operations and Commercial Operators (14 CFR 135).

2) Mechanics shall be certified A & P with two years experience, and shall have completed training for the make and model of aircraft used by the SEMSV Program.

3) Hangar facilities shall be available for major maintenance activities as specified in manufacturer's requirements.

4) Progressive maintenance on aircraft used by the SEMSV Program is recommended, including routine daily inspections, as required by the aircraft manufacturer.

(Source: Amended at 38 Ill. Reg. _____, effective _____)

Section 515.960 Aircraft Communications and Dispatch Center

a) The SEMSV Program shall have a designated person assigned and available 24 hours per day every day of the year to receive and dispatch all requests for aeromedical services. For fixed-wing aircraft programs, a telephone answering service may be used.

b) Training of the designated person shall be commensurate with the scope of responsibility of the communications center and pertinent to the air medical service, including:

1) Knowledge of EMS roles and responsibilities of the various levels of training ~~EMT licensure or the equivalent in knowledge or experience~~;

2) Knowledge of Federal Aviation Administration ~~Regulation~~ and Federal Communications Commission regulations;

3) General safety rules, emergency procedures and flight following procedures;

4) Navigation techniques/terminology and understanding weather

interpretation;

5) Types of radio frequency bands used; ~~and~~

6) Stress recognition and management; ~~.~~

7) Medical terminology and obtaining patient information;

8) Assistance with hazardous materials response and recognition procedure using appropriate reference materials; and

9) Crew Resource Management.

c) The dispatch center shall have at least one dedicated telephone number for the SEMSV Program.

d) A pre-arranged emergency plan shall be in place to cover situations in which an aircraft is overdue, radio communication cannot be established, or an aircraft location cannot be verified.

e) A back-up power source shall be available for all communications equipment used at the SEMSV medical control point.

f) The dispatch center shall have a ~~A~~ system for recording all incoming and outgoing telephone and radio transmissions with time recording and playback capabilities. Recordings shall be kept for 30 days.

g) In addition, for helicopter programs:

1) The dispatch center shall have the capability to communicate with the aircraft pilot and aeromedical crew for nonmedical purposes on a separate designated frequency.

2) Continuous flight following every 15 minutes shall be maintained and documented.

(Source: Amended at 38 Ill. Reg. _____, effective _____)

Section 515.963 Flight Program Safety Standards

For rotor wing and fixed wing programs:

a) Flight crews shall wear the following protective clothing:

1) Reflective material or striping on uniforms during night operations;

2) Flame-retardant clothing;

3) Flight helmets for all rotorcraft crews, including specialty teams; and

4) Boots or sturdy footwear for on-scene operations.

b) Safety and Environment

1) Oxygen storage shall be 10 feet from any heat source and 20 feet from any open flame.

2) All crews shall carry a photo ID with first and last names while on duty.

3) Family members or other passengers who accompany patients shall be identified and listed in the communications center.

4) A policy shall address the security of the aircraft and physical environment (i.e., hangar, fuel farm) including:

A) Security of the aircraft or ambulance if left unattended on a helipad, hospital ramp or unsecured airport or parking lot;

B) Training for pilots, mechanics and medical personnel to recognize signs of aircraft tampering; and

C) A plan to address aircraft or ambulance tampering.

c) Completion of all of the following educational components shall be documented for each of the flight medical personnel.

1) General aircraft safety;

A) Aircraft evacuation procedures (exits and emergency release mechanisms), including emergency shutdown- engines, radios, fuel switches, electrical and oxygen shutdown;

B) Aviation terminology and communication procedures, including - knowledge of emergency communications and knowledge of emergency communications frequency;

C) In-flight and ground fire suppression procedures (use of fire extinguishers);

D) In-flight emergency and emergency landing procedures (i.e., position, oxygen, securing equipment);

E) Safety in and around the aircraft, including national aviation regulations pertinent to medical team members, landing zone personnel when possible, patients, and lay individuals;

F) Specific capabilities, limitations and safety measures for each aircraft used, including specific training for backup or occasionally used aircraft;

G) Use of emergency locator transmitter (ELT); and

H) All ground support ambulances used for fixed wing operations shall meet minimal State ambulance licensing requirements.

2) Ground operations rotor wing (RW)

A) Landing site policies consistent with Federal Aviation Administration Helicopter Emergency Medical Services (HEMS) requirements;

B) Patient loading and unloading – policy for rapid loading/unloading procedures; and

C) Refueling policy for normal and emergency situations.

D) Hazardous materials recognition, response and training policy consistent with 2014 Aeronautical Information Manual, Chapter 10 (2014 US Department of Transportation);

E) Highway scene safety management policy that demonstrates coordination with local emergency response personnel;

F) Survival training/techniques/equipment that are pertinent to the environment/geographic coverage area of the medical service based on the program risk assessment;

G) Smoke in the cockpit/cabin, firefighting in the cockpit/cabin; and

H) Emergency evacuation of crew and patients.

d) A planned and structured safety program shall be provided to public safety/law enforcement agencies and hospital personnel who interface with the medical service, which includes:

1) Identifying, designating and preparing an appropriate landing zone (LZ);

2) Personal safety in and around the helicopter for all ground personnel;

3) Procedures for day/night operations, conducted by the medical team, specific to the aircraft, including:

A) High and low reconnaissance;

B) Two-way communications between helicopter and ground personnel to identify approach and departure obstacles and wind direction;

C) Approach and departure path selection; and

D) Procedures for the pilot to ensure safety during ground operations in an LZ with or without engines running.

4) Crash recovery procedures specific to the aircraft make and model shall minimally include:

A) Location of fuel tanks;

B) Oxygen shut-offs in cockpit and cabin;

C) Emergency egress procedures;

D) Aircraft batteries; and

E) Emergency shut-down procedures.

5) Education regarding "helicopter shopping" shall be included.

6) Records shall be kept of initial and recurrent safety training of pre-hospital, referring and receiving ground support personnel.

e) The program shall maintain a Safety Management System that is proactive in identifying risks and eliminating injuries to personnel and patients and damage to equipment.

f) Special requirements for night operations; SEMSV rotorcraft programs shall incorporate use of night vision goggles (NVG) and shall be compliant by December 31, 2018:

1) Pilot required; and

2) Medical Crew recommended.

(Source: Added at 38 Ill. Reg. _____, effective _____)