**Section 515.445 Pediatric Care**

a) Upon the availability of federal funds for development of an emergency medical services for children (EMSC) program, the Department shall appoint an Advisory Board to advise the Department on all matters concerning emergency medical service for children and to develop and implement a plan to address identified pediatric areas of need. The Advisory Board shall advise the Department in the formulation of policy that reflects the purposes of the Act and this Part. The Advisory Board shall consist of 25 members to be appointed by the Director for a term of three years. Membership of the Advisory Board shall include:

1) One practicing pediatrician, one pediatric critical care physician and one board certified pediatric emergency physician, to be recommended by the Illinois Chapter of the American Academy of Pediatrics;

2) One pediatric surgeon, to be recommended by the Illinois Chapter of the American College of Surgeons, or a trauma nurse manager/coordinator recommended by the Illinois Trauma Coordinators Coalition;

3) Two emergency physicians, one to be recommended by the Illinois Chapter of the American College of Emergency Physicians and one to be recommended by the National Association of EMS Physicians;

4) One family medicine physician, to be recommended by the Illinois Chapter of the American Academy of Family Physicians;

5) Two RNs, one to be appointed upon recommendation of the American Nurses Association-Illinois (ANA-Illinois) and one to be appointed upon recommendation of the Illinois State Council, Emergency Nurses Association (ENA);

6) Two EMS Personnel of differing levels, to be appointed, one each, upon recommendation of the Illinois EMS Association and Illinois Fire Fighters Association;

7) An EMS Coordinator;

8) A representative from each of the following: Division of Specialized Care for Children; Illinois Fire Chiefs Association; Illinois State Ambulance Association; Illinois State Medical Society; SAFEKIDS Coalition; Illinois Health and Hospital Association; Illinois Critical Access Hospital Network; Illinois Department of Children and Family Services; Illinois Poison Center; a pediatric rehabilitation representative; a community organization; a child advocate group; and a parent representative;

9) A non-voting member from the Department's Division of Emergency Medical Systems and Highway Safety and the Office of Women's Health, Division of Maternal, Child and Family Health Services. EMS Regional representation shall be through board members who serve as representatives of other designated constituencies. The members shall have dual representation status in advising the Department, but shall retain one vote. The Department shall consider regional representation when making advisory board appointments.

b) The Advisory Board members with medical backgrounds shall have expertise and interest in emergency or critical care medical services for children. Vacancies on the Advisory Board shall be filled for the unexpired term by appointment of the Director in the same manner as originally filled. The members of the Advisory Board shall serve without compensation, but shall be reimbursed for necessary expenses incurred in the performance of their duties, including travel expenses. A majority of the members of the Advisory Board shall constitute a quorum for the conduct of business of the advisory committee. A majority vote of the members present at a meeting at which a quorum is established shall be necessary to validate any action of the committee.

c) A majority of the members of the Advisory Board shall constitute a quorum for the conduct of the Board's business. A majority vote of the members present at a meeting at which a quorum is established shall be necessary to validate any action.

d) The Advisory Board shall act pursuant to bylaws that it adopts, which shall include the annual election of a Chair and Vice-Chair.

e) The Department, with the advice of the Advisory Board, shall address and establish through the EMSC program at least the following:

1) Initial and continuing education programs for emergency medical services personnel, which shall include training in the emergency care of infants and children;

2) Guidelines for referring children to the appropriate emergency or critical care medical facilities;

3) Guidelines for pre-hospital, hospital and other pediatric emergency or critical care medical service equipment;

4) Guidelines and protocols for pre-hospital and hospital facilities encompassing all levels of pediatric emergency medical services, hospital and pediatric critical care services, including, but not limited to, triage, stabilization, treatment, transfers and referrals;

5) Guidelines for hospital-based emergency departments appropriate for pediatric care to assess, stabilize, and treat critically ill infants and children and if necessary to prepare the child for transfer to a pediatric intensive care unit or pediatric trauma center;

6) Guidelines for pediatric intensive care units, pediatric trauma centers and intermediate care units fully equipped and staffed by appropriately trained critical care pediatric physicians, surgeons, nurses and therapists;

7) An inter-facility transfer system for critically ill or injured children;

8) Guidelines for pediatric rehabilitation units to ensure staffing by rehabilitation specialists and capabilities to provide any service required to assure maximum recovery from the physical, emotional and cognitive effects of critical illness and severe trauma;

9) Guidelines for the implementation of public education and injury prevention programs throughout the State in conjunction with local fire, public safety and school personnel;

10) Guidelines for the collection, analysis and dissemination of pediatric quality improvement information regarding ongoing improvements in the EMSC program;

11) Guidelines and protocols for pre-hospital providers and hospital facilities for the treatment, documentation, reporting and professional interactions with family members, and for referrals to social, psychological and rehabilitation services in suspected cases of child maltreatment; and

12) Guidelines addressing pediatric disaster/all-hazards preparedness.

(Source: Amended at 48 Ill. Reg. 16159, effective November 1, 2024)