**Section 515.860 ALS Expanded Scope and Critical Care Transport**

a) Critical care transport *may be provided by:*

1) *Department-approved critical care transport providers, not owned or operated by a hospital, utilizing EMT-Paramedics with additional training, nurses, or other qualified health professionals; or*

2) *Hospitals, when utilizing any vehicle service provider or any hospital-owned or operated vehicle service provider. Nothing in* the *Act requires a hospital to use, or to be, a Department-approved critical care transport provider when transporting patients, including those critically injured or ill. Nothing in* the *Act shall restrict or prohibit a hospital from providing, or arranging for, the medically appropriate transport of any patient, as determined by a physician licensed to practice* medicine *in all of its branches, an APRN, or a PA.* (Section 3.10(f-5) of the Act)

3) Physician medical direction for critical care, approved by the EMS MD, shall have the qualifications consistent with the acuity and conditions of the critical care patients transported. Such medical direction includes an Illinois licensed practicing physician with competency in critical care transport medicine and board certification in a specialty relevant to the provider agency mission or experience in critical care transport medicine consistent with the types, acuity and severity of patients transported.

b) *All critical care transport providers must function within a Department-approved EMS System. Nothing in* this Part *shall restrict a hospital's ability to furnish personnel, equipment, and medical supplies to any vehicle service provider, including a critical care transport provider.* (Section 3.10(g-5) of the Act)

c) For the purposes of this Section, "expanded scope of practice" includes the accepted national curriculum plus additional education, experience and equipment (see Section 515.360) as approved by the Department pursuant to Section 3.55 of the Act. Tier I transports are considered "expanded scope of practice".

d) For the purposes of this Section, CCT plans are defined in three tiers of care. Tier II and Tier III are considered Critical Care Transports.

e) Tier I (Expanded Scope ALS)

Tier I provides a level of care for patients who require care beyond the Department-approved Paramedic scope of practice, up to but not including the requirements of Tiers II and III. Tier I transport may include the use of a ventilator, the use of infusion pumps with administration of medication drips, and maintenance of chest tubes.

1) Personnel Staffing and Licensure

A) Licensure

i) Licensed Illinois Paramedic, PHRN, PHPA or PHAPRN;

ii) Scope of practice more comprehensive than the national EMS scope of practice model approved by the Department in accordance with the EMS System plan (see Sections 515.310 and 515.330); and

iii) Approved to practice by the Department in accordance with the EMS System plan.

B) Minimum Staffing

i) System authorized EMT, A-EMT, EMT-I, Paramedic, PHRN, PHPA or PHAPRN as driver; and

ii) System authorized expanded scope of practice Paramedic, PHRN, PHPA, PHAPRN or physician who shall remain with the patient at all times.

2) Education, Certification and Experience

A) Initial Education. Documentation of initial education and demonstrated competencies of expanded scope of practice knowledge and skills as required by Tier I Level of Care and approved by the Department in accordance with the EMS System plan.

B) CE Requirements

i) Annual competencies of expanded scope of practice knowledge, equipment and procedures shall be completed; and

ii) The EMS vehicle service provider shall maintain documentation of competencies and provide documentation to the EMS System upon request.

C) Certifications. Tier I personnel shall maintain all of the following renewable certifications and credentials in active status:

i) Advanced Cardiac Life Support (ACLS);

ii) Pediatric Education for Pre-Hospital Professionals (PEPP) or Pediatric Advance Life Support (PALS);

iii) International Trauma Life Support (ITLS) or Pre-Hospital Trauma Life Support (PHTLS); and

iv) Any additional educational course work or certifications required by the EMS MD.

D) Experience

i) Minimum of 6 months of experience functioning in the field at an ALS level or as a physician in an emergency department; and

ii) Documentation of education and demonstrated competencies of expanded scope of practice knowledge and skills required for Tier I Level of Care, approved by the Department and included in the EMS System plan.

3) Medical Equipment and Supplies

Authorized equipment as approved by the EMS MD and the Department and included in the system plan.

4) Vehicle Standards

Any vehicle used for providing expanded scope of practice care shall comply at a minimum with Section 515.830 (Ambulance Licensing Requirements) or Sections 515.900 (Licensure of SEMSV Programs –General) and 515.920 (SEMSV Program Licensure Requirements for Air Medical Transport Programs) regarding licensure of SEMSV Programs and SEMSV vehicle requirements, including additional medical equipment and ambulance equipment as defined in the EMS system plan. Any vehicle used for expanded scope of practice transport shall be equipped with an onboard alternating current (AC) supply capable of operating and maintaining the AC current needs of the required medical devices used in providing care during the transport of a patient.

5) Treatment and Transport Protocols shall address the following:

A) Written operating procedures and protocols signed by the EMS MD and approved for use by the Department in accordance with the System plan; and

B) Use of authorized equipment as approved by the EMS MD.

6) Quality Assurance Program

A) The Tier I transport provider shall develop a written Quality Assurance (QA) plan approved by the EMS System and the Department in accordance with subsection (e)(6)(D). The provider shall provide quarterly QA reports to the EMS Systems and to the Department upon request for the first 12 months of operation.

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

C) An EMS MD or a SEMSV MD shall oversee the QA program.

D) The QA plan shall evaluate all expanded scope of practice activity. The review shall include at a minimum:

i) Review of transferring physician orders and evidence of compliance with those orders;

ii) Documentation of vital signs and frequency and evidence that abnormal vital signs or trends suggesting an unstable patient were appropriately detected and managed;

iii) Documentation of any side effects/complications, including hypotension, extreme bradycardia or tachycardia, increasing chest pain, dysrhythmia, altered mental status and/or changes in neurological examination, and evidence that interventions were appropriate for those events;

iv) Documentation of any unanticipated discontinuation of a catheter or rate adjustments of infusions, along with rationale and outcome;

v) Documentation that any unusual occurrences were promptly communicated to the EMS System; and

vi) A root cause analysis of any event or care inconsistent with standards.

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

f) Tier II (Critical Care)

Tier II provides an expanded scope of practice more comprehensive than Tier I and approved by the EMS MD and the Department in accordance with the system plan.

1) Licensure and Personnel Staffing

A) Licensure − Licensed Illinois Paramedic, PHRN, PHPA or PHAPRN:

B) Minimum Staffing:

i) System authorized Paramedic, PHRN, PHPA or PHAPRN; and

ii) System authorized Paramedic, PHRN, PHPA, PHAPRN or physician who is critical care prepared and who shall remain with the patient at all times.

2) Education, Certification and Experience

A) Initial Advanced Formal Education.

i) At a minimum, 80 didactic hours of established higher collegiate critical care education nationally recognized; or two years of experience in critical care or emergency care with completion of an EMS MD or SEMSV MD approved critical care training program (consisting of, at minimum, 80 didactic hours) and obtaining a nationally recognized advanced certification within two years; and

ii) Demonstrated competencies, as documented by the EMS MD or SEMSV MD and approved by the Department.

B) CE Requirements

i) The EMS System shall document and maintain annual competencies of expanded scope of practice knowledge, equipment and procedures;

ii) The following current credentials, as a minimum, shall be maintained: ACLS, PEPP or PALS, ITLS or PHTLS, TPATC or ATLS;

iii) A minimum of 40 hours of critical care level education shall be completed every four years;

iv) The EMS provider shall maintain documentation of compliance with subsections (f)(2)(B)(i) through (iii) and shall provide documentation to the EMS System upon request; and

v) Nationally recognized critical care certifications shall be maintained and renewed based on national recertification criteria.

C) Experience. Minimum of one year experience functioning in the field at an ALS level for Paramedics, PHRNs, PHPAs, and PHAPRNs and one year experience in an emergency department for physicians.

3) Medical Equipment and Supplies

A) Infusion pumps; and

B) Other authorized equipment as approved by the SEMSV MD and the Department and included in the system plan.

4) Vehicle Standards

Any vehicle used for providing critical care transport shall comply at a minimum with Section 515.830 (Ambulance Licensing Requirements) or Sections 515.900 (Licensure of SEMSV Programs – General) and 515.920 (SEMSV Program Licensure Requirements for Air Medical Transport Programs) regarding licensure of SEMSV Programs and SEMSV vehicle requirements, including additional medical equipment and ambulance equipment as defined in the EMS System Plan. Any vehicle used for CCT shall be equipped with an onboard AC supply capable of operating and maintaining the AC current needs of the required medical devices used in providing care during the transport of a patient.

5) Treatment and Transport Protocols shall address equipment and medications used on Tier II transport.

6) Quality Assurance Program

A) The EMS Systems and providers shall have a quality improvement program, approved by the Department, that uses national standards performance indicators to evaluate the appropriateness and quality of patient care. The method and results of the quality improvement projects shall be available to the Department upon request.

B) An EMS MD or SEMSV MD shall oversee the QA program.

g) Tier III (Critical Care)

Tier III provides the highest level of transport care for patients who require advanced level treatment modalities and interventions as approved by the EMS MD and the Department and identified in the system plan.

1) Minimum Personnel Staffing and Licensure

A) One driver holding a current Illinois EMS license; and

B) Two critical care prepared providers, who shall remain with the patient at all times:

i) Paramedic, PHRN, PHPA or PHAPRN; and

ii) RN, PHRN, PHPA or PHAPRN.

2) Education, Certification, and Experience: Paramedic, PHRN, PHPA or PHAPRN

A) Initial Advanced Formal Education

i) At a minimum, 80 didactic hours of established higher collegiate critical care education nationally recognized, or two years of experience in critical care or emergency care with completion of an EMS MD or SEMSV MD approved critical care training program (consisting of, at minimum, 80 didactic hours) and obtaining a nationally recognized advanced certification within two years; and; and

ii) Demonstrated competencies, as documented by EMS MD and SEMSV MD and approved by the Department.

B) CE Requirements

i) The EMS System shall document and maintain annual competencies of expanded scope of practice knowledge, equipment and procedures;

ii) The following valid credentials, at a minimum, shall be maintained: ACLS, PEPP or PALS and NRP or system approved equivalent, ITLS or PHTLS;

iii) A minimum of 40 hours of critical care level CE shall be completed every four years;

iv) The EMS provider shall maintain documentation of compliance with subsection (g)(2)(B)(i) and shall provide documentation to the EMS System upon request; and

v) Nationally recognized critical certifications shall be maintained and renewed based on national recertification criteria.

C) Experience

i) Minimum of two years experience functioning in the field at an ALS Level;

ii) Documented demonstrated competencies; and

iii) Completion of annual competencies of expanded scope knowledge, equipment and procedures.

3) Education, Certification and Experience − Registered Professional Nurse

A) CE Requirements

i) A minimum of 48 hours of critical care level education shall be completed every four years; and

ii) The EMS provider shall maintain documentation of compliance with subsection (g)(3)(A)(i) and shall provide documentation to the EMS Resource Hospital upon request.

B) Certifications

Tier III personnel shall maintain the following valid critical care certifications and credentials:

i) ACLS;

ii) PALS, PEPP or ENPC;

iii) NRP or system approved equivalent; and

iv) ITLS, PHTLS, TNCC or TNS, TPATC or ATLS.

C) Experience

Minimum of two years full-time critical care experience.

4) Medical Equipment and Supplies as approved by the EMS MD and the Department and included in the system plan.

5) Vehicular Standards

Any vehicle used for providing CCT shall comply, at a minimum, with Section 515.830 (Ambulance Licensing Requirements) or Sections 515.900 (Licensure of SEMSV Programs – General) and 515.920 (SEMSV Program Licensure Requirements for Air Medical Transport Programs) regarding licensure of SEMSV Programs and SEMSV vehicle requirements, including additional medical equipment and ambulance equipment as defined in the EMS System Plan. Any vehicle used for CCT shall be equipped with an onboard AC supply capable of operating and maintaining the AC current needs of the required medical devices used in providing care during the transport of a patient.

6) Treatment and Transport Protocols shall address the equipment and medications used on Tier III transport.

7) Quality Assurance Program

A) The EMS Systems and providers shall have a quality improvement program, approved by the Department, that uses national standards performance indicators to evaluate the appropriateness and quality of patient care. The method and results of the quality improvement projects will be available to the Department upon request.

B) An EMS MD or SEMSV MD shall oversee the QA program.

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