**Section 515.2035 Level I Pediatric Trauma Center**

a) The Level I Pediatric Trauma Center Director shall advise the Trauma Center Medical Director and shall be a member of the Regional Trauma Advisory Board.

b) The Pediatric Trauma Center Medical Director shall be board certified in pediatric surgery or be a general surgeon, with at least two years of experience in pediatric trauma care, 10 hours per year of trauma-related continuing medical education (CME), and 24-hour independent operating privileges, as evidenced by:

1) care and supervision for 50 pediatric trauma cases per year; and

2) ongoing involvement in pediatric trauma care.

c) The trauma center shall provide a pediatric trauma service separate from the general surgery service. The pediatric trauma service shall be staffed by pediatric trauma surgeons with one year of experience in pediatric trauma or general surgeons with two years of pediatric trauma care experience, who are available in-house 24 hours a day for immediate response.

1) The pediatric trauma surgeon requirement may be fulfilled by residents with a minimum of four years of general surgery residency training with independent operating room privileges for pediatric surgery and who have current Advanced Trauma Life Support (ATLS) verification.

2) If the resident is fulfilling the pediatric trauma surgeon requirement, the attending pediatric trauma surgeon must be consulted within 30 minutes after the patient's being classified as Category I or II.

3) If the resident is fulfilling the pediatric trauma surgeon requirement, it is mandatory that the attending pediatric trauma surgeon be present for patients undergoing operative procedures by the time the surgery begins.

4) The pediatric trauma surgeon, pediatric surgery resident or surgical subspecialist shall be consulted when the decision is made to admit a Category II patient. The pediatric trauma surgeon or appropriate subspecialist shall see the patient within 12 hours after the patient arrives in the Emergency Department (ED).

5) A physician with current ATLS verification or who has current competency in the initial resuscitation of the trauma patient as verified by the professional staff competency plan must be present 24 hours per day in the Level I Pediatric Trauma Center to treat the trauma patient.

6) The hospital's quality improvement program shall monitor compliance with this subsection (c).

7) The trauma center shall have the option of allowing the ED personnel to determine that a trauma patient with an isolated injury may be treated by one of the services listed in subsection (d) of this Section. Any patient meeting the definition of isolated injury requires consultation with the appropriate subspecialist. That subspecialist is to arrive within the time designated in subsection (d) after the notification that his or her services are needed at the hospital. When the need for neurosurgical intervention has been identified, the neurosurgeon must arrive and be available in a fully staffed operating room within 60 minutes after the identification of need for operative intervention. An isolated injury refers to the transfer of energy to a single specific anatomic body region with no potential for multisystem involvement.

d) The trauma center shall provide the following surgical services within the designated times, by physicians credentialed by the hospital to provide pediatric care:

1) On call to arrive at the hospital to treat the patient within 30 minutes after notification that their services are needed at the hospital:

A) Cardiothoracic; this requirement may be fulfilled by a cardiothoracic surgeon or a pediatric trauma/general surgeon with experience in pediatric cardiothoracic surgery for lifesaving procedures; the surgeon must have pediatric cardiothoracic privileges; and

B) Obstetrics, or a transfer agreement.

2) On call to arrive at the hospital to treat the patient within 60 minutes after notification that their services are needed at the hospital:

A) Orthopedic;

B) Vascular;

C) Ophthalmologic;

D) Oral-dental;

E) Otorhinolaryngologic;

F) Plastic/maxillofacial;

G) Urologic;

H) Reimplantation service, or a transfer agreement;

I) Neurosurgery.

3) Twenty-four hours a day, or a transfer agreement:

A) Burn center staffed by registered nurses trained in burn care; and

B) Acute spinal cord injury management.

e) The pediatric trauma center shall provide the following nonsurgical services:

1) Department of Pediatrics with a designated Board certified pediatrician in the role of chairman.

2) Emergency Medicine staffed 24 hours a day in the ED by a physician who is board prepared or certified by the ABEM or by the American Board of Pediatrics and Pediatric Emergency Medicine (ABP/PEM) or AOBEM with two year ongoing involvement in daily pediatric trauma care and 10 hours per year of trauma-related CME.

3) Anesthesiology Services:

A) The anesthesiology service or department shall be supervised by pediatric anesthesiologists. "Supervise," for the purposes of this subsection (e)(3)(A), means to manage, control and direct the services performed, including being present in the trauma center and immediately available for consultation while the services are being performed.

B) Pediatric anesthesiology services as credentialed by the hospital available 24 hours a day in-house.

C) Direct patient care services may be performed by a pediatric anesthesiologist or a certified registered nurse anesthetist (CRNA) with experience in pediatric anesthesia acting under the direct supervision of a pediatric anesthesiologist.

4) Radiology staffed by:

A) A technician with the ability to perform a computerized axial tomography (CAT) scan in-house, 24 hours a day.

B) A radiologist with the ability to read CAT scans and perform angiography available within 30 minutes. This requirement may be met by a Post Graduate Year (PGY) II radiology resident with six months experience in CAT and angiography. Teleradiographic equipment may be used to transmit CAT scans to radiologists off site in lieu of the radiologists' response to the trauma center to read CAT scans. The radiology department shall provide a quality monitoring process to validate the resident's compliance with the time requirements and competency to read CAT scans and perform angiography.

C) A pediatric radiologist on staff to provide a quality improvement process to validate interpretation of pediatric films.

5) Pediatric intensive care unit having available 24 hours a day:

A) A physician credentialed by the hospital. This requirement may be fulfilled by pediatric or general surgery residents at the second or third year level or by pediatric or surgical critical care fellows who have had pediatric intensive care training and are under the supervision of a staff physician possessing full pediatric intensive care privileges;

B) One Registered Professional Nurse per shift with two years of pediatric intensive care or critical care experience and four hours of trauma-related pediatric critical care continuing education per year; and

C) The following pediatric equipment:

i) Airway control and ventilation devices;

ii) Oxygen source with concentration controls;

iii) Cardiac emergency cart;

iv) Electrocardiograph-oscilloscope-defibrillator;

v) Cardiac output monitoring;

vi) Electronic pressure monitoring;

vii) Mechanical ventilator-respirators;

viii) Pulmonary function measuring devices, i.e., pulse oximeter and CO**[**2**]** monitoring;

ix) Temperature control devices;

x) Drugs, intravenous fluids, and supplies in accordance with the Hospital Licensing Requirements (77 Ill. Adm. Code 250.1050, 250.2140, and 250.2710); and

xi) Intracranial pressure monitoring devices.

6) Laboratory 24 hours a day in-house, providing the following:

A) Standard analysis of blood and urine, and other body fluids using micro-sampling techniques;

B) Blood typing and cross-matching;

C) Coagulation studies;

D) Comprehensive blood bank or access to a community central blood bank and adequate hospital storage facilities (see Hospital Licensing Requirements (77 Ill. Adm. Code 250.520));

E) Blood gases and pH determinations;

F) Microbiology, to include the ability to initiate aerobic and anaerobic cultures on a 24 hour per day basis; and

G) Toxicology screening.

7) A board-certified pediatrician shall be available within 60 minutes after notification.

8) Pediatric cardiology 60 minutes after notification.

9) Postanesthetic recovery capabilities 24 hours a day (may be fulfilled by a pediatric ICU).

10) Acute hemodialysis capability 24 hours a day.

11) Open heart capability.

f) The trauma center shall meet the following professional staff requirements:

1) The ED Director shall be a physician board certified by the ABEM or ABP/PEM or certified by the AOBEM;

2) The Emergency Department treating the Category I or Category II trauma patient shall be cared for by at least one RN who holds a current nationally recognized trauma nursing certification such as Trauma Certified Registered Nurse (TCRN) or Trauma Nursing Core Course (TNCC); or is currently recognized as a Trauma Nurse Specialist (TNS);

3) A full-time Trauma Coordinator dedicated solely to the Trauma Program;

4) An operating room shall be staffed in-house and available 24 hours a day; and

5) Staff shall include occupational therapy, speech therapy, physical therapy, social work, child protective services, dietary and pediatric psychiatry.

g) The Trauma Center shall develop a professional staff competency plan including but not limited to trauma surgeons and emergency medicine physicians treating the trauma patients. Physicians caring for trauma patients in the Level I Pediatric Trauma Center must demonstrate the following:

1) Board certification/Board eligibility in their specialty;

2) Successful completion of trauma-related CME requirements as specified in this Section;

3) Ongoing clinical involvement in the care of the trauma patient as evidenced by routine participation in one or more of the following: trauma call rosters, trauma teams, and attendance at trauma rounds/trauma meetings;

4) Physician specific outcome measurements for high volume/high acuity procedures;

5) For trauma surgeons and emergency medicine physicians only, the successful completion of an ATLS provider course.

h) The trauma center shall provide and maintain the following equipment:

1) Airway control and ventilation equipment including laryngoscopes and endotracheal tubes of appropriate sizes, bag-mask, resuscitator, sources of oxygen, mechanical ventilator, CO2 monitoring and pulse oximeter;

2) Suction devices and equipment (pulmonary and gastric);

3) Electrocardiograph-oscilloscope-defibrillator, pacemaker;

4) Apparatus to establish central venous pressure monitoring;

5) All standard intravenous fluids and administration devices;

6) Sterile surgical instruments or sets for emergency care, such as cricothyrotomy, tracheostomy, thoracotomy, thoracostomy, cut down, peritoneal lavage, intraosseous;

7) Drugs and supplies necessary for emergency care;

8) X-ray and CAT scan capability;

9) Spinal immobilization equipment;

10) Temperature control devices;

11) Pediatric measuring device;

12) Scale; and

13) Specialized pediatric resuscitation cart with measuring device in the emergency area.

AGENCY NOTE: Broselow**(**TM**)** Pediatric Tape will meet this requirement.

i) The trauma service must be identified in the facility's budget, with sufficient funds dedicated to support the trauma director and trauma coordinator positions and to provide for the operation of the trauma registry.

j) A level I Pediatric Trauma Center shall meet the requirements of Section 515.2030(i)-(s) of this Part.

(Source: Amended at 46 Ill. Reg. 20898, effective December 16, 2022)