**Section 515.APPENDIX D Administrative, Legal and EMS Protocols and Guidelines**

Administrative, Legal and EMS Protocols and Guidelines shall include, but not be limited to the following:

1) Administrative and Legal:

• Patient disposition/selection of receiving facility

• Patient choice and refusal regarding treatment, transport or destination

• Patient abandonment

• Do Not Resuscitate (DNR)/Practitioner Orders for Life Sustaining Treatment (POLST)/Advance Directives/Health Care Power of Attorney (POA) status

• When and how to notify a coroner or medical examiner

• Appropriate interaction with law enforcement on the scene

• The duty to perform all services without unlawful discrimination

• Patient confidentiality and release of information/Health Insurance Portability and Accountability Act (HIPAA)

• Appropriate interaction with an independent physician/nurse on the scene

• Offering immediate and adequate information regarding services available to victims of abuse, for any person suspected to be a victim of domestic abuse

• Mandated reporting policy

• Relinquished newborn

• Consent for treatment of minors

• A policy that addresses the EMS System Participant safety, disinfection of EMS vehicles and equipment, and assessment, treatment, transport and follow-up of patients with suspected or diagnosed infectious diseases

• Significant or high risk occupational exposure of EMS System Participants to an infectious disease, including notification to the designated infection control officer of the EMS provider agency following exposure

• A policy concerning the use of latex-free supplies

• Medical records documentation, retention, and reporting policy

• Incident reporting/equipment malfunction/sentinel event reporting

• Crisis response and medical surge policy/multiple patient incidents

• Professional ethical standards and behavioral expectations

• Any procedures regarding disciplinary or suspension decisions and the review of those decisions that the System has elected to follow in addition to those required by the Act

• A policy for notifying another EMS System of an EMT, EMT-I, AEMT, Paramedic, PHRN, PHAPRN, PHPA system suspension when that EMT, AEMT, EMT-I, Paramedic, PHRN, PHAPRN, PHPA is known to have dual participation with another EMS System.

• Resource Hospital overrides (situations in which Associate Hospital orders are overruled by the Resource Hospital)

• Protocols for ILS/AEMT and ALS personnel to assess the condition of a patient being initially treated in the field by BLS personnel, for the purpose of determining whether a higher level of care is warranted and transfer of care of the patient to the ILS or ALS personnel is appropriate; the protocols shall include a requirement that neither the assessment nor the transfer of care can be initiated if it appears to jeopardize the patient's condition, and shall require that the activities of the System personnel be under the immediate direction of the EMS MD or designee

• A policy on treatment and transport of law enforcement animals

• A policy on transport of a service/support animal

• Any System policies regarding abuse of controlled substances or conviction of a felony crime by EMS Personnel, whether on or off duty

• A Medication and Equipment Exchange Policy for System Participants

• A policy for use of PPE during patient encounters

• A policy on securing a weapon prior to transport of a patient

• A policy on waste of controlled substance

• Procedure/policy for provider notification when leaving the state for an EMAC or NAC response

• A policy on additional healthcare personnel assisting in the transport of a patient in an ambulance, including but not limited to an RN, Physician or C.T. tech.

• Requirements for EMS personnel who have identified an EMS system as secondary

• Crisis response and medical surge policy

• Complaint investigation including suspension

• Storage and security of medication

• A policy on identification of type of EMS patient care reports and crew member responsible for filling out patient care report for transport and non-transport EMS calls and submission of data

• Policy for in system and out of system types of continuing education programs allowed

• Replacement of medications and equipment for inter and intra facility transports

• Notification of IDPH Division of EMS when an EMS crew member is killed in the line of duty

• Policy on patient transport to a licensed mental health care facility

• Policy on patient transport to a licensed urgent or immediate care facility

• Policy requiring all licensed EMS personnel to participate in a process to physically demonstrate the correct use of defined pediatric-specific equipment minimally every recertification period

2) EMS Standing Medical Orders/Standard Operating Guidelines/Procedures

• **Cardiovascular:**

○ Adult and Pediatric Syncope and Pre-syncope

○ Chest Pain/Acute Coronary Syndrome (ACS)/ST-segment Elevation Myocardial Infarction (STEMI)

○ Tachycardia with a Pulse

○ Bradycardia with a Pulse

○ Heart Failure/Pulmonary Edema/Cardiogenic Shock

• **Resuscitation:**

○ Cardiac Arrest (VF/VT/Asystole/PEA)

○ Adult Post-ROSC (Return of Spontaneous Circulation) Care

○ Determination of Death/Withholding or Termination of Resuscitative Efforts

• **Respiratory:**

○ Airway/Ventilatory Management

○ Acute Respiratory Conditions

○ Chronic Respiratory Conditions

• **Medical:**

○ Agitated or Violent Patient/Behavioral Emergency; Use of Restraints

○ Anaphylaxis and Allergic Reaction

○ Altered Mental Status

○ Hypoglycemia/Hyperglycemia

○ Pain Management

○ Seizures

○ Shock

○ Suspected Stroke/Transient Ischemic Attack

○ Nausea/Vomiting

○ Functional Needs/Special Needs Populations

• **Pediatric Prehospital Protocols (BLS, ILS, AEMT and ALS):**

○ Initial Medical Care/Assessment

○ Initial Trauma Care/Assessment

○ Neonatal Resuscitation

○ Pediatric AED

○ Pediatric Allergic Reaction/Anaphylaxis

○ Pediatric Altered Mental Status

○ Pediatric Brief Resolved Unexplained Event (BRUE)

○ Pediatric Bradycardia

○ Pediatric Burns

○ Pediatric Drowning

○ Pediatric Environmental Hyperthermia

○ Pediatric Hypothermia

○ Pediatric Nerve Agent/Organophosphate Antidote Guidelines

○ Pediatric Pulseless Arrest

○ BLS Pediatric Pulseless Arrest

○ ALS/ILS Asystole/PEA Pathway

○ ALS/ILS VF/VT Pathway

○ Pediatric Respiratory Distress

○ Pediatric Respiratory Distress with a Tracheostomy Tube

○ Pediatric Respiratory Distress with a Ventilator

○ Pediatric Respiratory Failure

○ Pediatric Seizures

○ Pediatric Shock

○ Pediatric Tachycardia

○ BLS Pediatric Tachycardia

○ ALS/ILS Narrow QRS Pathway

○ ALS/ILS Wide QRS Pathway

○ Pediatric Toxic Exposures/Ingestions

○ Pediatric Trauma (with Head Trauma Addendum)

○ Suspected Child Abuse and Neglect

• **GI/GU/Gyne:**

○ Childbirth/Complicated and Uncomplicated Delivery

○ Newborn Care

○ OB Complications/All Trimesters

○ Obstetrical/Gynecological Conditions

• **Trauma:**

○ General Trauma Assessment/Management

○ Blast Injuries

○ Head/Facial/Neck Injury

○ Thoracic

○ Abdominal/Pelvic

○ Musculoskeletal Trauma/External Hemorrhage Management

○ Acute Spine Trauma and Selective Spine Precautions

○ Conducted Electrical Weapon (e.g., TASER)

○ Blunt, Penetrating and Perforating Injuries

• **Environmental:**

○ Hyperthermia/Heat Exposure

○ Hypothermia/Cold Exposure

○ Submersion Incidents

○ SCUBA Injury/Accidents

• **Burns:**

○ Electrical

○ Lightening/Lightening Strike Injury

○ Radiation Exposure

○ Thermal

○ Chemical

○ Inhalation

• **Toxins:**

○ Bites and Envenomation

○ Poisoning/Overdose Universal Care

○ Acetylcholinesterase Inhibitors (Carbamates, Nerve Agents,

Organophosphates) Exposure

○ Stimulant Poisoning/Overdose

○ Central Nervous System Depressant Poisoning/Overdose

○ Cyanide Exposure

○ Hallucinogenic

○ Beta Blocker Poisoning

○ Calcium Channel Blocker Poisoning/Overdose

○ Carbon Monoxide/Smoke Inhalation

○ Biological Agents

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