Illinois Emergency Medical Services for Children

PEDIATRIC CRITICAL CARE CENTER (PCCC)

and

EMERGENCY DEPARTMENT APPROVED FOR PEDIATRICS (EDAP)

RENEWAL PACKET
EMS Region 11

February 2020

DUE DATE
~~**Friday, June 5, 2020**~~
Monday, August 31, 2020
(due date extended due to COVID-19)

Illinois Emergency Medical Services for Children
Developed by
Illinois EMSC Facility Recognition Task Force
Approved by
Illinois EMSC Advisory Board

IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

ILLINOIS EMSC
FACILITY RECOGNITION

PEDIATRIC CRITICAL CARE CENTER

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Application Process

The following steps outline the application process to renew your status as a Pediatric Critical Care Center (PCCC) and as an Emergency Department Approved for Pediatrics (EDAP). **PLEASE NOTE that the Pediatric Plan should be developed through interaction and collaboration with all appropriate disciplines;**

1. Review your original Pediatric Critical Care Center (PCCC) and Emergency Department Approved for Pediatrics (EDAP) Pediatric Plan;
2. Using the Pediatric Critical Care Center Plan and the Emergency Department Approved for Pediatrics Renewal checklists, complete an update of your PCCC **and** EDAP Pediatric Plan (pages 4-13). Refer to the EDAP & PCCC Requirements (see Appendix 1 and Appendix 3). Include all appropriate supporting documentation (schedules, policies, procedures, protocols, guidelines, plans, etc.).
3. The Pediatric Plan should follow the checklist format provided in this application and include all supporting documentation, including but not limited to scope of services/care, policies (both administrative and department specific), procedures, protocols, guidelines, flow charts, rosters, calendars, schedules, etc.;
4. Complete and obtain appropriate signatures on the *Request for Re-Recognition of Pediatric Critical Care Center and Emergency Department Approved for Pediatrics Status Application Form*; (page 3)
5. Complete and obtain signatures on the Physician, Nurse Practitioner/Physician Assistant and Nursing credential forms;
6. Complete the EDAP, PICU and Pediatric Unit Equipment Checklists;
7. **Submit 4 copies of your Pediatric Plan (an original signed copy plus 3 additional copies) that each contain the following:**
   - **Signed *Request for Re-Recognition of Pediatric Critical Care Center and Emergency Department Approved for Pediatrics Status Application Form* (page 3);**
   - **Completed Pediatric Critical Care Center Plan Checklist and EDAP Plan Checklist (pages 4-13);**
   - **Completed PCCC Plan and EDAP Plan (including supporting documentation);**
   - **Completed Physician, Nurse Practitioner/Physician Assistant and Nursing credentialing forms (see Appendices 5-13);**
   - **Completed EDAP, PICU and Pediatric Inpatient Unit Equipment Checklists (Appendices 2 and 4)**.
8. Submit these documents (including all supporting documentation) by ~~**Friday, June 5, 2020**~~ Monday, August 31, 2020 (due date extended due to COVID-19) in the order listed in this application to: Kelly Jones, RN, BSN, EMSC Coordinator, Division of EMS & Highway Safety, Illinois Department of Public Health, 422 S. 5th Street, 3rd Floor, Springfield, IL 62701.
9. **The Pediatric Plan should be submitted in a single sided format and unstapled; do not place pages in individual plastic sleeves.**
10. **PLEASE NOTE that any submitted requests to waiver any of the EDAP or PCCC requirements must include THE CRITERIA BY WHICH COMPLIANCE IS CONSIDERED TO BE A HARDSHIP, AND DEMONSTRATE HOW THERE WILL BE NO REDUCTION IN THE PROVISION OF MEDICAL CARE.**
11. **For questions regarding the application process, please contact Evelyn Lyons at (312) 793-1234 or Evelyn.Lyons@illinois.gov or Kelly Jones at (217) 785-2083 or Kelly.Jones@illinois.gov .**

***NOTE: The term "pediatric" throughout this document refers to all children age 15 and younger.**

Site Survey Procedure

1. Within 4-6 weeks following receipt of your Pediatric Plan and supporting documents, the hospital will be informed as to the status of the application. If all documentation is in order, a site visit will be scheduled.
2. In preparation for the site visit, hospital personnel will prepare evidence to verify adherence to the facility recognition requirements.
3. The site visit will include a survey of the Emergency Department, Pediatric Intensive Care Unit, the Pediatric units and a meeting with the following individuals:
    a. The Hospital's Chief Administrative/Executive Officer or designee.
    b. The Chief of Pediatrics.
    c. The Medical Director of the Pediatric Intensive Care Services
    d. The Medical Director(s) of the Pediatric Units.
    e. The Medical Director of Pediatric Ambulatory Care
    f. The Nursing Director or Nurse Manager of the Pediatric Intensive Care Services.
    g. The Nursing Director or Nurse Manager of the Pediatric Units.
    h. The Administrator of Pediatric Services
    i. The Administrator of Emergency Services
    j. Pediatric Physician Champion
    k. The Pediatric Quality Coordinator
    l. The Hospital Quality Improvement Department Director or designee
    m. The Emergency Department Medical Director and/or the Pediatric Emergency Department Medical Director
    n. The Emergency Department Nurse Manager and/or the Pediatric Emergency Department Nurse Manager
    o. The Hospital Emergency/Disaster Preparedness Coordinator
    p. The Transport Team Medical Director
    q. The Transport Team Nurse Coordinator
    r. Nurse Practitioner and/or Physician Assistant for those facilities that utilize these practitioners in their emergency department and/or on their pediatric units.
    s. **For EMS Resource or Associate Hospitals:** The EMS Medical Director and EMS Coordinator.

Site Survey Team

The survey team will be appointed by the Chief, Division of EMS & Highway Safety, in coordination with the Illinois EMSC Advisory Board. Site survey teams will be composed of a physician/nurse team along with a representative from the Illinois Department of Public Health. All team members will attend formal training in the site survey responsibilities, expectations and process.

Following the Site Survey

1. Within four to six (4-6) weeks following the site visit, the hospital shall receive the results of the survey from the Department. Those facilities meeting all requirements will receive a formal recognition of their Pediatric Critical Care capabilities.
2. Hospitals that do not meet the requirements will receive a letter from the Illinois Department of Public Health outlining the areas of non-compliance. The Department can deny a request for recognition if findings show failure to substantially comply with the EDAP and/or PCCC requirements. Hospitals may appeal the results of the survey by submitting a written request to the Illinois Department of Public Health, Division of EMS & Highway Safety.
3. Re-recognition shall occur every four years, with site visits scheduled as necessary.

ILLINOIS EMSC
FACILITY RECOGNITION

Request for Re-recognition of Pediatric Critical Care Center (PCCC) and Emergency Department Approved for Pediatrics (EDAP) Status

Application Form

Name of hospital and address (typed)

_____

_____

_____

_____

The above named facility is requesting renewal of PCCC and EDAP status. In addition, the above named facility certifies that each requirement in this Request for Recognition is met.

_____
Typed name – CEO/Administrator

_____
Signature - CEO/Administrator Date

_____
Typed name – Chairman of the Department of Pediatrics

_____
Signature – Chairman of the Department of Pediatrics Date

_____
Typed name – Medical Director of Emergency Services

_____
Signature – Medical Director of Emergency Services Date

_____
Contact Person – Typed name, credentials and title

_____
Contact Person – Phone number, fax number and email

PEDIATRIC CRITICAL CARE CENTER PLAN CHECKLIST

Instructions: Please follow and complete this checklist carefully. It outlines the components that must be included in the submitted plan. Please include any applicable supplemental documentation.

Refer to the EMS Administrative Code sections for PCCC and EDAP requirements that are located in the pages following this checklist in this application.

Use the tabs provided by the EMSC office to organize your application.

A. Organizational Structure

1. Enclosed is an Organizational Table identifying the administrative relationships among all departments in the hospital especially as they relate to the pediatrics department. The table must include but is not limited to the following: _____ Board of Directors _____ Chief Executive Officers _____ Emergency Department _____ Department of Pediatrics _____ Pediatric Ambulatory Care _____ Trauma Service _____ Department of Radiology _____ Laboratory Services _____ Transport Service Team _____ Social Services	
2. Enclosed is an organizational table showing the organizational structure of the Department of Pediatrics, including the relationship of the physician, nursing and ancillary services for both the PICU and Pediatric units. Include the reporting structure for the Pediatric Chairman (who he/she reports to). _____ Department of Pediatrics Organizational Structure (Table)	
3. Enclosed is an organizational table showing the organizational structure of the Emergency Department, including the relationship of the physician, nursing and ancillary services. Include the reporting structure for the Emergency Department Director (who he/she reports to). _____ Emergency Department Organizational Structure (Table)	

B. EDAP Renewal Checklist

For each requirement outlined below, select the response(s) as directed and attach supporting documentation.

Review EMS Administrative Code 515.4000 a, 1 and 2 or 515.4010 a, 1 and 2 for the physician staff qualifications and continuing medical education and submit <u>each of the below</u>. _____ Enclosed is a policy (s) that incorporates the physician qualifications and CME requirements. _____ Enclosed is a completed **CREDENTIALS OF EMERGENCY DEPARTMENT PHYSICIANS** Form. _____ Enclosed is a completed **CREDENTIALS OF FAST TRACK PHYSICIANS** Form. _____ Enclosed is the curriculum vitae for the ED Medical Director (that states their role as the ED Medical Director). _____ Enclosed is a current one-month physician schedule for the ED. _____ For EDAP physicians who meet alternate criteria, enclosed is the following: 1). a letter(s) verifying hours worked by this/these physicians; 2). a copy of current AHA PALS or ACEP-AAP PALS certification; and 3). copies of 16 hours of pediatric CME completion over the past two years.	
Review EMS Administrative Code 515.4000 or 515.4010 a, 3, for the ED Physician coverage and <u>submit the below</u>. _____ Enclosed is a policy that incorporates this requirement.	
Review EMS Administrative Code 515.4000 or 515.4010 a, 4, for ED Consultation and <u>submit the below</u>. _____ Enclosed is a one month on-call schedule identifying availability of board certified/board prepared pediatricians or pediatric emergency medicine physicians, or documentation verifying 24 hour telephone consultation.	
Review EMS Administrative Code 515.4000 or 515.4010 a, 5, for ED Physician Back-up and <u>submit the below</u>. _____ Enclosed is a policy that incorporates this requirement.	
Review EMS Administrative Code 515.4000 or 515.4010 a, 6, for On Call Specialty Physician Response Time and <u>submit the below</u>. _____ Enclosed is a policy that incorporates this requirement.	
Review EMS Administrative Code 515.4000 or 515.4010 b, 1 and 2 for Nurse Practitioner and Physician Assistant qualifications and continuing medical education and <u>submit the below</u>. _____ Enclosed is a policy that incorporates this requirement. _____ Enclosed is a completed **CREDENTIALS OF EMERGENCY DEPARTMENT NURSE PRACTITIONER AND PHYSICIAN ASSISTANT Form.** _____ Enclosed is a current one-month nurse practitioner/physician assistant schedule _____ For nurse practitioners who meet alternate criteria, enclosed is the following: 1). letter(s) verifying hours worked by this/these nurse practitioners; 2). copies of current AHA PALS or ACEP-AAP PALS certification; 3). copies of 16 hours of pediatric CME completion over the past two years. **OR** _____ (Enclosed is documentation that nurse practitioners/physicians assistants are not utilized in the ED)	
Review EMS Administrative Code 515.4000 or 515.4010 c, 1 and 2 for Nursing qualifications and continuing education and <u>submit the below</u>. _____ Enclosed is a policy that incorporates this requirement. _____ Enclosed is a completed **CREDENTIALS OF EMERGENCY DEPARTMENT NURSING STAFF** Form. _____ Enclosed is a one-month Registered Nurse staffing schedule for the emergency department.	
Review EMS Administrative Code 515.4000 or 515.4010 d, 1, for inter-facility transfer and <u>submit the below</u>. _____ Enclosed is an interfacility transfer policy that addresses pediatric transfers and includes all of the components defined in Section 515.4000 or 515.4010 d, 1. _____ Enclosed is a copy (s) of our current pediatric specific transfer agreements with hospitals that provide pediatric specialty services, pediatric intensive care and burn care not available at this facility.	

Review EMS Administrative Code 515.4000 or 515.4010 d, 2, for suspected child abuse and neglect and <u>submit the below</u>. _____ Enclosed is a policy that incorporates this requirement.	
Review EMS Administrative Code 515.4000 or 515.4010 d, 3, for treatment guidelines and <u>submit the below</u>. _____ Enclosed are all pediatric treatment/care guidelines.	
Review EMS Administrative Code 515.4000 or 515.4010 d, 4, for Latex-free policy and <u>submit the below</u>. _____ Enclosed is a copy of our latex-free policy that addresses latex allergies and the availability of latex free equipment and supplies.	
Review EMS Administrative Code 515.4000 or 515.4010 d, 5, for Disaster Preparedness and <u>submit the below</u>. _____ Enclosed is a copy of the Hospital Pediatric Disaster Preparedness Checklist that has been completed by the disaster/emergency management coordinator	
Review EMS Administrative Code 515.4000 or 515.4010 e, 1, for quality improvement activities and the multidisciplinary quality improvement committee and <u>submit the below</u>. _____ Enclosed is a policy (or other formal document) that outlines the overall emergency department quality improvement program, and identifies the integration of pediatric QI activities into the emergency department quality program. Components that need to be included in the policy: ▪ Description of the quality improvement process ▪ Responsible multidisciplinary committee and committee membership. NOTE: Committee composition needs to extend beyond physician/nursing to include other essential disciplines such as pediatrics, social services, respiratory therapy, other services ▪ Pediatric clinical indicators/monitors and/or outcome analysis, including the required EDAP/SEDP monitors: pediatric deaths, pediatric interfacility transfers, child abuse/neglect cases, and critically ill and injured children in need of stabilization. Include any other pediatric quality and safety priorities of the institution. ▪ Feedback processes, target timeframes for closure of issues, follow-up mechanisms, i.e loop closure.	
Review EMS Administrative Code 515.4000 or 515.4010 e, 2, for the Pediatric Physician Champion and <u>submit the below</u>. _____ Enclosed is a curriculum vitae for the Pediatric Physician Champion (that states their role as the Pediatric Physician Champion).	
Review EMS Administrative Code 515.4000 or 515.4010 e, 3, for the Pediatric Quality Coordinator (PQC) responsibilities and <u>submit the below</u>. _____ Enclosed is a resume for the Pediatric Quality Coordinator (that states their role as the PQC). _____ Enclosed is a job description or formal document for the PQC that includes ▪ Allocation of appropriate time and resources by the hospital to fulfill the PQC responsibilities ▪ Responsibilities of the PQC as outlined in 515.4000 or 515.4010, e, 3, A-E. _____ Enclosed is documentation detailing the participation of the PQC in Regional QI activities and how that has impacted pediatric quality care in the ED.	
Review EMS Administrative Code 515.4000 or 515.4010 f, for the list of Emergency Department Equipment Requirements and <u>submit the below</u>. _____ Enclosed is a completed checklist indicating that all equipment is present. Using the equipment list in the application, place an "X" next to each equipment item that is **currently available**. If equipment/supply items are not available, a plan for securing the items must be identified, i.e. submission of a purchase order to assure that the item is on order **or** a waiver must be submitted for each item. **Requests for waiver must include the criteria by which compliance is considered to be a hardship and demonstrate how there will be no reduction in the provision of medical care.**	

C. PCCC Renewal Checklist

Facility Requirements

Review EMS Administrative Code 515.4020 a, 1-11 as related to hospital resources and submit documentation identifying the ability to meet each of the below: _____ Enclosed is a scope of services/policy outlining PICU services, unit resources and capabilities. Include any guidelines that outline pediatric admission criteria based on age parameters and/or diagnoses. _____ Enclosed is a list of the members of the PICU Committee, as well as their disciplines. (Meeting minutes from the past year will be requested at the time of site survey) _____ Enclosed is documentation to substantiate helicopter landing capabilities. _____ Enclosed is a statement regarding 24 hour CAT Scan availability _____ Enclosed is a statement regarding the ability to meet the Laboratory requirements _____ Enclosed is a statement of Hemodialysis capabilities availability or transfer agreement _____ Enclosed is a statement or scope of service from each program identifying the availability of staff as outlined in Section 515.4020 a, 8 _____ Enclosed is a list of professional pediatric critical care educational classes your staff has provided within the region in the past year (include information on classes held within your facility and within the region or surrounding geographic area) _____ Enclosed is a list of public education/information sessions on pediatric emergency care that your staff has provided in the past year to the community (i.e. CPR/first aid trainings, health fairs, educational presentations at schools conducted within the community, region or surrounding geographic area) _____ Enclosed is documentation of any pediatric research your facility has been engaged in during the past year (include the research project abstract, summary of projects or listing of research activities)	

PICU SERVICE REQUIREMENTS

D. Professional Staff

Pediatric Intensive Care Unit Medical Director

Review EMS Administrative Code 515.4020 b, for the Medical Director and Co-Director requirements and submit each of the below: _____ Enclosed is a curriculum vitae for the appointed PICU Medical Director _____ Enclosed is a copy of board certification or verification of board certification _____ Enclosed is a curriculum vitae and board certification for the Co-Director (**as applicable - see requirement 515.4020 b,2)**	

PICU Medical Staff Requirements

Review EMS Administrative Code 515.4020 c, and submit each of the below:

PICU Medical Staff

- _____ Enclosed is a policy outlining PICU physician staffing, coverage, availability, and CME requirements that incorporate section 515.4020 c,1,A and B.
- _____ Enclosed is a completed **Credentials of PICU Physicians** form that includes the Medical Director (and Co-Director as applicable)
- _____ Enclosed is a one month staffing schedule/calendar (schedule should be from within the 3 month time period previous to the application submission).

Physician Specialist Availability (section 515.4020 c,2)

- _____ Enclosed is a policy or by-laws that address the response time and on-call scheduling of Pediatric surgeons.
- _____ Enclosed is a policy/process outlining board, sub-board certification or board preparedness for all specialist physicians.
- _____ Enclosed is a policy/process outlining how pediatric proficiency is defined and assuring all specialist physicians maintain 10 hours of pediatric CME per year
- _____ Enclosed is a policy/process outlining anesthesiologist on-call staffing and response time; subspecialty training in pediatric anesthesiology or pediatric proficiency as defined by the institution and 10 hours of pediatric CME per year. For Certified Nurse Anesthetists, provide a copy of the By-Laws that address their responsibilities and back up.
- _____ Enclosed are on-call schedules from the last month that list physician availability to meet requirements in section 515.4020 c,2,D and E.

PICU Nurse Practitioner and Physician Assistant Requirements
NOTE – Complete this section only if nurse practitioners and/or physician assistants practice in the PICU.

Review EMS Administrative Code 515.4020 d and submit each of the below:

Nurse Practitioner Requirement in section 515.4020 d,1

- _____ Enclosed is a policy outlining PICU nurse practitioner staffing, coverage, availability, responsibilities and credentialing process.
- _____ Enclosed is a copy of a one-month staffing schedule/calendar (schedule should be from within the 3 month time period previous to the application submission).
- _____ Enclosed is a completed **Credentials of PICU Nurse Practitioner/Physician Assistant** form.

Physician Assistant Requirement in section 515.4020 d,2

- _____ Enclosed is a policy outlining PICU physician assistant staffing, coverage, availability, responsibilities and credentialing process
- _____ Enclosed is a copy of a one-month staffing schedule/calendar (schedule should be from within the 3 month time period previous to the application submission).
- _____ Enclosed is a completed **Credentials of PICU Nurse Practitioner/Physician Assistant** form.

Educational Requirement in section 515.4020 d, 3 and 4

- _____ Enclosed is a policy that incorporates the APLS, PALS, or ENPC requirement
- _____ Enclosed is a copy of the PICU nurse practitioner/physician assistant continuing education policy that incorporates requirement section 515.4020 d,4

PICU Nursing Staff Requirements

Review EMS Administrative Code 515.4020 e and submit each of the below: PICU Nurse Manager _____ Enclosed is a curriculum vitae for the PICU manager _____ Enclosed is a policy or job description that incorporates the PALS, APLS or ENPC requirement in Section 515.4020 e,1,C PICU Advanced Practice Nurse _____ Enclosed is a policy or job description of the role and responsibilities of the advanced practice nurse in the PICU _____ Enclosed is a roster of advanced practice nurses in the PICU _____ Enclosed is a policy that incorporates the PALS, APLS or ENPC requirement and pediatric continuing education requirement in Section 515.4020 e,2,C and D Nursing Patient Care Services _____ Enclosed is a policy/documentation outlining current nursing shift staffing plan/patterns. _____ Enclosed is a completed **Credentials of PICU Nursing Staff** form that includes the PICU Nurse Manager and PICU Advanced Practice Nurse _____ Enclosed is a policy or job description for the PICU nurse that outlines the orientation process and educational requirements, including the PALS, APLS or ENPC requirement and pediatric continuing education requirement outlined in Section 515.4020 e,3,C and D _____ Enclosed is a copy of a one month nurse staffing schedule/calendar (schedule should be from within the 3 month time period previous to the application submission). _____ Enclosed is a policy reflecting yearly competency review requirements for the PICU Staff.	

E. Policies, Procedures and Treatment Protocols

Review EMS Administrative Code 515.4020 f and submit each of the below: _____ Enclosed is an Admission and discharge criteria policy. _____ Enclosed is a staffing policy that addresses nursing shift staffing patterns based on patient acuity. _____ Enclosed is a policy for managing the psychiatric needs of the PICU patient. _____ Enclosed are protocols, order sets, pathways or guidelines for management of high risk/low frequency diagnoses and also high frequency diagnoses.	

F. Inter-facility Transfer/Transport

Review EMS Administrative Code 515.4020 g and submit each of the below: _____ Enclosed is a copy of the last Annual report containing the number of annual transfers to your facility from transferring institutions _____ Enclosed is a policy outlining the feedback process to transferring hospitals on the status of the referral patient and your methods for quality review of the transfer process. _____ Enclosed is documentation outlining the pediatric inter-facility transport system capabilities and resources. _____ Enclosed is a transfer policy that addresses pediatric inter-facility transfers.	

G. Quality Improvement

Review EMS Administrative Code 515.4020 h and submit each of the below: _____ Enclosed is a list of the members of the Multidisciplinary Pediatric QI Committee, and their respective positions/disciplines. _____ Enclosed is an institutional Quality Improvement Organizational Chart _____ Enclosed is the PICU outcome analysis plan and pediatric monitoring activities that meet section 515.4020 h,2 (Minutes from the past year that reflect the activities of the Multidisciplinary Pediatric QI Committee will be requested at the time of site survey).	

H. Equipment

Review EMS Administrative Code 515.APPENDIX P and submit the below: _____ Enclosed is a completed checklist indicating that all equipment is present Using the equipment list provided in Appendix 4, place an "X" next to each equipment item that is **currently available**. If equipment/supply items are not available, a plan for securing the items must be identified, i.e. submission of a purchase order to assure that the item is on order **or** a waiver must be submitted for each item. **Requests for waiver must include the criteria by which compliance is considered to be a hardship and demonstrate how there will be no reduction in the provision of medical care.**	

PEDIATRIC INPATIENT CARE SERVICE REQUIREMENTS

I. Professional Staff

Pediatric Unit Physician Requirements

Review EMS Administrative Code 515.4020 j,1 and submit each of the below: _____ Enclosed is a curriculum vitae and a copy of board certification for the Pediatric Inpatient Director _____ Enclosed is a policy or a scope of services for the pediatric unit that defines responsibility for medical management of care. _____ Enclosed is a roster of physician coverage of the pediatric units and identify any hospitalists. If pediatric hospitalists are utilized, define their scope of service including their responsibilities to other attendings. _____ Submit a completed **Credentials of Pediatric Unit Hospitalists** form _____ Enclosed is a policy that incorporates the PALS or APLS requirement in section 515.4020 j,1,B _____ Enclosed is a policy or scope of services outlining the responsibility of the PICU medical director or his/her designee as being available on call and for consultation on all pediatric in-house patients who may require critical care.	

Pediatric Unit Nurse Manager Requirements

Review EMS Administrative Code 515.4020 j,2 and submit each of the below: _____ Enclosed is a curriculum vitae for the pediatric unit manager _____ Enclosed is a job description or policy incorporating the PALS, APLS or ENPC requirement in section 515.4020 j,2,C	

Pediatric Unit Nursing Care Services

Review EMS Administrative Code 515.4020 j,3 and submit each of the below: _____ Enclosed is a policy/documentation outlining current nursing shift staffing plan/patterns. _____ Enclosed is a policy describing annual competency review requirements for the pediatric nursing staff based on high-risk, low-frequency therapies _____ Enclosed is a policy or job description for the pediatric unit nurse that outlines the orientation process and the educational requirements including the PALS, APLS or ENPC requirement and the pediatric continuing education requirement outlined in section 515.4020 j,3 C and D _____ Enclosed is a copy of a one month nursing staffing schedule/calendar (schedule should be from within the 3 month time period previous to the application submission). _____ Enclosed is a completed **Credentials for the Pediatric Unit Nursing Staff** form that includes the Pediatric Unit Nurse Manager.	

J. Policies, Procedures and Treatment Protocols

Review EMS Administrative Code 515.4020 k and submit each of the below:

_____ Enclosed is a policy or scope of services that outlines the Pediatric Department services, ages of patients served, admission guidelines

_____ Enclosed is a staffing policy that addresses nursing shift staffing patterns based on patient acuity.

_____ Enclosed is a safety and security policy for the patient in the unit.

_____ Enclosed is an inter-facility transport policy that addresses safety and acuity.

_____ Enclosed is an intra-facility transport policy that addresses safety and acuity.

_____ Enclosed is a latex-allergy policy

_____ Enclosed is a pediatric organ procurement/donation policy

_____ Enclosed is an isolation precautions policy that incorporates appropriate infection control measures.

_____ Enclosed is a disaster/terrorism policy that addresses the specific medical and psychosocial needs of the pediatric population.

_____ Enclosed are protocols, order sets, pathways or guidelines for management of high risk diagnoses and also high frequency diagnoses.

_____ Enclosed is a pediatric policy that addresses the resources available to meet the psychosocial needs of patients and family, and appropriate social work referral for the following indicators. (See Pediatric Bill of Rights in Appendix 15).

- Death of a child
- Child has been a victim of, or witness to violence
- Family needs assistance in obtaining resources to take the child home.
- Family needs a payment resource for their child's health needs
- Family needs to be linked back to their primary health, social service or educational system.
- Family needs support services to adjust to their child's health condition(s) or the increased demands related to changes in their child's health condition(s).
- Family needs additional education related to the child's care needs in order to care for the child at home.

_____ Enclosed is a discharge planning policy and/or protocol that includes the following:

1. Documentation of appropriate primary care/ specialty follow-up provisions.
2. Mechanism to access a primary care resource for children who do not have a provider.
3. Discharge summary provision to appropriate medical care provider, parent/guardian, that includes:
    - Information on the child's hospital course
    - Discharge instructions and education
    - Follow-up arrangements
4. Appropriate referral of patients to rehabilitation or specialty services for children who may have any of the following problems:
    - Require the assistance of medical technology
    - Do not exhibit age-appropriate activity in cognitive, communication or motor skills, behavioral, or social/emotional realms.
    - Have additional medical or rehabilitation needs that may require specialized care, such as medication, hospice care, physical therapy, home health, or speech/language services
    - Have a brain injury – mild, moderate or severe.

• Have a spinal cord injury. • Exhibit seizure behavior during his or her acute care episode or the child has a history of seizure disorder and is not currently linked with specialty follow up. • Have a submersion injury, such as a near-drowning. • Have a burn (other than a superficial burn) • Have a pre-existing condition that experiences a change in health or functional status. • Have a neurological, musculoskeletal, or developmental disability • Have a sudden onset of behavioral change, for example, in cognition, language or affect.	

K. Quality Improvement

Review EMS Administrative Code 515.4020 l and submit the below: _____ Enclosed are the titles of the pediatric unit representatives that serve on the multidisciplinary Pediatric QI Committee	

L. Equipment

Review EMS Administrative Code 515.APPENDIX P and submit the below: _____ Enclosed is a completed checklist indicating that all equipment is present Using the equipment list provided in Appendix 4, place an "X" next to each equipment item that is **currently available.** If equipment/supply items are not available, a plan for securing the items must be identified, i.e. submission of a purchase order to assure that the item is on order **or** a waiver must be submitted for each item. **Requests for waiver must include the criteria by which compliance is considered to be a hardship and demonstrate how there will be no reduction in the provision of medical care.**	

Joint Committee on Administrative Rules
ADMINISTRATIVE CODE

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER f: EMERGENCY SERVICES AND HIGHWAY SAFETY
PART 515 EMERGENCY MEDICAL SERVICES, TRAUMA CENTER, COMPREHENSIVE STROKE CENTER, PRIMARY STROKE CENTER AND ACUTE STROKE-READY HOSPITAL CODE
SECTION 515.4000 FACILITY RECOGNITION CRITERIA FOR THE EMERGENCY DEPARTMENT APPROVED FOR PEDIATRICS (EDAP)

Section 515.4000 Facility Recognition Criteria for the Emergency Department Approved for Pediatrics (EDAP)

a) Professional Staff: Physicians

1) Qualifications
Twenty-four hour coverage of the emergency department (excluding designated areas utilized to care for minor illnesses or injuries, i.e., fast track, urgent care) shall be provided by one or more physicians responsible for the care of all children. Each physician shall hold one of the following qualifications:

A) Certification in emergency medicine by the American Board of Emergency Medicine (ABEM) or American Osteopathic Board of Emergency Medicine (AOBEM) or residency trained/board eligible in emergency medicine and in the first cycle of the board certification process; or

B) Sub-board Certification in pediatric emergency medicine by the American Board of Pediatrics or the ABEM or residency trained/board eligible in pediatric emergency medicine and in the first cycle of the board certification process; or

C) Certification by one of the following boards and current American Heart Association – American Academy of Pediatrics (AHA-AAP) Pediatric Advanced Life Support (PALS) recognition or American College of Emergency Physicians – American Academy of Pediatrics (ACEP-AAP) Advanced Pediatric Life Support (APLS) recognition. PALS and APLS courses shall include both cognitive and practical skills evaluation.

i) Certification in family medicine by the American Board of Family Medicine (ABFM) or American Osteopathic Board of Family Medicine (AOBFM); or

ii) Certification in pediatrics by the ABP or American Osteopathic Board of Pediatrics (AOBP); or

iii) Residency trained/board eligible in either family medicine or pediatrics and in the first cycle of the board certification process; or

D) Alternate Criteria: The physician has worked in the emergency department prior to January 1, 2018 and has completed 12 months of internship followed by at least 7000 hours of hospital-based emergency medicine, including pediatric patients, over the last 60-month period (including at least 2800 hours within one continuous 24-month period), certified in writing by the hospitals at which the internship and subsequent hours were completed. The physician shall have current AHA-AAP PALS or ACEP-AAP APLS recognition and have completed at least 16 hours of pediatric CME within the past two years.

2) Continuing Medical Education

All full- and part-time emergency physicians caring for children in the emergency department or fast track/urgent care area shall have documentation of completion of a minimum of 16 hours of continuing medical education (AMA Category I or II) in pediatric emergency topics every two years. CME hours shall be earned by, but not limited to, verified attendance at or participation in formal CME programs (i.e., Category I) or informal CME programs (i.e., Category II), all of which shall have pediatrics as the majority of their content. The CME may be obtained from a pediatric specific program/course or may be a pediatric lecture/presentation from a workshop/conference. To meet Category II, teaching time needs to have undergone review and received approval by a university/hospital as Category II CME. The Illinois Department of Financial and Professional Regulation can provide guidance related to criteria for acceptable Category I or II credit.

3) Physician Coverage

At least one physician meeting the requirements of subsection (a)(1) shall be on duty in the emergency department 24 hours a day.

4) Consultation

Telephone consultation with a physician who is board certified or eligible in pediatrics or pediatric emergency medicine shall be available 24 hours a day. Consultation can be with an on-staff physician or in accordance with Appendix M.

5) Physician Backup

A backup physician whose qualifications and training are equivalent to subsection (a)(1) shall be available to the EDAP within one hour after notification to assist with critical situations, increased surge capacity or disasters.

6) On-Call Physicians

Guidelines shall be established that address on-site response time for all on-call specialty physicians.

b) Professional Staff: Nurse Practitioner and Physician Assistant

Nurse practitioners and physician assistants working under the supervision of a physician who meets the qualifications of subsection (a)(1).

1) Qualifications

A) Nurse practitioners shall meet the following criteria:

i) Completion of:

- a nurse practitioner program with a focus on the pediatric patient, such as a pediatric nurse practitioner program or emergency nurse practitioner program or family practice nurse practitioner program; or

- Alternate Criteria: The nurse practitioner worked in the emergency department prior to January 1, 2018 and has completed at least 2000 hours of hospital-based emergency department or acute care as a nurse practitioner over the last 24-month period that includes the care of pediatric patients certified in writing by the hospitals at which the hours were completed.

ii) Current Illinois advanced practice nursing license. For out-of-state facilities that have Illinois recognition under the EMS, trauma or pediatric programs, the professional shall have an unencumbered license in the state in which he or she practices.

iii) Credentialing that reflects orientation, ongoing training and specific competencies in the care of the pediatric emergency patient as defined by the hospital credentialing process.

B) Physician assistants shall meet the following criteria:

i) Current Illinois licensure. For out-of-state facilities that have Illinois recognition under the EMS, trauma or pediatric programs, the professional shall have an unencumbered license in the state in which he or she practices; and

ii) Credentialing that reflects orientation, ongoing training and specific competencies in the care of the pediatric emergency patient as defined by the hospital credentialing process.

2) Continuing Education

A) All full- or part-time nurse practitioners and physician assistants caring for children in the emergency department shall successfully complete and maintain current recognition in one of the following courses: the AHA-AAP PALS, the ACEP-AAP APLS or the Emergency Nurses Association (ENA) Emergency Nursing Pediatric Course (ENPC). PALS, APLS and ENPC shall include both cognitive and practical skills evaluation.

B) All nurse practitioners and physician assistants caring for children in the emergency department and fast track/urgent care area shall have documentation of a minimum of 16 hours of continuing education in pediatric emergency topics every two years that are approved by an accrediting agency.

c) Professional Staff: Nursing

1) Qualifications

A) At least one registered nurse (RN) on duty each shift who is responsible for the direct care of the child in the emergency department shall successfully complete and maintain current recognition in one of the following courses in pediatric emergency care:

i) AHA-AAP PALS;

ii) ACEP-AAP APLS; or

iii) ENA ENPC.

B) All emergency department nurses shall successfully complete and maintain current recognition in one of the above educational requirements within 24 months after employment. PALS, APLS and ENPC shall include both cognitive and practical skills evaluation.

2) Continuing Education

All nurses assigned to the emergency department shall have documentation of a minimum of eight hours of pediatric emergency/critical care continuing education every two years. Continuing education may include, but is not limited to, PALS, APLS or ENPC; CEU offerings; case presentations; competency testing; teaching courses related to pediatrics; and/or publications. These continuing education hours can be integrated with other existing continuing education requirements, provided that the content is pediatric specific.

d) Guidelines, Policies and Procedures

1) Inter-facility Transfer

A) The hospital shall have current transfer agreements that cover pediatric patients. The transfer agreements shall include a provision that addresses communication and quality improvement measures between the referral and receiving hospitals, as related to patient stabilization, treatment prior to and subsequent to transfer, and patient outcome.

B) The hospital shall have written pediatric inter-facility transfer guidelines and policies/procedures concerning transfer of critically ill and injured patients, which include a defined process for initiation of transfer, including the roles and responsibilities of the referring hospital and referral center; a process for selecting the appropriate care facility; a process for selecting the appropriately staffed transport service to match the patient's acuity level; a process for patient transfer (including obtaining informed consent); a plan for transfer of patient medical record information, signed transport consent, and belongings; and a plan for provision of referral hospital information to family. Incorporating the components of Appendix M of this Part into the emergency department transfer policy/procedure will meet this requirement.

2) Suspected Child Abuse and Neglect
The hospital shall have policies/procedures addressing child abuse and neglect. These policies/procedures shall include, but not be limited to: the identification (including screening), evaluation, treatment and referral to the Department of Children and Family Services (DCFS) of victims of suspected child abuse and neglect in accordance with State law.

3) Emergency Department Treatment Guidelines
The hospital shall have emergency department guidelines, order sets or policies and procedures addressing initial assessment and management for its high-volume and high-risk pediatric population (i.e., fever, trauma, respiratory distress, seizures).

4) Latex-Allergy Policy

The hospital shall have a policy addressing the assessment of latex allergies and the availability of latex-free equipment and supplies.

5) Disaster Preparedness
The hospital shall integrate pediatric components into its hospital Disaster/Emergency Operations Plan.

e) Quality Improvement

1) Multidisciplinary Quality Activities Policy

A) Pediatric emergency medical care shall be included in the EDAP's emergency department or section quality improvement (QI) program and reported to the hospital Quality Committee.

B) Multidisciplinary quality improvement (QI) processes/activities shall be established (e.g., committee).

C) Quality monitors shall be documented that address pediatric care within the emergency department, with identified clinical indicators, monitor tools, defined outcomes for care, feedback loop processes and target timeframes for closure of issues. These activities shall include children from birth up to and including 15 years of age and shall consist of, but are not limited to, all emergency department:

i) Pediatric deaths;

ii) Pediatric inter-facility transfers;

iii) Child abuse and neglect cases;

iv) Critically ill or injured children in need of stabilization (e.g., respiratory failure, sepsis, shock, altered level of consciousness, cardio/pulmonary failure); and

v) Pediatric quality and safety priorities of the institution.

D) *All information contained in or relating to any medical audit*/quality improvement monitor *performed of a* PCCC's, EDAP's or SEDP's pediatric services pursuant to this Section *shall be afforded the same status as is provided information concerning medical studies in Article VIII, Part 21 of the Code of Civil Procedure.* (Section 3-110(a) of the Act)

2) Pediatric Physician Champion
The emergency department medical director shall appoint a physician to champion pediatric quality improvement activities. The pediatric physician champion shall work with and provide support to the pediatric quality coordinator.

3) Pediatric Quality Coordinator
A member of the professional staff who has ongoing involvement in the care of pediatric patients shall be designated to serve in the role of the pediatric quality coordinator. The pediatric quality coordinator shall have a job description that

includes the allocation of appropriate time and resources by the hospital. This individual may be employed in an area other than the emergency department and shall have a minimum of two years of pediatric critical care or emergency department experience. Working with the pediatric physician champion, the responsibilities of the pediatric quality coordinator shall include:

A) Working in conjunction with the ED nurse manager and ED medical director to ensure compliance with and documentation of the pediatric continuing education of all emergency department staff in accordance with subsections (a), (b), and (c).

B) Coordinating data collection for identified clinical indicators and outcomes (see subsection (e)(1)(C)).

C) Reviewing selected pediatric cases transported to the hospital by pre-hospital providers and providing feedback to the EMS Coordinator/System.

D) Participating in regional QI activities, including preparing a written QI report and attending the Regional QI subcommittee. These activities shall be supported by the hospital. One representative from the Regional QI subcommittee shall report to the EMS Regional Advisory Board.

E) Providing QI information to the Department upon request. (See Section 3.110(a) of the Act.)

f) Equipment, Trays, and Supplies
See Appendix L.

(Source: Amended at 40 Ill. Reg. 8274, effective June 3, 2016)

Illinois EMSC
Facility Recognition

Pediatric Equipment Requirements for Emergency Departments

Section 515.APPENDIX L Pediatric Equipment Requirements for Emergency Departments

The following list identifies pediatric equipment items that are recommended for the two emergency department facility recognition levels. Equipment items are classified as "essential" (E) and "need to be stocked in the emergency department" (ED).

Monitoring Devices	**EDAP**	**Check if present in EDAP**	**SEDP**	**Check if present in SEDP**
Blood glucose measurement device (i.e., chemistry strip or glucometer)	E (ED)		E (ED)	
Continuous end-tidal PCO_2 monitor and pediatric CO_2 colorimetric detector (disposable units may be substituted)	E (ED)		E (ED)	
Doppler ultrasound blood pressure device (neonatal-adult thigh cuffs)	E (ED)		E (ED)	
ECG monitor-defibrillator/cardioverter with pediatric and adult sized paddles, with pediatric dosage settings and pediatric-adult pacing electrodes	E (ED)		E (ED)	
Hypothermia thermometer (Note: with a range of 28-42°C)	E (ED)		E (ED)	
Pediatric monitor electrodes	E (ED)		E (ED)	
Otoscope/ophthalmoscope/stethoscope	E (ED)		E (ED)	
Pulse oximeter with pediatric and adult probes	E (ED)		E (ED)	
Sphygmomanometer with cuffs (neonatal-adult thigh)	E (ED)		E (ED)	
Vascular Access Supplies and Equipment	**EDAP**	**Check if present in EDAP**	**SEDP**	**Check if present in SEDP**
Arm boards (sized infant through adult)	E (ED)		E (ED)	
Blood gas kits	E (ED)		E (ED)	
Butterfly-type needles (19-25 g)*	E (ED)		E (ED)	
Catheter-over-needle devices (16-24 g)*	E (ED)		E (ED)	
Central venous catheters (stock one small and one large size)	E (ED)		E (ED)	
Infusion pumps, syringe pumps, or devices with microinfusion capability using appropriate tubing & connectors	E (ED)		E (ED)	
Intraosseous needles or bone marrow needles (13-18 g size range; stock one large/one small bore) or IO device (pediatric and adult sizes)	E (ED)		E (ED)	
IV extension tubing, stopcocks, and T-connectors	E (ED)		E (ED)	
IV fluid/blood warmer	E (ED)		E (ED)	

IV solutions: standard crystalloid and colloid solutions (D10W, D5/.2 NS, D5/.45 NS, D5/.9 NS and 0.9 NS)	E (ED)		E (ED)	
Syringes (1ml through 20 ml)	E (ED)		E (ED)	
Tourniquets	E (ED)		E (ED)	
Umbilical vein catheters (3.5 and 5 Fr; the same size feeding tube may be used for 5 Fr)*	E (ED)		E (ED)	
Respiratory Equipment and Supplies	**EDAP**	**Check if present in EDAP**	**SEDP**	**Check if present in SEDP**
Bag-valve-mask device, self-inflating infant/child and adult (1000 ml) with O_2 reservoir and clear masks (neonatal through large adult sizes)*; PEEP valve	E (ED)		E (ED)	
Manometer	E (ED)		E (ED)	
Bulb syringe	E (ED)		E (ED)	
Endotracheal tubes:*				
Cuffed or Uncuffed (sizes 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, 5.5, 6.0, 6.5, 7.0, 7.5, and 8.0)	E (ED)		E (ED)	
Stylets for endotracheal tubes (pediatric and adult)	E (ED)		E (ED)	
Laryngoscope handle (pediatric and adult)	E (ED)		E (ED)	
Laryngoscope blades (curved 2, 3; straight or Miller 0, 1, 2, 3)*	E (ED)		E (ED)	
Magill forceps (pediatric and adult)	E (ED)		E (ED)	
Meconium aspirator	E (ED)		E (ED)	
Nasopharyngeal airways (sizes 14, 16, 20, 24, 28, 30 Fr)*	E (ED)		E (ED)	
Nebulized medication, administration set with pediatric and adult masks	E (ED)		E (ED)	
Oral airways (sizes 0, 1, 2, 3, 4, 5 or size 50 mm, 60 mm, 70 mm, 80 mm, 90 mm, 100 mm)*	E (ED)		E (ED)	
Oxygen delivery device with flow meter and tubing	E (ED)		E (ED)	
Oxygen delivery adjuncts:				
Tracheostomy collar	E (ED)		E (ED)	
Standard masks, clear (pediatric and adult sizes)	E (ED)		E (ED)	
Partial non-rebreather or non-rebreather masks, clear (pediatric and adult sizes)	E (ED)		E (ED)	
Nasal cannula (infant, pediatric and adult)	E (ED)		E (ED)	

Peak flow meter	E (ED)		E (ED)	
Supplies/kit for patients with difficult airway conditions: • LMA (sizes 1, 1.5, 2, 2.5, 3, 4 and 5); or • Cricothyrotomy kit or cricothyrotomy capabilities (i.e., 10 g needle and 3 mm ET tube adapter or 14 g needle and 3.5 mm ET tube adapter)	E (ED)		E (ED)	
Suction capability (wall)	E (ED)		E (ED)	
Suction capability (portable)	E (ED)		E (ED)	
Suction catheters (sizes 5/6, 8, 10, 12, 14, 16, 18 Fr and Yankauer-tip catheter)*	E (ED)		E (ED)	
Tracheostomy tubes (sizes PED* 3.0, 3.5, 4.0, 4.5, 5.0, 5.5)* (correspond to PT 00, 0, 1, 2, 3, 4, in old schematization)	E (ED)		---	
Tube thoracostomy tray and water seal drainage capacity with chest tubes (sizes 12-32 Fr)*	E (ED)		---	
Medications (unit dose, prepackaged)	**EDAP**	**Check if present in EDAP**	**SEDP**	**Check if present in SEDP**
Access to the Illinois Poison Center 1-800-222-1222 through posting of phone number in ED	E (ED)		E (ED)	
Activated charcoal (consider with and without Sorbitol)	E (ED)		E (ED)	
Adenosine	E (ED)		E (ED)	
Amiodarone	E (ED)		E (ED)	
Antiemetics	E (ED)		E (ED)	
Antimicrobial agents (parenteral and oral)	E (ED)		E (ED)	
Antipyretics	E (ED)		E (ED)	
Atropine	E (ED)		E (ED)	
Barbiturates, e.g., Phenobarbital, Pentobarbital	E (ED)		E (ED)	
Benzodiazepines, e.g., Lorazepam, Midazolam, Diazepam	E (ED)		E (ED)	
Beta agonist for inhalation (Albuterol, Levalbuterol)	E (ED)		E (ED)	
Beta blockers, e.g., Propranolol, Metoprolol	E (ED)		E (ED)	
Calcium (chloride or gluconate)	E (ED)		E (ED)	
Corticosteroids, e.g., Dexamethasone, Hydrocortisone, Methylprednisolone	E (ED)		E (ED)	
Dextrose (25% and 50%)	E (ED)		E (ED)	
Diphenhydramine	E (ED)		E (ED)	

Dobutamine	E (ED)		---	
Dopamine	E (ED)		---	
Epinephrine (1:1,000 and 1:10,000)	E (ED)		E (ED)	
Epinephrine (Racemic)	E (ED)		E (ED)	
Fosphenytoin and/or Phenytoin	E (ED)		E (ED)	
Furosemide	E (ED)		E (ED)	
Glucagon or Glucose Paste	E (ED)		E (ED)	
Insulin, regular	E (ED)		E (ED)	
Lidocaine 1%	E (ED)		E (ED)	
Magnesium Sulfate	E (ED)		E (ED)	
Mannitol	E (ED)		E (ED)	
Narcotics	E (ED)		E (ED)	
Neuromuscular blocking agents (i.e., succinylcholine, rocuronium, vecuronium)	E (ED)		E (ED)	
Ocular anesthetics	E (ED)		E (ED)	
Poison Specific Antidotes				
Acetylcysteine	E (ED)		E (ED)	
Cyanide Antidote	E (ED)		E (ED)	
Flumazenil	E (ED)		E (ED)	
Naloxone	E (ED)		E (ED)	
Sodium bicarbonate – 8.4% and 4.2%	E (ED)		E (ED)	
Sedative/Hypnotic (e.g., Ketamine, Etomidate)	E (ED)		E (ED)	
Tetanus Immune Globulin (Human)	E (ED)		E (ED)	
Tetanus Vaccines (single or in combination with other vaccines)	E (ED)		E (ED)	
Topical Anesthetics	E (ED)		E (ED)	
Miscellaneous Equipment	**EDAP**	**Check if present in EDAP**	**SEDP**	**Check if present in SEDP**
Dosing device – length or weight based system for dosing and equipment	E (ED)		E (ED)	
Dosing/equipment chart by weight	E (ED)		E (ED)	
EMS communication equipment (i.e., telemetry, MERCI, cellular or dedicated phone)	E (ED)		E (ED)	
Examination gloves, disposable	E (ED)		E (ED)	

Fluorescein (eye strips)	E (ED)		E (ED)	
Infant formulas, dextrose in water with various nipple sizes	E (ED)		E (ED)	
Lubricant, water soluble	E (ED)		E (ED)	
Nasogastric tubes 8 through-18 Fr* (may substitute feeding tubes 5F and 8F)	E (ED)		E (ED)	
Oral rehydrating solution	E (ED)		E (ED)	
Pain scale assessment tools appropriate for age	E (ED)		E (ED)	
Pediatric emergency/crash cart or bag with defined list of contents attached to bag/cart	E (ED)		E (ED)	
Restraining device, pediatric (papoose)	E (ED)		E (ED)	
Resuscitation board	E (ED)		E (ED)	
Urinary catheters (8-22 Fr)*	E (ED)		E (ED)	
Warming devices, age appropriate	E (ED)		E (ED)	
Weighing scales (in kilograms only) for infant and children	E (ED)		E (ED)	
Woods lamp (blue light)	E (ED)		E (ED)	
Specialized Pediatric Trays	**EDAP**	**Check if present in EDAP**	**SEDP**	**Check if present in SEDP**
Initial newborn resuscitation equipment (can include warming device, feeding tubes, neonatal mask)	E (ED)		E (ED)	
Lumbar puncture tray, including a selection of needle sizes (size 18-22 g, 1½ -3 inch needle)	E (ED)		E (ED)	
Minor surgical instruments and sutures	E (ED)		E (ED)	
Newborn kit/OB kit (including umbilical clamp, bulb syringe, towel)	E (ED)		E (ED)	
Fracture Management Devices	**EDAP**	**Check if present in EDAP**	**SEDP**	**Check if present in SEDP**
Extremity splints	E (ED)		E (ED)	
Femur splint (child and adult)	E (ED)		E (ED)	
Semi-rigid neck collars (child through adult) or cervical immobilization equipment suitable for children	E (ED)		E (ED)	
Spinal immobilization board (child and adult)	E (ED)		E (ED)	

* Shall minimally stock a range of each commonly available size noted or comparable sizes.

(Source: Amended at 40 Ill. Reg. 8274, effective June 3, 2016)

NOTE: LATEX-FREE SUPPLIES SHOULD BE AVAILABLE WHENEVER POSSIBLE (Refer to EMS System Latex-Free policy)

Joint Committee on Administrative Rules
ADMINISTRATIVE CODE

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER f: EMERGENCY SERVICES AND HIGHWAY SAFETY
PART 515 EMERGENCY MEDICAL SERVICES, TRAUMA CENTER, COMPREHENSIVE STROKE CENTER, PRIMARY STROKE CENTER AND ACUTE STROKE-READY HOSPITAL CODE
SECTION 515.4020 FACILITY RECOGNITION CRITERIA FOR THE PEDIATRIC CRITICAL CARE CENTER (PCCC)

Section 515.4020 Facility Recognition Criteria for the Pediatric Critical Care Center (PCCC)

Any facility seeking PCCC level recognition shall meet requirements for both the EDAP and PCCC levels.

a) Facility Requirements
A facility recognized as a PCCC Center shall provide the following:

1) An EDAP-recognized emergency department;

2) A distinct Pediatric Intensive Care Unit (PICU);

3) A PICU Committee established as a standing (interdisciplinary) committee within the hospital with membership including, but not limited to, physicians, nurses, respiratory therapists, and others directly involved in PICU activities;

4) Helicopter landing capabilities approved by State and federal authorities;

5) Computerized axial tomography (CAT) scan availability 24 hours a day;

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

A) Standard analysis of blood, urine and body fluids;

B) Blood typing and cross-matching;

C) Coagulation studies;

D) Comprehensive blood bank or an agreement with a community central blood bank;

E) Blood gases and pH determinations;

F) Microbiology, including the ability to initiate aerobic and anaerobic cultures on site; and

G) Drug and alcohol screening;

7) Hemodialysis capabilities or a transfer agreement;

8) Staff, including a child life specialist, occupational therapy, speech therapy, physical therapy, social work, dietary, psychiatry and child protective services;

9) Hospital support staff to act as a resource and participate in multidisciplinary regional pediatric critical care education;

10) A plan for implementing a program of public information/education concerning emergency care services for pediatrics; and

11) Support for active institutional and collaborative regional research.

b) PICU Medical Director Requirements
A Medical Director shall be appointed, and a record of appointment and acceptance shall be in writing.

1) Qualifications
The PICU shall have a dedicated Medical Director who is:

A) Board certified in Pediatrics by the ABP or the AOBP, and Board certified or in the process of certification in Pediatric Critical Care Medicine by ABP, or Pediatric Intensive Care by AOBP; or

B) Board certified in Pediatrics by the ABP or the AOBP, and Board certified in a pediatric subspecialty with at least 50% practice in pediatric critical care. In this situation, a physician who meets the criteria in subsection (b)(1)(A) shall be appointed as Co-director; or

C) Board certified in Anesthesiology by the American Board of Anesthesiology (ABA), or the American Osteopathic Board of Anesthesiology (AOBA), with practice limited to infants and children and with a subspecialty certification in Critical Care Medicine. In this situation, a physician who meets the criteria in subsection (b)(1)(A) shall be appointed as Co-director; or

D) Board-certified in Pediatric Surgery by the American Board of Surgery (ABS) with a subspecialty certification in Surgical Critical Care Medicine by the ABS. In this situation (ABS), a physician who meets the criteria in subsection (b)(1)(A) shall be appointed as Co-director.

2) The Medical Director and/or Co-Director shall achieve certification within seven years after his/her initial acceptance into the certification process for pediatric critical care or intensive care medicine, and shall maintain certification.

c) PICU Medical Staff Requirements

1) Qualifications

A) The PICU shall have 24-hour in-hospital coverage provided by a Board-certified pediatric intensivist, certified by ABP or AOBP, or Board-eligible pediatric intensivist in the process of certification by ABP or AOBP, who is responsible for the supervision of the physicians listed in subsections (c)(1)(A)(i) and (ii), and who is available within 30 minutes in-house after the determination is made that he or she is needed. If the intensivist is not in-house, then one of the following shall be available in-house:

i) Board-certified pediatrician certified by ABP or AOBP, or Board-eligible in pediatrics and in the process of Board certification; or

ii) A resident of PGY-2 or greater under the auspices of a Pediatric Training Program, in the unit, with a PGY-3 in-house.

B) All physicians listed in subsection (c)(1)(A) shall successfully complete and maintain current recognition in one of the following courses: the AHA-AAP PALS or ACEP-AAP APLS. PALS and APLS shall include both cognitive and practical skills evaluation.

2) Physician Specialist Availability
If the applying hospital is a Pediatric Trauma Center, the applicable requirements for physician response times that meet Sections 515.2035 and 515.2045 shall be followed.

A) Attending level physician specialists shall be on staff and are required to have the following:

i) Pediatric proficiency as defined by the hospital credentialing process;

ii) Board/sub-board certification in their specialty. If residency trained/board prepared in their specialty, physicians shall achieve certification within

seven years after initial acceptance into the board/sub-board certification process, and maintain certification; and

iii) 10 hours per year of pediatric CME (category I or II) in his/her specialty.

B) The following on-call surgeons with pediatric proficiency shall be available in-house within 60 minutes after the determination is made that they are needed:

i) Surgeon; and

ii) Neurosurgeon, or transfer agreement with another facility.

C) On-call attending anesthesiologists with pediatric proficiency shall be available in-house within 60 minutes after the determination is made that they are needed. CRNAs with pediatric proficiency may initiate appropriate procedures as identified in hospital by-laws.

D) On-staff subspecialists with the following pediatric proficiency shall be available to the institution or by phone for consultation within 60 minutes after the determination is made that they are needed:

i) Cardiologist;

ii) Neonatologist;

iii) Nephrologist;

iv) Neurologist;

v) Orthopedic surgeon;

vi) Otolaryngologist; and

vii) Radiologist.

E) The following physician specialists shall be available in the hospital or by consultation or transfer agreement with another hospital:

i) Allergist or immunologist;

ii) Cardiothoracic surgeon;

iii) Craniofacial (plastic) surgeon;

iv) Endocrinologist;

v) Gastroenterologist;

vi) Hand surgeon;

vii) Hematologist-oncologist;

viii) Infectious disease;

ix) Micro-vascular surgeon;

x) Obstetrics/gynecology;

xi) Ophthalmologist;

xii) Oral surgeon;

xiii) Physiatrist (physical medicine & rehabilitation);

xiv) Psychiatrist/psychologist;

xv) Pulmonologist; and

xvi) Urologist.

d) PICU Nurse Practitioner and Physician Assistant Qualifications

1) Nurse practitioner shall have credentialing as evidenced by the following:

A) Completion of a Pediatric Nurse Practitioner program or Pediatric Critical Care Nurse Practitioner Program and certification as an Acute Care Pediatric Nurse Practitioner.

B) Current Illinois advanced practice nursing license. For out-of-state facilities that have Illinois recognition under the EMS, trauma or pediatric programs, the professional shall have an unencumbered license in the state in which he or she practices.

2) Physician assistant shall have credentialing as evidenced by the following:

A) Current Illinois Physician Assistant licensure. For out-of-state facilities that have Illinois recognition under the EMS, trauma or pediatric programs, the professional shall have an unencumbered license in the state in which he or she practices.

B) Credentialing that reflects orientation, ongoing training and specific demonstrated competencies in the care of the critically ill and injured pediatric patient as defined by the hospital credentialing process.

3) All nurse practitioners and physician assistants shall successfully complete and maintain current recognition in one of the following courses: the AHA-AAP PALS or ACEP-AAP APLS. PALS and APLS shall include both cognitive and practical skills evaluation.

4) All nurse practitioners and physician assistants shall have documentation of a minimum of 50 hours of continuing education in pediatric critical care topics every two years that are approved by an accrediting agency.

e) PICU Nursing Staff Requirements

1) Nurse manager
The PICU shall have a designated nurse manager who shall:

A) Be licensed as a Registered Nurse;

B) Have three years of clinical critical care experience, with a minimum of one year in clinical pediatric care; and

C) Successfully complete and maintain current recognition in one of the following courses: the AHA-AAP PALS or ACEP-AAP APLS. PALS and APLS shall include both cognitive and practical skills evaluation.

2) Advanced practice nurse
Clinical nurse specialist (CNS), nurse practitioner (NP): The PICU shall have a designated pediatric CNS or pediatric NP who is available to provide clinical leadership in the nursing management of patients. Certified advanced practice nurses shall:

A) Have completed a Pediatric Nurse Practitioner program or Pediatric Clinical Nurse Specialist Program and hold certification as a Pediatric Nurse Practitioner or Pediatric Clinical Nurse Specialist.

B) Have an Illinois Advanced Practice Nurse License. For out-of-state facilities that have Illinois recognition under the EMS, trauma or pediatric program, the professional shall have an unencumbered license in the state in which he or she practices;

C) Successfully complete and maintain current recognition in one of the following courses: the AHA-AAP PALS or ACEP-AAP APLS. PALS and APLS shall include both cognitive and practical skills evaluation.; and

D) Have documentation of a minimum of 50 hours of continuing education in pediatric critical care topics every two years that are approved by an accrediting agency.

3) Nursing patient care services
All nurses engaged in direct patient care activities shall:

A) Successfully complete a documented hospital and unit orientation according to hospital guidelines before assuming full responsibility for patient care;

B) Complete a yearly competency review of high-risk, low-frequency therapies;

C) Successfully complete and maintain current recognition in one of the following courses: the AHA-AAP PALS, the ACEP-AAP APLS or the ENA ENPC. PALS, APLS and ENPC shall include both cognitive and practical skills evaluation; and

D) Complete a minimum of 16 hours of pediatric emergency/critical care continuing education hours every two years. Continuing education may include, but is not limited to, CEU offerings, case presentations, competency testing, teaching courses related to pediatrics or publications.

f) PICU Policies, Procedures, and Treatment Protocols
The PICU will include, but not be limited to, having the following age-specific policies/protocols in place:

1) Admission and discharge criteria;

2) A staffing policy that addresses nursing shift staffing patterns based on patient acuity;

3) A policy for managing the psychiatric needs of the PICU patient; and

4) Protocols, order sets, pathways or guidelines for management of high- and low-frequency diagnoses.

g) Inter-facility Transfer/Transport Requirements
A PCCC shall:

1) Provide necessary consultation to those hospitals with which a transfer agreement is established; accept pediatric transfers from those hospitals; provide feedback as well as quality review to those hospitals on the transfer and management process;

2) Have or be affiliated with a transport system and team to assist referral hospitals in arranging safe pediatric patient transport; and

3) Have a transfer/transport policy that addresses the special needs of the pediatric population during transport.

h) Quality Improvement Requirements

1) Each PCCC shall have members from the PICU, including the Medical Director, and from the Pediatric Department who serve on the Multidisciplinary Pediatric Quality Improvement Committee, which will include, but not be limited to: emergency department, pediatric department, respiratory, laboratory, social service and radiology staff.

2) The Multidisciplinary Pediatric Quality Improvement Committee shall perform focused outcome analyses of its PICU and other pediatric inpatient unit services on a quarterly basis that consist of a review of at least the following:

A) All pediatric deaths;

B) All pediatric inter-facility transfers;

C) All pediatric morbidities or negative outcomes that are a result of treatment rendered or omitted;

D) Pediatric quality metrics that examine the process of care and identify potential patient

care and internal resource problems;

E) Child abuse and neglect cases unless review is performed by another committee in the hospital;

F) All re-admissions within 48 hours after discharge from the emergency department or inpatient care that result in admission to the PICU; and

G) Review of all potential and unanticipated adverse outcomes.

i) PICU Equipment (See Appendix O)
The PCCC shall meet all equipment requirements as outlined in Appendix O. In addition, a specialized pediatric resuscitation cart with measuring device shall be readily available on each pediatric unit, containing the required equipment.

j) Pediatric Inpatient Care Service Requirements

1) Physician requirements

A) The Chair of Pediatrics or the Pediatric Inpatient Director shall have certification in pediatrics by the ABP or the AOBP.

B) All hospitalists, credentialed by their hospital to provide pediatric unit care, shall successfully complete and maintain current recognition in one of the following courses: the AHA-AAP PALS or the ACEP-AAP APLS. PALS and APLS shall include both cognitive and practical skills evaluation.

C) The Medical Director of the PICU, or his/her designee, shall be available on call and for consultation for all pediatric in-house patients who may require critical care.

2) Nurse manager requirements
The nurse manager shall:

A) Be licensed as an Illinois Registered Nurse. For out-of-state facilities that have Illinois recognition under the EMS, trauma or pediatric programs, the professional shall have an unencumbered license in the state in which he or she practices.

B) Have three years of pediatric experience; and

C) Complete and maintain current recognition in one of the following courses: AHA-AAP PALS, the ACEP-AAP APLS or the ENA ENPC. PALS, APLS and ENPC shall include both cognitive and practical skills evaluation.

3) Nursing patient care services
All nurses engaged in direct patient care activities shall:

A) Be licensed as an Illinois Registered Nurse. For out-of-state facilities that have Illinois recognition under the EMS, trauma or pediatric programs, the professional shall have an unencumbered license in the state in which he or she practices.

B) Complete a documented hospital and unit orientation according to hospital guidelines before assuming full responsibility for patient care;

C) Complete a yearly competency review of high-risk, low-frequency therapies based on patient population;

D) Complete and maintain current recognition in one of the following courses: AHA-AAP PALS, the ACEP-AAP APLS or the ENA ENPC. PALS, APLS and ENPC shall include both cognitive and practical skills evaluation; and

E) Complete a minimum of 16 hours of pediatric continuing education hours within a two-year period. Continuing education may include, but is not limited to, CEU offerings, case presentations, competency testing, teaching courses related to pediatrics and/or publications.

k) Hospital General Pediatric Department Policies, Procedures and Treatment Protocols
The pediatric department shall have, but not be limited to:

1) A policy or scope of services that outlines the pediatric department services, ages of patients served, and admission guidelines;

2) A staffing policy that addresses nursing shift staffing patterns based on patient acuity;

3) A safety and security policy for the patient in the unit;

4) An inter-facility transport policy that addresses safety and acuity;

5) An intra-facility transport policy that addresses safety and acuity;

6) A latex allergy policy;

7) A pediatric organ procurement/donation policy;

8) An isolation precautions policy that incorporates appropriate infection control measures;

9) A disaster/terrorism policy that addresses the specific medical and psychosocial needs of the pediatric population;

10) Protocols, order sets, pathways or guidelines for management of high-risk and low-frequency diagnoses;

11) A pediatric policy that addresses the resources available to meet the psychosocial needs of patients and family and appropriate social work referral for the following indicators:

A) Child death;

B) Child has been a victim of or witness to violence;

C) Family needs assistance in obtaining resources to take the child home;

D) Family needs a payment resource for their child's health needs;

E) Family needs to be linked back to their primary health, social service or educational system;

F) Family needs support services to adjust to their child's health condition or the increased demands related to changes in their child's health conditions; and

G) Family needs additional education related to the child's care needs to care for the child at home.

12) A discharge planning policy or protocol that includes the following:

A) Documentation of appropriate primary care/specialty follow-up provisions;

B) Mechanism to access a primary care resource for children who do not have a provider;

C) Discharge summary provision to appropriate medical care provider, parent/guardian, which includes the following:

i) Information on the child's hospital course;

ii) Discharge instructions and education; and

iii) Follow-up arrangements;

D) Appropriate referral of patients to rehabilitation or specialty services for children who may have any of the following problems:

i) Require the assistance of medical technology;

ii) Do not exhibit age-appropriate activity in cognitive, communication or motor skills, behavioral, or social/emotional realms;

iii) Additional medical or rehabilitation needs that may require specialized care, such as medication, hospice care, physical therapy, home health, or speech/language services;

iv) Brain injury – mild, moderate or severe;

v) Spinal cord injury;

vi) Seizure behavior exhibited during acute care or a history of seizure disorder and is not currently linked with specialty follow up;

vii) Submersion injury, such as a near drowning;

viii) Burn (other than a superficial burn);

ix) Pre-existing condition that experiences a change in health or functional status;

x) Neurological, musculoskeletal or developmental disability; or

xi) Sudden onset of behavioral change, for example, in cognition, language or affect.

l) Quality Improvement Requirements
Representatives from the pediatric unit shall participate in the multidisciplinary Pediatric Quality Improvement Committee (see subsection (h)).

m) Equipment Requirements (See Appendix O.)
The PCCC shall meet all equipment requirements as outlined in Appendix O. In addition, a specialized pediatric resuscitation cart with measuring device shall be readily available on each pediatric unit, containing the required equipment.

(Source: Amended at 40 Ill. Reg. 8274, effective June 3, 2016)

ILLINOIS EMERGENCY MEDICAL SERVICES FOR CHILDREN
Pediatric Critical Care Center (PCCC)
Pediatric Equipment/Supplies/Medications Guidelines and Checklist

All of the following equipment/supplies/medications shall be immediately available within the PICU and Pediatric Unit.

AIRWAY	**PICU**	**PEDS UNIT**
Cricothyrotomy capabilities (i.e. 10g needle and 3 mm ET tube adapter or 14 g needle and 3.5 mm ET tube adapter)		
Endotracheal tubes: Uncuffed or cuffed (sizes 2.5, 3.0, 3.5, 4.0, 4.5, 5.0, 5.5, 6.0, 6.5, 7.0, 7.5, 8.0, 8.5) Stylets for endotracheal tubes (pediatric and adult)		
Laryngoscope handle (pediatric and adult); bulbs (small and large); extra batteries		
Laryngoscope blades (Curved 1, 2, 3; Straight or Miller 00, 0, 1, 2, 3)		
Local anesthetic (i.e. lidocaine gel, cetacaine spray)		
Magill forceps (pediatric and adult)		
Oral airways (sizes 0,1, 2, 3, 4, 5)		
Stylets (pediatric and adult)		
Tongue blades		
Tracheostomy collar		
Tracheostomy tubes (sizes PED 3.0, 3.5, 4.0, 4.5, 5.0, 5.5 or ET may be substituted); trach ties; surgilube		
BREATHING	**PICU**	**PEDS UNIT**
Bag-valve-mask device, self-inflating infant/child and adult with O_2 reservoir and clear masks (neonatal through large adult sizes), and PEEP		
C-PAP		
End-tidal PCO_2 monitor and/or pediatric CO_2 detector (disposable units may be substituted)		
Flow meter		
Masks, clear (neonatal, toddler, infant, child, medium adult)		
Nasogastric tubes (sizes 6, 8, 10, 12, 14 Fr). NOTE: Cannot use feeding tubes as a substitute.		
Nasopharyngeal airways (sizes 14, 16, 20, 24, 28, 30 Fr)		
O_2 Tank		
BREATHING	**PICU**	**PEDS UNIT**
O_2 Blender		

O_2 connectors and spare O_2 tubing		
Partial non-rebreather O_2 masks (neonatal, pediatric, adult)		
PEEP valves		
Pulse oximeter with child, infant and neonatal probes		
Stethoscope		
Suction supplies (bulb syringe, suction catheters sizes 6, 8, 10, 12, 14 Fr and Yankauer-tip catheter)		
Tube thoracostomy tray and water seal drainage capacity with chest tubes (sizes 8 – 40 Fr)		
Ventilator-respirator, pediatric		
CIRCULATION	**PICU**	**PEDS UNIT**
Blood collection tubes, culture bottles, arterial blood gas syringe		
Butterfly needles (19, 21, 23, 25 g)		
Cardiac resuscitation board		
Catheter over needle IV access (sizes 16, 18, 20, 22, 24 g)		
CVP and arterial monitors		
Doppler device		
ECG monitor-defibrillator/cardioverter with pediatric and adult sized paddles (and/or pads), with pediatric dosage settings and pediatric/adult pacing electrodes.		
Intraosseous needles or bone-marrow aspiration needles (one large and one small bore) or IO device (pediatric and adult sizes)		
IV fluid/blood warmer		
IV tubing and extension tubing		
Infusion pumps, syringe pumps, or devices with microinfusion capability utilizing appropriate tubing and connectors.		
Needles (sizes 16, 18, 20, 22/23, 25; intracardiac needle 21 g, 1 ½ inch; filter needle)		
Non-invasive blood pressure device (neonatal thru adult cuffs)		
Rapid infusion pumps		
Sphygmomanometer with cuffs (newborn, infant, child, small adult, adult)		
Stopcocks		
Syringes (TB, insulin U100, 1ml – 20ml and cathether tip)		
T-connectors		
Tourniquets, arm boards, tape, alcohol wipes, skin prep, razor		
Vascular access supplies utilizing the Seldinger technique (3 – 8 Fr)		
Warming devices, age appropriate		

MEDICATIONS	PICU	PEDS UNIT
Activated Charcoal		
Adenosine		
Albumin 5% and 25%		
Amiodarone		
AquaMEPHYTON		
Atropine		
Bacteriostatic Water, 30ml		
Benzodiazepines, e.g. Lorazepam, Midazolam, Diazepam		
Beta-agonist for inhalation		
Calcium Chloride 10%		
Calcium Gluconate 10%		
Dextrose 10%, 25% and 50%		
Digitalis antibody		
Digoxin		
Diphenhydramine		
Dobutamine		
Dopamine		
Dosing device – length or weight based system for dosing and equipment/supplies		
Epinephrine (1:1000 and 1:10,000)		
Factor VIII, IX concentrate (pharmacy or blood bank)		
Flumazenil		
Furosemide		
Glucagon		
Insulin		
IV solutions (D5W and 0.9 NS)		
IV solutions, standard crystalloid (D10W, D5/0.2 NS, D5/0.45 NS and 0.9 NS)		
Kayexalate		
Ketamine		
Lidocaine 1% and 2%		
List of resuscitation drug dosages at patient bedside (based on child's weight)		
Magnesium sulfate		

MEDICATIONS	**PICU**	**PEDS UNIT**
Mannitol		
Methylene blue		
N-acetyl cysteine		
Naloxone		
Narcotics		
Norepinephrine		
Neuromuscular blocking agents (i.e. succinylcholine, pancuronium, vecuronium) (NOTE: May be refrigerated)		
Oral rehydrating solution		
Phenobarbital		
Phenytoin and/or fosphenytoin		
Potassium		
Propranolol		
Prostaglandin E1		
Sodium Bicarbonate, 8.4% and 4.2%		
Sodium Chloride 10 ml (multiple)		
Steroids – parenteral, e.g. Dexamethasone, Hydrocortisone, Methylprednisolone		
Topical anesthetic agent		
Vasopressin (DDAVP)		
Whole bowel irrigation solution		
MISCELLANEOUS	**PICU**	**PEDS UNIT**
Lumbar puncture tray, including a selection of needles (size 18-22g, 1 ½ - 3 inch needle)		
Feeding tubes (8-14)		
Foley catheters (sizes 6, 8, 10, 12 Fr)		
Hypothermia thermometer with rectal probe (28^0 – 42^0 C)		
Otoscope/ophthalmoscope		
Weighing scales (in kilograms only) for infants and children		

(Source: Amended at 40 Ill. Reg. 8274, effective June 3, 2016)

ILLINOIS EMERGENCY MEDICAL SERVICES FOR CHILDREN
EDAP/PCCC APPLICATION
CREDENTIALS OF EMERGENCY DEPARTMENT PHYSICIANS

- List each physician by name.
- Indicate full time or part time and date of ED hire.
- Check all credentials that qualify physician for EDAP or SEDP status.
- Identify any physicians that meet Alternate Criteria requirements and submit a letter verifying his or her hours worked (Adm. Code 515.4000 a,1,D)
- For all physicians who do not meet any of the Board Certifications listed below and who do not meet Alternate Criteria requirements, submit their curriculum vitae, other Board Certifications and copies of their Residency Completion.
- Identify completion of APLS or PALS. Submit a copy of a current AHA PALS or ACEP-AAP APLS card for those physicians who meet Alternate Criteria.
- Write the number of pediatric CME hours completed within the past 2 years. Submit a copy of pediatric CME hours for those physicians who meet Alternate Criteria.

Physician Name	F=Full Time P=Part Time	Date of ED Hire	Certification (Or Board Eligible in 1st cycle) ABEM/AOBEM/ABP/AOBP/ABFP/AOBFP or Alternate Criteria	Exp. Date	Course Completion		Exp. Date	16 HRS. of Pediatric Emergency related CME (In last two years)
					APLS	PALS		
1								
2								
3								
4								
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10								

Signature
Hospital CEO/Administrator

Typed Name
Hospital CEO/Administrator

Date

(Note: The signature of the Hospital CEO/Administrator verifies that all information is current and accurate.)

ILLINOIS EMERGENCY MEDICAL SERVICES FOR CHILDREN
EDAP/PCCC APPLICATION
CREDENTIALS OF FAST TRACK/URGENT CARE PHYSICIANS

- List each physician by name.
- Indicate full time or part time status and date of ED hire.
- Complete all credentials.
- Identify completion of APLS or PALS.
- Identify the number of pediatric CME hours that have been completed within the past 2 years.

Physician Name	F=Full Time P=Part Time	Date of ED Hire	Certification	Exp. Date	Course Completion		Exp. Date	16 HRS. of Pediatric Emergency related CME (In last two years)
					APLS	PALS		
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ILLINOIS EMERGENCY MEDICAL SERVICES FOR CHILDREN
EDAP/PCCC APPLICATION
CREDENTIALS OF EMERGENCY DEPARTMENT NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS

- List each nurse practitioner and physician assistant by name.
- Indicate location of work site: Emergency Department or Fast Track only.
- Nurse Practitioners shall have completed a Pediatric NP, Emergency NP or Family Practice NP program. Identify any nurse practitioner that meets Alternate Criteria requirements and submit a letter verifying his or her hours worked (EMS Administrative Code 515.4000 b,1,A, ii)
- Check all credentials and verify current license. (PAs: check appropriate box. NP: specify PNP, ENP, FPNP or Alternate Criteria
- Identify completion of APLS, PALS or ENPC. Submit a copy of a current AHA PALS or ACEP-AAP APLS or ENPC card for the nurse practitioner who meets Alternate Criteria
- Identify the number of pediatric CME/CEU hours that have been completed within the past 2 years.

Clinician Name	**ED** Emergency Department **FT** Fast Track Only	Date of ED Hire	License Verification *		Exp. Date	Facility Credentialing For Pediatric Care	Course Completion			Exp. Date	16 HRS. of Pediatric Emergency CME/CEU (In Last Two Years)
			PA	PNP, ENP, FPNP or Alternate Criteria			APLS	PALS	ENPC		
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ILLINOIS EMERGENCY MEDICAL SERVICES FOR CHILDREN
EDAP/PCCC APPLICATION
CREDENTIALS OF EMERGENCY DEPARTMENT NURSING STAFF

- List each staff nurse by name.
- Indicate full time or part time status and date of ED hire.
- Identify completion of APLS, PALS or ENPC, and expiration date.
- Identify the number of pediatric CEU's that have been completed within the past 2 years.

Staff Nurse	F=Full Time P=Part Time	Date of ED Hire	Course Completion			Expiration Date	8 HRS. of Pediatric Emergency/Critical Care CEU's (In last two years)
			APLS	PALS	ENPC		
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Signature
Hospital CEO/Administrator

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ILLINOIS EMERGENCY MEDICAL SERVICES FOR CHILDREN
EDAP/PCCC APPLICATION
CREDENTIALS OF PEDIATRIC INTENSIVE CARE UNIT PHYSICIANS

- List each physician by name.
- Indicate full time or part time status.
- Identify of Board Certification for each physician.
- Identify completion of APLS or PALS course, and expiration date.

Physician Name	F=Full Time P=Part Time	Date of Hire	Certification as Pediatric Intensivist with Dual Certifications: ABP and Pediatric Critical Care Medicine or AOBP and Pediatric Intensive Care or Board Eligible Pediatric Intensivist	Exp. Date	Course Completion		Exp. Date
					APLS	PALS	
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ILLINOIS EMERGENCY MEDICAL SERVICES FOR CHILDREN
EDAP/PCCC APPLICATION
CREDENTIALS OF PICU NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS

- List each Nurse Practitioner and/or Physician Assistant by name.
- Indicate full time or part time status and date of hire.
- Indicate NP or PA licensure and expiration date.
- Nurse Practitioners shall have completed a Pediatric NP or Pediatric Critical Care NP program. (Check applicable program)
- Identify completion of APLS, PALS or ENPC, and expiration date.
- Identify the number of pediatric CME/CEU that have been completed within the past two years.

Practitioner Name	F=Full Time P=Part Time	Date of Hire	License Verification * NP = Illinois Advanced Practice License PA = Illinois License	Exp. Date	Nurse Practitioner (Check one)		Course Completion			Exp. Date	Pediatric/Critical Care 50 Hours CME/CEU (In last two years)
					PNP	PCCNP	APLS	PALS	ENPC		
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ILLINOIS EMERGENCY MEDICAL SERVICES FOR CHILDREN
EDAP/PCCC APPLICATION
CREDENTIALS OF PICU NURSING STAFF

- List each staff nurse by name.
- Indicate full time or part time status and date of hire.
- Identify completion of APLS, PALS or ENPC, and expiration date.
- Identify the number of pediatric CEU's that have been completed within the past two years.

Staff Nurse	F=Full Time P=Part Time	Date of Hire	Course Completion			Expiration Date	16 HRS. of Pediatric CEU's (In Last Two Years)
			APLS	PALS	ENPC		
1							
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ILLINOIS EMERGENCY MEDICAL SERVICES FOR CHILDREN
EDAP/PCCC APPLICATION
CREDENTIALS OF PEDIATRIC UNIT HOSPITALISTS

- List each physician by name.
- Indicate full time or part time status.
- Provide copy of Board Certification for each physician.
- Identify completion of APLS or PALS course, and expiration date.

Physician Name	F=Full Time P=Part Time	Date of Hire	Board Certification (Identify type of board certification)	Exp. Date	Course Completion		Exp. Date
					APLS	PALS	
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Signature
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ILLINOIS EMERGENCY MEDICAL SERVICES FOR CHILDREN
EDAP/PCCC APPLICATION
CREDENTIALS OF PEDIATRIC UNIT NURSING STAFF

- List each staff nurse by name.
- Indicate full time or part time status and date of hire.
- Identify completion of APLS, PALS or ENPC, and expiration date.
- Identify the number of pediatric CEU's that have been completed within the past two years.

Staff Nurse	F=Full Time P=Part Time	Date of Hire	Course Completion			Expiration Date	16 HRS. of Pediatric CEU's (In Last Two Years)
			APLS	PALS	ENPC		
1							
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Signature
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Joint Committee on Administrative Rules
ADMINISTRATIVE CODE

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER f: EMERGENCY SERVICES AND HIGHWAY SAFETY
PART 515 EMERGENCY MEDICAL SERVICES AND TRAUMA CENTER CODE
SECTION 515.APPENDIX M INTERFACILITY PEDIATRIC TRAUMA AND CRITICAL CARE CONSULTATION AND/OR TRANSFER GUIDELINE

Section 515.APPENDIX M Interfacility Pediatric Trauma and Critical Care Consultation and/or Transfer Guideline

Introduction
Most ill and injured children can be successfully managed by pediatricians, emergency physicians, and other community physicians in local hospitals. However, certain types of severely ill or injured children may require specialized pediatric critical care services or specialized trauma services that are not generally available in local hospitals.

Referral centers that provide specialized pediatric critical care services or specialized trauma services for pediatric patients should be identified by community hospitals and local EMS agencies and included as integral components of their pediatric emergency and critical care systems and trauma care systems. The specialized referral centers provide 24-hour telephone consultation to assist community physicians in the evaluation and management of critically ill and injured children. In addition, most of these referral centers provide pediatric inter-facility transport services to facilitate the transport of critically ill or injured children to specialized centers when indicated.

Decisions on when to seek consultation or to transfer pediatric patients need to be individualized, based on local needs and resources. However, children with certain categories of critical illness and injury are at high risk of death and disability. Early consultation with appropriate pediatric critical care or trauma specialists and rapid transport to specialized referral centers, when indicated, can improve the outcomes for these children. In particular, consultation shall be sought for pediatric medical, surgical, and trauma patients who require intensive care when it is not locally available.

The attached guidelines are intended for use in a number of ways:

- They can be used by physicians and hospitals to identify the types of critically ill or injured children who might benefit from consultation with critical care or trauma specialists or transfer to specialized referral centers. It is recommended that hospitals and their medical staffs develop appropriate policies, procedures and staff education programs based on these guidelines. This will help to promote consultation, minimize delays, and facilitate appropriate, rapid and efficient transport of critically ill and injured children to specialty centers, when indicated.

- It is recommended that these guidelines also be used by local EMS agencies as a basis for the development of pediatric consultation and transfer guidelines based on the local needs and resources. Consultation and transfer guidelines should be integrated into local EMS agency plans for pediatric emergency, critical care, and trauma care in each region. These guidelines should become specific EMS policies and procedures in order to promote appropriate consultation and transfer of children who require specialized pediatric critical care and/or trauma services.

The following guidelines are intended to assist physicians and hospitals to identify the types of critically ill and injured children who might benefit from consultation with pediatric critical care specialists or trauma specialists and transfer to specialized pediatric critical care or trauma centers, when indicated. If an inter-facility transport is

required, the referring physician, in consultation with the receiving physician, should determine the method of transport and appropriate personnel to accompany the child. The hospital shall have written pediatric inter-facility transfer guidelines/policies/procedures concerning transfer of critically ill and injured patients that include a defined process for initiation of transfer, including the roles and responsibilities of the referring facility and referral center; process for selecting the appropriate care facility; process for selecting the appropriately staffed transport service to match the patient's acuity level; process for patient transfer (including obtaining informed consent); a plan for transfer of patient medical record information, signed transport consent, and belongings; and a plan for provision of referral institution information to family.

Consultation with pediatric medical and surgical specialists at a pediatric tertiary care center or trauma specialists at a trauma center should occur as soon as possible after evaluation of the patient. It is recommended that each hospital and its medical staff develop appropriate emergency department and inpatient guidelines, policies and procedures for obtaining consultation and arranging transport, when indicated, for the following types of pediatric medical and trauma patients.

I. Guidelines for Inter-facility Consultation and/or Transfer for Evaluation of Pediatric Medical Patients (Non-trauma)

A. Physiologic Criteria

1. Depressed or deteriorating neurologic status

2. Severe respiratory distress responding inadequately to treatment and accompanied by any one of the following:

a. Cyanosis

b. Retractions (moderate to severe)

c. Apnea

d. Stridor (moderate to severe)

e. Grunting or gasping respirations

f. Status asthmaticus

g. Respiratory failure

3. Children requiring endotrachael intubation and/or ventilatory support

4. Serious cardiac rhythm disturbances

5. Status post cardiopulmonary arrest

6. Heart failure

7. Shock responding inadequately to treatment

8. Children requiring any one of the following:

a. Arterial pressure monitoring

b. Central venous pressure or pulmonary artery monitoring

c. Intracranial pressure monitoring

d. Vasoactive medications

9. Severe hypothermia or hyperthermia

10. Hepatic failure

11. Renal failure, acute or chronic requiring immediate dialysis

B. Other Criteria

1. Near drowning with any history of loss of consciousness, unstable vital signs or respiratory problems

2. Status epilepticus

3. Potentially dangerous envenomation

4. Potentially life-threatening ingestion of, or exposure to, a toxic substance

5. Severe electrolyte imbalances

6. Severe metabolic disturbances

7. Severe dehydration

8. Potentially life-threatening infections, including sepsis

9. Children requiring intensive care

10. Any child who may benefit from consultation with, or transfer to, a pediatric critical care center

II. Guidelines for Interfacility Consultation and/or Transfer for Evaluations of Pediatric Trauma Patients

A. Physiologic Criteria

1. Depressed or deteriorating neurologic status

2. Respiratory distress or failure

3. Children requiring endotracheal intubation and/or ventilatory support

4. Shock, compensated or uncompensated

5. Injuries requiring any blood transfusion

6. Children requiring any one of the following:

a. Arterial pressure monitoring

b. Central venous pressure or pulmonary artery monitoring

c. Intracranial pressure monitoring

d. Vasoactive medications

B. Anatomic Criteria

1. Fractures and deep penetrating wounds to an extremity complicated by neurovascular or compartment injury

2. Fracture of two or more major long bones (i.e., femur, humerus)

3. Fracture of the axial skeleton

4. Spinal cord or column injuries

5. Traumatic amputation of an extremity with potential for replantation

6. Head injury when accompanied by any of the following:

a. Cerebrospinal fluid leaks

b. Open head injuries (excluding simple scalp injuries)

c. Depressed skull fractures

d. Decreased level of consciousness

7. Significant penetrating wounds to the head, neck, thorax, abdomen or pelvis

8. Major pelvic fractures

9. Significant blunt injury to the chest or abdomen

C. Other Criteria

1. Children requiring intensive care

2. Any child who may benefit from consultation with, or transfer to, a trauma center or a pediatric critical care center

D. Burn Criteria – Contact should be made with a burn center for children who meet any one of the following criteria:

1. Partial thickness burns of greater than 10% total body surface area (TBSA)

2. Third degree burns in any age group

3. Burns involving:

a. Signs or symptoms of inhalation injury

b. Respiratory distress

c. The face

d. The ears (serious full-thickness burns or burns involving the earcanal or drums)

e. The mouth and throat

f. The hands, feet, genitalia, major joints or perineum

4. Electrical burns (including lightning injury)

5. Chemical burns

6. Burns associated with trauma or complicating medical conditions

7. Burned children in hospitals without qualified personnel or equipment for the care of children

8. Burn injury in patients who will require special social, emotional, or long-term rehabilitative intervention.

(Source: Amended at 35 Ill. Reg. 20609, effective December 6, 2011)

PEDIATRIC BILL OF RIGHTS*

All children have a right to the following:

- **Ask to have a parent or another adult stay with them during their examination**
- **Tell their caregiver when and where something hurts**
- **Ask questions if they don't understand a medical procedure or what's happening to them**
- **Choose which ear should be looked at first or which arm to have a shot in**
- **Ask for something to ease their pain**
- **Listen to music, play a game, or read a book to help distract them during medical procedures**
- **Cry, laugh, or be mad if it helps them feel better**

*** Source: Association for the Care of Children's Health (ACCH)**