**Section 390.1020 Medical Services**

a) General Medical Services

1) The facility shall have a written program of medical services approved in writing by the medical advisory committee that reflects the philosophy of care provided, the policies relating to this, and the procedures for implementation of the services. The program shall include the entire complex of services provided by the facility and the arrangements to effect transfer to other facilities as promptly as needed. The written program of medical services shall be followed in the operation of the facility.

2) A medical advisory committee composed of at least a physician, administrator and the director of nursing shall be responsible for advising the administrator and the licensee on the overall medical management of the residents and the staff in the facility. If the facility employs a house physician, the physician shall be a member of this committee. The written program of medical services shall also include the structure and function of the medical advisory committee.

b) Medical Emergencies

1) The medical advisory committee shall develop policies and procedures to be followed during medical emergencies including, but not limited to, foreign body aspiration, poisoning, acute trauma (fractures, burns, and lacerations), cardiac arrest, acute coronary, acute cardiac failure, asthmatic or allergic reactions, acute convulsion, shock, diabetic coma, insulin shock, and acute respiratory distress.

2) The facility shall maintain in a suitable location the equipment necessary to be used during emergencies, including, but not limited to, a portable oxygen kit, including a face mask or cannula; an airway; and tongue blades.

3) At least one staff person shall be on duty at all times who has been properly trained to handle medical emergencies.

(Source: Amended at 29 Ill. Reg. 12988, effective August 2, 2005)