**Section 515.220 EMS Regional Plan Content**

a) *The EMS Medical Directors Committee* portion of the Regional Plan *shall address at least the following* (Section 3.30(a) of the Act)*:*

1) *Protocols for inter-System/inter-Region patient transports, including* protocols for pediatric patients and pediatric patients with special health care needs, *identifying the conditions of emergency patients* that *may not be transported to the different levels of emergency department, based on* the emergency *department classifications and relevant Regional considerations (e.g., transport times and distances);*

2) *Regional standing medical orders;*

3) *Patient transfer patterns, including criteria for determining whether a patient needs the specialized service of a trauma center, along with protocols for the bypassing of or diversion to any hospital, trauma center or regional trauma center,* Comprehensive Stroke Center*, Primary Stroke Center,* Acute Stroke-Ready Hospital *or Emergent Stroke Ready Hospital, which are consistent with individual System bypass or diversion protocols and protocols for patient choice or refusal;*

4) *Protocols for resolving regional or inter-System conflict;*

5) *An EMS disaster preparedness plan which includes the actions and responsibilities of all EMS participants* *within* *the Region* for care and transport of both the adult and pediatric population;

6) *Regional standardization of CE requirements;*

7) *Regional standardization of Do Not Resuscitate (DNR)* and Practitioner Orders for Life-Sustaining Treatment (POLST) *policies, and protocols for power of attorney for health care;*

8) *Protocols for disbursement of Department grants* (Section 3.30(a)(1-8) of the Act);

9) *Protocols for the triage, treatment, and transport of possible acute stroke patients* developed jointly with the Regional Stroke Advisory Subcommittee (Section 3.30(a)(9) of the Act). Regional Stroke Data will be considered as it becomes available regarding development of stroke transport protocols;

10) *Regional standing medical orders* shall include *the administration of opioid antagonists.* (Section 3.30(a)(10) of the Act);

11) Protocols for stroke screening;

12) Pediatric protocols that align with Appendix D; and

13) Development of a policy for incidents involving school buses, which shall include, but not be limited to:

A) Assessment of the incident, including mechanism and extent of damage to the vehicle;

B) Passenger assessment/extent of injuries;

C) A provision for transporting all children with special healthcare needs and those with communication difficulties;

D) Age specific issues; and

E) Use of a release form for non-transports.

b) *The Trauma Center Medical Directors or Trauma Center Medical Directors Committee* portion of the Regional Plan *shall address at least the following:*

1) *The identification of regional trauma centers* and identification of trauma centers that specialize in pediatrics;

2) *Protocols for inter-System and inter-Region trauma patient transports, including identifying the conditions of emergency patients which may not be transported to the different levels of emergency department, based on their* *department* *classifications and relevant Regional considerations (e.g., transport times and distances);*

3) *Regional trauma standing medical orders;*

4) *Trauma patient transfer patterns, including criteria for determining whether a patient needs the specialized services of a trauma center, along with protocols for the bypassing of or diversion to any hospital, trauma center or regional trauma center which are consistent with individual System bypass or diversion protocols and protocols for patient choice or refusal* (These policies must include the criteria of Appendix C.);

5) *The identification of which types of patients can be cared for by Level I and Level II Trauma Centers;*

6) *Criteria for inter-hospital transfer of trauma patients,* including the transfer of pediatric patients;

7) *The treatment of trauma patients in each trauma center within the Region;*

8) *A program for conducting a quarterly conference which shall include at a minimum a discussion of morbidity and mortality between all professional staff involved in the care of trauma patients.* (Section 3.30(b)(1-9) of the Act)

A) The Region shall include a review of morbidity/audit filters that have been determined by the Region.

B) Cumulative regional reports will be made available upon request from the Department; and

9) *The establishment of a regional trauma quality assurance and improvement subcommittee, consisting of trauma surgeons,* that *shall perform periodic medical audits of each trauma center's trauma services, and forward tabulated data from* those *reviews to the Department.* (Section 3.30(b)(9) of the Act)

c) The Regional Stroke Advisory Subcommittee portion of the Region Plan shall address at least the following:

1) The identification of Comprehensive Stroke Centers, Primary Stroke Centers, Acute Stroke-Ready Hospitals and Emergent Stroke Ready Hospitals and their incorporation in the Region Plan and the EMS System Program Plan;

2) In conjunction with the EMS Medical Directors, development of protocols for identifying and transporting acute stroke patients to the nearest appropriate facility capable of providing acute stroke care. These protocols shall be consistent with individual System bypass or diversion protocols and protocols for patient choice;

3) Regional stroke transport protocols recommended by the Regional Stroke Advisory Subcommittee and approved by the EMS Medical Directors Committee; and

4) With the EMS Medical Directors, joint development of acute stroke patient transfer patterns, including criteria for determining whether a patient needs the specialized services of a Comprehensive Stroke Center, Primary Stroke Center, Acute Stroke-Ready Hospital or Emergent Stroke Ready Hospital, along with protocols for the bypassing of, or diversion to, any hospital, that are consistent with individual inter-system bypass or diversion protocols and protocols for patient choice or refusal.

d) *The Director shall coordinate with and assist the EMS System Medical Directors and Regional Stroke Advisory Subcommittee within each EMS Region to establish protocols related to the assessment, treatment, and transport of possible acute stroke patients by licensed emergency medical services providers. These protocols shall include regional transport plans for the triage and transport of possible acute stroke patients to the most appropriate* *Comprehensive Stroke Center,* *Primary Stroke Center or Acute Stroke-Ready Hospital, unless circumstances warrant otherwise.*  (Section 3.118.5(f) of the Act)

e) *The Region's EMS Medical Directors and Trauma Center Medical Directors Committees shall appoint any subcommittees that they deem necessary to address specific issues concerning Region activities.* (Section 3.30(c) of the Act)

f) Regional Pediatric Quality Improvement Subcommittee.

Each region shall have a regional pediatric quality improvement subcommittee. Hospitals within each region that are designated as an SEDP, EDAP or PCCC shall have their Pediatric Quality Coordinator (PQC) participate in their respective regional pediatric quality improvement subcommittee, which shall minimally meet on a quarterly basis and conduct regional pediatric quality improvement projects. The chair of each regional subcommittee (or designee) shall report their quality improvement activities to their Regional EMS Advisory Committee.

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