**Section 515.830 Ambulance Licensing Requirements**

a) Vehicle Design

1) Each new vehicle used as an ambulance shall comply with the current criteria established by nationally recognized standards such as National Fire Protection Association, Ground Vehicle Standards for Ambulances, the Federal Specifications for the Star of Life Ambulance, or the Commission on Accreditation of Ambulance Services (CAAS) Ground Vehicle Standard for Ambulances.

2) *A licensed vehicle* shall be exempt *from subsequent vehicle design standards or specifications required by the Department* in this Part, *as long as* the *vehicle is continuously in compliance with the vehicle design standards and specifications originally applicable to that vehicle, or until* the *vehicle's title of ownership is transferred*. (Section 3.85(b)(8) of the Act)

b) Equipment Requirements – Basic Life Support Vehicles Each ambulance used as a Basic Life Support vehicle shall meet the following equipment requirements, as determined by the Department by an inspection:

1) Stretchers, Cots, and/or Litters

A) Primary Patient Cot

B) Secondary Patient Stretcher

2) Oxygen, Portable

Shall be secured.

3) Suction, Portable

A manually operated suction device is acceptable if approved by the Department.

4) Medical Equipment

A) Squeeze bag-valve-mask ventilation unit with adult size transparent mask, and child size bag-valve-mask ventilation unit with child, infant and newborn size transparent masks

B) Lower-extremity traction splint, adult and pediatric sizes

C) Blood pressure cuff, one each, adult, child and infant sizes and gauge

D) Stethoscopes, two per vehicle

E) Long spine board with three sets of torso straps, 72" x 16" minimum

F) Short spine board (32" x 16" minimum) with two 9-foot torso straps, one chin and head strap or equivalent vest type (wrap around) per vehicle; extrication device optional

G) Airway, oropharyngeal – adult, child, and infant, sizes 0-5

H) Airway, nasopharyngeal with lubrication, sizes 14-34F

I) Two adult and two pediatric sized non-rebreather oxygen masks per vehicle

J) Two infant partial re-breather, or equivalent oxygen masks per vehicle

K) Three nasal cannulas, adult and child size, per vehicle

L) Bandage shears, one per vehicle

M) Extremity splints, adult, two long and short per vehicle

N) Extremity splints, pediatric, two long and short per vehicle

O) Rigid cervical collars – one pediatric, small, medium, and large sizes or adjustable size collars, or equivalent per vehicle. Shall be made of rigid material to minimize flexion, extension, and lateral rotation of the head and cervical spine when spine injury is suspected

P) Medical grade patient restraints, arm and leg, sets

Q) Pulse oximeter with pediatric and adult sensors

R) AED or defibrillator that includes pediatric capability with adult pads (quantity 2) and pediatric pads (quantity 2)

S) Glucometer

T) Means to stabilize the pelvis (adult and pediatric)

U) Collapsible evacuation chair or stair chair

V) ANSI Class 2 or 3 reflective vests or outerwear

W) Nonflammable reflective and/or illuminated roadside warning devices

5) Medical Supplies

A) Trauma dressing – six per vehicle

B) Sterile gauze pads – 20 per vehicle, 4 inches by 4 inches

C) Bandages, soft roller, self-adhering type, 10 per vehicle, 4 inches by 5 yards

D) Vaseline gauze – two per vehicle, 3 inches by 8 inches or vented chest seal – two per vehicle

E) Adhesive tape rolls – two per vehicle

F) Triangular bandages or slings – five per vehicle

G) Burn sheets – two per vehicle, clean, individually wrapped

H) Sterile solution (normal saline) – four per vehicle, 500 cc or two per vehicle, 1,000 cc plastic bottles or bags

I) Material or device intended to maintain body temperature

J) Obstetrical kit, sterile – minimum two, pre-packaged with the following minimal supplies: sterile towels, scissors or retractable blade/scalpel, two umbilical cord clamps, maternal pads, placenta bag, pair of gloves, mask with eye protection, drape sheet, gauze sponges, underpad, disposable gown/apron and bulb syringe. In addition, for newborns, clear plastic wrap or plastic bag and newborn cap.

K) Cold packs, three per vehicle

L) Hot packs, three per vehicle, optional

M) Emesis collection container – one per vehicle

N) Drinking water – one quart, in non-breakable container; sterile water may be substituted

O) Ambulance emergency patient care run reports – 10 per vehicle that contain the data elements from the Department-prescribed form as described in Section 515.Appendix E or electronic documentation with paper backup

P) Sheets – two per vehicle, for ambulance cot

Q) Blankets – two per vehicle, for ambulance cot

R) Towels – two per vehicle

S) Opioid antagonist, including, but not limited to, Naloxone, with administration equipment appropriate for the licensed level of care

T) Urinal

U) Bedpan

V) Remains bag, optional

W) Nonporous disposable gloves

X) Impermeable red biohazard-labeled isolation bag

Y) Personal protection equipment including masks, gowns, eye protection, and face shields

Z) Suction catheters – sterile, single use, two each, 6, 8, 10, 12, 14 and 18F, plus three tonsil tip semi-rigid pharyngeal suction tip catheters per vehicle; all shall have a thumb suction control port

AA) Bulb syringe suction (separate from OB kit)

BB) Pediatric specific restraint system or age/size appropriate car safety seat

CC) Current equipment/drug dosage sizing tape or pediatric equipment/drug age/weight chart

DD) Flashlight, two per vehicle, for patient assessment

EE) Current Illinois Department of Transportation Safety Inspection sticker in accordance with Section 13-101 of the Illinois Vehicle Code

FF) Illinois Poison Center telephone number

GG) Department of Public Health Central Complaint Registry telephone number posted where visible to the patient

HH) Medical Grade Oxygen

II) Ten disaster triage tags

JJ) State-approved Mass Casualty Incident (MCI) triage algorithms (START/JumpSTART)

KK) Commercial arterial tourniquet

LL) Waterless hand sanitizer

c) Equipment Requirements – Intermediate and Advanced Life Support Vehicles

Each ambulance used as an Intermediate Life Support vehicle or as an Advanced Life Support vehicle shall meet the requirements in subsections (b) and (d) and shall also comply with the equipment and supply requirements as determined by the EMS MD in the System in which the ambulance and its crew participate. Medications shall include both adult and pediatric dosages. These vehicles shall have a current pediatric equipment/drug dosage sizing tape or pediatric equipment/drug dosage age/weight chart.

d) Equipment Requirements – Rescue and/or Extrication

The following equipment shall be carried on the ambulance:

1) Wrecking bar, 24"

2) Goggles for eye safety

3) Flashlight – one per vehicle, portable, battery operated

4) Fire Extinguisher – two per vehicle, ABC dry chemical, minimum 5-pound unit with quick release brackets. One mounted in driver compartment and one in patient compartment

5) Vest type wrap around extrication device

e) Equipment Requirements – Communications Capability

Each ambulance shall have reliable ambulance-to-hospital radio communications capability and meet the requirements provided in Section 515.400.

f) Equipment Requirements – Epinephrine

*An EMT, EMT-I, A-EMT or Paramedic who has successfully completed a Department-approved course in the administration of epinephrine shall be required to carry epinephrine* (both adult and pediatric doses) *with him or her* in the ambulance or drug box *as part of the EMS Personnel medical supplies whenever he or she is performing official duties, as determined by the EMS System* within the context of the EMS System plan. (Section 3.55(a-7) of the Act)

g) Personnel Requirements

1) Each Basic Life Support ambulance shall be staffed by a minimum of one System authorized EMT, A-EMT, EMT-I, Paramedic or PHRN, PHPA, PHAPRN and one other System authorized EMT, A-EMT, EMT-I, Paramedic, PHRN, PHPA, PHAPRN or physician on all responses.

2) Each ambulance used as an Intermediate Life Support vehicle shall be staffed by a minimum of one System authorized A-EMT, EMT-I, Paramedic or PHRN, PHPA, PHAPRN and one other System authorized EMT, A-EMT, EMT-I, Paramedic, PHRN, PHPA, PHAPRN or physician on all responses.

3) Each ambulance used as an Advanced Life Support vehicle shall be staffed by a minimum of one System authorized Paramedic or PHRN, PHPA, PHAPRN and one other System authorized EMT, A-EMT, EMT-I, Paramedic, PHRN, PHPA, PHAPRN or physician on all responses.

h) Alternate Rural Staffing Authorization

1) A Vehicle Service Provider *that serves a rural or semi-rural population of 10,000 or fewer inhabitants and exclusively uses volunteers, paid-on-call* personnel *or a combination* to provide patient care may apply for alternate rural staffing authorization to authorize the ambulance, Non-Transport Vehicle, Special-Use Vehicle, or Limited Operation Vehicle to be staffed by one EMS Personnel licensed at or above the level at which the vehicle is licensed, plus one EMR when two licensed EMTs, A-EMTs, EMT-Is, Paramedics, PHRNs, PHPAs, PHAPRNs or physicians are not available to respond. (Section 3.85(b)(3) of the Act)

2) The EMS Personnel licensed at or above the level at which the ambulance is licensed shall be the primary patient care provider in route to the health care facility.

3) The Vehicle Service Provider shall obtain the prior written approval for alternate rural staffing from the EMS MD. The EMS MD shall submit to the Department a request for an amendment to the existing EMS System plan that clearly demonstrates the need for alternate rural staffing in accordance with subsection (h)(4) and that the alternate rural staffing will not reduce the quality of medical care established by the Act and this Part.

4) A Vehicle Service Provider requesting alternate rural staffing authorization shall clearly demonstrate all of the following:

A) That it has undertaken extensive efforts to recruit and educate licensed EMTs, A-EMTs, EMT-Is, Paramedics, or PHRNs, PHPAs, PHAPRNs;

B) That, despite its exhaustive efforts, licensed EMTs, A-EMTs, EMT-Is, Paramedics or PHRNs, PHPAs, PHAPRNs are not available; and

C) That, without alternate rural staffing authorization, the rural or semi-rural population of 10,000 or fewer inhabitants served will be unable to meet staffing requirements as specified in subsection (g).

5) The alternate rural staffing authorization and subsequent authorizations shall include beginning and termination dates not to exceed 48 months. The EMS MD shall re-evaluate subsequent requests for authorization for compliance with subsections (h)(4)(A) through (C). Subsequent requests for authorization shall be submitted to the Department for approval in accordance with this Section.

6) Alternate rural staffing authorization may be suspended or revoked, after an opportunity for hearing, if the Department determines that a violation of this Part has occurred. Alternate rural staffing authorization may be summarily suspended by written order of the Director, served on the Vehicle Service Provider, if the Director determines that continued operation under the alternate rural staffing authorization presents an immediate threat to the health or safety of the public. After summary suspension, the Vehicle Service Provider shall have the opportunity for an expedited hearing.

7) Vehicle Service Providers that cannot meet the alternate rural staffing authorization requirements of this Section may apply through the EMS MD to the Department for a staffing waiver pursuant to Section 515.150.

i) Alternate Response Authorization

1) A Vehicle Service Provider that exclusively uses volunteers or paid-on-call personnel or a combination to provide patient care who are not required to be stationed with the vehicle may apply to the Department for alternate response authorization to authorize the ambulance, Non-Transport Vehicle, Special-Use Vehicle, or Limited Operation Vehicle licensed by the Department to travel to the scene of an emergency staffed by at least one licensed EMT, A-EMT, EMT-I, Paramedic, PHRN, PHPA, PHAPRN or physician.

2) A Vehicle Service Provider operating under alternate response authorization shall ensure that a second licensed EMS Personnel is on scene or in route to the emergency response location.

3) Unless the Vehicle Service Provider is approved for alternate rural staffing authorization under subsection (h), the Vehicle Service Provider shall demonstrate to the Department that it has written safeguards to ensure that no patient will be transported with:

A) fewer than two EMTs, Paramedics or PHRNs, PHPAs, PHAPRNs;

B) a physician; or

C) a combination, at least one of whom shall be licensed at or above the level of the license for the vehicle.

4) Alternate response authorization may be suspended or revoked, after an opportunity for hearing, if the Department determines that a violation of this Part has occurred. Alternate response authorization may be summarily suspended by written order of the Director, served on the Vehicle Service Provider, if the Director determines that continued operation under the alternate response authorization presents an immediate threat to the health or safety of the public. After summary suspension, the licensee shall have the opportunity for an expedited hearing (see Section 515.180).

j) Alternate Response Authorization – Secondary Response Vehicles

1) A Vehicle Service Provider that uses volunteers or paid-on-call personnel or a combination to provide patient care, and staffs its primary response vehicle with personnel stationed with the vehicle, may apply for alternate response authorization for its secondary response vehicles. The secondary or subsequent ambulance, Non-Transport Vehicle, Special-Use Vehicle, or Limited Operation Vehicle licensed by the Department at the BLS, ILS or ALS level, when personnel are not stationed with the vehicle, may respond to the scene of an emergency when the primary vehicle is on another response. The vehicle shall be staffed by at least one System authorized licensed EMT, A-EMT, EMT-I, PHRN, PHPA, PHAPRN or physician.

2) A Vehicle Service Provider operating under the alternate response authorization shall ensure that a second System authorized licensed EMT, A-EMT, EMT-I, Paramedic, PHRN, PHPA, PHAPRN or physician is on the scene or in route to the emergency response location, unless the Vehicle Service Provider is approved for alternate rural staffing authorization, in which case the second individual may be an EMR or First Responder.

3) Unless the Vehicle Service Provider is approved for alternate rural staffing authorization under subsection (h), the Vehicle Service Provider shall demonstrate to the Department that it has written safeguards to ensure that no patient will be transported without at least one EMT who is licensed at or above the level of ambulance, plus at least one of the following: EMT, Paramedic, PHRN, PHPA, PHAPRN or physician.

4) Alternate response authorization for secondary response vehicles may be suspended or revoked, after an opportunity for hearing, if the Department determines that a violation of this Part has occurred. Alternate response authorization for secondary response vehicles may be summarily suspended by written order of the Director, served on the Vehicle Service Provider, if the Director determines that continued operation under the alternate response authorization for secondary vehicles presents an immediate threat to the health or safety of the public. After summary suspension, the Vehicle Service Provider shall have the opportunity for an expedited hearing (see Section 515.180).

k) Alternative Staffing for Private Ambulance Providers, Excluding Local Government Employers

An ambulance provider may request approval from IDPH to use an alternative staffing model for interfacility transfers for a maximum of one year in accordance with the requirements for Vehicle Service Providers in 210 ILCS 50/3.85 of the Act and may be renewed annually.

1) An ambulance provider requesting alternative staffing for BLS ambulances for interfacility transfers will provide the following to IDPH:

A) Assurance that an EMT will remain with the patient at all times and an EMR will act as driver.

B) Certificate of completion of a defensive driver course for the EMR and validation that the EMT has one year of pre-hospital experience.

C) A system plan modification form stating this type of transport will only be for identified interfacility transports or medical appointments excluding dialysis.

D) Dispatch protocols for properly screening and assessing patients appropriate for transports utilizing the alternative staffing models.

E) A quality assurance plan which must include monthly review of dispatch screening and outcome.

2) The System modification form and program plan shall be submitted to the EMSMD for approval and forwarded to the REMSC for review and approval. The provider shall not implement the alternative staffing plan until approval by the EMSMD and the Department.

3) Each EMS System must develop an EMS Workforce Development and Retention Committee.

A) The Committee shall be representative of the following:

i) At least one individual representing each private ambulance provider;

ii) At least one individual representing each municipal provider;

iii) Two individuals representing the Associate Hospitals;

iv) Two individuals representing the Participating Hospitals;

v) One individual representing the Resource Hospital; and

vi) The EMS System Medical Director.

B) The Committee shall:

i) Assess whether there are EMS staffing shortages within the System and the impact of any staffing shortage on response times and other relevant metrics.

ii) Develop recommendations to address such staffing shortages, including, but not limited to, alternative staffing models including the use of EMRs.

C) No later than 1/31/22, the EMSMD shall submit a final report of the Committee to the Department along with any proposed system modifications to address the staffing shortages of the System.

D) Under the approval of the EMSMD, private ambulance providers may submit a plan for alternative staffing models.

i) The alternative staffing model would include expanded scopes of practice as determined by the EMSMD and approved by the Department.

ii) This may include the use of an EMR at the BLS, AEMT/ILS, or ALS levels of care.

iii) If an EMSMD proposes an expansion of the scope of practice for EMRs, such expansion shall not exceed the education standards prescribed by IDPH.

E) The alternative staffing plan shall be renewed annually if the following criteria are met:

i) All system modification forms and supportive planning documentation are submitted, validated, and approved by the EMSMD who shall submit to the Department for final approval.

ii) All plans must demonstrate that personnel will meet the training and education requirements as determined by IDPH for expanding the scope of practice for EMRs, testing to assure knowledge and skill validation, and a quality assurance plan for monitoring transports utilizing alternative staffing models that include EMRs.

iii) This plan shall be submitted to the REMSC for review and approval.

iv) This plan shall not be implemented without Department approval, which shall not be unreasonably withheld. Deference shall be given to the EMSMD’s approval of the plan.

l) Rural population staffing credentialing exemption (5000 or fewer inhabitants) *for volunteer EMS agencies.*

*An EMSMD may create an exception to the credentialing process to allow registered nurses, physician assistants and advanced practice nurses to apply to serve as volunteers who perform the same work as EMTs* after completion of the following:

1) Assurance by the EMSMD that the registered nurse, physician assistant or advance practice nurse has a valid license.

2) 20 hours of continuing education for each individual to include at a minimum*: airway management, ambulance operation, ambulance equipment, extrication, telecommunication, prehospital cardiac, and trauma care.* (Section 3.89 of the Act)

3) *8 hours of observation riding time* for each individual*.* (Section 3.89 of the Act)

4) Policy outlining requirements for credentialing, additional CME; requirements and rejecting of a volunteer.

5) The plan for system level recognition will be submitted to the Department for approval and once approved, will be for a period of one year.

m) Operational Requirements

1) An ambulance that is transporting a patient to a hospital shall be operated in accordance with the requirements of the Act and this Part.

2) A licensee shall operate its ambulance service in compliance with this Part, 24 hours a day, every day of the year. Except as required in this subsection (k), each individual vehicle within the ambulance service shall not be required to operate 24 hours a day, as long as at least one vehicle for each level of service covered by the license is in operation at all times. An ALS vehicle can be used to provide coverage at either an ALS, ILS or BLS level, and the coverage shall meet the requirements of this Section.

A) At the time of application for initial or renewal licensure, and upon annual inspection, the applicant or licensee shall submit to the Department for approval a list containing the anticipated hours of operation for each vehicle covered by the license.

i) A current roster shall also be submitted that lists the System authorized EMTs, A-EMTs, EMT-Is, Paramedics, PHRNs, PHPAs, PHAPRNs or physicians who are employed or available to staff each vehicle during its hours of operation. The roster shall include each staff person's name, license number, license expiration date and telephone number, and shall state whether the person is scheduled to be on site or on call.

ii) An actual or proposed four-week staffing schedule shall also be submitted that covers all vehicles, includes staff names from the submitted roster, and states whether each staff member is scheduled to be on site or on call during each work shift.

B) Licensees shall obtain the EMS MD's approval of their vehicles' hours of operation prior to submitting an application to the Department. An EMS MD may require specific hours of operation for individual vehicles to assure appropriate coverage within the System.

C) A Vehicle Service Provider that advertises its service as operating a specific number of vehicles or more than one vehicle shall state in the advertisement the hours of operation for those vehicles, if individual vehicles are not available 24 hours a day. Any advertised vehicle for which hours of operation are not stated shall be required to operate 24 hours a day. (See Section 515.800(j).)

3) For each patient transported to a hospital, the ambulance staff shall, at a minimum, measure and record the information required in Appendix E.

4) A Vehicle Service Provider shall provide emergency service within the service area on a per-need basis without regard to the patient's ability to pay for the service.

5) A Vehicle Service Provider shall provide documentation of procedures to be followed when a call for service is received and a vehicle is not available, including copies of mutual aid agreements with other ambulance providers. (See Section 515.810(h).)

6) A Vehicle Service Provider shall not operate its ambulance at a level exceeding the level for which it is licensed (basic life support, intermediate life support, advanced life support), unless the vehicle is operated pursuant to an EMS System-approved in-field service level upgrade or ambulance service upgrades – rural population.

7) The Department will inspect ambulances each year. If the Vehicle Service Provider has no violations of this Section that threaten the health of safety of patients or the public for the previous five years and has no substantiated complaints against it, the Department will inspect the Vehicle Service Provider's ambulances in alternate years, and the Vehicle Service Provider may, with the Department's prior approval, self-inspect its ambulances in the other years. The Vehicle Service Provider shall use the Department's inspection form for self-inspection. Nothing contained in this subsection shall prevent the Department from conducting unannounced inspections.

n) A licensee may use a replacement vehicle for up to 10 days without a Department inspection, provided that the EMS System and the Department are notified of the use of the vehicle by the second working day.

o) *Patients, individuals who accompany a patient, and* EMS Personnel *may not smoke while inside an ambulance or SEMSV. The Department of Public Health* shall *impose a civil penalty on an individual who violates this subsection in the amount of $100.* (Section 3.155(h) of the Act)

p) Any provider may request a waiver of any requirements in this Section under the provisions of Section 515.150.

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