

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM**TITLE:** **AMBULANCE LICENSING REQUIREMENTS****POLICY:** IDPH CODE 515.830

- I) Vehicle Design
- 1) Each new vehicle used as an ambulance shall comply with the criteria established by the Federal Specifications for Ambulance (KKK-A-1822F) United States General Services Administration, with the exception of Section 3.16.2, Color, Paint and Finish.
 - 2) A licensed vehicle shall be exempt from subsequent vehicle design standards or specifications required by IDPH 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 said vehicle's title of ownership is transferred.
 - 3) The following requirements listed in Specification KKK-A-1822F shall be considered mandatory in Illinois even though they are listed as optional in that publication:
 - A) 3.7.7.1 Each vehicle will be equipped with either a battery charger or battery conditioner (see 3.15.3 item 7).
 - B) 3.8.5.2 Patient compartment checkout lights will be provided (see 3.15.3 item 9).
 - C) 3.12.1 An oxygen outlet will be provided above the secondary patient (see 3.15.4 M9).
 - D) 3.15.4M3 Electric clock with sweep second hand will be provided.
- II) Equipment Requirements – BLS Vehicles: Each ambulance used as a BLS vehicle shall meet the following equipment requirements, as determined by IDPH by an inspection. IDPH Inspection form: <http://dph.illinois.gov/topics-services/emergency-preparedness-response/ems/prov-vehLic>
- 1) Stretchers, Cots, and Litters
 - A) Primary Patient Cot shall meet sections 3.11.5, 3.11.8.1 of KKK-A-1822F.
 - B) Secondary Patient Stretcher shall meet sections 3.11.5, 3.11.5.1, 3.11.8.1 of KKK-A-1822F.
 - 2) Oxygen, portable shall meet section 3.12.2 of KKK-A-1822F.
 - 3) Suction, portable shall meet section 3.12.4 of KKK-A-1822F. A manually operated suction device is acceptable if approved by IDPH.
 - 4) Medical Equipment (QUANTITIES PER IDPH INSPECTION FORM)
 - A) Squeeze bag-valve-mask ventilation unit with adult size transparent mask and child size bag-valve-mask 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

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- D) Stethoscopes, two per vehicle
 - E) Pneumatic counter-pressure trouser kit, adult size, optional
 - F) Long spine board with three sets of torso straps, 72" x 16" minimum
 - G) 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
 - H) Airway, oropharyngeal – adult, child, and infant, sizes 00-5
 - I) Airway, nasopharyngeal with lubrication, sizes 12-34F
 - J) Two adult and two pediatric sized non-rebreather oxygen masks per vehicle
 - K) Two infant partial re-breather oxygen masks per vehicle
 - L) Three nasal cannulas, adult and child size, per vehicle
 - M) Bandage shears, one per vehicle
 - N) Extremity splints, adult, two long and short per vehicle
 - O) Extremity splints, pediatric, two long and short per vehicle
 - P) Rigid cervical collars – one pediatric, small, medium, and large sizes or adjustable size collars per vehicle. Shall be made of rigid material to minimize flexion, extension, and lateral rotation of the head and c-spine when spine injury is suspected
 - Q) Patient restraints, arm and leg, sets
 - R) Pulse oximeter with pediatric and adult probes
 - S) AED or defibrillator that includes pediatric capability
- 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
 - E) Adhesive tape rolls – two per vehicle

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- 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) Thermal absorbent blanket and head cover, aluminum foil roll or appropriate heat reflective material – minimum one
- J) Obstetrical kit, sterile – minimum one, pre-packaged with instruments and bulb syringe
- K) Cold packs, three per vehicle
- L) Hot packs, three per vehicle, optional
- M) Emesis basin – one per vehicle
- N) Drinking water – 1 quart, in nonbreakable container; sterile water may be substituted
- O) Ambulance emergency run reports – 10 per vehicle, on a form prescribed by IDPH or one that contains the data elements from IDPH-prescribed form
- P) Pillows (may be inflatable) – two per vehicle, for ambulance cot
- Q) Pillowcases – two per vehicle, for ambulance cot
- R) Sheets – two per vehicle, for ambulance cot
- S) Blankets – two per vehicle, for ambulance cot
- T) Opioid antagonist, including, but not limited to, Naloxone, with administration equipment appropriate for the licensed level of care
- U) Urinal
- V) Bedpan
- W) Remains bag, optional
- X) Nonporous disposable gloves
- Y) Impermeable red biohazard-labeled isolation bag
- Z) Face protection through any combination of masks and eye protection and field shields

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- AA) 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
 - BB) Child and infant or convertible car seats
 - 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) Illinois 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)
- III) Equipment Requirements – BLS, ILS and ALS Support Vehicles
Each ambulance used as a BLS, ILS or ALS Support vehicle shall meet the requirements in subsections (II) and (III) of this Section and shall also comply with the equipment and supply requirements as designated in System Policy 300-4 for BLS, 300-5 for ILS, 300-6 for ALS and 300-40 for CCT. Drugs shall include both adult and pediatric dosages and the vehicles shall have a current pediatric equipment/drug dosage sizing tape or pediatric equipment/drug dosage age/weight chart.
- IV) Equipment Requirements – Rescue and/or Extrication
The following equipment shall be carried on the ambulance, unless the ambulance is routinely accompanied by a rescue vehicle:
- 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
- V) Equipment Requirements – Communications Capability (per IDPH Code 515.400)
Each ambulance shall have reliable ambulance-to-hospital radio communications capability.

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- VI) Equipment Requirements – Epinephrine
 An EMT, A-EMT/EMT-I, or Paramedic who has successfully completed an IDPH-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. Refer to the current IDPH approved SMOs and System Policies 300-4 for BLS, 300-5 for ILS, and 300-6 for ALS regarding the requirements of Epinephrine.
- VII) Personnel Requirements – See System Policy 300-70 for Staffing Requirements
 Each ambulance provider that operates an emergency transport vehicle shall ensure with the EMS System that the agency providing emergency care at the scene and enroute to a hospital meets the requirements of this Policy.
- VIII) Operational Requirements
- 1) An ambulance that is transporting a patient to a hospital shall be operated in accordance with the requirements of the EMS Act and the Agency’s IDPH approved System Plan.
 - 2) A licensee shall operate its ambulance service in compliance with this policy and the EMS Act, 24 hours a day, every day of the year. Exception: 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.
 - At the time of application for initial or renewal licensure, and upon annual inspection, the applicant or licensee shall submit to IDPH for approval a list containing the anticipated hours of operation for each vehicle covered by the license.
 - A current roster that lists the System authorized EMTs, A-EMT’s/EMT-Is, Paramedics, PHRNs or physicians who are employed or available to staff each vehicle during its hours of operation. The roster will include each staff person's name, license number, license expiration date and phone number, and shall state whether the person is scheduled to be on site or on call.
 - 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.
 - Licensees shall obtain the EMS MD's approval of their vehicles' hours of operation prior to submitting an application to IDPH to assure coverage throughout the System.
 - 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 if individual vehicles are not available 24 hours a day.
 - 3) For each patient transported to a hospital, the ambulance staff shall, at a minimum, measure and record the information required in Section 515.Appendix E: “Submit all data elements as listed in the IDPH, Division of EMS & Highway Safety, NEMSIS Prehospital Dataset”.

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- 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.
 - 6) A Vehicle Service Provider shall not operate its ambulance at a level exceeding the level for which it is licensed (BLS, ILS, ALS), unless the vehicle is operated pursuant to an EMS System-approved in-field service level upgrade.
 - 7) IDPH will inspect ambulances each year. If the Vehicle Service Provider has no violations that threaten the health or safety of patients or the public for the previous five years and has no substantiated complaints against it, IDPH will inspect the Vehicle Service Provider's ambulances in alternate years, and the Vehicle Service Provider may, with IDPH prior approval, self-inspect its ambulances in the other years. IDPH may conduct unannounced inspections.
- IX) A Vehicle Service Provider may use a replacement vehicle for up to 10 days without an IDPH inspection if the EMS System and IDPH are notified of the use of the vehicle by the second working day.
- X) Patients, individuals who accompany a patient, and EMS Personnel may not smoke while inside an ambulance or SEMSV. IDPH will impose a \$100 civil penalty on an individual who violates this.
- XI) Any provider may request a waiver of any requirements in Section 515.830 of IDPH Administrative Code per provision 515.150 using the IDPH Equipment/Vehicle Waiver Request form available at <http://dph.illinois.gov/topics-services/emergency-preparedness-response/ems/prov-vehLic>. Refer to System policy 300-22 and IDPH Code 515.150 for details on waiver provisions.
- XII) Alternate Rural Staffing Authorization
(SCEMSS does not currently have any agencies that qualify for this status.)
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 System authorized EMS Personnel licensed at or above the level at which the vehicle is licensed, plus one System authorized EMR when two licensed EMTs, A-EMTs, EMT-Is, Paramedics, PHRNs or physicians are not available to respond. A Vehicle Service Provider shall obtain the PRIOR written approval for alternate rural staffing from the EMS MD who shall submit the request to IDPH upon clearly demonstrating the need and that the alternate rural staffing will not reduce the quality of medical care. Vehicle Service Providers that cannot meet the alternate rural staffing authorization requirements of the EMS Act may apply through the EMS MD to IDPH for a staffing waiver. Refer to Illinois Administrative Code 515.830 for further clarification, instruction, and details.

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(SCEMSS does not currently have any agencies that qualify for this status.)

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 IDPH for alternate response authorization to authorize the ambulance, Non-Transport Vehicle, Special-Use Vehicle, or Limited Operation Vehicle licensed by IDPH to travel to the scene of an emergency staffed by at least one licensed System authorized EMT, A-EMT, EMT-I, Paramedic, PHRN or physician. 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. Refer to Illinois Administrative Code 515.830 for further clarification, instruction, and details.

Alternate Response Authorization – Secondary Response Vehicles

(SCEMSS does not currently have any agencies that qualify for this status.)

A Vehicle Service Provider that exclusively 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, Paramedic, PHRN or physician. 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 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. Refer to Illinois Administrative Code 515.830 for further clarification, instruction, and details.

EFFECTIVE DATE: 12-07-12

REVISED DATE: 12-12-18