

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 515.2045 LEVEL II PEDIATRIC TRAUMA CENTER

Section 515.2045 Level II Pediatric Trauma Center

- a) The Level II Pediatric Trauma Director shall advise the Trauma Center Medical Director and shall be a member of the Regional Trauma Advisory Board.
- b) The Pediatric Trauma Center Medical Director shall be board certified in pediatric surgery or be a general surgeon, with at least two years of experience in pediatric trauma care, and have 10 hours per year of trauma-related CME, and 24-hour independent operating privileges, as evidenced by either:
 - 1) responsibility for 50 pediatric trauma cases per year; or
 - 2) both:
 - A) responsibility for 10 percent of the total number of pediatric trauma cases at the trauma center per year; and
 - B) ongoing involvement in pediatric trauma care.
- c) The trauma center shall provide a pediatric trauma service separate from the general surgery service. The pediatric trauma service shall be staffed by pediatric trauma surgeons who have one year of experience in trauma, who have 24-hour independent operating privileges, and who will arrive at the hospital to treat the trauma patient within 30 minutes after the patient's being classified as a Category I trauma patient.
 - 1) The pediatric trauma surgeon requirement may be fulfilled by residents with a minimum of four years of pediatric surgery residency training and who have current ATLS verification.
 - 2) If the resident is fulfilling the pediatric trauma surgeon requirement, the attending pediatric trauma surgeon must be consulted within 30 minutes after the patient's being classified as Category I or II.

- 3) If the resident is fulfilling the pediatric trauma surgeon requirement, it is mandatory that the attending pediatric trauma surgeon be present for Category I patients undergoing operative procedures by the time the surgery begins.
 - 4) The pediatric trauma surgeon, pediatric surgery resident or surgical subspecialist shall be consulted when the decision is made to admit a Category II patient. The pediatric trauma surgeon or appropriate subspecialist shall see the patient within 12 hours after ED arrival.
 - 5) A physician with current ATLS verification or who has current competency in the initial resuscitation of the trauma patient as verified by the professional staff competency plan must be present 24 hours per day in the Level II Pediatric Trauma Center to treat the trauma patient.
 - 6) The hospital's quality improvement program shall monitor compliance with this subsection (c).
 - 7) The trauma center shall maintain a call schedule that identifies at least a primary and back-up pediatric surgeon with each surgeon listed by name.
 - 8) The trauma center shall have the option of allowing the ED personnel to determine that a trauma patient with an isolated injury may be treated by one of the services listed in subsection (d) or (e) of this Section. Any patient meeting the definition of isolated injury requires consultation with the appropriate subspecialist. That subspecialist is to arrive within the time designated in subsection (d) after the notification that his or her services are needed at the hospital. When the need for neurosurgical intervention has been identified, the neurosurgeon must arrive and be available in a fully staffed operating room within 60 minutes after the identification of need for operative intervention. An isolated injury refers to the transfer of energy to a single specific anatomic body region with no potential for multisystem involvement.
- d) The trauma center shall provide the following surgical services by physicians who are credentialed by the hospital to provide pediatric care, and who are on call to arrive at the hospital to treat the patient within 60 minutes after notification that their services are needed:
- 1) Cardiothoracic; this requirement may be fulfilled by a cardiothoracic surgeon or a pediatric trauma/general surgeon with experience in pediatric cardiothoracic surgery for lifesaving procedures; the surgeon must have pediatric cardiothoracic privileges;
 - 2) Obstetrics;
 - 3) Orthopedic; and

- 4) Urologic.
- e) The trauma center shall have the following surgical specialties by physicians who are credentialed by the hospital to provide pediatric care and who are on call to arrive at the hospital to treat the patient within 60 minutes after notification that their services are needed. These services may be provided by written transfer agreement. These services must be provided according to subsection (c)(7) of this Section for isolated injuries when the trauma surgeon is not required to respond:
- 1) Neurosurgical with two years experience in pediatric neurosurgery;
 - 2) Ophthalmologic;
 - 3) Oral-dental;
 - 4) Otorhinolaryngologic;
 - 5) Reimplantation;
 - 6) Plastic/maxillofacial;
 - 7) Burn center staffed by registered nurses trained in burn care; and
 - 8) Acute spinal cord injury management.
- f) The pediatric trauma center shall provide the following nonsurgical services within the designated times:
- 1) Emergency Medicine staffed 24 hours a day in the ED by a physician who is board prepared or certified by the ABEM, ABP/PEM or AOBEM with two-year ongoing involvement in daily pediatric trauma care, and 10 hours per year of trauma-related CME.
 - 2) Anesthesiology Services:
 - A) Anesthesiology services shall be in compliance with the Hospital Licensing Act and the Hospital Licensing Requirements (77 Ill. Adm. Code 250.1410). Staff shall be on call to arrive at the hospital to administer anesthesia within 30 minutes after notification that their services are needed at the hospital.
 - B) Direct patient care services may be performed by an anesthesiologist or a CRNA with experience in pediatric anesthesia under the direct supervision of an anesthesiologist.
 - 3) Laboratory 24 hours a day in-house, providing the following:
 - A) Standard analysis of blood, urine, and other body fluids;

- B) Blood typing and cross-matching;
 - C) Coagulation studies;
 - D) Comprehensive blood bank or access to a community central blood bank and adequate hospital storage facilities (see Hospital Licensing Requirements (77 Ill. Adm. Code 250.520));
 - E) Blood gases and pH determinations;
 - F) Microbiology, to include the ability to initiate aerobic and anaerobic cultures on a 24 hour per day basis; and
 - G) Toxicology screening.
- 4) Department of Pediatrics with board certified pediatrician in the role of Chairman, and a board certified pediatrician shall be available within 60 minutes after notification that his or her services are needed.
- 5) Radiology staffed by:
- A) A technician with the ability to perform a CAT scan available within 30 minutes after notification;
 - B) A radiologist with the ability to read CAT scans and perform angiography available within 60 minutes. This requirement may be met by a PGY II radiology resident with six months experience in CAT and angiography. The radiology department shall provide a quality monitoring process to validate the resident's compliance with the time requirements and competency to read CAT scans and perform angiography. Teleradiographic equipment may be used to transmit CAT scans off site in lieu of the radiologist's response to the trauma center to read CAT scans; and
 - C) A pediatric radiologist on staff to provide a quality improvement process to validate interpretation of pediatric films.
- 6) Pediatric cardiology 60 minutes after notification.
- 7) Postanesthetic recovery capability staffed and available within 30 minutes (may be fulfilled by pediatric ICU).
- 8) ICU having available the following:
- A) A physician credentialed by the hospital and available within 30 minutes. This requirement may be fulfilled by second and third year residents who have had intensive care training and are under the supervision of a staff physician possessing full intensive care privileges;

- B) One Registered Professional Nurse per shift in the ICU, with pediatric experience documented by two years in pediatric ICU or critical care and four hours of trauma related pediatric critical care continuing education per year; and
- C) The following pediatric equipment 24 hours a day in-house:
 - i) Airway control and ventilation devices;
 - ii) Oxygen source with concentration controls;
 - iii) Pulse oximeter and CO₂ monitoring;
 - iv) Cardiac emergency cart;
 - v) Electrocardiograph-oscilloscope-defibrillator;
 - vi) Temperature control devices;
 - vii) Drugs, intravenous fluids, and supplies in accordance with the Hospital Licensing Requirements (77 Ill. Adm. Code 250.1050, 250.2140, and 250.2710); and
 - viii) Mechanical ventilator-respirators.
- 9) Acute hemodialysis capability 24 hours a day, or a transfer agreement.
- g) The trauma center shall meet the following professional staff requirements:
 - 1) The ED Director shall be a physician board certified by the ABEM, AOBEM, or ABP/PEM.
 - 2) Each shift in the ED will be staffed by at least one Registered Professional Nurse who has completed a Trauma Nurse Specialist Course as specified in Section 515.750 of this Part and Advanced Pediatric Life Support (APLS). The TNS will serve as a resource to the Registered Professional Nurses caring for the Category I and Category II trauma patients. For multiple concurrent trauma admissions into the ED, the nurse caring for these additional trauma patients must have a minimum of four hours of trauma-related continuing education. A back-up policy shall provide for a nurse with experience evidenced by APLS, Pediatric Advanced Life Support (PALS) or Emergency Nurses Pediatric Course (ENPC) or 16 hours equivalent in trauma nursing education, approved by the Department, in a four-year period. A back-up schedule must be maintained.
 - 3) A full-time Trauma Coordinator dedicated solely to the trauma program.

- 4) An operating room shall be staffed and available within 30 minutes, 24 hours a day.
 - 5) Staff shall include occupational therapy, speech therapy, social work, child protective services and psychiatry.
- h) The trauma center shall develop a professional staff competency plan including but not limited to trauma surgeons and emergency medicine physicians treating the trauma patients. Physicians caring for trauma patients in the Level II Pediatric Trauma Center must demonstrate the following:
- 1) Board certification/Board eligibility in their specialty;
 - 2) Successful completion of trauma-related CME requirements as specified in this Section;
 - 3) Ongoing clinical involvement in the care of the trauma patient as evidenced by routine participation on one or more of the following: trauma call rosters, trauma teams, and attendance at trauma rounds/trauma meetings;
 - 4) Physician specific outcome measurements based on the frequency and acuity of procedures or other peer review measures pertinent to the facility trauma patient volume;
 - 5) For trauma surgeons and emergency medicine physicians only, the successful completion of an ATLS provider course.
- i) The trauma center shall provide and maintain the following equipment:
- 1) Airway control and ventilation equipment, including laryngoscopes and endotracheal tubes of appropriate sizes, bag-mask, resuscitator, sources of oxygen, mechanical ventilator, CO₂ monitoring, and pulse oximeter;
 - 2) Suction device;
 - 3) Electrocardiograph-oscilloscope-defibrillator, pacemaker;
 - 4) Apparatus to establish central venous pressure monitoring;
 - 5) All standard intravenous fluids and administration devices;
 - 6) Sterile surgical sets of procedures standard for ED, such as cricothyrotomy, tracheostomy, thoracotomy, cut down, peritoneal lavage, intraosseous;
 - 7) Drugs and supplies necessary for emergency care;
 - 8) X-ray and CAT scan capability, available within 30 minutes;
 - 9) Spinal immobilization equipment;

- 10) Temperature control devices;
 - 11) Pediatric measuring device;
 - 12) Scale; and
 - 13) Specialized pediatric resuscitation cart with measuring device in the emergency area.
AGENCY NOTE: Broselow(TM) Pediatric Tape will meet this requirement.
- j) The trauma service must be identified in the facility's budget, with sufficient funds dedicated to support the trauma director and trauma coordinator positions and to provide for the operation of the trauma registry.
- k) For additional requirements for Level II Pediatric Trauma Centers, see Section 515.2040.
- l) A Level II Pediatric Trauma Center shall meet the requirements of Section 515.2030(i)-(s) of this Part.

(Source: Amended at 25 Ill. Reg. 16386, effective December 20, 2001)