



Date: March 20, 2026 **System Memo: #442**

To: All NCH EMS System members and participants  
From: Vasilios (Bill) Toliopoulos, BSN, RN, PHRN, EMS Administrative Director  
Kourtney Chesney BSN, RN, PM, EMS System Coordinator & Education Program Director  
RE: **Updated EMS System Documents and ABMC OB Service Discontinued**

## Background

- The **Northwest Community EMS System (NWCEMSS)** has undergone **updates** to multiple policies related to IDPH Rule changes or System changes. As part of our ongoing efforts to maintain compliance with IDPH regulations and System guidelines, a provided list of policies has been updated.
- **ABMC** announcement to the **discontinuation of inpatient obstetrics services**.

## Updates

### OB Services Discontinuance at Ascension Alexian Brothers (ABMC)

- ABMC announced that as of January 5<sup>th</sup>, 2026 a discontinuation of their inpatient OB services.
- NWCEMSS T-2 **Transport Decision-Selection of Receiving Facility is *not* changing** as a result of ABMC discontinuing said services. Please reference Sections IV. Subsection C.
- Updates done to the SOP appendix "*Hospital Designation for specialty transport situations*"

### Notable Policy Updates, but not limited to;

- **A-2 Aeromedical Transport Vehicles**
  - Arrangements will be made by scene/ground personnel.
- **R-6 Refusal-Dissent to care**
  - A list of criteria related to "*If EMS deems a patient decisional and OLMC disagrees, the crew must directly hear and confirm prior to transport the following criteria*"
- **T-2 Transport Decision-Selection of Receiving Facility**
  - If the pt. meets criteria for transport to a ALGH System hospital, contact them directly.
- **D-4 Data Collection and Submission**
  - EMS has within 4 hours when a short form is not provided and 12 hours when a short form is provided (*changed from "up to two hours"*); to complete, post, and submit a full ePCR to the receiving facility via usual and customary procedures authorized for that agency.
- **Attached** is the NWCEMSS System Plan Amendment Tracking Document (Crosswalk) with all updates.

## Recommendations

1. Please ensure all personnel review these updates, relevant documents and announcements.
2. These documents will be available on the **EMS System Website** <https://www.nwcemss.org/>.

**Thank you for your partnership in keeping our patients, communities,  
and each other safe.**

# 2026 EMS Policy Changes and System Plan Amendments

EMS Policy Changes/Updates		
Required Amendment of Policy/Section	Policy Referenced	Comment
<b>Abandonment vs. Prudent Use of EMS Personnel</b>		
<ul style="list-style-type: none"> <li>(E)(2) Patient safety must never be jeopardized. Circumstances surrounding the transfer of patient care to a <b>non-System agency</b>, must be documented on the patient care report and be reported to the nearest System hospital PRIOR to leaving the scene.</li> <li>Removal of Flow Chart “Refusal/transport options”</li> </ul>	A1 Policy	
<b>Use of Aeromedical Transport Vehicles</b>		
<ul style="list-style-type: none"> <li>(I) The <del>approval decision</del> to transport a patient by an Aeromedical transport service is a medical decision that should be made by a physician after a risk benefit analysis.</li> <li><del>Initial arrangements for helicopter transport shall be made by OLMC personnel. Completion of scene response</del> - Arrangements will be made by scene/ground personnel.</li> <li>Removal of Section (V)(C)</li> <li>(V)(D) Helicopter Contact Information: <del>NCH OLMC initiates flight arrangements; NCH Shall contact the Aeromedical services closest to the incident to make initial arrangements.</del></li> <li>(VI) <del>Scene Personnel Responsibilities</del> - Information needed by <del>OLMC and</del> Helicopter Dispatcher to complete flight arrangements (See helicopter request worksheet)</li> <li>(VII)(A) <del>Site should have a 100-sq. Ft. perimeter 150 sq. ft. at night or in high winds</del> Site should be a 100ft by 100ft square. At night or in high winds, the site should be 150ft by 150ft square.</li> <li>Helicopter Request Worksheet Updated</li> </ul>	A2 Policy	
<b>ECRN Back-up</b>		
<ul style="list-style-type: none"> <li>(I)(B)(5) Scene response involving inappropriate interaction with law enforcement personnel</li> </ul>	M6 Policy	
<b>Procedure for Handling Overrides</b>		
<ul style="list-style-type: none"> <li>(III)(C) Updated contact info for Administrative Director</li> </ul>	O1 Policy	
<b>Refusals-Dissent to care</b>		
<ul style="list-style-type: none"> <li>(VI)(E) <i>Addendum to Section</i>; If EMS deems a patient decisional and OLMC disagrees, the crew must directly hear and confirm prior to transport the following criteria;               <ul style="list-style-type: none"> <li>Is the ED MD (“MD name”) ordering under their medical license to bring the patient against their will?</li> <li>Does this include the use of restraints, physical or with medication?</li> </ul> </li> </ul>	R6 Policy	

<ul style="list-style-type: none"> <li>○ If Override needed, please reference O-1 Override Policy</li> </ul>		
<b>Stress management</b>	<b>System</b>	
<ul style="list-style-type: none"> <li>• (II) Removal of Section; reference policy</li> </ul>	S1 Policy	
<b>Transport Decision-Selection of Receiving Facility</b>	<b>System</b>	
<ul style="list-style-type: none"> <li>• (IV)(D)(4) <i>If the pt. meets criteria for transport to a ALGH System hospital, contact them directly.</i> If transporting and require system OLMC, call the nearest System Resource or Associate hospital. The System hospital shall call report to the receiving hospital.</li> </ul>	T2 Policy	
<b>EMS System Plan Amendments due to IDPH Rule Changes</b>		
<b>Section 515.150 Waiver Provisions</b>	<b>System</b>	
<ul style="list-style-type: none"> <li>• (a) For either a single or multiple waiver request, <del>the burden of proof as to</del> the factual basis supporting any waiver <del>must be proven by</del> shall be on the applicant.</li> <li>• (b)(6) If the applicant is a System Participant, the applicant's EMS MD shall state in writing whether <del>the EMS MD he or she</del> recommends or opposes the application for waiver, the reason for the recommendation or opposition, and how the waiver will or will not reduce the quality of medical care <del>established by the Act and this Part.</del> The applicant shall submit the EMS MD's statements along with the application for waiver.</li> <li>• (d)(1) The waiver will not reduce the quality of medical care <del>established by the Act and this Part;</del></li> </ul>	V1 Policy	
<b>Section 515.315 Bypass or Resource Limitation Status Review</b>	<b>Regional/System</b>	
<ul style="list-style-type: none"> <li>• (f) Trauma Centers <i>Constant Monitoring</i> <i>No fully staffed operating rooms are available w/1 or &gt; being trauma case.</i> <i>CT down.</i> <i>Met General Bypass Criteria</i></li> <li>• (g)(4) IDPH Approval for Bypass</li> <li>• (g) (4) (B) Emergency longest wait time</li> </ul>	B1 Policy	
<b>Section 515.320 Scope of EMS Service</b>	<b>System</b>	
<ul style="list-style-type: none"> <li>• (g) CCT appointed Medical Director (<i>Verbiage Changes</i>)</li> <li>• (h)(2) Experience in emergency or <i>critical care</i> (<i>Added</i>)</li> <li>• (h) (3) w/in 6 months complete 10 ambulance runs – ½ (5) at highest level oversee (<i>Previously was 1 year after appointment</i>)</li> </ul>	A3 Policy	
<b>Section 515.330 EMS System Program Plan</b>	<b>System</b>	
<ul style="list-style-type: none"> <li>• (g)(4) System Complaint Form to be submitted monthly.</li> <li>• (g)(6) (I) Time of <i>patient contact</i></li> <li>• (g) (6) (J) <i>Mechanism of Injury</i></li> </ul>	G1 Policy D-4 Policy and I2 Policy	

<ul style="list-style-type: none"> <li>• (g)(7) PCR @ hospital w/in 4 hours or 12 hours if short form used. <i>(Previously was w/in 2 hours if short form)</i></li> <li>• (p) Administration of OSHA Respirator Medical Evaluation Questionnaire on behalf of fire personnel...</li> </ul>		
<b>Section 515.350 Data Collection and Submission</b>	<b>System</b>	
<ul style="list-style-type: none"> <li>• (a)(1) Full report @ hospital w/in 12 hours if use Short Forms <i>(previously prior to departure from hospital and 2 hours if Short Form)</i></li> <li>• (c) Monthly reports to Dept no later than 15<sup>th</sup> of following month <i>and all errors corrected w/in 14 days of submission.</i></li> </ul>	D4 Policy	
<b>Section 515.380 Do Not Resuscitate (DNR) and Practitioner Orders for Life-Sustaining Treatment (POLST) Policy</b>	<b>System</b>	
<ul style="list-style-type: none"> <li>• (f) <i>National, another State or formally sanctioned forms created in fashion of Natl POLST or Out of Hospital DNR Orders shall be honored</i></li> </ul>	D5 Policy	
<b>Section 515.410 EMS System Communications</b>	<b>System</b>	
<ul style="list-style-type: none"> <li>• (a) (1) Listing of access numbers of EMS services &amp; plans to use or implement a 911 PSAP</li> <li>• (a) (2) how handle hosp-hosp comms including redundancy</li> <li>• (a) (3) comms methods for EMS comms w/resource &amp; assoc hosps including redundancy</li> <li>• (e) <i>Online Med. Direction calls To be recorded for review for 365 days</i></li> <li>• (f) Telecomms staffed and maintained 24/7 including radio base stations, telephone &amp; computer &amp; required equipment</li> <li>• (h) secondary form of communication in case of service disruption</li> </ul>	C8 Policy	
<b>Section 515.450 Complaints</b>	<b>Regional/System</b>	
<ul style="list-style-type: none"> <li>• (f) Resource Hospital Record Retention Policy</li> <li>• (h) Final Determination by Dept of Valid, invalid or undetermined</li> <li>• (k) Reconsideration by Dept needs requested w/in 7 days of determination</li> </ul>	G1 Policy	
<b>Section 515.460 Fees</b>	<b>System</b>	
<ul style="list-style-type: none"> <li>• (a)(3) EMT-I/AEMT License \$45</li> <li>• (a)(4) EMT-I/AEMT Renew \$30</li> <li>• (a)(24) Extension Request \$10</li> <li>• (a)(25) Reciprocity \$75</li> <li>• (a)(28) Late Fee \$100</li> <li>• (e) Hon. Discharge Military initial fee waived and ½ other renewal fees</li> </ul>	R1 Policy	
<b>Section 515.500 EMT Education</b> <b>Section 515.510 AEMT Education</b> <b>Section 515.520 Paramedic Education</b>	<b>System</b>	
<ul style="list-style-type: none"> <li>• 515.500 (k) complete/pass program &amp; NREMT exam then EMSMD or EMSSC submit T-Card</li> </ul>	C1 and C2 Policy	

<ul style="list-style-type: none"> <li>• 515.510 (l) Apply for IL license through system after successful passing NREMT</li> <li>• 515.520 (a) ACCREDITED Program</li> </ul>		
<b>Section 515.530 EMT, AEMT and Paramedic Testing</b>	<b>System</b>	
<ul style="list-style-type: none"> <li>• (a) HS Diploma or equivalency &amp; 18 y/o or more</li> <li>• (b) NREMT cognitive AND EMS System approved psychomotor exams</li> <li>• (e) follow NREMT policy for initial licensure exam w/in 12 mos of authorization to test</li> </ul>	C1 and C2 Policy	
<b>Section 515.540 EMT, A-EMT, EMT-I and Paramedic Licensure</b>	<b>System</b>	
<ul style="list-style-type: none"> <li>• (b) w/in 24 mos of NREMT certification need to apply for initial licensure to Dept through EMS System that Sponsored the education program</li> </ul>	C1 and C2 Policy	
<b>Section 515.550 Scope of Practice</b>	<b>System</b>	
<p><i>EMS Systems that choose to transport police dogs injured in the line of duty shall develop written policies or procedures for all of the following:</i></p> <ul style="list-style-type: none"> <li>• (g)(4) Disinfection of interior of ambulance</li> </ul>	C1 and C2 Policy	
<b>Section 515.560 EMT Continuing Education</b>	<b>System</b>	
<ul style="list-style-type: none"> <li>• (a)(2) Instructor email address</li> <li>• (a)(6) Goals/Objectives consistent w/Level of licensure</li> </ul>	C1 and C2 Policy	
<b>Section 515.570 A-EMT and EMT-I Continuing Education</b>	<b>System</b>	
<ul style="list-style-type: none"> <li>• (a)(2) <i>Instructor email address</i></li> <li>• (a)(6) <i>Goals/Objectives consistent w/licensure level</i></li> <li>• (a)(8) <i>Consistent w/Natl Ed Standards for AEMT &amp; system standards for EMT-I</i></li> <li>• (b) <i>Complete Application and content of program based on topics/materials from Natl standards for AEMT and System Standards for EMT-I</i></li> </ul>	C1 and C2 Policy	
<b>Section 515.580 Paramedic Continuing Education</b>	<b>System</b>	
<ul style="list-style-type: none"> <li>• (a)(2) Instructor email address</li> <li>• (a)(6) Goals/Objectives consistent w/licensure level</li> <li>• (a)(8) Consistent w/Natl Ed standards for licensure level</li> </ul>	C1 and C2 Policy	
<b>Section 515.610 EMD, EMR, EMT, A-EMT, and Paramedic Reciprocity</b>	<b>System</b>	
<ul style="list-style-type: none"> <li>• (a) EMD, EMR Reciprocity app</li> <li>• (a)(2) <i>Proof</i> complete/exceed ed requirements for level.</li> <li>• (a)(3) <i>Proof</i> current CPR for HC Providers covering both didactic and psychomotor</li> </ul>	C1 and C2 Policy	
<b>Section 515.630 Evaluation and Recognition of Military Experience</b>	<b>System</b>	
<ul style="list-style-type: none"> <li>• (c)(2) <i>Proof Military Emergency Medical Training OR current Natl Certification</i></li> <li>• (c)(4) <i>Official documentation &amp; detailed description of clinical experience OR current Natl Certification</i></li> </ul>	C1 and C2 Policy	
<b>Section 515.700 EMS Lead Instructor</b>	<b>System</b>	

<ul style="list-style-type: none"> <li>• (b)(1) Added <i>EMD, PHRN, PHPA &amp; PHAPRN</i></li> <li>• (b)(2) <i>Two years</i> (previously 4 years) experience EMS or Emergency Care</li> <li>• (b)(3) <i>One year</i> (previously 2 years) teaching experience</li> <li>• (e)(1) Re-licensure submission between <i>30-60 days prior to expiration</i> (previously 60-90 days)</li> </ul>	C1 and C2 Policy	
<b>Section 515.715 Provisional Licensure for Emergency Medical Responders</b>		
<ul style="list-style-type: none"> <li>• (a) Between 16-18 y/o completed approved course and successful completion of <i>final</i> exam may apply for provisional license</li> </ul>	C1 and C2 Policy	
<b>Sections 515.800 Vehicle Service Provider Licensure</b>		
<ul style="list-style-type: none"> <li>• (b) Fee \$35 per vehicle or \$3500 for 100 or more. Not paid w/in 30 days will have late fee \$25 per vehicle up to 100 vehicles.</li> <li>• (l) All providers have PECC to ensure oversight, training &amp; Ed can be validated – ensuring follow pediatric protocols and Submit name of PECC to EMSC</li> </ul>	P5 and M9 Policy	
<b>Section 515.825 Alternate Response Vehicle</b>		
<ul style="list-style-type: none"> <li>• (b)(3) <i>Two</i> authorized personnel at EMT or higher (Previously 1)</li> <li>• (c)(14) <i>Vaseline gauze OR Vented Chest Seal</i></li> <li>• (c)(25) OB kit pre-package to include:  <i>Sterile towels</i>  <i>Scissors or retractable blade/scalpel</i>  <i>Two umbilical cord clamps</i>  <i>Maternal Pads</i>  <i>Placenta Bag</i>  <i>Pair of Gloves</i>  <i>Mask w/eye protection</i>  <i>Drape sheet</i>  <i>Gauze Sponges</i>  <i>Under pad</i>  <i>Disposable gown/apron</i>  <i>Bulb syringe</i>  <b>Additionally for Newborns:</b>  <i>Clear Plastic or Plastic bag</i>  <i>Newborn Cap</i> </li> <li>• (c)(33)(C) <i>Monitor/Defib w/peds pads OR advanced AED unit w/3 lead capability, defibrillation override, and cardiac rhythm display.</i></li> </ul>	P5 and M9 Policy	
<b>Section 515.830 Ambulance Licensing Requirements</b>		
<ul style="list-style-type: none"> <li>• (b)(4)(R) <i>AED/Defib w/peds capabilities -2 peds pads and 2 adult pads</i></li> <li>• (b)(4)(S) <i>Glucometer</i></li> <li>• (b)(4)(T) <i>Means to stabilize pelvis (adult &amp; Peds)</i></li> <li>• (b)(4)(U) <i>Collapsible evacuation chair or stair chair</i></li> <li>• (b)(4)(V) <i>ANSI Class 2 or 3 reflective vests or outerwear</i></li> </ul>	P5 and M9 Policy	

<ul style="list-style-type: none"> <li>• (b)(4)(W) <i>Nonflammable reflective and/or illuminated roadside warning devices.</i></li> <li>• (b)(5)(D) <i>Vaseline gauze or Vented Chest Seal two per vehicle</i></li> <li>• (b)(5)(J) <i>OB Kit Minimum two prepackaged to include items listed in 515.825 (c)(25) above (Previously 1 kit)</i></li> <li>• (b)(5)(R) <i>Towels – two per vehicle</i></li> <li>• (b)(5)(Y) <i>PPE (gowns added)</i></li> <li>• (b)(5)(AA) <i>Bulb syringe suction, (Separate from OB Kit)</i></li> <li>• (b)(5)(KK) <i>Commercial arterial tourniquet</i></li> <li>• (b)(5)(LL) <i>waterless hand sanitizer</i></li> <li>• (d)(5) <i>Vest type wrap around extrication device</i></li> </ul>		
<p><b>Section 515.361 Mobile Integrated Health Care Program (MIHP)</b></p>	<p><b>System</b></p>	
<ul style="list-style-type: none"> <li>• <i>New Section</i></li> <li>• (a) <i>MIHP form</i></li> <li>• (b) <i>statement from provider have staff and equipment to meet program and response area</i></li> <li>• (c) <i>System Policy</i></li> <li>• (d) <i>MIH QI Plan</i></li> <li>• (e) <i>MIH orientation/training plan</i></li> <li>• (f) <i>MIH Medication &amp; Equipment List</i></li> <li>• (g) <i>List EMS personnel to participate</i></li> </ul>	<p>M1 Policy</p>	