

1 AN ACT concerning regulation.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Emergency Medical Services (EMS) Systems
5 Act is amended by changing Sections 3.5, 3.25, 3.40, 3.45, and
6 3.55 as follows:

7 (210 ILCS 50/3.5)

8 Sec. 3.5. Definitions. As used in this Act:

9 "Clinical observation" means the ongoing observation of a
10 patient's condition by a licensed health care professional
11 utilizing a medical skill set while continuing assessment and
12 care.

13 "Department" means the Illinois Department of Public
14 Health.

15 "Director" means the Director of the Illinois Department
16 of Public Health.

17 "Emergency" means a medical condition of recent onset and
18 severity that would lead a prudent layperson, possessing an
19 average knowledge of medicine and health, to believe that
20 urgent or unscheduled medical care is required.

21 "Emergency Medical Services personnel" or "EMS personnel"
22 means persons licensed as an Emergency Medical Responder (EMR)
23 (First Responder), Emergency Medical Dispatcher (EMD),

1 Emergency Medical Technician (EMT), Emergency Medical
2 Technician-Intermediate (EMT-I), Advanced Emergency Medical
3 Technician (A-EMT), Paramedic (EMT-P), Emergency
4 Communications Registered Nurse (ECRN), Pre-Hospital
5 Registered Nurse (PHRN), Pre-Hospital Advanced Practice
6 Registered Nurse (PHAPRN), or Pre-Hospital Physician Assistant
7 (PHPA).

8 "Exclusive representative" has the same meaning as defined
9 in Section 3 of the Illinois Public Labor Relations Act.

10 "Health care facility" means a hospital, nursing home,
11 physician's office or other fixed location at which medical
12 and health care services are performed. It does not include
13 "pre-hospital emergency care settings" which utilize EMS
14 personnel to render pre-hospital emergency care prior to the
15 arrival of a transport vehicle, as defined in this Act.

16 "Hospital" has the meaning ascribed to that term in the
17 Hospital Licensing Act.

18 "Labor organization" has the same meaning as defined in
19 Section 3 of the Illinois Public Labor Relations Act.

20 "Medical monitoring" means the performance of medical
21 tests and physical exams to evaluate an individual's ongoing
22 exposure to a factor that could negatively impact that
23 person's health. "Medical monitoring" includes close
24 surveillance or supervision of patients liable to suffer
25 deterioration in physical or mental health and checks of
26 various parameters such as pulse rate, temperature,

1 respiration rate, the condition of the pupils, the level of
2 consciousness and awareness, the degree of appreciation of
3 pain, and blood gas concentrations such as oxygen and carbon
4 dioxide.

5 "Silver spanner program" means a program in which a member
6 under a fire department's or fire protection district's
7 collective bargaining agreement works on or at the EMS System
8 under another fire department's or fire protection district's
9 collective bargaining agreement and (i) the other fire
10 department or fire protection district is not the member's
11 full-time employer and (ii) any EMS services not included
12 under the original fire department's or fire protection
13 district's collective bargaining agreement are included in the
14 other fire department's or fire protection district's
15 collective bargaining agreement.

16 "Trauma" means any significant injury which involves
17 single or multiple organ systems.

18 (Source: P.A. 100-1082, eff. 8-24-19; 101-81, eff. 7-12-19.)

19 (210 ILCS 50/3.25)

20 Sec. 3.25. EMS Region Plan; Development.

21 (a) Within 6 months after designation of an EMS Region, an
22 EMS Region Plan addressing at least the information prescribed
23 in Section 3.30 shall be submitted to the Department for
24 approval. The Plan shall be developed by the Region's EMS
25 Medical Directors Committee with advice from the Regional EMS

1 Advisory Committee; portions of the plan concerning trauma
2 shall be developed jointly with the Region's Trauma Center
3 Medical Directors or Trauma Center Medical Directors
4 Committee, whichever is applicable, with advice from the
5 Regional Trauma Advisory Committee, if such Advisory Committee
6 has been established in the Region. Portions of the Plan
7 concerning stroke shall be developed jointly with the Regional
8 Stroke Advisory Subcommittee.

9 (1) A Region's EMS Medical Directors Committee shall
10 be comprised of the Region's EMS Medical Directors, along
11 with the medical advisor to a fire department vehicle
12 service provider. For regions which include a municipal
13 fire department serving a population of over 2,000,000
14 people, that fire department's medical advisor shall serve
15 on the Committee. For other regions, the fire department
16 vehicle service providers shall select which medical
17 advisor to serve on the Committee on an annual basis.

18 (2) A Region's Trauma Center Medical Directors
19 Committee shall be comprised of the Region's Trauma Center
20 Medical Directors.

21 (b) A Region's Trauma Center Medical Directors may choose
22 to participate in the development of the EMS Region Plan
23 through membership on the Regional EMS Advisory Committee,
24 rather than through a separate Trauma Center Medical Directors
25 Committee. If that option is selected, the Region's Trauma
26 Center Medical Director shall also determine whether a

1 separate Regional Trauma Advisory Committee is necessary for
2 the Region.

3 (c) In the event of disputes over content of the Plan
4 between the Region's EMS Medical Directors Committee and the
5 Region's Trauma Center Medical Directors or Trauma Center
6 Medical Directors Committee, whichever is applicable, the
7 Director of the Illinois Department of Public Health shall
8 intervene through a mechanism established by the Department
9 through rules adopted pursuant to this Act. An individual
10 interviewed or investigated by an EMS Medical Director or the
11 Department shall have the right to a union representative and
12 legal counsel of the individual's choosing present at any
13 interview. The union representative must comply with any
14 confidentiality requirements and requirements for the
15 protection of any patient information presented during the
16 proceeding.

17 (d) "Regional EMS Advisory Committee" means a committee
18 formed within an Emergency Medical Services (EMS) Region to
19 advise the Region's EMS Medical Directors Committee and to
20 select the Region's representative to the State Emergency
21 Medical Services Advisory Council, consisting of at least the
22 members of the Region's EMS Medical Directors Committee, the
23 Chair of the Regional Trauma Committee, the EMS System
24 Coordinators from each Resource Hospital within the Region,
25 one administrative representative from an Associate Hospital
26 within the Region, one administrative representative from a

1 Participating Hospital within the Region, one administrative
2 representative from the vehicle service provider which
3 responds to the highest number of calls for emergency service
4 within the Region, one representative from the vehicle service
5 provider that responds to the highest number of calls for
6 non-emergency services within the Region, one representative
7 from the labor organization recognized as the exclusive
8 representative of employees of the vehicle service provider
9 that responds to the highest number of calls for non-emergency
10 services within the Region, if applicable, one administrative
11 representative of a vehicle service provider from each System
12 within the Region, one representative from a labor
13 organization recognized as the exclusive representative of a
14 vehicle service provider's employees in each System and
15 selected by a statewide organization of such labor
16 organizations, one individual from each level of license
17 provided in Section 3.50 of this Act, one Pre-Hospital
18 Registered Nurse practicing within the Region, and one
19 registered professional nurse currently practicing in an
20 emergency department within the Region. Of the 2
21 administrative representatives of vehicle service providers,
22 at least one shall be an administrative representative of a
23 private vehicle service provider. The Department's Regional
24 EMS Coordinator for each Region shall serve as a non-voting
25 member of that Region's EMS Advisory Committee.

26 Every 2 years, the members of the Region's EMS Medical

1 Directors Committee shall rotate serving as Committee Chair,
2 and select the Associate Hospital, Participating Hospital and
3 vehicle service providers which shall send representatives to
4 the Advisory Committee, and the EMS personnel and nurse who
5 shall serve on the Advisory Committee.

6 (e) "Regional Trauma Advisory Committee" means a committee
7 formed within an Emergency Medical Services (EMS) Region, to
8 advise the Region's Trauma Center Medical Directors Committee,
9 consisting of at least the Trauma Center Medical Directors and
10 Trauma Coordinators from each Trauma Center within the Region,
11 one EMS Medical Director from a resource hospital within the
12 Region, one EMS System Coordinator from another resource
13 hospital within the Region, one representative each from a
14 public and private vehicle service provider which transports
15 trauma patients within the Region, an administrative
16 representative from each trauma center within the Region, one
17 EMR, EMD, EMT, EMT-I, A-EMT, Paramedic, ECRN, or PHRN
18 representing the highest level of EMS personnel practicing
19 within the Region, one emergency physician, and one Trauma
20 Nurse Specialist (TNS) currently practicing in a trauma
21 center. The Department's Regional EMS Coordinator for each
22 Region shall serve as a non-voting member of that Region's
23 Trauma Advisory Committee.

24 Every 2 years, the members of the Trauma Center Medical
25 Directors Committee shall rotate serving as Committee Chair,
26 and select the vehicle service providers, EMS personnel,

1 emergency physician, EMS System Coordinator and TNS who shall
2 serve on the Advisory Committee.

3 (Source: P.A. 98-973, eff. 8-15-14.)

4 (210 ILCS 50/3.40)

5 Sec. 3.40. EMS System Participation Suspensions and Due
6 Process.

7 (a) An EMS Medical Director may suspend from participation
8 within the System any EMS personnel, EMS Lead Instructor (LI),
9 individual, individual provider or other participant
10 considered not to be meeting the requirements of the Program
11 Plan of that approved EMS System. An EMS Medical Director must
12 submit a suspension order to the Department describing which
13 requirements of the Program Plan were not met and the
14 suspension's duration. The Department shall review and confirm
15 receipt of the suspension order, request additional
16 information, or initiate an investigation. The Department
17 shall incorporate the duration of that suspension into any
18 further action taken by the Department to suspend, revoke, or
19 refuse to issue or renew the license of the individual or
20 entity for any violation of this Act or the Program Plan
21 arising from the same conduct for which the suspension order
22 was issued if the suspended party has neither requested a
23 Department hearing on the suspension nor worked as a provider
24 in any other System during the term of the suspension.

25 (b) Prior to suspending any individual or entity, an EMS

1 Medical Director shall provide an opportunity for a hearing
2 before the local System review board in accordance with
3 subsection (f) and the rules promulgated by the Department.

4 (1) If the local System review board affirms or
5 modifies the EMS Medical Director's suspension order, the
6 individual or entity shall have the opportunity for a
7 review of the local board's decision by the State EMS
8 Disciplinary Review Board, pursuant to Section 3.45 of
9 this Act.

10 (2) If the local System review board reverses or
11 modifies the EMS Medical Director's order, the EMS Medical
12 Director shall have the opportunity for a review of the
13 local board's decision by the State EMS Disciplinary
14 Review Board, pursuant to Section 3.45 of this Act.

15 (3) The suspension shall commence only upon the
16 occurrence of one of the following:

17 (A) the individual or entity has waived the
18 opportunity for a hearing before the local System
19 review board; ~~or~~

20 (B) the order has been affirmed or modified by the
21 local system review board and the individual or entity
22 has waived the opportunity for review by the State
23 Board; or

24 (C) the order has been affirmed or modified by the
25 local system review board, and the local board's
26 decision has been affirmed or modified by the State

1 Board.

2 (c) An individual interviewed or investigated by the local
3 system review board or the Department shall have the right to a
4 union representative and legal counsel of the individual's
5 choosing present at any interview. The union representative
6 must comply with any confidentiality requirements and
7 requirements for the protection of any patient information
8 presented during the proceeding.

9 (d) ~~(e)~~ An EMS Medical Director may immediately suspend an
10 EMR, EMD, EMT, EMT-I, A-EMT, Paramedic, ECRN, PHRN, LI, PHPA,
11 PHAPRN, or other individual or entity if he or she finds that
12 the continuation in practice by the individual or entity would
13 constitute an imminent danger to the public. The suspended
14 individual or entity shall be issued an immediate verbal
15 notification followed by a written suspension order by the EMS
16 Medical Director which states the length, terms and basis for
17 the suspension.

18 (1) Within 24 hours following the commencement of the
19 suspension, the EMS Medical Director shall deliver to the
20 Department, by messenger, telefax, or other
21 Department-approved electronic communication, a copy of
22 the suspension order and copies of any written materials
23 which relate to the EMS Medical Director's decision to
24 suspend the individual or entity. All medical and
25 patient-specific information, including Department
26 findings with respect to the quality of care rendered,

1 shall be strictly confidential pursuant to the Medical
2 Studies Act (Part 21 of Article VIII of the Code of Civil
3 Procedure).

4 (2) Within 24 hours following the commencement of the
5 suspension, the suspended individual or entity may deliver
6 to the Department, by messenger, telefax, or other
7 Department-approved electronic communication, a written
8 response to the suspension order and copies of any written
9 materials which the individual or entity feels are
10 appropriate. All medical and patient-specific information,
11 including Department findings with respect to the quality
12 of care rendered, shall be strictly confidential pursuant
13 to the Medical Studies Act.

14 (3) Within 24 hours following receipt of the EMS
15 Medical Director's suspension order or the individual or
16 entity's written response, whichever is later, the
17 Director or the Director's designee shall determine
18 whether the suspension should be stayed pending an
19 opportunity for a hearing or review in accordance with
20 this Act, or whether the suspension should continue during
21 the course of that hearing or review. The Director or the
22 Director's designee shall issue this determination to the
23 EMS Medical Director, who shall immediately notify the
24 suspended individual or entity. The suspension shall
25 remain in effect during this period of review by the
26 Director or the Director's designee.

1 (e) ~~(d)~~ Upon issuance of a suspension order for reasons
2 directly related to medical care, the EMS Medical Director
3 shall also provide the individual or entity with the
4 opportunity for a hearing before the local System review
5 board, in accordance with subsection (f) and the rules
6 promulgated by the Department.

7 (1) If the local System review board affirms or
8 modifies the EMS Medical Director's suspension order, the
9 individual or entity shall have the opportunity for a
10 review of the local board's decision by the State EMS
11 Disciplinary Review Board, pursuant to Section 3.45 of
12 this Act.

13 (2) If the local System review board reverses or
14 modifies the EMS Medical Director's suspension order, the
15 EMS Medical Director shall have the opportunity for a
16 review of the local board's decision by the State EMS
17 Disciplinary Review Board, pursuant to Section 3.45 of
18 this Act.

19 (3) The suspended individual or entity may elect to
20 bypass the local System review board and seek direct
21 review of the EMS Medical Director's suspension order by
22 the State EMS Disciplinary Review Board.

23 (f) ~~(e)~~ The Resource Hospital shall designate a local
24 System review board in accordance with the rules of the
25 Department, for the purpose of providing a hearing to any
26 individual or entity participating within the System who is

1 suspended from participation by the EMS Medical Director. The
2 EMS Medical Director shall arrange for a certified shorthand
3 reporter to make a stenographic record of that hearing and
4 thereafter prepare a transcript of the proceedings. The EMS
5 Medical Director shall inform the individual of the
6 individual's right to have a union representative and legal
7 counsel of the individual's choosing present at any interview.
8 The union representative must comply with any confidentiality
9 requirements and requirements for the protection of any
10 patient information presented during the proceeding. The
11 transcript, all documents or materials received as evidence
12 during the hearing and the local System review board's written
13 decision shall be retained in the custody of the EMS system.
14 The System shall implement a decision of the local System
15 review board unless that decision has been appealed to the
16 State Emergency Medical Services Disciplinary Review Board in
17 accordance with this Act and the rules of the Department.

18 (g) ~~(f)~~ The Resource Hospital shall implement a decision
19 of the State Emergency Medical Services Disciplinary Review
20 Board which has been rendered in accordance with this Act and
21 the rules of the Department.

22 (Source: P.A. 100-201, eff. 8-18-17; 100-1082, eff. 8-24-19.)

23 (210 ILCS 50/3.45)

24 Sec. 3.45. State Emergency Medical Services Disciplinary
25 Review Board.

1 (a) The Governor shall appoint a State Emergency Medical
2 Services Disciplinary Review Board, composed of an EMS Medical
3 Director, an EMS System Coordinator, a Paramedic, an Emergency
4 Medical Technician (EMT), and the following members, who shall
5 only review cases in which a party is from the same
6 professional category: a Pre-Hospital Registered Nurse, a
7 Pre-Hospital Advanced Practice Registered Nurse, a
8 Pre-Hospital Physician Assistant, an ECRN, a Trauma Nurse
9 Specialist, an Emergency Medical Technician-Intermediate
10 (EMT-I), an Advanced Emergency Medical Technician (A-EMT), a
11 representative from a private vehicle service provider, a
12 representative from a public vehicle service provider, and an
13 emergency physician who monitors telecommunications from and
14 gives voice orders to EMS personnel. The Governor shall also
15 appoint one alternate for each member of the Board, from the
16 same professional category as the member of the Board.

17 (b) The members shall be appointed for a term of 3 years.
18 All appointees shall serve until their successors are
19 appointed. The alternate members shall be appointed and serve
20 in the same fashion as the members of the Board. If a member
21 resigns his or her appointment, the corresponding alternate
22 shall serve the remainder of that member's term until a
23 subsequent member is appointed by the Governor.

24 (c) The function of the Board is to review and affirm,
25 reverse or modify disciplinary orders.

26 (d) Any individual or entity, who received an immediate

1 suspension from an EMS Medical Director may request the Board
2 to reverse or modify the suspension order. If the suspension
3 had been affirmed or modified by a local System review board,
4 the suspended individual or entity may request the Board to
5 reverse or modify the local board's decision.

6 (e) Any individual or entity who received a non-immediate
7 suspension order from an EMS Medical Director which was
8 affirmed or modified by a local System review board may
9 request the Board to reverse or modify the local board's
10 decision. The individual shall be informed of the individual's
11 right to have one representative from the labor organization
12 recognized as the exclusive representative of that
13 individual's bargaining unit present and a legal
14 representative present during the State Emergency Medical
15 Services Disciplinary Review Board proceedings during open
16 session. The labor organization's representative must also
17 comply with all confidentiality requirements and requirements
18 for the protection of any patient information presented during
19 the proceeding.

20 (f) An EMS Medical Director whose suspension order was
21 reversed or modified by a local System review board may
22 request the Board to reverse or modify the local board's
23 decision.

24 (g) The Board shall meet on the first Tuesday of every
25 month, unless no requests for review have been submitted.
26 Additional meetings of the Board shall be scheduled to ensure

1 that a request for direct review of an immediate suspension
2 order is scheduled within 14 days after the Department
3 receives the request for review or as soon thereafter as a
4 quorum is available. The Board shall meet in Springfield or
5 Chicago, whichever location is closer to the majority of the
6 members or alternates attending the meeting. The Department
7 shall reimburse the members and alternates of the Board for
8 reasonable travel expenses incurred in attending meetings of
9 the Board.

10 (h) A request for review shall be submitted in writing to
11 the Chief of the Department's Division of Emergency Medical
12 Services and Highway Safety, within 10 days after receiving
13 the local board's decision or the EMS Medical Director's
14 suspension order, whichever is applicable, a copy of which
15 shall be enclosed.

16 (i) At its regularly scheduled meetings, the Board shall
17 review requests which have been received by the Department at
18 least 10 working days prior to the Board's meeting date.
19 Requests for review which are received less than 10 working
20 days prior to a scheduled meeting shall be considered at the
21 Board's next scheduled meeting, except that requests for
22 direct review of an immediate suspension order may be
23 scheduled up to 3 working days prior to the Board's meeting
24 date.

25 (j) A quorum shall be required for the Board to meet, which
26 shall consist of 3 members or alternates, including the EMS

1 Medical Director or alternate and the member or alternate from
2 the same professional category as the subject of the
3 suspension order. At each meeting of the Board, the members or
4 alternates present shall select a Chairperson to conduct the
5 meeting.

6 (k) Deliberations for decisions of the State EMS
7 Disciplinary Review Board shall be conducted in closed
8 session. Department staff may attend for the purpose of
9 providing clerical assistance, but no other persons may be in
10 attendance except for the parties to the dispute being
11 reviewed by the Board and their attorneys, unless by request
12 of the Board.

13 (l) The Board shall review the transcript, evidence, and
14 written decision of the local review board, or the written
15 decision and supporting documentation of the EMS Medical
16 Director, whichever is applicable, along with any additional
17 written or verbal testimony or argument offered by the parties
18 to the dispute.

19 (m) At the conclusion of its review, the Board shall issue
20 its decision and the basis for its decision on a form provided
21 by the Department, and shall submit to the Department its
22 written decision together with the record of the local System
23 review board. The Department shall promptly issue a copy of
24 the Board's decision to all affected parties. The Board's
25 decision shall be binding on all parties.

26 (Source: P.A. 100-1082, eff. 8-24-19.)

1 (210 ILCS 50/3.55)

2 Sec. 3.55. Scope of practice.

3 (a) Any person currently licensed as an EMR, EMT, EMT-I,
4 A-EMT, PHRN, PHAPRN, PHPA, or Paramedic may perform emergency
5 and non-emergency medical services as defined in this Act, in
6 accordance with his or her level of education, training and
7 licensure, the standards of performance and conduct prescribed
8 by the Department in rules adopted pursuant to this Act, and
9 the requirements of the EMS System in which he or she
10 practices, as contained in the approved Program Plan for that
11 System. The Director may, by written order, temporarily modify
12 individual scopes of practice in response to public health
13 emergencies for periods not exceeding 180 days.

14 (a-5) EMS personnel who have successfully completed a
15 Department approved course in automated defibrillator
16 operation and who are functioning within a Department approved
17 EMS System may utilize such automated defibrillator according
18 to the standards of performance and conduct prescribed by the
19 Department in rules adopted pursuant to this Act and the
20 requirements of the EMS System in which they practice, as
21 contained in the approved Program Plan for that System.

22 (a-7) An EMT, EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or
23 Paramedic who has successfully completed a Department approved
24 course in the administration of epinephrine shall be required
25 to carry epinephrine with him or her as part of the EMS

1 personnel medical supplies whenever he or she is performing
2 official duties as determined by the EMS System. The
3 epinephrine may be administered from a glass vial,
4 auto-injector, ampule, or pre-filled syringe.

5 (b) An EMR, EMT, EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or
6 Paramedic may practice as an EMR, EMT, EMT-I, A-EMT, or
7 Paramedic or utilize his or her EMR, EMT, EMT-I, A-EMT, PHRN,
8 PHAPRN, PHPA, or Paramedic license in pre-hospital or
9 inter-hospital emergency care settings or non-emergency
10 medical transport situations, under the written or verbal
11 direction of the EMS Medical Director. For purposes of this
12 Section, a "pre-hospital emergency care setting" may include a
13 location, that is not a health care facility, which utilizes
14 EMS personnel to render pre-hospital emergency care prior to
15 the arrival of a transport vehicle. The location shall include
16 communication equipment and all of the portable equipment and
17 drugs appropriate for the EMR, EMT, EMT-I, A-EMT, or
18 Paramedic's level of care, as required by this Act, rules
19 adopted by the Department pursuant to this Act, and the
20 protocols of the EMS Systems, and shall operate only with the
21 approval and under the direction of the EMS Medical Director.

22 This Section shall not prohibit an EMR, EMT, EMT-I, A-EMT,
23 PHRN, PHAPRN, PHPA, or Paramedic from practicing within an
24 emergency department or other health care setting for the
25 purpose of receiving continuing education or training approved
26 by the EMS Medical Director. This Section shall also not

1 prohibit an EMT, EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or
2 Paramedic from seeking credentials other than his or her EMT,
3 EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or Paramedic license and
4 utilizing such credentials to work in emergency departments or
5 other health care settings under the jurisdiction of that
6 employer.

7 (c) An EMT, EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or Paramedic
8 may honor Do Not Resuscitate (DNR) orders and powers of
9 attorney for health care only in accordance with rules adopted
10 by the Department pursuant to this Act and protocols of the EMS
11 System in which he or she practices.

12 (d) A student enrolled in a Department approved EMS
13 personnel program, while fulfilling the clinical training and
14 in-field supervised experience requirements mandated for
15 licensure or approval by the System and the Department, may
16 perform prescribed procedures under the direct supervision of
17 a physician licensed to practice medicine in all of its
18 branches, a qualified registered professional nurse, or
19 qualified EMS personnel, only when authorized by the EMS
20 Medical Director.

21 (e) An EMR, EMT, EMT-I, A-EMT, PHRN, PHAPRN, PHPA, or
22 Paramedic may transport a police dog injured in the line of
23 duty to a veterinary clinic or similar facility if there are no
24 persons requiring medical attention or transport at that time.
25 For the purposes of this subsection, "police dog" means a dog
26 owned or used by a law enforcement department or agency in the

1 course of the department or agency's work, including a search
2 and rescue dog, service dog, accelerant detection canine, or
3 other dog that is in use by a county, municipal, or State law
4 enforcement agency.

5 (f) Nothing in this Act shall be construed to prohibit an
6 EMT, EMT-I, A-EMT, Paramedic, or PHRN from completing an
7 initial Occupational Safety and Health Administration
8 Respirator Medical Evaluation Questionnaire on behalf of fire
9 service personnel, as permitted by his or her EMS System
10 Medical Director.

11 (g) A member of a fire department's or fire protection
12 district's collective bargaining unit shall be eligible to
13 work under a silver spanner program for another EMS System's
14 fire department or fire protection district that is not the
15 full-time employer of that member, for a period not to exceed 2
16 weeks, if the member: (1) is under the direct supervision of
17 another licensed individual operating at the same or higher
18 licensure level as the member; (2) made a written request to
19 the EMS System's Medical Director for approval to work under
20 the silver spanner program, which shall be approved or denied
21 within 24 hours after the EMS System's Medical Director
22 received the request; and (3) tests into the EMS System based
23 upon appropriate standards as outlined in the EMS System
24 Program Plan. The EMS System within which the member is
25 seeking to join must make all required testing available to
26 the member within 2 weeks of the written request. Failure to do

1 so by the EMS System shall allow the member to continue working
2 under a silver spanner program until all required testing
3 becomes available.

4 (Source: P.A. 102-79, eff. 1-1-22.)