

**ILLINOIS
EMERGENCY MEDICAL SERVICES
FOR CHILDREN**

*ADVISORY BOARD
BYLAWS*

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**STATE OF ILLINOIS
EMERGENCY MEDICAL SERVICES FOR CHILDREN**

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STATE OF ILLINOIS
EMERGENCY MEDICAL SERVICES FOR CHILDREN
Advisory Board Bylaws

ARTICLE I Advisory Board Establishment

The State of Illinois Emergency Medical Services for Children Advisory Board is established pursuant to Section 3.115, 210 ILCS 50/et.seq of the Emergency Medical Services (EMS) Systems Act and Section 515. 445 of the Emergency Medical Services and Trauma Center Code, 77 Illinois Administrative Code Part 515. The Advisory Board is composed of the following members appointed by the Director of the Illinois Department of Public Health:

- 5 - One (1) practicing pediatrician, One (1) pediatric critical care physician, and One (1) board certified pediatric emergency physician, to be appointed upon recommendation of the Illinois Chapter of the American Academy of Pediatrics;
- 2 - Two (2) emergency physicians, one to be appointed upon recommendation by the Illinois Chapter of the American College of Emergency Physicians and one to be appointed upon recommendation by the National Association of EMS Physicians;
- 1 - One (1) family practice physician, to be appointed upon the recommendation of the Illinois Chapter of the American Academy of Family Physicians;
- 1 - One (1) pediatric surgeon, to be appointed upon the recommendation of the Illinois Chapter of the American College of Surgeons;
- 2 - Two (2) registered nurses, one to be appointed upon recommendation of the Illinois Nurses Association and one to be appointed upon recommendation of the Illinois Chapter of the Emergency Nurses Association;
- 2 - Two (2) emergency medical technicians of differing levels, one to be appointed upon recommendation of the Illinois EMT Association and one to be appointed upon recommendation of the Illinois Fire Fighters Association;
- 1 - One EMS Coordinator recommended by the Northern Illinois and Southern Illinois EMS Coordinators Association;
- 1 - One (1) representative from the Division of Specialized Care for Children;
- 1 - One (1) representative from the Illinois State Medical Society;
- 1 - One (1) representative from the Illinois Hospital Association;
- 1 - One (1) representative from the Metropolitan Chicago Healthcare Council;
- 1 - One (1) representative from the Illinois Department of Children and Family Services;
- 1 - One (1) representative from the Illinois State Police
- 1 - One (1) representative from the Illinois Fire Chiefs Association;
- 1 - One (1) representative from the Illinois State Ambulance Association;
- 1 - One (1) representative from the Illinois SAFEKIDS Coalition;
- 1 - One (1) representative from a community organization;
- 1 - One (1) representative from a child advocate group;
- 1 - One (1) representative from pediatric rehabilitation;
- 1 - One (1) parent representative.

ARTICLE II Advisory Board Member Appointments

The membership on the State of Illinois Emergency Medical Services for Children Advisory Board is determined by the provisions outlined within Section 515.445 of the EMS Systems and Trauma Center Code. All appointees by the Director, Department of Public Health shall serve on the Advisory Board for terms of three (3) years and continue to serve until their successors are duly appointed and qualified. The number of successive terms that may be served shall not be limited.

Regional EMSC coalitions within the State of Illinois Emergency Medical Services Regions shall have a voice on the advisory board through members who serve as representatives of other designated constituencies. Such members shall have dual representation status in advising the Illinois Department of Public Health, but shall retain one vote. The Illinois Department of Public Health shall take into consideration regional representation when making advisory board appointments.

ARTICLE III Advisory Board Ex-Officio Non-Voting Members

The following shall serve as ex-officio non-voting members on the State of Illinois Emergency Medical Services for Children Advisory Board:

- (a) One member from the Illinois Department of Public Health, Division of Emergency Medical Systems and Highway Safety, and one member from the Illinois Department of Human Services, Office of Family Health; and
- (b) The chairperson of each Task Force and committees of the State of Illinois Emergency Medical Services for Children; and
- (c) EMSC program staff.

ARTICLE IV Advisory Board Duties

The duties of the State of Illinois Emergency Medical Services for Children Advisory Board are established by Section 3.115 of the EMS Systems Act and Section 515.445 of the EMS System Code, and are as follows:

- (a) Act in an advisory capacity to the Illinois Department of Public Health on all matters concerning emergency medical services for children. Review and comment on any proposed Emergency Medical Services for Children (EMSC) Program initiatives, as prepared by the Department of Public Health or other participants;
- (b) Review and comment on any ongoing and proposed activities by the Emergency Medical Services for Children (EMSC) Task Forces and committees;
- (c) Advise the Department of Public Health on all aspects of its EMSC responsibilities under the EMS Systems Act, including the format and content of rules promulgated by the Department of Public Health. The Advisory Board shall advise the Department on such proposed rules within 45 days after the proposed rules have been submitted to the Advisory Board for review;
- (d) Assist in the formulation of policy to effect the purposes of the EMS Systems Act that specifically addresses EMSC;
- (e) Develop and implement a plan to address identified pediatric areas of need through establishment of at least the following:
 - 1. Initial and continuing education programs for emergency medical services personnel which shall include training in the emergency care of infants and children;
 - 2. Guidelines for referring children to the appropriate emergency or critical care medical facilities;
 - 3. Guidelines for prehospital, hospital and other pediatric emergency or critical care

- medical service equipment;
4. Guidelines and protocols for prehospital and hospital facilities encompassing all levels of pediatric emergency medical services, hospital and pediatric critical care services, including, but not limited to triage, stabilization, treatment, transfers and referrals;
 5. Guidelines for hospital-based emergency departments appropriate for pediatric care to assess, stabilize, treat critically ill infants and children and if necessary to prepare the child for transfer to a pediatric intensive care unit or pediatric trauma center;
 6. Guidelines for pediatric intensive care units, pediatric trauma centers and intermediate care units, fully equipped and staffed by appropriately trained critical care pediatric physicians, surgeons, nurses and therapists.
 7. An inter-facility transfer system for critically ill or injured children;
 8. Guidelines for pediatric rehabilitation units to ensure staffing by rehabilitation specialists and capabilities to provide any service required to assure maximum recovery from the physical, emotional and cognitive effects of critical illness and severe trauma.
 9. Guidelines for the implementation of public education and injury prevention programs throughout the state in conjunction with local fire, public safety and school personnel;
 10. Guidelines for the collection, analysis and public dissemination of pediatric quality improvement information regarding ongoing improvements in the EMSC program.
 11. Guidelines and protocols for prehospital providers and hospital facilities for the treatment, documentation, reporting, professional interactions with family members, and for referrals to social, psychological and rehabilitation services in suspected cases of child maltreatment.
- (f) Review and comment on all proposals/applications for federal and state funds available through either grants or contracts, which may be prepared, developed and submitted to funding sources for EMSC activities within the state of Illinois.

ARTICLE V Advisory Board Meetings

All Advisory Board meetings shall be held in accordance with the Illinois Open Meetings Act. Advisory Board meetings shall be conducted in accordance with the following provisions:

- 5.1 All meetings shall be governed by the provisions of the current edition of Robert's Rules of Order.
- 5.2 A quorum shall be present in order to convene the Advisory Board and conduct business. A quorum shall consist of a majority of the currently appointed voting members.
- 5.3 The annual meeting shall be in January, at which time the Advisory Board shall elect its officers and confirm the dates and locations for the next three quarterly meetings.
- 5.4 The Advisory Board Chairperson shall notify the Department of all dates, times and locations for regularly scheduled, rescheduled or special meetings.
- 5.5 Special Advisory Board meetings can be called by request of two (2) Advisory Board members with approval of the Chairperson.
- 5.6 All Advisory Board meetings shall be open to the public unless a meeting or portion thereof qualifies for a closed session in accordance with the Open Meetings Act.
- 5.7 The Advisory Board Chairperson shall provide the Department with a suggested agenda and any documents for distribution to Advisory Board members, and the Task Force Chairpersons shall provide the Department with copies of their committee reports.
- 5.8 The elected Chairperson of the Advisory Board shall preside at all Advisory Board meetings. In the Chairperson's absence, the elected Vice-Chairperson shall preside. In the Chairperson and Vice-Chairperson's absence, the members of the Advisory Board shall appoint, by majority vote, a temporary Chairperson to preside over the meeting.

- 5.9 The Chairperson or presiding officer shall be responsible for conducting the meeting in accordance with the bylaws and the agenda. The presiding officer may recognize non-member attendees who wish to comment during the meeting.
- 5.10 Any action, recommendation or decision of the Advisory Board shall be proposed by a motion. Each member shall have one vote on each Motion except for the Chairperson, who shall vote only in the event of a tie and for the election of officers.
- 5.11 All Motions shall be passed only by majority vote of the members present at the Advisory Board meeting (except for amendments to the bylaws which require a majority vote of all board members).
 - (a) A voting member of the EMSC Advisory Board may appoint any other EMSC Advisory Board member in good standing to vote as proxy, or otherwise act for him/her by signing a proxy appointment form and delivering it to the Advisory Board Chairperson so appointed. This delivery can be accomplished in person, by mail, telephone, messenger service, facsimile, or electronic mail.
 - (b) No proxy shall be valid beyond the date of the specific meeting in which the proxy has effect, unless otherwise provided for by the proxy. Every proxy continues in full force and effect until revoked by the person executing it prior to the vote pursuant thereto. This revocation can be effected by a writing delivered to the Advisory Board in person, by mail, messenger service, facsimile or electronic mail stating that the proxy is revoked, or by subsequent proxy, or by attendance at the meeting and voting in person.
- 5.12 The EMSC Coordinator shall record and prepare the Advisory Board meeting minutes, and shall furnish the minutes, authenticated by the Chairperson, to Advisory Board members after each Advisory Board meeting.
- 5.13 Upon recommendation from the Chairperson of the Advisory Board, the Director of the Illinois Department of Public Health will consider replacing any board member who is absent from two consecutive meetings, unless such absences are due to unforeseen circumstances.

ARTICLE VI Advisory Board Chairperson and Vice Chairperson

- 6.1 The Advisory Board shall elect a Chairperson and Vice-Chairperson at the annual meeting. For each office, candidates shall be nominated by members, with a vote by show of hands.
- 6.2 The officers shall have the duties and responsibilities described in these bylaws.
- 6.3 If the Advisory Board Chairperson's membership on the Advisory Board is vacated for any reason including resignation, removal, or denial of reappointment, the Vice-Chairperson shall assume the responsibilities of Advisory Board Chairperson until a new Advisory Board Chairperson is elected at the next annual meeting.

ARTICLE VII Chairperson Duties

- 7.1 Prepare, with the EMSC Coordinator, agenda topics for all Advisory Board meetings;
- 7.2 Establish Task Force committees and membership with Advisory Board approval;
- 7.3 Determine length of Advisory Board meetings;
- 7.4 Serve as a member on any task force committee;
- 7.5 Identify public participation at Advisory Board meetings;
- 7.6 Preside over the Advisory Board meeting.

ARTICLE VIII Vice Chairperson Duties

- 8.1 Preside over meetings in the Chairperson's absence or by request;
- 8.2 Assume the responsibilities of the Chairperson if the Chairperson resigns the Chairperson post or is removed from the Board;
- 8.3 In the case of Article 8.2, complete the term of office for the Chairperson and preside at the election of a new Chairperson at the next annual Advisory Board meeting.

ARTICLE IX Task Force, Subcommittee and Ad-Hoc Committees

- 9.1 All Task Force, Subcommittee and Ad-Hoc committees shall be formed by majority vote of the Advisory Board. As used in these bylaws, the term "Task Force" shall mean committee.
- 9.2 There shall be the following standing task force and subcommittees, each of which shall assume such duties as are specified in these bylaws, and such other duties as may be assigned by the Advisory Board:
 - Data Surveillance Task Force
 - Facility Recognition Task Force
 - CQI Subcommittee
 - Prehospital Committee
 - Prevention & Public Education Committee
 - School Nurse Committee
- 9.3 Task Force members shall be proposed by the Advisory Board. Such members shall serve for a three-year term, or until their successors are duly appointed and qualified. In making task force appointments, the Advisory Board shall consider a member's constituency representation and geographic location.
- 9.4 The Task Force Chairperson shall provide the Department with the names and addresses of all task force members, and shall promptly notify both the Advisory Board Chairperson and the Department of any changes in task force membership.
- 9.5 Representatives from the Department and approved by the Chief, Division of EMS and Highway Safety may serve as ex-officio non-voting members on any task force.
- 9.6 The task force chairpersons shall promptly notify all Advisory Board members and the Department of all dates, times and locations for regularly scheduled, rescheduled or special meetings.
- 9.7 All task force meetings shall be open to the public unless a meeting or portion thereof qualifies for a closed session in accordance with the Open Meetings Act.
- 9.8 Meetings of the task force committees shall be held at such times and places as shall be determined by the task force. Business which requires immediate attention by the task force may be conducted by mail, telephone, facsimile, or electronic mail. Such action shall be verified at the next regular meeting of the task force.
- 9.9 All business shall be conducted in accordance with the current edition of Robert's Rules of Order, unless otherwise specified in these bylaws.
- 9.10 Any action, recommendation or decision shall be proposed by a motion. Each member shall have one vote on each motion. All motions shall be passed by majority vote of the members present.
 - (a) A voting member of the task force committee may appoint any other task force member in good standing to vote as proxy, or otherwise act for him/her by signing a proxy appointment form and delivering it to the Task Force Chairperson so appointed. This delivery can be accomplished in person, by mail, telephone, facsimile, or electronic mail.
 - (b) No proxy shall be valid beyond the date of the specific meeting in which the proxy has effect, unless otherwise provided for by the proxy. Every proxy continues in full force and effect until revoked by the person executing it prior to the vote pursuant thereto. This revocation can be effected by a writing

delivered to the task force committee in person, by mail, messenger service, facsimile or electronic mail stating that the proxy is revoked, or by subsequent proxy, or by attendance at the meeting and voting in person.

- 9.11 A quorum shall be present in order to convene a task force and conduct business. A quorum shall consist of a majority of the members of the task force.
- 9.12 Each task force chairperson shall be responsible for preparing a written committee report covering the committee's activities, if any, during each period between Advisory Board meetings. This report shall include the dates, times and locations of all meetings, the names of task force members and others present at the meetings, the agendas and a summary of the task force's recommendations to the Advisory Board.
- 9.13 A vacancy in a standing committee shall be filled by the Advisory Board.
- 9.14 **Data Surveillance Task Force**
The Data Surveillance Task Force shall oversee data activities aimed at enhancing outcome analysis and providing pediatric hospitalization/injury/illness trends using statewide and local databases. These activities shall include data analysis activities, development of data reports, and other EMSC data/research activities. Recommendations shall be made by this task force to the Advisory Board
- 9.15 **Facility Recognition Task Force**
The Facility Recognition Task Force shall make recommendations to the Advisory Board regarding criteria, implementation and ongoing plans for the facility recognition program as related to the following pediatric recognition levels: Standby Emergency Department for Pediatrics (SEDP), Emergency Department Approved for Pediatrics (EDAP), and Pediatric Critical Care Center (PCCC). The Task Force shall oversee ongoing recognition and re-recognition of hospitals through the facility recognition process under the direction of the Advisory Board. In addition, the Task Force shall oversee the activities of the CQI Subcommittee, which is responsible for developing pediatric emergency care quality improvement tools and resources.
- 9.16 **Prehospital Committee**
The Prehospital Committee shall make recommendations to the Advisory Board regarding the development and promotion of prehospital professional education as well as development of guidelines for the prehospital setting to enhance capability to respond to pediatric emergency care situations. In addition, under the direction of the Advisory Board, the committee shall develop and periodically update guidance materials on the prehospital emergency care of children and direct dissemination of the same.
- 9.17 **Prevention and Public Education Committee**
The Prevention and Public Education Committee shall make recommendations to the Advisory Board regarding injury/illness prevention objectives and shall develop recommendations aimed at public education and enhancing awareness of EMSC throughout the state. In addition, this committee shall also oversee the annual Ron W. Lee, MD – Excellence in Pediatric Care Award process.
- 9.18 **School Nurse Committee**
The School Nurse Committee shall make recommendations to the Advisory Board regarding the development and promotion of professional education as well as development of guidelines for the school nurse/school caregiver to enhance capacity to respond to pediatric emergency care situations in the school setting. This committee shall also oversee the School Nurse Emergency Care (SNEC) course and identify ongoing curricular needs.
- 9.19 **Ad Hoc Committees**
Ad hoc committees may be convened as needed by standing committees under the direction of the Advisory Board.

ARTICLE X**Position Statement**

While holding an appointed or official position as a representative of the State of Illinois Emergency Medical Services for Children, members are expected to support the mission of the EMSC program and not subvert the purposes of the program while representing the Advisory Board. Members would not be expected to assume positions, nor promise to support the positions or programs of other organizations in the name of the Advisory Board or the Illinois Emergency Medical Services for Children program unless also supported by the Advisory Board.

ARTICLE XI**Bylaws of the Advisory Board**

The bylaws of the State of Illinois Emergency Medical Services for Children Advisory Board may only be amended by majority vote of the currently appointed Advisory Board members.

ARTICLE XII**Partial Invalidity**

In case any one or more of the provisions contained in these bylaws shall for any reason be held invalid, illegal or unenforceable in any respect, such provision shall not affect the remaining bylaws but these bylaws will be construed as if such invalid, illegal or unenforceable provision had never been contained herein.