EMS Terms & Definitions

Advanced Life Support (ALS) Services
An advanced level of pre-hospital and inter-hospital emergency care and non-emergency medical care that includes basic life support (BLS) care, cardiac monitoring, cardiac defibrillation, electrocardiography, intravenous therapy, administration of medications, drugs and solutions, use of adjunctive medical devices, trauma care, and other authorized techniques and procedures.

Ambulance Services Providers
Individuals, groups of individuals, corporations, partnerships, associates, trusts, joint ventures, units of local government, or other public or private entities that own and operate a business or service using one or more ambulances or EMS vehicles licensed by the Illinois Department of Public Health to transport emergency patients.

Associate Hospital
A hospital participating in an approved EMS System in accordance with the EMS System Program Plan, fulfilling the same clinical and communications requirements as the Resource Hospital. This hospital has neither the primary responsibility for conducting training programs nor the responsibility for the overall operation of the EMS System Program. The Associate Hospital must have a basic or comprehensive emergency department with 24-hour physician coverage. It must have a functioning Intensive Care Unit and/or a Cardiac Care Unit.

Basic Life Support (BLS) Services
A basic level of pre-hospital and inter-hospital emergency care and non-emergency medical care that includes airway management, cardiopulmonary resuscitation (CPR), control of shock and bleeding, and splinting of fractures. That care shall be initiated, where authorized by the EMS Medical Director in an IDPH-approved EMS System, under the written or verbal direction of a physician licensed to practice medicine in all of its branches or under the verbal direction of an Emergency Communications Registered Nurse.

Disaster POD
IDPH EMS regions used for the medical disaster plan, with each region having a designated hospital serving as the POD.

Emergency Medical Services (EMS) System
An organization of hospitals, vehicle service providers and personnel approved by IDPH in a specific geographic area, which coordinates and provides pre-hospital and inter-hospital emergency care and non-emergency medical transports at a BLS, Intermediate Life Support (ILS) and/or ALS level pursuant to a System program plan submitted to and approved by IDPH, and pursuant to the EMS Regional Plan adopted for the EMS Region in which the system is located.

Emergency Medical Services Medical Director
The physician, appointed by the Resource Hospital and approved by IDPH, who has the responsibility and authority for total management of the EMS system.

Emergency System for Advanced Registration of Volunteer Health Professional Personnel (ESAR-VHP)
Mandated provision of federal law (Public Health Security and Bioterrorism Response Act) to establish registry so that hospitals have ready access to any additional healthcare personnel who are needed to provide surge capacity in emergencies or disasters.
Hospital Health Alert Network (HHAN)
The system utilized to rapidly distribute health-related information to local health departments, hospitals, emergency medical services, and other health and medical providers throughout the state.

Illinois Cities Readiness Initiative (ICRI)
Statewide project to better prepare local jurisdictions across Illinois to dispense antibiotic prophylaxes and other medical material for the Strategic National Stockpile (SNS).

Illinois Emergency Management Agency (IEMA)
The primary responsibility of the Illinois Emergency Management Agency (IEMA) is to better prepare the State of Illinois for natural, manmade or technological disasters, hazards, or acts of terrorism. The goal is a “better prepared state.” IEMA coordinates the State’s disaster mitigation, preparedness, response and recovery programs and activities, functions as the State Emergency Response Commission, and maintains a 24-hour Communication Center and State Emergency Operations Center (SEOC).

The Illinois Medical Emergency Response Team (IMERT)
Four four-person (with four back-ups) groups serving north, central, Chicago and southern Illinois. Each team received advanced training by IDPH and includes one physician, one nurse, one EMT and one other healthcare professional. If a mass casualty incident (MCI) occurs and supplemental medical resources are needed, an IMERT team from an unaffected region will be deployed and on-site at the affected area within 4-6 hours.

Illinois Nurse Volunteer Emergency Needs Team (INVENT)
Illinois licensed registered nurses who have taken additional IDPH-sponsored training in order to provide additional nursing services in a disaster.

Illinois Pharmacy Emergency Response Network (IPERN)
Provides pharmacy support to the state through the local city and county health departments.

In-patient Bed Availability
Number of unoccupied beds covered by staff within a hospital broken down into non-monitored beds and monitored beds.

Incident Command System
A standardized organizational structure used to command, control and coordinate the use of resources and responding personnel at the scene of an emergency.

Intermediate Life Support (ILS) Services
An intermediate level of pre-hospital and inter-hospital emergency care and non-emergency medical care that includes basic life support care plus intravenous cannulation and fluid therapy, invasive airway management, trauma care, and other authorized techniques and procedures.

Level I Trauma Center
A hospital participating in an approved EMS System and designated by IDPH pursuant to Section 515.2040 to provide optimal care to trauma patients and to provide all essential services in-house, 24 hours per day.

Level II Trauma Center
A hospital participating in an approved EMS System and designated by IDPH pursuant to Section 515.2040 of this Part to provide optimal care to trauma patients, to provide some essential services available in-house 24 hours per day, and to provide other essential services readily available 24 hours a day.
Local Government Official
A community official who has the authority to implement and administer laws, ordinances and regulations for the community.

Mutual Aid Box Alarm System (MABAS)
An agreement among fire departments in the majority of Illinois counties to provide immediate extra manpower and equipment, systematic response of teams of personnel, access to specialized equipment that could not be justified for any single department, contractual responsibilities and liabilities, and broad-area coverage.

National Incident Management System
A single unified system that governs the full range of national incident management efforts, from awareness, prevention and preparedness to response and recovery. It provides mechanisms for the federal government to support state and local authorities effectively and efficiently as well as to meet responsibilities with respect to hazards or emergencies that fall within the authorities of federal agencies.

Participating Hospital
A hospital participating in an approved EMS System in accordance with the EMS System Program Plan, which is not a Resource Hospital or an Associate Hospital.

Phase I
Phase of the plan during which the disaster PODs assess broad areas for disaster resources in their given area.

Phase II
Phase of the plan during which the disaster PODs assess specific capabilities in its region.

Public Health Emergency Operation Center (PHEOC)
The IDPH command post set up specifically upon activation of the Emergency Medical Disaster Plan. PHEOC will be based in Chicago and/or Springfield depending on what level is activated. PHEOC personnel will be in direct contact with the activated emergency operations center (EOC) in Springfield. All communication to and from the activated POD hospital(s) will be from PHEOC.

POD Hospital
The disaster POD hospital is the lead hospital in a specific region responsible for coordinating disaster medical response upon activation of the Emergency Medical Disaster Plan by IOHNO. The POD will serve as the primary point of contact for communication and coordination of disaster response activities with its resource, associate and participating hospital(s) and EMS provider(s).

Resource Hospital
The hospital with the authority and the responsibility for an EMS System as outlined in the IDPH-approved EMS System Program Plan. The Resource Hospital, through the EMS Medical Director, assumes responsibility for the entire program, including the clinical aspects, operations and educational programs. This hospital agrees to replace medical supplies and provide for equipment exchange for participating EMS vehicles.

The Regional Emergency Medical Response Team (REMRT)
Team of personnel from other hospitals in affected POD region who are deployed to meet the response needs in the immediate time frame following an MCI and before the IMERT is able to arrive on site. Each hospital contributes one care provider, e.g., physician or nurse, to be part of the RMERT initiative.

Region Hospital Coordinating Centers (RHCC)
A centralized coordination center designed to address the challenges of emergency events.
Specialized Emergency Medical Services Vehicles (SEMSVs)
Vehicles that are not ambulances that transport the sick or injured by means of air, water or ground. These vehicles include watercraft, aircraft and special purpose ground transport vehicles not intended for use on public roads.

Terrorism
Under the Homeland Security Act of 2002, terrorism is defined as activity that involves an act dangerous to human life or potentially destructive of critical infrastructure or key resources and is a violation of the criminal laws of the United States or of any state or other subdivision of the United States in which it occurs and is intended to intimidate or coerce the civilian population or influence a government or affect the conduct of a government by mass destruction, assassination, or kidnapping.

Trauma Center
A hospital that: (1) within designated capabilities, provides optimal care to trauma patients; (2) participates in an approved EMS System; and (3) is duly designated pursuant to the provisions set by IDPH. Level I Trauma Centers shall provide all essential services in-house, 24 hours per day, in accordance with rules adopted by IDPH. Level II Trauma Centers shall have some essential services available in-house, 24 hours per day, and other essential services readily available, 24 hours per day, in accordance with rules adopted by IDPH.

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