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CERTIFICATE OF EMERGENCY AMENDMENT

The Department of Public Health, State of Illinois, certifies that the attached hereto is a true and correct copy of:

Heading for the Part: Hospital Licensing Requirements

Code Citation: 77 Ill. Adm. Code 250

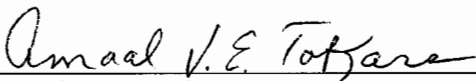
Section Involved:
250.455

which was duly amended by emergency action by this Agency.

Reason for Emergency: This emergency rule is adopted in response to Governor JB Pritzker's Gubernatorial Disaster Proclamations related to COVID-19.

Section 5-45 of the Illinois Administrative Procedure Act [5 ILCS 100/5-45] defines "emergency" as "the existence of any situation that any agency finds reasonably constitutes a threat to the public interest, safety, or welfare." The COVID-19 outbreak in Illinois is a significant public health crisis that warrants these emergency amendments.

Statutory Authority: Implementing and authorized by the Hospital Licensing Act [210 ILCS 85]



Amaal V. E. Tokars
Acting Director

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JUL 14 2022
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TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER b: HOSPITALS AND AMBULATORY CARE FACILITIES

PART 250
HOSPITAL LICENSING REQUIREMENTS

SUBPART A: GENERAL PROVISIONS

Section

- 250.1 COVID-19 Emergency Provisions for Hospitals
EMERGENCY
- 250.2 COVID-19 Emergency Provisions for Hospitals: Seclusion and Testing
Modifications
EMERGENCY
- 250.3 COVID-19 Emergency Provisions for Hospitals – At-Home Patient Care
EMERGENCY
- 250.100 Definitions
- 250.105 Incorporated and Referenced Materials
- 250.110 Application for and Issuance of Permit to Establish a Hospital
- 250.120 Application for and Issuance of a License to Operate a Hospital
- 250.130 Administration by the Department
- 250.140 Hearings
- 250.150 Definitions (Renumbered)
- 250.160 Incorporated and Referenced Materials (Renumbered)

SUBPART B: ADMINISTRATION AND PLANNING

Section

- 250.210 The Governing Board
- 250.220 Accounting
- 250.230 Planning
- 250.240 Admission and Discharge
- 250.245 Failure to Initiate Criminal Background Checks
- 250.250 Visiting Rules
- 250.260 Patients' Rights
- 250.265 Language Assistance Services
- 250.270 Manuals of Procedure
- 250.280 Agreement with Designated Organ Procurement Agencies
- 250.285 Smoking Restrictions
- 250.290 Safety Alert Notifications

EMERGENCY EFFECTIVE RECEIVED
JUL 14 2022 --- JUL 13 2022
SOS-CODE DIV. SOS-CODE DIV.

SUBPART C: THE MEDICAL STAFF

Section	
250.310	Organization
250.315	House Staff Members
250.320	Admission and Supervision of Patients
250.330	Orders for Medications and Treatments
250.340	Availability for Emergencies

SUBPART D: PERSONNEL SERVICE

Section	
250.410	Organization
250.420	Personnel Records
250.430	Duty Assignments
250.435	Health Care Worker Background Check
250.440	Education Programs
250.445	Workplace Violence Prevention Program
250.450	Personnel Health Requirements
250.455	COVID-19 Vaccination of Hospital Staff
EMERGENCY	
250.460	Benefits

SUBPART E: LABORATORY

Section	
250.510	Laboratory Services
250.520	Blood and Blood Components
250.525	Designated Blood Donor Program
250.530	Proficiency Survey Program (Repealed)
250.540	Laboratory Personnel (Repealed)
250.550	Western Blot Assay Testing Procedures (Repealed)

SUBPART F: RADIOLOGICAL SERVICES

Section	
250.610	General Diagnostic Procedures and Treatments
250.620	Radioactive Isotopes
250.630	General Policies and Procedures Manual

SUBPART G: GENERAL HOSPITAL EMERGENCY SERVICES

EMERGENCY EFFECTIVE

JUL 14 2022

SOS-CODE DIV.

Section	
250.710	Classification of Emergency Services
250.720	General Requirements
250.725	Notification of Emergency Personnel
250.730	Community or Areawide Planning
250.740	Disaster and Mass Casualty Program
250.750	Medical Forensic Services for Sexual Assault Survivors

SUBPART H: RESTORATIVE AND REHABILITATION SERVICES

Section	
250.810	Applicability of Other Parts of These Requirements
250.820	General
250.830	Classifications of Restorative and Rehabilitation Services
250.840	General Requirements for all Classifications
250.850	Specific Requirements for Comprehensive Physical Rehabilitation Services
250.860	Medical Direction
250.870	Nursing Care
250.880	Additional Allied Health Services
250.890	Animal-Assisted Therapy

SUBPART I: NURSING SERVICE AND ADMINISTRATION

Section	
250.910	Nursing Services
250.920	Organizational Plan
250.930	Role in hospital planning
250.940	Job descriptions
250.950	Nursing committees
250.960	Specialized nursing services
250.970	Nursing Care Plans
250.980	Nursing Records and Reports
250.990	Unusual Incidents
250.1000	Meetings
250.1010	Education Programs
250.1020	Licensure
250.1030	Policies and Procedures
250.1035	Domestic Violence Standards
250.1040	Patient Care Units
250.1050	Equipment for Bedside Care
250.1060	Drug Services on Patient Unit
250.1070	Care of Patients

EMERGENCY EFFECTIVE

JUL 14 2022--

SOS-CODE DIV.

- 250.1075 Use of Restraints
- 250.1080 Admission Procedures Affecting Care
- 250.1090 Sterilization and Processing of Supplies
- 250.1100 Infection Control
- 250.1110 Mandatory Overtime Prohibition
- 250.1120 Staffing Levels
- 250.1130 Nurse Staffing by Patient Acuity

SUBPART J: SURGICAL AND RECOVERY ROOM SERVICES

- Section
- 250.1210 Surgery
- 250.1220 Surgery Staff
- 250.1230 Policies & Procedures
- 250.1240 Surgical Privileges
- 250.1250 Surgical Emergency Care
- 250.1260 Operating Room Register and Records
- 250.1270 Surgical Patients
- 250.1280 Equipment
- 250.1290 Safety
- 250.1300 Operating Room
- 250.1305 Visitors in Operating Room
- 250.1310 Cleaning of Operating Room
- 250.1320 Postanesthesia Care Units

SUBPART K: ANESTHESIA SERVICES

- Section
- 250.1410 Anesthesia Service

SUBPART L: RECORDS AND REPORTS

- Section
- 250.1510 Medical Records
- 250.1520 Reports

SUBPART M: FOOD SERVICE

- Section
- 250.1610 Dietary Department Administration
- 250.1620 Facilities
- 250.1630 Menus and Nutritional Adequacy

EMERGENCY EFFECTIVE
JUL 14 2022

SOS-CODE DIV.

250.1640	Diet Orders
250.1650	Frequency of Meals
250.1660	Therapeutic (Modified) Diets
250.1670	Food Preparation and Service
250.1680	Sanitation

SUBPART N: HOUSEKEEPING AND LAUNDRY SERVICES

Section

250.1710	Housekeeping
250.1720	Garbage, Refuse and Solid Waste Handling and Disposal
250.1730	Insect and Rodent Control
250.1740	Laundry Service
250.1750	Soiled Linen
250.1760	Clean Linen

SUBPART O: OBSTETRIC AND NEONATAL SERVICE

Section

250.1810	Applicability of Other Provisions of this Part
250.1820	Obstetric and Neonatal Service (Perinatal Service)
250.1830	General Requirements for All Obstetric Departments
250.1840	Discharge of Newborn Infants from Hospital
250.1845	Caesarean Birth
250.1850	Single Room Postpartum Care of Mother and Infant
250.1860	Special Programs (Repealed)
250.1870	Labor, Delivery, Recovery and Postpartum Care

SUBPART P: ENGINEERING AND MAINTENANCE OF THE PHYSICAL PLANT, SITE, EQUIPMENT, AND SYSTEMS – HEATING, COOLING, ELECTRICAL, VENTILATION, PLUMBING, WATER, SEWER, AND SOLID WASTE DISPOSAL

Section

250.1910	Maintenance
250.1920	Emergency electric service
250.1930	Water Supply
250.1940	Ventilation, Heating, Air Conditioning, and Air Changing Systems
250.1950	Grounds and Buildings Shall be Maintained
250.1960	Sewage, Garbage, Solid Waste Handling and Disposal
250.1970	Plumbing
250.1980	Fire and Safety

EMERGENCY EFFECTIVE

JUL 14 2022

SOS-CODE DIV.

SUBPART Q: CHRONIC DISEASE HOSPITALS

Section	
250.2010	Definition
250.2020	Requirements

SUBPART R: PHARMACY OR DRUG AND MEDICINE SERVICE

Section	
250.2110	Service Requirements
250.2120	Personnel Required
250.2130	Facilities for Services
250.2140	Pharmacy and Therapeutics Committee

SUBPART S: PSYCHIATRIC SERVICES

Section	
250.2210	Applicability of other Parts of these Regulations
250.2220	Establishment of a Psychiatric Service
250.2230	The Medical Staff
250.2240	Nursing Service
250.2250	Allied Health Personnel
250.2260	Staff and Personnel Development and Training
250.2270	Admission, Transfer and Discharge Procedures
250.2280	Care of Patients
250.2290	Special Medical Record Requirements for Psychiatric Hospitals and Psychiatric Units of General Hospitals or General Hospitals Providing Psychiatric Care
250.2300	Diagnostic, Treatment and Physical Facilities and Services

SUBPART T: DESIGN AND CONSTRUCTION STANDARDS

Section	
250.2410	Applicability of these Standards
250.2420	Submission of Plans for New Construction, Alterations or Additions to Existing Facility
250.2430	Preparation of Drawings and Specifications – Submission Requirements
250.2440	General Hospital Standards
250.2442	Fees
250.2443	Advisory Committee
250.2450	Details
250.2460	Finishes
250.2470	Structural

EMERGENCY EFFECTIVE

JUL 14 2022

SOS-CODE DIV.

- 250.2480 Mechanical
- 250.2490 Plumbing and Other Piping Systems
- 250.2500 Electrical Requirements

SUBPART U: CONSTRUCTION REQUIREMENTS FOR EXISTING HOSPITALS

- Section
- 250.2610 Applicability of Subpart U
- 250.2620 Codes and Standards
- 250.2630 Existing General Hospital Requirements
- 250.2640 Details
- 250.2650 Finishes
- 250.2660 Mechanical
- 250.2670 Plumbing and Other Piping Systems
- 250.2680 Electrical Requirements

SUBPART V: SPECIAL CARE AND/OR SPECIAL SERVICE UNITS

- Section
- 250.2710 Special Care and/or Special Service Units
- 250.2720 Day Care for Mildly Ill Children

SUBPART W: ALCOHOLISM AND INTOXICATION TREATMENT SERVICES

- Section
- 250.2810 Applicability of Other Parts of These Requirements
- 250.2820 Establishment of an Alcoholism and Intoxication Treatment Service
- 250.2830 Classification and Definitions of Service and Programs
- 250.2840 General Requirements for all Hospital Alcoholism Program Classifications
- 250.2850 The Medical and Professional Staff
- 250.2860 Medical Records
- 250.2870 Referral
- 250.2880 Client Legal and Human Rights

- 250.APPENDIX A Codes and Standards (Repealed)
 - 250.EXHIBIT A Codes (Repealed)
 - 250.EXHIBIT B Standards (Repealed)
 - 250.EXHIBIT C Addresses of Sources (Repealed)
- 250.ILLUSTRATION A Seismic Zone Map
- 250.TABLE A Measurements Essential for Level I, II, III Hospitals
- 250.TABLE B Sound Transmission Limitations in General Hospitals
- 250.TABLE C Filter Efficiencies for Central Ventilation and Air Conditioning Systems in

EMERGENCY EFFECTIVE

JUL 14 2022

SOS-CODE DIV.

	General Hospitals (Repealed)
250.TABLE D	General Pressure Relationships and Ventilation of Certain Hospital Areas (Repealed)
250.TABLE E	Piping Locations for Oxygen, Vacuum and Medical Compressed Air
250.TABLE F	General Pressure Relationships and Ventilation of Certain Hospital Areas
250.TABLE G	Insulation/Building Perimeter

AUTHORITY: Implementing and authorized by the Hospital Licensing Act [210 ILCS 85].

SOURCE: Rules repealed and new rules adopted August 27, 1978; emergency amendment at 2 Ill. Reg. 31, p. 73, effective July 24, 1978, for a maximum of 150 days; amended at 2 Ill. Reg. 21, p. 49, effective May 16, 1978; emergency amendment at 2 Ill. Reg. 31, p. 73, effective July 24, 1978, for a maximum of 150 days; amended at 2 Ill. Reg. 45, p. 85, effective November 6, 1978; amended at 3 Ill. Reg. 17, p. 88, effective April 22, 1979; amended at 4 Ill. Reg. 22, p. 233, effective May 20, 1980; amended at 4 Ill. Reg. 25, p. 138, effective June 6, 1980; amended at 5 Ill. Reg. 507, effective December 29, 1980; amended at 6 Ill. Reg. 575, effective December 30, 1981; amended at 6 Ill. Reg. 1655, effective January 27, 1982; amended at 6 Ill. Reg. 3296, effective March 15, 1982; amended at 6 Ill. Reg. 7835 and 7838, effective June 17, 1982; amended at 7 Ill. Reg. 962, effective January 6, 1983; amended at 7 Ill. Reg. 5218 and 5221, effective April 4, 1983 and April 5, 1983; amended at 7 Ill. Reg. 6964, effective May 17, 1983; amended at 7 Ill. Reg. 8546, effective July 12, 1983; amended at 7 Ill. Reg. 9610, effective August 2, 1983; codified at 8 Ill. Reg. 19752; amended at 8 Ill. Reg. 24148, effective November 29, 1984; amended at 9 Ill. Reg. 4802, effective April 1, 1985; amended at 10 Ill. Reg. 11931, effective September 1, 1986; amended at 11 Ill. Reg. 10283, effective July 1, 1987; amended at 11 Ill. Reg. 10642, effective July 1, 1987; amended at 12 Ill. Reg. 15080, effective October 1, 1988; amended at 12 Ill. Reg. 16760, effective October 1, 1988; amended at 13 Ill. Reg. 13232, effective September 1, 1989; amended at 14 Ill. Reg. 2342, effective February 15, 1990; amended at 14 Ill. Reg. 13824, effective September 1, 1990; amended at 15 Ill. Reg. 5328, effective May 1, 1991; amended at 15 Ill. Reg. 13811, effective October 1, 1991; amended at 17 Ill. Reg. 1614, effective January 25, 1993; amended at 17 Ill. Reg. 17225, effective October 1, 1993; amended at 18 Ill. Reg. 11945, effective July 22, 1994; amended at 18 Ill. Reg. 15390, effective October 10, 1994; amended at 19 Ill. Reg. 13355, effective September 15, 1995; emergency amendment at 20 Ill. Reg. 474, effective January 1, 1996, for a maximum of 150 days; emergency expired May 29, 1996; amended at 20 Ill. Reg. 3234, effective February 15, 1996; amended at 20 Ill. Reg. 10009, effective July 15, 1996; amended at 22 Ill. Reg. 3932, effective February 13, 1998; amended at 22 Ill. Reg. 9342, effective May 20, 1998; amended at 23 Ill. Reg. 1007, effective January 15, 1999; emergency amendment at 23 Ill. Reg. 3508, effective March 4, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 9513, effective August 1, 1999; amended at 23 Ill. Reg. 13913, effective November 15, 1999; amended at 24 Ill. Reg. 6572, effective April 11, 2000; amended at 24 Ill. Reg. 17196, effective November 1, 2000; amended at 25 Ill. Reg. 3241, effective February 15, 2001; amended at 27 Ill. Reg. 1547, effective January 15, 2003; amended at 27 Ill. Reg. 13467, effective July 25, 2003; amended at

EMERGENCY EFFECTIVE

JUL 14 2022

SOS-CODE DIV.

28 Ill. Reg. 5880, effective March 29, 2004; amended at 28 Ill. Reg. 6579, effective April 15, 2004; amended at 29 Ill. Reg. 12489, effective July 27, 2005; amended at 31 Ill. Reg. 4245, effective February 20, 2007; amended at 31 Ill. Reg. 14530, effective October 3, 2007; amended at 32 Ill. Reg. 3756, effective February 27, 2008; amended at 32 Ill. Reg. 4213, effective March 10, 2008; amended at 32 Ill. Reg. 7932, effective May 12, 2008; amended at 32 Ill. Reg. 14336, effective August 12, 2008; amended at 33 Ill. Reg. 8306, effective June 2, 2009; amended at 34 Ill. Reg. 2528, effective January 27, 2010; amended at 34 Ill. Reg. 3331, effective February 24, 2010; amended at 34 Ill. Reg. 19031, effective November 17, 2010; amended at 34 Ill. Reg. 19158, effective November 23, 2010; amended at 35 Ill. Reg. 4556, effective March 4, 2011; amended at 35 Ill. Reg. 6386, effective March 31, 2011; amended at 35 Ill. Reg. 13875, effective August 1, 2011; amended at 36 Ill. Reg. 17413, effective December 3, 2012; amended at 38 Ill. Reg. 13280, effective June 10, 2014; amended at 39 Ill. Reg. 5443, effective March 25, 2015; amended at 39 Ill. Reg. 13041, effective September 3, 2015; amended at 41 Ill. Reg. 7154, effective June 12, 2017; amended at 41 Ill. Reg. 14945, effective November 27, 2017; amended at 42 Ill. Reg. 9507, effective May 24, 2018; amended at 43 Ill. Reg. 3889, effective March 18, 2019; amended at 43 Ill. Reg. 12990, effective October 22, 2019; emergency amendment at 44 Ill. Reg. 5934, effective March 25, 2020, for a maximum of 150 days; emergency expired August 21, 2020; emergency amendment at 44 Ill. Reg. 7788, effective April 16, 2020, for a maximum of 150 days; emergency repeal of emergency amendment at 44 Ill. Reg. 14333, effective August 24, 2020; emergency amendment at 44 Ill. Reg. 14804, effective August 24, 2020, for a maximum of 150 days; emergency expired January 20, 2021; amended at 44 Ill. Reg. 18379, effective October 29, 2020; emergency amendment at 45 Ill. Reg. 1202, effective January 8, 2021, for a maximum of 150 days; emergency amendment expired June 6, 2021; emergency amendment at 45 Ill. Reg. 1715, effective January 21, 2021, for a maximum of 150 days; emergency expired June 19, 2021; emergency amendment at 45 Ill. Reg. 7544, effective June 7, 2021, for a maximum of 150 days; emergency expired November 3, 2021; emergency amendment at 45 Ill. Reg. 8096, effective June 15, 2021, for a maximum of 150 days; emergency expired November 11, 2021; emergency amendment at 45 Ill. Reg. 8503, effective June 20, 2021, for a maximum of 150 days; emergency expired November 16, 2021; emergency amendment at 45 Ill. Reg. 11907, effective September 17, 2021, for a maximum of 150 days; emergency expired February 13, 2022; emergency amendment at 45 Ill. Reg. 14519, effective November 4, 2021, for a maximum of 150 days; emergency expired April 2, 2022; emergency amendment at 45 Ill. Reg. 15115, effective November 12, 2021 through December 31, 2021; emergency amendment at 45 Ill. Reg. 15375, effective November 17, 2021, for a maximum of 150 days; emergency expired April 15, 2022; emergency amendment at 46 Ill. Reg. 1911, effective January 13, 2022, for a maximum of 150 days; emergency expired June 11, 2022; emergency amendment at 46 Ill. Reg. 3208, effective February 14, 2022, for a maximum of 150 days; emergency expired July 13, 2022; emergency amendment at 46 Ill. Reg. 6142, effective April 3, 2022, for a maximum of 150 days; emergency amendment at 46 Ill. Reg. 6808, effective April 16, 2022, for a maximum of 150 days; amended at 46 Ill. Reg. 8914, effective May 12, 2022; emergency amendment at 46 Ill. Reg. 10950, effective June 12, 2022, for a maximum of 150 days; emergency amendment to emergency rule at 46 Ill. Reg. _____, effective July 6,

EMERGENCY EFFECTIVE

JUL 14 2022--

SOS-CODE DIV.

2022, for the remainder of the 150 days; emergency amendment at 46 Ill. Reg., _____,
effective July 14, 2022, for a maximum of 150 days.

EMERGENCY EFFECTIVE
JUL 14 2022
SOS-CODE DIV.

**Section 250.455 COVID-19 Vaccination of Hospital Staff
EMERGENCY**

- a) For the purposes of this Section:
- 1) "Staff" or "staff person" means any person who is employed by, volunteers for, or is contracted to provide services for a hospital, or is employed by an entity that is contracted to provide services to a hospital, and is in close contact (less than 6 feet) with other persons in the hospital for more than 15 minutes at least once a week on a regular basis as determined by the hospital. The term "staff" or "staff person" does not include any person who is present at the hospital for only a short period of time and whose moments of close physical proximity to others on-site are fleeting (e.g., contractors making deliveries to a site where they remain physically distanced from others or briefly entering a site to pick up a shipment).
 - 2) "COVID-19 vaccine" means a vaccine for COVID-19 that has been authorized for emergency use, licensed, or otherwise approved by the U.S. Food and Drug Administration (FDA).
 - 3) An individual is "fully vaccinated against COVID-19" two weeks after receiving the second dose in a two-dose series of a COVID-19 vaccine authorized for emergency use, licensed, or otherwise approved by the FDA, or two weeks after receiving a single-dose COVID-19 vaccine authorized for emergency use, licensed, or otherwise approved by the FDA.
 - 4) "Outbreak" means a situation when two or more individuals within the same outbreak setting at the hospital:
 - A) Are laboratory positive for SARS-CoV-2 by antigen or PCR testing;
 - B) Are epidemiologically linked to the outbreak setting;
 - C) Have onset of illness or a positive SARS-Co-V test (if asymptomatic) within the same 14- day period;
 - D) Do not share a household; and

EMERGENCY EFFECTIVE

JUL 14 2022

SOS-CODE DIV.

- E) Are not listed as a close contact of each other outside of the outbreak setting.
- 5) "Outbreak setting" means a place where people congregate to learn, work, receive or provide care, dine or conduct business, and that is generally limited to parts of a hospital building unless the COVID-19 outbreak among individuals is widely dispersed throughout the entire building. Examples of outbreak settings include but are not limited to, learning centers, hospital units, procedural areas, outpatient service areas, and administrative offices.
- b) Each hospital shall require all staff to be fully vaccinated against COVID-19 or be tested in a manner consistent with the requirements of subsection (c).
- 1) New hospital staff shall receive or have received, at a minimum, the first dose of a two-dose vaccine series or a single dose vaccine no later than 10 days after their start date at the hospital, and if applicable, the second dose of a two-dose COVID-19 vaccine series within 30 days after administration of their first dose, or be tested consistent with the requirements of subsection (c).
 - 2) Each hospital shall require staff who are fully vaccinated against COVID-19 to submit proof of all COVID-19 vaccinations. Proof of vaccination may be met by providing to the hospital one of the following:
 - A) A Centers for Disease Control and Prevention (CDC) COVID-19 vaccination record card or photo of the card;
 - B) Documentation of vaccination from a health care provider or electronic health record; or
 - C) State immunization records.
 - 3) Each hospital shall make available opportunities for staff to be fully vaccinated against COVID-19, either directly at the hospital or indirectly, such as through an arrangement with a pharmacy partner, local health department, or other appropriate health entity.
 - 4) Each hospital shall exempt individual staff members from the requirement that all staff be fully vaccinated against COVID-19 if:

EMERGENCY EFFECTIVE

JUL 14 2022

SOS-CODE DIV.

- A) Vaccination is medically contraindicated, including any individual staff member who is entitled to an accommodation under the Americans with Disabilities Act or any other law applicable to a disability-related reasonable accommodation; or
 - B) Vaccination would require the individual staff member to violate or forgo a sincerely held religious belief, practice, or observance.
- 5) Staff that fall within the exemption in subsection (b)(4) shall undergo the testing requirements set forth in subsection (c).
 - 6) Hospitals may adopt more stringent policies requiring all staff to be vaccinated. Nothing in this Section supersedes or modifies the date these policies are designated by the hospital to take effect.
 - 7) Hospitals certified by the Centers for Medicare & Medicaid Services (CMMS) shall maintain compliance with all applicable CMMS regulations and guidance including but not limited to requirements in 42 CFR 482.42(g)(1).
- c) Except as provided in subsection (d), each hospital shall require its staff who are not fully vaccinated against COVID-19 to undergo testing for COVID-19 once per week if the level of COVID-19 community transmission is high. No testing is required for hospitals in counties where community transmission levels are low, moderate, or substantial. COVID-19 community transmission levels shall be determined based on the CDC COVID Data Tracker available at: <https://covid.cdc.gov/covid-data-tracker>. Staff who are not fully vaccinated against COVID-19 and not tested as required by this subsection shall not be permitted to enter or work at the hospital.
- 1) The COVID-19 test shall either have Emergency Use Authorization by the FDA or be operated pursuant to the Laboratory Developed Test requirements of the U.S. Centers for Medicare and Medicaid Services.
 - 2) At-home tests or self-test kits for COVID-19 are available for purchase from retail pharmacies or other outlets. Some of these tests require supervision from a health care provider through telehealth, who will then confirm the identity of the person taking the test (e.g., by showing photo ID), while others are fully self-administered. At-home or self-tests should be a last resort test option to fulfill the requirements of Executive Order 2021-22, and health care workers should use only those tests that are observed and verifiable by a health care provider.

EMERGENCY EFFECTIVE

JUL 14 2022

SOS-CODE DIV.

- 3) If a staff person tests positive for COVID-19, the hospital shall exclude the staff person from the hospital and the staff person shall be subject to all applicable isolation and quarantine rules and hospital policies.
 - 4) Staff who are not fully vaccinated against COVID-19 may be permitted to enter or work at the hospital while they are waiting to receive the results of their most recent test.
 - 5) If the hospital has an outbreak as defined in subsection (a)(3), all staff who are not fully vaccinated against COVID-19 shall undergo testing for COVID-19 at least twice weekly, with tests administered at least three days apart. Testing at this frequency shall continue until testing identifies no new cases of COVID-19 infection among staff for a period of at least 14 days since the most recent positive result. The Department recommends PCR testing with a less than 48-hour turn-around time.
- d) If the hospital provides services to individuals who are considered immunocompromised, require high acuity health care, or are undergoing invasive procedures, it is recommended, but not required, that the hospital provide testing of unvaccinated staff more frequently than on a twice-weekly basis.
 - e) Each hospital shall ensure that all individuals who administer the COVID-19 vaccine pursuant to this Section are qualified and trained to administer the vaccine in accordance with all applicable federal and State laws and rules.
 - f) Each hospital shall post conspicuous signage throughout the hospital notifying staff that the hospital makes available opportunities for staff to be fully vaccinated against COVID-19. The signs shall be on 8.5 by 11-inch white paper, with text in Calibri (body) font and 26-point type in black letters.
 - g) Each hospital shall provide its unvaccinated staff a minimum of 90 minutes of clear and accurate instruction covering vaccine education, effectiveness, benefits, risks, common reactions, hesitancy, and misinformation. Records of training shall be made available to the Department upon request. Examples of Department-approved training and educational resources include those offered for health care professionals by the:
 - 1) Illinois Department of Public Health WebEx webinar recording: Vaccine Protection: Caring Communities Working Together available at: <https://illinois.webex.com/illinois/lsr.php?RCID=45ae739d9a0b1c34e884c1608fef2fd9>;

EMERGENCY EFFECTIVE

JUL 14 2022

SOS-CODE DIV.

- 2) CDC, available at <https://www2.cdc.gov/vaccines/ed/covid19/>; and
 - 3) Immunization Action Coalition (IAC), available at <https://www.immunize.org/covid-19/>.
- h) Each hospital shall maintain a record of fully vaccinated staff, unvaccinated staff, and test results required per subsection (c).
- i) The hospital shall maintain documentation in each staff person's confidential medical file, in accordance with federal and State privacy laws, regarding all COVID-19 vaccinations and tests, including the following:
- 1) Proof of vaccination for the staff person;
 - 2) The results of COVID-19 tests for each staff person; and
 - 3) Written exemption from the vaccine.
- j) Nothing in this emergency amendment prohibits any hospital from implementing vaccination or testing requirements for staff, residents, and visitors that exceed the requirements of this Section.
- k) Any violation of this Part is subject to enforcement action by the Department to the greatest extent permitted by law.

(Source: Emergency rule added at 46 Ill. Reg. _____, effective July 14, 2022, for a maximum of 150 days)

EMERGENCY EFFECTIVE
JUL 14 2022
SOS-CODE DIV.