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### CERTIFICATE OF EMERGENCY AMENDMENTS

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

Heading for the Part: Illinois Veterans' Homes Code

Code Citation: 77 Ill. Adm. Code 340

Sections Involved:

340.1010

340.1335

which was duly amended by emergency action by this Agency.

Reason for Emergency: These emergency amendments are 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 Nursing Home Care Act [210 ILCS 45]

Amaal V. E. Tokars  
Acting Director

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TITLE 77: PUBLIC HEALTH  
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH  
SUBCHAPTER c: LONG-TERM CARE FACILITIES

PART 340  
ILLINOIS VETERANS' HOMES CODE

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340.TABLE B	Guidelines for the Use of Various Drugs

**AUTHORITY:** Implementing and authorized by the Nursing Home Care Act [210 ILCS 45].

**SOURCE:** Emergency rule adopted at 18 Ill. Reg. 10391, effective June 21, 1994, for a maximum of 150 days; emergency rule expired November 18, 1994; adopted at 19 Ill. Reg. 5679, effective April 3, 1995; emergency amendment at 20 Ill. Reg. 496, effective January 1, 1996, for a maximum of 150 days; emergency expired May 29, 1996; amended at 20 Ill. Reg. 10045, effective July 15, 1996; amended at 20 Ill. Reg. 12013, effective September 10, 1996; amended at 22 Ill. Reg. 3959, effective February 13, 1998; amended at 22 Ill. Reg. 7162, effective April 15, 1998; amended at 23 Ill. Reg. 1038, effective January 15, 1999; amended at 23 Ill. Reg. 7931, effective July 15, 1999; amended at 24 Ill. Reg. 17225, effective November 1, 2000; amended at 25 Ill. Reg. 4869, effective April 1, 2001; amended at 26 Ill. Reg. 4870, effective April 1, 2002; amended at 26 Ill. Reg. 10589, effective July 1, 2002; emergency amendment at 27 Ill. Reg. 2222, effective February 1, 2003, for a maximum of 150 days; emergency expired June 30, 2003; amended at 27 Ill. Reg. 5903, effective April 1, 2003; emergency amendment at 27 Ill. Reg. 14230, effective August 15, 2003, for a maximum of 150 days; emergency expired January 11, 2004; amended at 27 Ill. Reg. 15904, effective September 25, 2003; amended at 27 Ill. Reg. 18148, effective November 15, 2003; amended at 28 Ill. Reg. 11209, effective July 22, 2004; emergency amendment at 29 Ill. Reg. 11931, effective July 12, 2005, for a maximum of 150 days; emergency rule modified in response to JCAR

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Recommendation at 29 Ill. Reg. 15208, effective September 23, 2005, for the remainder of the maximum 150 days; emergency amendment expired December 8, 2005; amended at 29 Ill. Reg. 12924, effective August 2, 2005; amended at 30 Ill. Reg. 1452, effective January 23, 2006; amended at 30 Ill. Reg. 5303, effective March 2, 2006; amended at 31 Ill. Reg. 6098, effective April 3, 2007; amended at 31 Ill. Reg. 8841, effective June 6, 2007; amended at 33 Ill. Reg. 9384, effective June 17, 2009; amended at 34 Ill. Reg. 19214, effective November 23, 2010; amended at 35 Ill. Reg. 3442, effective February 14, 2011; amended at 35 Ill. Reg. 11596, effective June 29, 2011; amended at 37 Ill. Reg. 2330, effective February 4, 2013; amended at 37 Ill. Reg. 4983, effective March 29, 2013; amended at 39 Ill. Reg. 5482, effective March 25, 2015; amended at 42 Ill. Reg. 1132, effective January 5, 2018; emergency amendment at 44 Ill. Reg. 8548, effective May 5, 2020, for a maximum of 150 days; emergency repeal of emergency rule at 44 Ill. Reg. 16291, effective September 15, 2020 emergency amendment at 44 Ill. Reg. 18994, effective November 19, 2020, for a maximum of 150 days; emergency rule expired April 17, 2021; emergency amendment at 45 Ill. Reg. 425, effective December 18, 2020, for a maximum of 150 days; emergency amendment to emergency rule at 45 Ill. Reg. 2098, effective January 27, 2021, for the remainder of the 150 days; emergency rule as amended expired May 16, 2021; emergency amendment at 45 Ill. Reg. 5576, effective April 18, 2021, for a maximum of 150 days; emergency expired September 14, 2021; emergency amendment at 45 Ill. Reg. 6719, effective May 17, 2021, for a maximum of 150 days; emergency expired October 13, 2021; emergency amendment at 45 Ill. Reg. 11994, effective September 15, 2021, for a maximum of 150 days; emergency amendment to emergency rule at 45 Ill. Reg. 14597, effective November 5, 2021, for the remainder of the 150 days; emergency expired February 11, 2022; emergency amendment at 45 Ill. Reg. 13725, effective October 14, 2021, for a maximum of 150 days; emergency expired March 12, 2022; emergency amendment at 45 Ill. Reg. 14039, effective October 22, 2021, for a maximum of 150 days; emergency expired March 20, 2022; emergency amendment at 46 Ill. Reg. 3297, effective February 12, 2022, for a maximum of 150 days; emergency expired July 11, 2022; emergency amendment at 46 Ill. Reg. 5357, effective March 13, 2022, for a maximum of 150 days; emergency amendment at 46 Ill. Reg. 5590, effective March 21, 2022, for a maximum of 150 days; amended at 46 Ill. Reg. 10504, effective June 2, 2022; emergency amendment at 46 Ill. Reg. \_\_\_\_\_, effective JUL 15 2022, for a maximum of 150 days.

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**Section 340.1010 Incorporated and Referenced Materials**  
**EMERGENCY**

- a) The following regulations and standards are incorporated in this Part:
- 1) Private and professional association standards:
    - A) NFPA No. 99: Standard for Health Care Facilities (2000 Edition), which may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02169. (See Section 340.1650.)
    - B) American College of Obstetricians and Gynecologists, Guidelines for Women's Health Care, Third Edition (2007), which may be obtained from the American College of Obstetricians and Gynecologists Distribution Center, P.O. Box 933104, Atlanta, Georgia 31193-3104 (800-762-2264). (See Section 340.1550.)
    - C) American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE): ASHRAE Guideline 12-2020, "Managing the Risk of Legionellosis Associated with Building Water Systems" (March 30, 2021), which may be obtained from the American Society of Heating, Refrigerating, and Air Conditioning Engineers, Inc., 1791 Tullie Circle, N.E., Atlanta, Georgia 30329.
  - 2) Federal guidelines:
    - A) The following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, may be obtained from the National Technical Information Service (NTIS), U.S. Department of Commerce, 5285 Port Royal Road, Springfield, Virginia 22161:
      - i) Guideline for Prevention of Catheter-Associated Urinary Tract Infections, available at: <https://www.cdc.gov/infectioncontrol/pdf/guidelines/cauti-guidelines-H.pdf> (June 6, 2019);
      - ii) Guideline for Hand Hygiene in Health-Care Settings, available at: <https://www.cdc.gov/mmwr/pdf/rr/rr5116.pdf> (October 2002);

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- iii) Guidelines for Prevention of Intravascular Catheter-Related Infections, available at:  
<https://www.cdc.gov/hai/pdfs/bsiguideines-2011.pdf> (2011);
- iv) Guideline for Prevention of Surgical Site Infection, available at:  
<https://www.cdc.gov/infectioncontrol/guidelines/ssi/index.html> (2017);
- v) Guidelines for Preventing Healthcare-Associated Pneumonia, which can be found at  
<https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5303a1.htm> (2003);
- vi) 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, available at  
<https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf> (May 2022)
- vii) Infection Control in Healthcare Personnel: Infrastructure and Routine Practices for Occupational Infection Prevention and Control Services (October 25, 2019), available in two parts at  
<https://www.cdc.gov/infectioncontrol/pdf/guidelines/infection-control-HCP-H.pdf> and  
<https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/index.html>;
- viii) Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes, available at:  
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-termcare.html> (February 2, 2022)
- ix) Interim Guidance for Managing Healthcare Personnel with SARSCoV-2 Infection or Exposure to SARS-CoV-2, available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-riskassessment-hcp.html> (February 2, 2022)
- x) Interim Infection Prevention and Control

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Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-controlrecommendations.html> (February 2, 2022)

- B) The following publication may be obtained at the Centers for Disease Control and Prevention website: Toolkit for Controlling Legionella in Common Sources of Exposure (January 13, 2021), available at <https://www.cdc.gov/legionella/downloads/Control-Toolkit-Modules.pdf>
- 3) Federal regulations:
  - A) Definitions (38 CFR 51.2, effective February 7, 2000);
  - B) Resident rights (38 CFR 51.70, effective February 7, 2000);
  - C) Admission, transfer and discharge rights (38 CFR 51.80, effective February 7, 2000);
  - D) Resident behavior and facility practices (38 CFR 51.90, effective February 7, 2000);
  - E) Quality of life (38 CFR 51.100, effective February 7, 2000);
  - F) Resident assessment (38 CFR 51.110, effective February 7, 2000);
  - G) Quality of care (38 CFR 51.120, effective February 7, 2000);
  - H) Nursing services (38 CFR 51.130, effective February 7, 2000);
  - I) Dietary services (38 CFR 51.140, effective February 7, 2000);
  - J) Physician services (38 CFR 51.150, effective February 7, 2000);
  - K) Specialized rehabilitative services (38 CFR 51.160, effective February 7, 2000);
  - L) Dental services (38 CFR 51.170, effective February 7, 2000);
  - M) Pharmacy services (38 CFR 51.180, effective February 7, 2000);

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- N) Infection control (38 CFR 51.190, effective February 7, 2000);
  - O) Physical environment (38 CFR 51.200, effective February 7, 2000);
  - P) Administration (38 CFR 51.210, effective February 7, 2000);
  - Q) Prescriptions (21 CFR 1306, effective April 1, 2002).
- b) The following federal and State statutes are referenced in this Part:
- 1) Civil Rights Act of 1964 (42 USC 2000e et seq.);
  - 2) Social Security Act (42 USC 301 et seq., 1395 et seq., and 1396 et seq.);
  - 3) Veterans' Benefits (38 USC 101; 38 USC 641 et seq.);
  - 4) Controlled Substances Act (21 USC 802);
  - 5) Illinois Dental Practice Act [225 ILCS 25];
  - 6) Election Code [10 ILCS 5];
  - 7) Freedom of Information Act [5 ILCS 140];
  - 8) General Not For Profit Corporation Act of 1986 [805 ILCS 105];
  - 9) Illinois Health Facilities Planning Act [20 ILCS 3960];
  - 10) Nurse Practice Act [225 ILCS 65];
  - 11) Illinois Occupational Therapy Practice Act [225 ILCS 75];
  - 12) Illinois Physical Therapy Act [225 ILCS 90];
  - 13) Life Care Facilities Act [210 ILCS 40];
  - 14) Medical Practice Act of 1987 [225 ILCS 60];
  - 15) Mental Health and Developmental Disabilities Code [405 ILCS 5];
  - 16) Nursing Home Administrators Licensing and Disciplinary Act [225 ILCS 70];

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- 17) Nursing Home Care Act [210 ILCS 45];
- 18) Pharmacy Practice Act [225 ILCS 85];
- 19) Probate Act of 1975 [755 ILCS 5];
- 20) Illinois Public Aid Code [305 ILCS 5].
- 21) Counties Code [55 ILCS 5];
- 22) Hospital Licensing Act [210 ILCS 85];
- 23) Child Care Act of 1969 [225 ILCS 10];
- 24) Community Living Facilities Licensing Act [210 ILCS 35];
- 25) Life Care Facilities Act [210 ILCS 40];
- 26) Supportive Residences Licensing Act [210 ILCS 65];
- 27) Assisted Living and Shared Housing Act [210 ILCS 9];
- 28) Alternative Health Care Delivery Act [210 ILCS 3];
- 29) Clinical Psychologist Licensing Act [225 ILCS 15];
- 30) Clinical Social Work and Social Work Practice Act [225 ILCS 20];
- 31) Alzheimer's Special Care Disclosure Act [210 ILCS 4];
- 32) Illinois Administrative Procedure Act [5 ILCS 100];
- 33) Illinois Act on the Aging [20 ILCS 105];
- 34) Health Care Worker Background Check Act [225 ILCS 46];
- 35) Illinois Controlled Substances Act [720 ILCS 570];
- 36) Criminal Jurisprudence Act [720 ILCS 115];
- 37) Powers of Attorney for Health Care Law [755 ILCS 45/Art. IV];

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- 38) Probate Act of 1975 [755 ILCS 5];
  - 39) Mental Health and Developmental Disabilities Code [405 ILCS 5];
  - 40) Illinois Living Will Act [755 ILCS 35];
  - 41) Health Care Surrogate Act [755 ILCS 45];
  - 42) Health Care Right of Conscience Act [745 ILCS 70];
  - 43) Illinois Optometric Practice Act of 1987 [225 ILCS 80];
  - 44) Physician Assistant Practice Act of 1987 [220 ILCS 95];
  - 45) Podiatric Medical Practice Act of 1987 [225 ILCS 100].
- c) The following State of Illinois rules are referenced:
- 1) Control of Communicable Diseases Code (77 Ill. Adm. Code 690);
  - 2) Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693);
  - 3) Food Service Sanitation Code (77 Ill. Adm. Code 750);
  - 4) Illinois Plumbing Code (77 Ill. Adm. Code 890);
  - 5) Private Sewage Disposal Code (77 Ill. Adm. Code 905);
  - 6) Drinking Water Systems Code (77 Ill. Adm. Code 900);
  - 7) Water Well Construction Code (77 Ill. Adm. Code 920);
  - 8) Illinois Water Well Pump Installation Code (77 Ill. Adm. Code 925);
  - 9) Access to Public Records of the Department of Public Health (2 Ill. Adm. Code 1127);
  - 10) Long-Term Care Assistants and Aides Training Programs Code (77 Ill. Adm. Code 395);
  - 11) Control of Tuberculosis Code (77 Ill. Adm. Code 696);

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- 12) Health Care Worker Background Check Code (77 Ill. Adm. Code 955);
  - 13) Language Assistance Services Code (77 Ill. Adm. Code 940);
  - 14) Illinois Controlled Substances Act (77 Ill. Adm. Code 3100);
  - 15) Alcoholism and Substance Abuse Treatment and Intervention Licenses (77 Ill. Adm. Code 2060);
  - 16) Medical Payment (89 Ill. Adm. Code 140.544).
- d) All incorporations by reference of federal regulations and guidelines and the standards of nationally recognized organizations refer to the regulations and standards on the date specified and do not include any amendments or editions subsequent to the date specified.

(Source: Emergency amendment at 46 Ill. Reg. \_\_\_\_\_, effective JUL 15 2022, for a maximum of 150 days)

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**Section 340.1335 Infection Control  
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- a) Each facility shall establish and follow policies and procedures for investigating, controlling, preventing, and testing for infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code and Control of Sexually Transmissible Diseases Code. All staff shall be trained on the policies and procedures, and training records maintained for three years. Activities shall be monitored to ensure that these policies and procedures are followed. Infection control policies and procedures shall be maintained in the facility and made available upon request to facility staff, the resident and the resident's family or resident's representative, the Department, and the certified local health department.
- b) A group, i.e., an infection control committee, quality assurance committee, or other facility entity, shall periodically, but not less than annually, review the results of investigations and activities to control infections. Upon request, the facility shall provide the Department with the group's recommendations to control infections within the facility.
- c) Each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, U.S. Public Health Service, Department of Health and Human Services (see Section 340.1010):
  - 1) Guideline for Prevention of Catheter-Associated Urinary Tract Infections.
  - 2) Guideline for Hand Hygiene in Health-Care Settings.
  - 3) Guidelines for Prevention of Intravascular Infections.
  - 4) Guideline for Prevention of Surgical Site Infection.
  - 5) Guidelines for Preventing Healthcare-Associated Pneumonia.
  - 6) Guideline for Isolation Precautions: Transmission of Infectious Agents in Healthcare Settings.
  - 7) Infection Control in Healthcare Personnel: Infrastructure and Routine Practices for Occupational Infection Prevention and Control Services.
  - 8) Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes

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- 9) Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2
  - 10) Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic
- d) Each facility shall conduct testing of residents and staff, including individuals providing services under arrangement and volunteers, for the control or detection of communicable diseases when:
- 1) The facility is experiencing an outbreak; or
  - 2) Directed by the Department or the certified local health department where the chance of transmission is high, including, but not limited to, regional outbreaks, epidemics, or pandemics
- e) COVID-19 Testing and Documentation  
The facility shall test residents and facility staff, which includes any person who is employed by, volunteers for, or is contracted to provide services for a facility, or is employed by an entity that is contracted to provide services to a facility, for COVID-19. At a minimum, the facility shall:
- 1) Prioritize and conduct immediate testing of residents or staff with symptoms of COVID-19;
  - 2) If a resident or staff in the facility tests positive for COVID-19, follow either a unit-based or broad-based approach for testing residents and staff, regardless of vaccination status. Testing shall include all residents and staff who have not tested positive in the past 90 days.
    - A) If a unit-based approach is used, the facility must test all residents and staff immediately (but not earlier than two days after the exposure) in the unit (or department) where the staff worked, or the resident resided. Facilities shall continue to test every three to seven days until there are no more positive cases for 14 days.
    - B) If a broad-based approach is used, the facility must test all residents and facility staff immediately (but not earlier than two days after the exposure). Facilities shall continue to test every three to seven days until there are no more positive cases for 14 days.

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- 3) Documentation
  - A) For residents, document in each resident's record any time a test was completed, including the result of the test, or whether testing was refused or contraindicated;
  - B) For staff members, document in each staff member's confidential medical file (as distinct from the staff member's personnel file) any time a test was completed, including the result of the test, or whether testing was refused or contraindicated;
  - C) For volunteers and individuals providing services under an arrangement, document in each individual's confidential medical file any time a test was completed, including the result of the test or whether testing was contraindicated (in the event that no confidential medical file is maintained, the agreement for the services that are being provided under arrangement as well as the program for volunteers shall include a process for documenting these results);
  - D) Facilities that are not required to report COVID-19 aggregate testing data into the National Healthcare Safety Network (NHSN) shall report this data to the Department weekly utilizing the online form available at <https://app.smartsheet.com/b/form/fa2d7abfb102490b9d2622a2ba490744>.
- 4) Upon confirmation that a resident or staff member tests positive with COVID-19, or if a resident or staff member displays symptoms consistent with COVID-19, take immediate steps to prevent the transmission of COVID-19, including but not limited to cohorting, isolation and quarantine, environmental cleaning and disinfecting, hand hygiene, and use of appropriate personal protective equipment;
- 5) Have written procedures for addressing residents and staff, including individuals providing services under arrangement and volunteers, who refuse testing or are unable to be tested, including a requirement that all volunteers shall agree to testing,
- f) Each facility shall make arrangements with a testing laboratory to process any specimens collected under subsections (d) and (e) and ensure that complete

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information is submitted with each specimen, including name, address, date of birth, sex, race, and ethnicity.

- g) Each facility shall keep a record of testing done under subsections (d) and (e), available to the Department upon request.

(Source: Emergency amendment at 46 Ill. Reg. \_\_\_\_\_, effective JUL 15 2022, for a maximum of 150 days)

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