



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

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: Specialized Mental Health Rehabilitation Facilities Code

Code Citation: 77 Ill. Adm. Code 380

Sections Involved:

380.110

380.641

380.643

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 Specialized Mental Health Rehabilitation Act of 2013 [210 ILCS 49].

Amaal V. E. Tokars
Acting Director

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.

RECEIVED

JUL 15 2022

SOS-CODE DIV.

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

PART 380
SPECIALIZED MENTAL HEALTH REHABILITATION FACILITIES CODE

SUBPART A: GENERAL PROVISIONS

Section

- 380.100 Definitions
380.110 Incorporated and Referenced Materials
EMERGENCY
380.120 Applicability and General Requirements
380.130 Staff Qualifications and Training Requirements
380.140 Consumer Rights and Choices
380.150 Informed Consent
380.160 Restraints and Therapeutic Separation
380.170 Consumer Background Checks
380.180 Identified Offenders
380.190 Consumer Records
380.200 Assessment, Level of Service Determination, and Authorization
380.210 Individualized Treatment Plan
380.220 Transfer or Discharge

SUBPART B: SPECIALIZED MENTAL HEALTH
REHABILITATION FACILITIES PROGRAMS

Section

- 380.300 Triage Centers
380.310 Crisis Stabilization Units
380.320 Recovery and Rehabilitation Supports Centers
380.330 Transitional Living Units

SUBPART C: PROGRAM PERSONNEL

Section

- 380.400 Employee Personnel Policies and Records
380.410 Initial Health Evaluation for Employees, Interns and Volunteers
380.420 Health Care Worker Background Check
380.430 Executive Director
380.440 Psychiatric Medical Director

EMERGENCY EFFECTIVE RECEIVED

JUL 15 2022

JUL 15 2022

SOS-CODE DIV.

SOS-CODE DIV.

SUBPART D: ADMINISTRATION

Section	
380.500	Required Policies and Procedures
380.510	Quality Assessment and Performance Improvement
380.515	Reportable Performance Indicators
380.520	Information to Be Made Available to the Public
380.530	Incidents, Accidents and Emergency Care
380.540	Abuse, Neglect and Theft
380.550	Contacting Local Law Enforcement
380.560	Care and Treatment of Sexual Assault Survivors
380.570	Fire Safety and Disaster Preparedness
380.580	Research

SUBPART E: SUPPORT SERVICES AND ENVIRONMENT

Section	
380.600	Required Support Services
380.610	Physician Medical Services
380.620	Health/Nursing Services
380.630	Pharmaceutical Services and Medication Administration
380.640	Infection Control and Vaccinations
380.641	Infection Control and Testing
EMERGENCY	
380.642	Training Requirements
EMERGENCY	
380.643	COVID-19 Vaccination of Facility Staff
EMERGENCY	
380.650	Dietetic Services
380.660	Dental Services
380.670	Physical Plant and Environmental Requirements

SUBPART F: LICENSURE REQUIREMENTS

Section	
380.700	Licensure Application Requirements
380.710	Application Process and Requirements for a Provisional License
380.720	Plan of Operation
380.730	Requirements for Accreditation
380.740	Surveys and Inspections
380.750	License Sanctions and Revocations
380.760	Citation Review and Appeal Procedures
380.770	Safety, Zoning and Building Clearances

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.

380.780 Special Demonstration Programs and Services

AUTHORITY: Implementing and authorized by the Specialized Mental Health Rehabilitation Act of 2013 [210 ILCS 49].

SOURCE: Emergency rule adopted at 38 Ill. Reg. 11819, effective May 22, 2014, for a maximum of 150 days; emergency expired October 18, 2014; adopted at 38 Ill. Reg. 22897, effective November 21, 2014; amended at 43 Ill. Reg. 1651, effective January 18, 2019; emergency amendment at 44 Ill. Reg. 8568, effective May 5, 2020, for a maximum of 150 days; emergency repeal of emergency rule at 44 Ill. Reg. 16312, effective September 15, 2020; amended at 44 Ill. Reg. 18403, effective October 29, 2020; emergency amendment at 44 Ill. Reg. 19051, effective November 19, 2020, for a maximum of 150 days; emergency rule expired April 17, 2021; emergency amendment at 45 Ill. Reg. 461, effective December 18, 2020, for a maximum of 150 days; emergency amendment to emergency rule at 45 Ill. Reg. 2133, effective January 27, 2021, for the remainder of the 150 days; emergency amendment at 45 Ill. Reg. 5631, effective April 18, 2021, for a maximum of 150 days; emergency rule expired September 14, 2021; emergency amendment at 45 Ill. Reg. 6755, effective May 17, 2021, for a maximum of 150 days; emergency expired October 13, 2021; emergency amendment at 45 Ill. Reg. 12058, effective September 15, 2021, for a maximum of 150 days; emergency amendment to emergency rule at 45 Ill. Reg. 14665, effective November 4, 2021, for the remainder of the 150 days; emergency rule as amended expired February 11, 2022; emergency amendment at 45 Ill. Reg. 13761, effective October 14, 2021, for a maximum of 150 days; emergency expired March 12, 2022; emergency amendment at 46 Ill. Reg. 3365, effective February 12, 2022, for a maximum of 150 days; emergency expired July 11, 2022; emergency amendment at 46 Ill. Reg. 5395, effective March 13, 2022, for a maximum of 150 days; emergency amendment at 46 Ill. Reg. _____, effective JUL 15 2022 for a maximum of 150 days.

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.

Section 380.110 Incorporated and Referenced Materials
EMERGENCY

- a) The following regulations and standards are incorporated in this Part:
- 1) National Fire Protection Association (NFPA) Standard No. 101: Life Safety Code, Chapter 33, Existing Board and Care Occupancies (2012) or Chapter 32, New Board and Care Occupancies (2012), and the following additional standards, which may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy MA 02169.
 - A) No. 10 (2010): Standard for Portable Fire Extinguishers
 - B) No. 13 (2010): Standard for the Installation of Sprinkler Systems
 - C) No. 25 (2011): Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems
 - D) No. 54 (2012): National Fuel Gas Code
 - E) No. 70 (2011): National Electrical Code
 - F) No. 72 (2010): National Fire Alarm and Signaling Code
 - G) No. 80 (2010): Standard for Fire Doors and Other Opening Protectives
 - H) No. 90A (2012): Standard for Installation of Air Conditioning and Ventilating Systems
 - I) No. 96 (2011): Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations
 - J) No. 99 (2012): Health Care Facilities Code
 - K) No. 110 (2010): Standard for Emergency and Standby Power Systems
 - L) No. 220 (2012): Standard on Types of Building Construction
 - M) No. 241 (2009): Standard for Safeguarding Construction, Alteration and Demolition

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.

- 2) American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE), Handbook of Fundamentals (2001), and Handbook of Applications (1999), which may be obtained from the American Society of Heating, Refrigerating, and Air Conditioning Engineers, Inc., 1791 Tullie Circle, N.E., Atlanta GA 30329.
- 3) American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) (2013) (American Psychiatric Association), which may be obtained from the American Psychiatric Association, 1000 Wilson Boulevard, Suite 1825, Arlington VA 22209-3901.
- 4) American College of Obstetricians and Gynecologists, Guidelines for Women's Healthcare, Third Edition (2007), which may be obtained from the American College of Obstetricians and Gynecologists Distribution Center, P.O. Box 933104, Atlanta GA 31193-3104 (800-762-2264).
- 5) Drug Burden Index to Define the Functional Burden of Medications in Older People (April, 2007), which may be obtained from the American Medical Association, AMA Plaza, 330 N. Wabash Ave., Chicago IL 60611-5885, or accessed at <http://archinte.jamanetwork.com/article.aspx?articleid=412262>.
- 6) Accreditation:
 - A) Standards for Behavioral Health Care (Joint Commission, 2014), One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181;
 - B) Behavioral Health Standards Manual (Commission on Accreditation of Rehabilitation Facilities (CARF, 2014), 4891 East Grant Road, Tucson AZ 85711; or
 - C) Accreditation Requirements for Behavioral Health Centers (Healthcare Facilities Accreditation Program, 2010), 142 E. Ontario Street, Chicago IL 60611.
- 7) Federal Guidelines:
 - A) Recommendations of the Advisory Committee on Immunization Practices (ACIP) (2014), which may be obtained from the Centers for Disease Control and Prevention, 1600 Clifton Rd., Atlanta GA 30333 (800-232-4636).

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.

- B) Sexually Transmitted Diseases Treatment Guidelines (2010), which may be obtained from the Centers for Disease Control and Prevention, 1600 Clifton Rd., Atlanta GA 30333 (800-232-4636).
- C) "Recommended Dietary Allowances", 10th Edition (1989), adopted by the Food and Nutrition Board of the National Research Council of the National Academy of Science, which may be obtained from the National Academy of Science, Keck Center W700, 500 Fifth St. NW, Washington DC 20001 (202-334-2352).
- D) Guideline for Hand Hygiene in Health-Care Settings (October 2002), which can be found at <https://www.cdc.gov/mmwr/pdf/rr/rr5116.pdf>
- E) 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (July 2019), available at <https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf>
- F) 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>
- G) 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/longterm-care.html> (February 2, 2022)
- 8) Evidence-based and evidence-informed treatment practices, including but not limited to:
 - A) The Illness Management and Recovery Evidence-Based Practices Kit (Substance Abuse and Mental Health Services Administration. Illness Management and Recovery: Practitioner Guides and Handouts, HHS Pub. No. SMA-09-4462, Rockville MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2009.).

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.

- B) Wellness Recovery Action Plan (WRAP), by Copeland, Mary Ellen, Ph.D., Peach Press (2011), P.O. Box 301, West Dummerston VT 05357.
 - C) Motivational Interviewing, by Miller, W. R., & Rollnick, S. Guilford Publications (2002), 72 Spring Street, New York NY 10012 (800-365-7006).
- 9) ADA Standards for Accessible Design (2010), which may be obtained from the U.S., Department of Justice ADA website (www.ada.gov) or by writing U.S. Department of Justice, 950 Pennsylvania Avenue, NW, Civil Rights Division, Disability Rights Section – NYA, Washington DC 20530 (800-514-0301).
- 10) Federal Rules:
- A) 21 CFR 1306.11, Requirement of Prescription (April 1, 2013)
 - B) 21 CFR 1306.21, Requirement of Prescription (April 1, 2013)
 - C) 24 CFR 578.3, Continuum of Care (April 1, 2014)
 - D) 45 CFR 46, Protection of Human Subjects (October 1, 2012)
- b) All incorporations by reference of federal regulations and guidelines and the standards of nationally recognized organizations refer to the regulations, guidelines and standards on the date specified and do not include any editions or amendments subsequent to the date specified.
- c) The following statutes and State regulations are referenced in this Part:
- 1) Federal Statutes:
 - A) Americans With Disabilities Act (104 USC 327)
 - B) Health Insurance Portability and Accountability Act (110 USC 1936)
 - C) Comprehensive Drug Abuse Prevention Control Act of 1970 (21 USC 13)
 - 2) State of Illinois Statutes:

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.

- A) Specialized Mental Health Act of 2013 [210 ILCS 49]
- B) Mental Health and Developmental Disabilities Code [405 ILCS 5]
- C) Unified Code of Corrections [730 ILCS 5]
- D) Nurse Practice Act [225 ILCS 65]
- E) Medical Practice Act of 1987 [225 ILCS 60]
- F) Clinical Psychologist Licensing Act [225 ILCS 15]
- G) Clinical Social Work and Social Work Practice Act [225 ILCS 20]
- H) Illinois Occupational Therapy Practice Act [225 ILCS 75]
- I) Professional Counselor and Clinical Professional Counselor Licensing and Practice Act [225 ILCS 107]
- J) Marriage and Family Therapy Licensing Act [225 ILCS 55]
- K) Health Care Worker Background Check Act [225 ILCS 46]
- L) Nursing Home Administrators Licensing and Disciplinary Act [225 ILCS 70]
- M) Illinois Controlled Substances Act [720 ILCS 570]
- N) AIDS Confidentiality Act [410 ILCS 305]
- O) Dietitian Nutritionist Practice Act [225 ILCS 30]
- P) Smoke Detector Act [425 ILCS 60]
- Q) Powers of Attorney for Health Care Law [755 ILCS 45/Art. IV]
- R) Mental Health Treatment Preference Declaration Act [755 ILCS 43]
- S) Whistleblower Act [740 ILCS 174]
- T) Criminal Code of 2012 [720 ILCS 5]

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.

- U) Smoke Free Illinois Act [410 ILCS 82]
- V) Mental Health and Development Disabilities Confidentiality Act [740 ILCS 110]
- W) Probate Act of 1975 [755 ILCS 5]
- X) Language Assistance Services Act [210 ILCS 87]
- Y) Safety Glazing Materials Act [430 ILCS 65]
- Z) Child Care Act of 1969 [225 ILCS 10]
- AA) Community Living Facilities Licensing Act [210 ILCS 35]
- BB) Community-Integrated Living Arrangements Licensure and Certification Act [210 ILCS 135]
- CC) Supportive Residences Licensing Act [210 ILCS 65]
- DD) Illinois Public Aid Code [305 ILCS 5]
- EE) Assisted Living and Shared Housing Act [210 ILCS 9]
- FF) Alternative Health Care Delivery Act [210 ILCS 3]
- GG) Cannabis Control Act [720 ILCS 550]
- HH) Methamphetamine Control and Community Protection Act [720 ILCS 646]
- II) Sex Offender Management Board Act [20 ILCS 4026]
- JJ) Illinois Human Rights Act [775 ILCS 5]
- KK) Uniform Conviction Information Act [20 ILCS 2635]
- LL) Hospital Licensing Act [210 ILCS 85]
- MM) Nursing Home Care Act [210 ILCS 45]
- NN) Sex Offender Registration Act [730 ILCS 150]

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.

- 3) State of Illinois Administrative Rules:
- A) Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100)
 - B) Illinois Plumbing Code (77 Ill. Adm. Code 890)
 - C) Control of Tuberculosis Code (77 Ill. Adm. Code 696)
 - D) Health Care Worker Background Check Code (77 Ill. Adm. Code 955)
 - E) Control of Communicable Diseases Code (77 Ill. Adm. Code 690)
 - F) Control of Sexually Transmissible Infections Code (77 Ill. Adm. Code 693)
 - G) Food Code (77 Ill. Adm. Code 750)
 - H) Drinking Water Systems Code (77 Ill. Adm. Code 900)
 - I) Water Well Construction Code (77 Ill. Adm. Code 920)
 - J) Illinois Water Well Pump Installation Code (77 Ill. Adm. Code 925)
 - K) Sexual Assault Survivors Emergency Treatment Code (77 Ill. Adm. Code 545)
 - L) Language Assistance Services Code (77 Ill. Adm. Code 940)
 - M) Skilled Nursing and Intermediate Care Facilities Code (77 Ill. Adm. Code 300)
 - N) Long-Term Care Assistants and Aides Training Programs Code (77 Ill. Adm. Code 395)
 - O) Emergency Medical Services, Trauma Center, Primary Stroke Center and Emergent Stroke Ready Hospital Code (77 Ill. Adm. Code 515)
 - P) Medicaid Community Mental Health Services Program (59 Ill. Adm. Code 132)

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.

- Q) Mental Health Services in Nursing Facilities (89 Ill. Adm. Code 145)
- R) Fire Prevention and Safety (41 Ill. Adm. Code 100)
- S) Boiler and Pressure Vessel Safety (41 Ill. Adm. Code 120)
- T) Illinois Accessibility Code (71 Ill. Adm. Code 400)

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

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.

**Section 380.641 Infection Control and Testing
EMERGENCY**

- a) Each facility shall establish and follow policies and procedures for investigating, controlling, preventing, and testing for infections in the facility. The policies and procedures must be consistent with and include the requirements of the Control of Communicable Diseases Code and the Control of Sexually Transmissible Infections Code. All staff shall be trained on the policies and procedures, and training records maintained for three years. Each facility shall monitor activities 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 consumer and the consumer's family or consumer's representative, the Department, and the certified local health department.
- b) A group, e.g., an infection control committee, quality assurance committee, or other facility entity, shall periodically, but no 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, United States Public Health Service, Department of Health and Human Services (see Section 380.110):
 - 1) Guideline for Hand Hygiene in Health-Care Settings
 - 2) 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings
 - 3) Infection Control in Healthcare Personnel: Infrastructure and Routine Practices for Occupational Infection Prevention and Control Services
 - 4) Interim Infection Prevention and Control Recommendations to Prevent SARS-CoV-2 Spread in Nursing Homes
- d) Each facility shall conduct testing of consumers 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

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.

- 2) Directed by the Department and 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.
 - 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

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.

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 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 rule added at 46 Ill. Reg. _____, effective JUL 15 2022, for a maximum of 150 days)

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.

**Section 380.643 COVID-19 Vaccination of Facility 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 facility, or is employed by an entity that is contracted to provide services to a facility, and is in close contact (fewer than 6 feet) with other persons in the facility for more than 15 minutes at least once a week on a regular basis as determined by the facility. The term "staff" or "staff person" does not include any person who is present at the facility 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.
- b) Each facility 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 facility 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 facility, 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 facility shall require staff who are fully vaccinated against COVID-19 to submit proof of full vaccination against COVID-19. Proof of vaccination may be met by providing to the facility one of the following:

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.

- 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 facility shall make available opportunities for staff to be fully vaccinated against COVID-19, either directly at the facility or indirectly, such as through an arrangement with a pharmacy partner, local health department, or other appropriate health entity.
- 4) Each facility shall exempt individual staff members from the requirement that all staff be fully vaccinated against COVID-19 if:
- 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) Facilities may adopt more stringent policies requiring all staff to be vaccinated. Nothing in the Section supersedes or modifies the date such policies are designated by the facility to take effect.
- c) Except as provided in subsection (c)(7), each facility shall require its staff who are not fully vaccinated against COVID-19 to undergo testing for COVID-19, weekly, at a minimum. 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 facility.
- 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) Testing for staff who are not fully vaccinated against COVID-19 must be conducted on-site at the facility, or the facility must obtain proof or

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.

confirmation from the staff member of a negative test result obtained elsewhere.

- 3) A laboratory RT-PCR test is the preferred test for COVID-19 infection; however, point-of-care (POC) antigen testing is acceptable. For a facility to conduct these tests with their own staff and equipment, the facility must have, at a minimum, a Clinical Laboratory Improvement Amendments (CLIA) Certificate of Waiver.
 - 4) If a staff person tests positive for COVID-19, the facility shall exclude the staff person from the facility, and the staff person shall be subject to all applicable isolation and quarantine rules and facility policies.
 - 5) In the event COVID-19 RT-PCR or POC antigen testing is not available, staff may use at-home or self-tests if the tests are observed and verified by a health care provider, and reportable as required in subsection (g).
 - 6) Staff who are not fully vaccinated may be permitted to enter or work at the facility while they are waiting to receive the results of their weekly test.
 - 7) When the facility is located in a county of high or substantial transmission, as indicated by the CDC COVID 19 Integrated County View, available at <https://covid.cdc.gov/covid-data-tracker/#county-view>, the facility shall require its staff who are not fully vaccinated against COVID-19 to undergo testing for COVID-19, twice weekly, with tests administered at least two days apart as long as the county in which the facility is located remains in a high or substantial transmission status.
- d) Each facility shall ensure that all individuals who administer the COVID-19 vaccines on site for staff pursuant to this Section are qualified and trained to administer the vaccine in accordance with all applicable federal and State laws and rules.
 - e) Each facility shall post conspicuous signage throughout the facility notifying staff that the facility 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.
 - f) Each facility 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-

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.

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>;
 - 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/>.
- g) Each facility shall maintain a record of fully vaccinated staff, unvaccinated staff, and weekly testing. Facilities that are not required to report COVID-19 aggregate vaccination and 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>.
- h) The facility shall maintain documentation in each staff person's confidential medical file, in accordance with federal and State privacy laws, regarding 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 declination of the vaccination if offered by the facility.
- i) Nothing in this emergency amendment prohibits any facility from implementing vaccination or testing requirements for staff, consumers, and visitors that exceed the requirements of this Section.
- j) Failure to comply with any of the requirements set forth in this Section creates a substantial probability of risk of death or serious mental or physical harm. Pursuant to subsection 380.750(g)(5), violations shall:
- 1) Result in a Type "A" violation as defined in Section 3-305(1.5) of the Nursing Home Care Act; and
 - 2) Have the status of "high-risk designation" as defined in Section 3-305(9) of the Nursing Home Care Act.

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.

DPH

77 ILLINOIS ADMINISTRATIVE CODE 380

380.643

SUBCHAPTER c

(Source: Emergency rule added at 46 Ill. Reg. _____, effective **JUL 15 2022**, for a maximum of 150 days)

EMERGENCY EFFECTIVE

JUL 15 2022

SOS-CODE DIV.