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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: Emergency Medical Services, Trauma Center, Comprehensive Stroke Center, Primary Stroke Center and Acute Stroke Ready Hospital Code

Code Citation: 77 Ill. Adm. Code 515

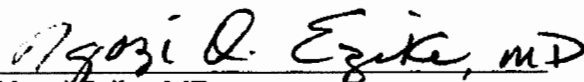
Section Involved:
515.865

which was duly amended by emergency action by this Agency.

Reason for Emergency: This emergency rulemaking is adopted in response to Governor JB Pritzker's Gubernatorial Disaster Proclamations issued 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: Emergency Medical Services (EMS) Systems Act [210 ILCS 50]



Ngozi Ezike, MD
Director

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TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER f: EMERGENCY SERVICES AND HIGHWAY SAFETY

PART 515
EMERGENCY MEDICAL SERVICES, TRAUMA CENTER,
COMPREHENSIVE STROKE CENTER, PRIMARY STROKE CENTER
AND ACUTE STROKE READY HOSPITAL CODE

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TRAUMA NURSE SPECIALIST

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AUTHORITY: Implementing and authorized by the Emergency Medical Services (EMS) Systems Act [210 ILCS 50].

SOURCE: Emergency Rule adopted at 19 Ill. Reg. 13084, effective September 1, 1995 for a maximum of 150 days; emergency expired January 28, 1996; adopted at 20 Ill. Reg. 3203, effective February 9, 1996; emergency amendment at 21 Ill. Reg. 2437, effective January 31, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 5170, effective April 15, 1997; amended at 22 Ill. Reg. 11835, effective June 25, 1998; amended at 22 Ill. Reg. 16543, effective September 8, 1998; amended at 24 Ill. Reg. 8585, effective June 10, 2000; amended at 24 Ill. Reg. 9006, effective June 15, 2000; amended at 24 Ill. Reg. 19218, effective December 15, 2000; amended at 25 Ill. Reg. 16386, effective December 20, 2001; amended at 26 Ill. Reg. 18367, effective December 20, 2002; amended at 27 Ill. Reg. 1277, effective January 10, 2003; amended at 27 Ill. Reg. 6352, effective April 15, 2003; amended at 27 Ill. Reg. 7302, effective April 25, 2003; amended at 27 Ill. Reg. 13507, effective July 25, 2003; emergency amendment at 29 Ill. Reg. 12640, effective July 29, 2005, for a maximum of 150 days; emergency expired December 25, 2005; amended at 30 Ill. Reg. 8658, effective April 21, 2006; amended at 32 Ill. Reg. 16255, effective September 18, 2008; amended at 35 Ill. Reg. 6195, effective March 22, 2011; amended at 35 Ill. Reg. 15278, effective August 30, 2011; amended at 35 Ill. Reg. 16697, effective September 29, 2011; amended at 35 Ill. Reg. 18331, effective October 21, 2011; amended at 35 Ill. Reg. 20609, effective December 9, 2011; amended at 36 Ill. Reg. 880, effective January 6, 2012; amended at 36 Ill. Reg. 2296, effective January 25, 2012; amended at 36 Ill. Reg. 3208, effective February 15, 2012; amended at 36 Ill. Reg. 11196, effective July 3, 2012; amended at 36 Ill. Reg. 17490, effective December 3, 2012; amended at 37 Ill. Reg. 5714, effective April 15, 2013; amended at 37 Ill. Reg. 7128, effective May 13, 2013; amended at 37 Ill. Reg. 10683, effective June 25, 2013; amended at 37 Ill. Reg. 18883, effective November 12, 2013; amended at 37 Ill. Reg. 19610, effective November 20, 2013; amended at 38 Ill. Reg. 9053, effective April

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9, 2014; amended at 38 Ill. Reg. 16304, effective July 18, 2014; amended at 39 Ill. Reg. 13075, effective September 8, 2015; amended at 40 Ill. Reg. 8274, effective June 3, 2016; amended at 40 Ill. Reg. 10006, effective July 11, 2016; recodified at 42 Ill. Reg. 10700; amended at 42 Ill. Reg. 17632, effective September 20, 2018; amended at 43 Ill. Reg. 4145, effective March 19, 2019; emergency amendment at 44 Ill. Reg. 6463, effective April 10, 2020, for a maximum of 150 days; amended at 44 Ill. Reg. 15619, effective September 1, 2020; emergency amendment at 45 Ill. Reg. 12108, effective September 17, 2021, for a maximum of 150 days; emergency expired February 13, 2022; emergency amendment at 45 Ill. Reg. 1173, effective December 27 2021, for a maximum of 150 days; emergency amendment at 46 Ill. Reg. _____, effective February 14, 2022, for a maximum of 150 days.

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**Section 515.865 COVID-19 Vaccination of Provider Staff
EMERGENCY**

- a) For the purposes of this Section:
- 1) "Staff" means any EMS personnel including EMR, EMT, EMT-I, AEMT or Paramedic, PHRN, PHPA, PHAPN licensed by the Department of Public Health that is employed or volunteers by a public or private EMS provider or contracts with a hospital to provide pre-hospital emergency care or interfacility transports and is in close contact (fewer than 6 feet) with other persons during work hours for more than 15 minutes at least once a week on a regular basis.
 - 2) "Provider" means any individual, group of individuals, corporation, partnership, association, trust, joint venture, unit of local government or other public or private ownership entity that owns and operates a business or service using one or more ambulances or EMS vehicles for the transportation or care of emergency patients.
 - 3) "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).
 - 4) 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.
 - 5) "Outbreak" means a situation when two or more individuals within the same outbreak setting at the provider:
 - 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

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- E) are not listed as a close contact of each other outside of the outbreak setting.
 - 6) "Outbreak setting" means a place where people congregate to learn, work, receive or provide care, dine or conduct business, and is generally limited to parts of a provider 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.
 - 7) An individual is "up to date" when they have received all recommended COVID-19 vaccines, including any booster dose(s) when eligible.
 - 8) An individual is "not up to date" when they have not received all recommended COVID-19 vaccinations, including any booster doses when eligible.
- b) Each provider 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) Each provider shall require current or newly hired 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 facility 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.
 - 2) Each provider shall make available opportunities for staff to be up to date on COVID-19 vaccinations through an arrangement with a pharmacy partner, local health department, or other appropriate health entity.
 - 3) Each provider shall exempt current or newly hired individual staff members from the requirement that all staff be fully vaccinated against COVID-19 if:

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- 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.
- 4) Staff that fall within the exemption in subsection (b)(3) shall undergo the testing requirements set forth in subsection (c).
 - 5) Providers 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 provider to take effect.
- c) Except as provided in subsection (d), each provider shall require its staff who are not fully vaccinated against COVID-19 to undergo testing for COVID-19, weekly, at a minimum. If staff who are not fully vaccinated against COVID-19 are not tested as required by this subsection, the staff shall not be permitted to enter or work at the provider.
- 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 only use those tests that are observed and verifiable by a healthcare provider.
 - 3) If a staff person tests positive for COVID-19, the provider 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.
 - 4) Staff who are not fully vaccinated may be permitted to enter or work at the provider while they are waiting to receive the results of their most recent test.

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- d) When the provider's service area 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 provider shall require, in accordance with the requirements of subsection (c), its staff who are not fully vaccinated against COVID-19 to undergo testing for COVID-19, twice weekly, with tests administered at least three days apart as long as the county in which the provider and primary service area is located remains in a high or substantial transmission status.
- e) Each provider 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.
- f) Each provider shall post conspicuous signage throughout the provider facility notifying staff that the provider makes available opportunities for staff to be up to date on COVID-10 vaccinations. 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 provider shall provide its newly hired and current staff educational materials on the benefits and potential risks associated with the COVID-19 vaccine. Within 14 days, each provider 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. Examples of Department approved training and educational resources include those offered for health care professionals by the CDC, FDA, Immunization Action Coalition (IAC), and Mayo Clinic. Records of training shall be made available to the Department upon request.
- 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://www.cdc.gov/vaccines/covid-19/training-education/index.html>;
 - 3) FDA, available at <https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines>;
 - 4) Immunization Action Coalition (IAC), available at <https://immunize.org/>; and

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- 5) Mayo Clinic, available at <https://ce.mayo.edu/content/covid-19-online-education-resources-and-updates-0>
- h) Each provider shall maintain a record of staff who are up to date, fully vaccinated staff, unvaccinated staff, and test results required per subsection (c).
- i) The provider 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 exemption from the vaccine.
- j) Nothing in this emergency amendment prohibits any provider from implementing vaccination or testing requirements for staff that exceed the requirements of this Section.
- k) 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 and shall result in a violation as defined in Section 515.160. In determining the amount of a fine or penalty, the Department shall consider the severity of the actual or potential harm to the individual or the public and any other factors established pursuant to Section 515.160(c). 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 February 14, 2022, for a maximum of 150 days)

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