

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

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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SOURCE: Rules repealed and new rules adopted August 27, 1978; emergency amendment at 2 Ill.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

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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 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. _____, effective _____.

SUBPART A: GENERAL PROVISIONS

Section 250.100 Definitions

Abnormal Slide – a slide not having the characteristics of healthy tissue.

Act – the Hospital Licensing Act [210 ILCS 85].

Advanced Practice Nurse – a person licensed to practice under Article 65 of the Nurse Practice Act.

Advanced Practice Provider –an advanced practice nurse or a physician assistant.

Allied Health Personnel – persons other than medical staff members, licensed or registered by the State of Illinois or recognized by an organization acceptable to the Department and recognized to function within their licensed, registered or recognized capacity by the medical staff and the governing authority of the hospital.

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Control Materials – a sample in which the chemical composition and physical properties resemble the specimen to be analyzed on which sufficient analyses have been run to give a reasonably good approximation of the concentration of the constituent being assayed. The control materials are routinely analyzed along with patient specimens to determine the precision and accuracy of the analytical process used.

~~Demonstration of proficiency— a laboratory meeting the standards for acceptable proficiency testing as stated in Section 250.530 by means of on-site analysis of specimens sent to the laboratory by agencies approved by the Department for that purpose.~~

Dentist – any person licensed to practice dentistry as provided in the Illinois Dental Practice Act [225 ILCS 25].

Department – the Illinois Department of Public Health.

Drugs – the term "drugs" means and includes:

articles recognized in the official United States Pharmacopoeia, official National Formulary, or any supplement to either of them and being intended for and having for their main use the diagnosis, cure, mitigation, treatment or prevention of disease in man or other animals;

all other articles intended for and having for their main use the diagnosis, cure, mitigation, treatment or prevention of disease in man or other animals;

articles (other than food) having for their main use and intended to affect the structure or any function of the body of man or other animals; and

articles having for their main use and intended for use as a component or any articles specified in this definition, but does not include devices or their components, parts or accessories.

Federally designated organ procurement agency – the organ procurement agency designated by the Secretary of the U.S. Department of Health and Human Services for the service area in which a hospital is located; except that in the case of a hospital located in a county adjacent to Wisconsin which currently contracts

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with an organ procurement agency located in Wisconsin that is not the organ procurement agency designated by the U.S. Secretary of Health and Human Services for the service area in which the hospital is located, if the hospital applies for a waiver pursuant to 42 USC 1320b-8(a), it may designate an organ procurement agency located in Wisconsin to be thereafter deemed its federally designated organ procurement agency for the purposes of the Act. (Section 3(F) of the Act)

Follow-up health care – health care services related to a sexual assault, including laboratory services and pharmacy services, rendered within 90 days after the initial visit for hospital emergency services. (Section 1a of the Sexual Assault Survivors Emergency Treatment Act)

Hospital – the term "hospital" shall have the meaning ascribed in Section 3(A) of the Act.

Hospitalization – the reception or care of any person in any hospital either as an inpatient or as an outpatient.

House Staff Member – an individual who is a graduate of a medical, dental, osteopathic, or podiatric school; who is licensed as appropriate; who is appointed to the hospital's medical, osteopathic, dental, or podiatric graduate training program that is approved or recognized in accordance with the statutory requirements applicable to the practitioner; and who is participating in patient care under the direction of licensed practitioners who have clinical privileges in the hospital and are members of the hospital's medical staff.

Licensed Practical Nurse – a person with a valid Illinois license to practice as a practical nurse under the Nurse Practice Act.

Medical Staff – an organized body composed of the following individuals granted the privilege by the governing authority of the hospital to practice in the hospital: persons who are graduates of a college or school approved or recognized by the Illinois Department of Financial and Professional Regulation, and who are currently licensed by the Department of Financial and Professional Regulation to practice medicine in all its branches; practice dental surgery; or, practice podiatric medicine in Illinois, regardless of the title of the degree awarded by the approving college or school.

Medicines – drugs or chemicals or preparations of drugs or chemicals in suitable

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form intended for and having for their main use the prevention, treatment, relief, or cure of diseases in man or animals when used either internally or externally.

Normal Slide – a slide having the characteristics of healthy tissue.

Nurse – a registered nurse or licensed practical nurse as defined in the Nurse Practice Act.

Nursing Staff – registered nurses, licensed practical nurses, nursing assistants and others who render patient care under the supervision of a registered professional nurse.

Patient Care Unit or Nursing Care Unit – an organized unit in which nursing services are provided on a continuous basis. This unit is a clearly defined administrative and geographic area to which specific nursing staff is assigned.

Pharmacist – a person who is licensed as a pharmacist under the Pharmacy Practice Act.

Pharmacy – the term "Practice of Pharmacy" includes, but is not limited to:

the soliciting of prescriptions;

the compounding of prescriptions;

the dispensing of any drug or medicine on a prescription;

the transfer of any drug or medicine from one container into another container that is to be delivered to or for the ultimate patient, on a prescription, or to or for the ultimate consumer, without a prescription;
and

the placing of directions for use or other required labeling information on a container of any drug or medicine which is to be delivered to or for the ultimate consumer, without a prescription.

The term "pharmacy" or "a drug store" as referred to in Section 3 of the Pharmacy Practice Act, means and includes that area licensed by the Department of Financial and Professional Regulation in which the practice of pharmacy is conducted. Any room or designated area where drugs and

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medicines are dispensed (including the repackaging for distribution to a nursing station or storage area) shall be considered to be a pharmacy and be licensed by the Department of Financial and Professional Regulation.

Physical Rehabilitation Facility – a licensed specialty hospital or clearly defined special unit or program of an acute care hospital providing physical rehabilitation services either through the facility's own staff members or when appropriate, through the mechanism of formal affiliations and consultations.

Physical Rehabilitation Services – a complete, intensive multi-disciplinary process of individualized, time-limited, goal-oriented services, including evaluation, restoration, personal adjustment, and continuous medical care under the supervision and direction of a physician "qualified by training and experience in physical rehabilitation." Physical rehabilitation has two major components: inpatient and outpatient care. Both components involve the patient and, whenever possible, the family in establishing treatment goals and discharge plans, and consist of the following scope of services available for inpatient care: physician, rehabilitation nursing, physical therapy, occupational therapy, speech therapy, audiology, prosthetic and orthotic services, as well as rehabilitation counseling, social services, recreational therapy, psychology, pastoral care, and vocational counseling. Basic scope of services for outpatient facilities shall include at least a physician, physical therapy, occupational therapy, speech therapy, vocational services, psychology and social service. The purpose of multi-faceted services is to reduce the disability and dependency in activities of daily living while promoting optimal personal adjustment in dimensions such as psychological, social, economic, spiritual and vocational.

Physician – a person licensed to practice medicine in all of its branches as provided in the Medical Practice Act of 1987.

~~Physician~~Physician's Assistant – a person authorized to practice under the Physician Assistant Practice Act of 1987.

Podiatrist – a person licensed to practice podiatry under the Podiatric Medical Practice Act of 1987.

Reference Materials – a sample in which the chemical composition and physical properties resemble the specimen to be analyzed on which sufficient analyses have been run to give a reasonably good approximation of the concentration of the constituent being assayed. The reference materials are routinely analyzed

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along with patient specimens to determine the precision and accuracy of the analytical process used.

Registered Nurse – a person with a valid Illinois license to practice as a registered professional nurse under the Nurse Practice Act.

Safe Lifting Equipment and Accessories – mechanical equipment designed to lift, move, reposition, and transfer patients, including, but not limited to, fixed and portable ceiling lifts, sit-to-stand lifts, slide sheets and boards, slings, and repositioning and turning sheets. (Section 6.25(a) of the Act)

Save Lifting Team – at least 2 individuals who are trained in the use of both safe lifting techniques and safe lifting equipment and accessories, including the responsibility for knowing the location and condition of such equipment and accessories. (Section 6.25(a) of the Act)

Standard Solution – a solution used for calibration in which the concentration is determined solely by dissolving a weighted amount of primary standard material in an appropriate amount of solvent.

Tissue bank – any facility or program operating in Illinois that is certified by the American Association of Tissue Banks or the Eye Bank Association of America and is involved in procuring, furnishing, donating, or distributing corneas, bones, or other human tissue for the purpose of injecting, transfusing or transplanting any of them into the human body. "Tissue bank" does not include a licensed blood bank. For the purposes of the Act, "tissue" does not include organs. (Section 3(G) of the Act)

(Source: Amended at 42 Ill. Reg. _____, effective _____)

Section 250.105 Incorporated and Referenced Materials

- a) The following regulations and standards are incorporated in this Part:
 - 1) Private and Professional Association Standards
 - A) American Society for Testing and Materials (ASTM), Standard No. E90-99 (~~20092002~~): Standard Test Method for Laboratory Measurement of Airborne Sound Transmission Loss of Building Partitions and Elements, which may be obtained from the

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American Society for Testing and Materials, 100 Barr Harbor Drive, West Conshohocken, Pennsylvania 19428-2959. ~~(See Section 250.2420.)~~

B) ASTM E 662 (2012), Standard Test Method for Specific Optical Density of Smoke Generated by Solid Materials, which may be obtained from the American Society for Testing and Materials, 100 Barr Harbor Drive, West Conshohocken, Pennsylvania 19428-2959.

C) ASTM E 84 (2010), Standard Test Method for Surface Burning Characteristics of Building Materials, which may be obtained from the American Society for Testing and Materials, 100 Barr Harbor Drive, West Conshohocken, Pennsylvania 19428-2959.

DB) The following standards of the American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE), which may be obtained from the American Society of Heating, Refrigerating, and Air-Conditioning Engineers, Inc., 1791 Tullie Circle, N.E., Atlanta, Georgia 30329: ~~(See Section 250.2480.)~~

i) ASHRAE Handbook of Fundamentals (~~2009~~2005)

ii) ASHRAE Handbook for HVAC Systems and Equipment (2004)

iii) ASHRAE Handbook-HVAC Applications (~~2007~~2003)

EC) The following standards of the National Fire Protection Association (NFPA), which may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02169:

i) NFPA 101 (~~2012~~2000): Life Safety Code and all applicable references under Chapter 2, Referenced Publications.~~(See Sections 250.2420, 250.2450, 250.2460, 250.2470, and 250.2490.)~~

ii) ~~NFPA 10 (1998): Standards for Portable Fire Extinguishers (See Section 250.1980.)~~

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- iii) ~~NFPA 13 (1999): Standards for the Installation of Sprinkler Systems (See Sections 250.2490 and 250.2670.)~~
- iv) ~~NFPA 14 (2000): Standard for the Installation of Standpipe, Private Hydrants and Hose Systems (See Sections 250.2490 and 250.2670.)~~
- v) ~~NFPA 25 (1998): Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems~~
- vi) ~~NFPA 30 (1996): Flammable and Combustible Liquids Code (See Section 250.1980.)~~
- vii) ~~NFPA 45 (1996): Standard on Fire Protection for Laboratories Using Chemicals~~
- viii) ~~NFPA 54 (1999): National Fuel Gas Code~~
- ix) ~~NFPA 70 (1999): National Electrical Code (See Sections 250.2440 and 250.2500.)~~
- x) ~~NFPA 72 (1999): National Fire Alarm Code~~
- xi) ~~NFPA 80 (1999): Standard for Fire Doors and Fire Windows (See Section 250.2450.)~~
- xii) ~~NFPA 82 (1999): Standard on Incinerators and Waste and Linen Handling Systems and Equipment (See Section 250.2440.)~~
- xiii) ~~NFPA 90A (1999): Standard for Installation of Air Conditioning and Ventilating Systems (See Sections 250.2480 and 250.2660.)~~
- xiv) ~~NFPA 96 (1998): Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations (See Section 250.2660.)~~
- xv) ~~NFPA 99 (1999): Standard for Health Care Facilities (See~~

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~~Sections 250.1410, 250.1910, 250.1980, 250.2460, 250.2480, 250.2490 and 250.2660.)~~

- ~~ii) NFPA 101A-101-A (2013/2001): Guide on Alternative Approaches to Life Safety (See Section 250.2620.)~~
- ~~xvii) NFPA 110 (1999): Standard for Emergency and Standby Power Systems~~
- ~~xviii) NFPA 220 (1999): Standard on Types of Building Construction (See Sections 250.2470 and 250.2620.)~~
- ~~xix) NFPA 221 (1997): Standard for Fire Walls and Fire Barrier Walls~~
- ~~xx) NFPA 241 (1996): Standard for Safeguarding Construction, Alteration and Demolition Operations~~
- ~~xxi) NFPA 255 and 258 (2000): Standard Method of Test of Surface Burning Characteristics of Building Materials, and Recommended Practice for Determining Smoke Generation of Solid Materials (See Section 250.2480.)~~
- ~~xxii) NFPA 701 (1999): Standard Methods of Fire Tests for Flame Propagation of Textiles and Films (See Sections 250.2460 and 250.2650.)~~

~~FD)~~ American Academy of Pediatrics and American College of Obstetricians and Gynecologists, Guidelines for Perinatal Care, Seventh Edition (2012), 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 250.1820.)

~~GE)~~ American College of Obstetricians and Gynecologists, Guidelines for Women's Healthcare, Fourth Edition (2014), 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 250.1820.)

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- HF**) American Academy of Pediatrics (AAP), Red Book: Report of the Committee on Infectious Diseases, 28th Edition (2009), which may be obtained from the American Academy of Pediatrics, 141 Northwest Point Blvd., Elk Grove Village, Illinois 60007 (See Section 250.1820.)
- IG**) American Academy of Pediatrics and the American Heart Association, 2011 American Heart Association (AHA) Guidelines for Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC) of Pediatric and Neonatal Patients: Neonatal Resuscitation Guidelines, which may be obtained from the American Academy of Pediatrics, 141 Northwest Point Blvd., Elk Grove Village, Illinois 60007, or at pediatrics.aappublications.org/cgi/reprint/117/5/e1029.pdf (See Section 250.1830.)
- JH**) National Association of Neonatal Nurses, Position Statement #3009 Minimum RN Staffing in NICUs, which may be obtained from the National Association of Neonatal Nurses, 4700 W. Lake Ave., Glenview, Illinois 60025, or at nann.org/pdf/08_3009_rev.pdf (See Section 250.1830.)
- KI**) National Council on Radiation Protection and Measurements (NCRP), Report 49: Structural Shielding Design and Evaluation for Medical Use of X-rays and Gamma Rays of Energies up to 10 MeV (1976) and NCRP Report 102: Medical X-Ray, Electron Beam and Gamma-Ray Protection for Energies Up to 50 MeV (Equipment Design, Performance and Use) (1989), which may be obtained from the National Council on Radiation Protection and Measurements, 7910 Woodmont Ave., Suite 800, Bethesda, Maryland 20814-3095 (See Sections 250.2440 and 250.2450.)
- LJ**) DOD Penetration Test Method MIL STD 282 (~~2012+995~~): Filter Units, Protective Clothing, Gas-mask Components and Related Products: Performance Test Methods, which may be obtained from Naval Publications and Form Center, 5801 Tabor Avenue, Philadelphia, Pennsylvania 19120 (See Section 250.2480.)
- MK**) National Association of Plumbing-Heating-Cooling Contractors (PHCC), National Standard Plumbing Code (~~20092003~~), which

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may be obtained from the National Association of Plumbing-Heating-Cooling Contractors, 180 S. Washington Street, P.O. Box 6808, Falls Church, Virginia 22046 (703-237-8100)

- ~~NE~~) ~~The International Code Council~~, International Building Code (~~20122000~~), which may be obtained from the International Code Council, 4051 Flossmoor Road, Country Club Hills, Illinois 60477-5795 (See Section 250.2420.)
- ~~OM~~) American National Standards Institute, ANSI A117.1 (2009), Standard for Accessible and Usable Buildings~~Specifications for Making Buildings and Facilities Accessible to, and Usable by, the Physically Handicapped (1968)~~, which may be obtained from the American National Standards Institute, 25 West 433rd Street, 4th Floor, New York, New York 10036 (See Section 250.2420.)
- ~~P~~) ASME Standard A17.1-2007, Safety Code for Elevators and Escalators, which may be obtained from the American Society of Mechanical Engineers (ASME) International, 22 Law Drive, Box 2900, Fairfield, New Jersey 07007-2900
- ~~QN~~) Accreditation Council for Graduate Medical Education, Essentials of Accredited Residencies in Graduate Medical Education (1997), which may be obtained from the Accreditation Council for Graduate Medical Education, 515 North State Street, Suite 2000, Chicago, Illinois 60610 (See Section 250.315.)
- ~~RQ~~) The Joint Commission, 2006 Hospital Accreditation Standards (HAS), Standard PC.3.10, which may be obtained from the Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181 (See Section 250.1035.)
- ~~SP~~) National Quality Forum, Safe Practices for Better Health Care (2009), which may be obtained from the National Quality Forum, 601 13th Street, NW, Suite 500 North, Washington DC 20005, or from www.qualityforum.org

2) Federal Government Publications:

- A) Department of Health and Human Services, United States Public

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Health Service, Centers for Disease Control and Prevention, "Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007" and "Guidelines for Infection Control in Health Care Personnel, 1998, which may be obtained from National Technical Information Service (NTIS), U.S. Department of Commerce, 5285 Port Royal Road, Springfield, Virginia 22161 (See Section 250.1100.)

- B) Department of Health and Human Services, United States Public Health Service, Centers for Disease Control and Prevention, "Guidelines for Environmental Infection Control in Health-Care Facilities: Recommendations – Animals in Health Care Facilities", "Morbidity and Mortality Weekly Report", June 6, 2003/Vol. 52/No. RR-10, which may be obtained from the Centers for Disease Control and Prevention, 1600 Clifton Road, MS K-95, Atlanta, Georgia 30333
- C) Department of Health and Human Services, United States Public Health Services, Centers for Disease Control and Prevention, "Guidelines for Hand Hygiene in Health-Care Settings", October 25, 2002, which may be obtained from the National Technical Information Services (NTIS), U.S. Department of Commerce, 5285 Port Royal Road, Springfield, Virginia 22161
- D) Department of Health and Human Services, United States Public Health Service, Centers for Disease Control and Prevention, "Guidelines for Disinfection and Sterilization in Healthcare Facilities, 2008", which may be obtained from the Centers for Disease Control and Prevention, 1600 Clifton Road, Atlanta, Georgia 30333
- E) National Center for Health Statistics and World Health Organization, Geneva, Switzerland, "International Classification of Diseases", 10th Revision, Clinical Modification (ICD-10-CM) (1990), Version for 2015, which can be accessed at <http://www.who.int/classifications/icd/en/>

- 3) Federal Regulations:

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- A) 45 CFR 46.101, To What Does the Policy Apply? (October 1, [2017~~2014~~](#))
 - B) 45 CFR 46.103(b), Assuring Compliance with this Policy – Research Conducted or Supported by any Federal Department or Agency (October 1, [2017~~2014~~](#))
 - C) 42 CFR 482, Conditions of Participation for Hospitals (October 1, [2017~~2014~~](#))
 - D) 21 CFR, Food and Drugs (April 1, [2017~~2014~~](#))
 - E) 42 CFR 489.20, Basic Commitments (October 1, [2017~~2014~~](#))
 - F) 29 CFR 1910.1030, Bloodborne Pathogens (July 1, [2017~~2014~~](#))
 - G) 42 CFR 413.65(d) and (e), Requirements for a determination that a facility or an organization has provider-based status (October 1, [2017~~2014~~](#))
- 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) State of Illinois statutes:
 - A) Hospital Licensing Act [210 ILCS 85]
 - B) Illinois Health Facilities Planning Act [20 ILCS 3960]
 - C) Medical Practice Act of 1987 [225 ILCS 60]
 - D) Podiatric Medical Practice Act of 1987 [225 ILCS 100]
 - E) Pharmacy Practice Act [225 ILCS 85]
 - F) Physician Assistant Practice Act of 1987 [225 ILCS 95]

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- G) Illinois Clinical Laboratory and Blood Bank Act [210 ILCS 25]
- H) X-ray Retention Act [210 ILCS 90]
- I) Safety Glazing Materials Act [430 ILCS 60]
- J) Mental Health and Developmental Disabilities Code [405 ILCS 5]
- K) Nurse Practice Act [225 ILCS 65]
- L) Health Care Worker Background Check Act [225 ILCS 46]
- M) MRSA Screening and Reporting Act [210 ILCS 83]
- N) Hospital Report Card Act [210 ILCS 88]
- O) Illinois Adverse Health Care Events Reporting Law of 2005 [410 ILCS 522]
- P) Smoke Free Illinois Act [410 ILCS 82]
- Q) Health Care Surrogate Act [755 ILCS 40]
- R) Perinatal HIV Prevention Act [410 ILCS 335]
- S) Hospital Infant Feeding Act [210 ILCS 81]
- T) Medical Patient Rights Act [410 ILCS 50]
- U) Hospital Emergency Service Act [210 ILCS 80]
- V) Illinois Anatomical Gift Act [775 ILCS 50]
- W) Illinois Public Aid Code [305 ILCS 5]
- X) Illinois Alcoholism and Other Drug Abuse and Dependency Act [20 ILCS 305]
- Y) ID/DD Community Care Act [210 ILCS 47]

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- Z) Specialized Mental Health Rehabilitation Act [210 ILCS 48]
 - AA) Veterinary Medicine and Surgery Practice Act of 2004 [225 ILCS 115]
 - BB) Alternative Health Care Delivery Act [210 ILCS 3]
 - CC) Gestational Surrogacy Act [750 ILCS 47]
 - DD) Code of Civil Procedure (Medical Studies) [735 ILCS 5/8-2101]
 - EE) Sexual Assault Survivors Emergency Treatment Act [410 ILCS 70]
 - FF) [Civil Administrative Code of Illinois \(Department of Public Health Powers and Duties Law\) \[20 ILCS 2310\]](#)
 - GG) [AIDS Confidentially Act \[410 ILCS 305\]](#)
 - HH) [Nursing Home Care Act \[210 ILCS 45\]](#)
 - II) [Illinois Controlled Substances Act \[720 ILCS 570\]](#)
- 2) State of Illinois Administrative Rules:
- A) Department of Public Health, Illinois Plumbing Code (77 Ill. Adm. Code 890)
 - B) Department of Public Health, Sexual Assault Survivors Emergency Treatment Code (77 Ill. Adm. Code 545)
 - C) Department of Public Health, Control of Communicable Diseases Code (77 Ill. Adm. Code 690)
 - D) Department of Public Health, Food Service Sanitation Code (77 Ill. Adm. Code 750)
 - E) Department of Public Health, Public Area Sanitary Practice Code (77 Ill. Adm. Code 895)

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- F) Department of Public Health, Maternal Death Review (77 Ill. Adm. Code 657)
- G) Department of Public Health, Control of Sexually Transmissible Infections Code (77 Ill. Adm. Code 693)
- H) Department of Public Health, Control of Tuberculosis Code (77 Ill. Adm. Code 696)
- I) Department of Public Health, Health Care Worker Background Check Code (77 Ill. Adm. Code 955)
- J) Department of Public Health, Language Assistance Services Code (77 Ill. Adm. Code 940)
- K) Department of Public Health, Regionalized Perinatal Health Care Code (77 Ill. Adm. Code 640)
- L) Health Facilities and Services Review Board, Narrative and Planning Policies (77 Ill. Adm. Code 1100)
- M) Health Facilities and Services Review Board, Processing, Classification Policies and Review Criteria (77 Ill. Adm. Code 1110)
- N) Department of Public Health, Private Sewage Disposal Code (77 Ill. Adm. Code 905)
- O) Department of Public Health, Ambulatory Surgical Treatment Center Licensing Requirements (77 Ill. Adm. Code 205)
- P) Department of Public Health, HIV/AIDS Confidentially and Testing Code (77 Ill. Adm. Code 697)
- QP) Capital Development Board, Illinois Accessibility Code (71 Ill. Adm. Code 400)
- RQ) State Fire Marshal, Boiler and Pressure Vessel Safety (41 Ill. Adm. Code 120)

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~~SR~~) State Fire Marshal, Fire Prevention and Safety (41 Ill. Adm. Code 100)

~~TS~~) Illinois Emergency Management Agency, Standards for Protection Against Radiation (32 Ill. Adm. Code 340)

~~UF~~) Illinois Emergency Management Agency, Use of X-rays in the Healing Arts Including Medical, Dental, Podiatry, and Veterinary Medicine (32 Ill. Adm. Code 360)

3) Federal Statutes:

A) Health Insurance Portability and Accountability Act of 1996 (110 USC 1936)

B) Emergency Medical Treatment & Labor Act (42 USC 1395dd)

(Source: Amended at 42 Ill. Reg. _____, effective _____)

SUBPART B: ADMINISTRATION AND PLANNING

Section 250.240 Admission and Discharge

a) Principle

The hospital shall have written policies for the admission, discharge, and referral of all patients who present themselves for care. Procedures shall assure appropriate utilization of hospital resources, such as preadmission testing, ambulatory care programs, and short-term procedure units.

b) Access

1) All persons shall be admitted to the hospital, whether as inpatients or outpatients, by a member of the medical staff with admitting privileges, an advanced practice nurse, or a physician assistant with clinical privileges recommended by the medical staff and granted by the hospital governing board. ~~All persons admitted to the hospital~~ shall be under the professional care of a member of the medical staff.

2) Insofar as possible, the hospital shall assign patients to accommodations

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with regard to gender, age, and medical requirement.

- 3) The hospital shall provide basic and effective care to each patient. No person seeking necessary medical care from the hospital shall be denied ~~such~~ care for reasons not based on sound medical practice or the hospital's charter, and, particularly, no ~~such~~ person shall be denied ~~such~~ care on account of race, creed, color, religion, gender, or sexual orientation~~preference~~.
- 4) When the hospital does not provide the services required by a patient or a person seeking necessary medical care, an appropriate referral shall be made.

c) Required Testing for All Admissions

- 1) The laboratory examinations required on all admissions shall be determined by the medical staff and shall be consistent with the scope and nature of the hospital. The required list or lists of tests shall be in written form and shall be available to all members of the medical staff. The required examinations shall be consistent with the requirements of this subsection (c).
- 2) Uterine Cytologic Examination for Cancer
 - A) *Every hospital shall offer a uterine cytologic examination for cancer to every female inpatient 20 years of age or over, unless one of the following conditions exists:*
 - i) *The examination is considered contra-indicated by the attending physician; or*
 - ii) *The patient has had a uterine cytologic examination for cancer performed within the previous year prior to the admission to the hospital.*
 - B) *Every woman for whom the test is applicable shall have the right to refuse such test on the counsel of the attending physician or on her own judgment.*
 - C) Patient records for all female inpatients 20 years of age or older

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shall indicate one of the following:

- i) *The results of the test;*
 - ii) The reasons that the test offer requirement was *not applicable* as provided under subsection (c)(2)(A); or
 - iii) A statement that *it was refused* by the patient. (Section 2310-540 of the Civil Administrative Code ~~{20 ILCS 2310/2310-540}~~).
- 3) Testing for Infection with Human Immunodeficiency Virus (HIV)
- A) The hospital shall *offer testing for infection with human immunodeficiency virus (HIV) to patients upon request.*
 - B) The hospital shall ensure that *pre-test and post-test counseling* is provided to the patient in accordance with the provisions of the AIDS Confidentiality Act ~~{210 ILCS 115/20}~~ and the HIV/AIDS Confidentiality and Testing Code ~~(77 Ill. Adm. Code 697)~~.
 - C) Testing that is performed under the Act and this Part *shall be subject to the provisions of the AIDS Confidentiality Act and the HIV/AIDS Confidentiality and Testing Code.* (Section 6.10 of the Act)
- d) Discharge Notification
- 1) The hospital shall develop a discharge plan of care for all patients who present themselves to the hospital for care.
 - 2) The discharge plan shall be based on an assessment of the patient's needs by various disciplines responsible for the patient's care.
 - 3) When a patient is discharged to another level of care, the hospital shall ensure that the patient is being transferred to a facility that is capable of meeting the patient's assessed needs.
 - 4) *Whenever a patient who qualifies for the federal Medicare program is hospitalized, the patient shall be notified of discharge at least 24 hours*

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prior to discharge from the hospital. The notification shall be provided by, or at the direction of, a physician with medical staff privileges at the hospital or any appropriate medical staff member. The notification shall include:

- A) The anticipated date and time of discharge.
- B) *Written information concerning the patient's right to appeal the discharge pursuant to the federal Medicare program, including the steps to follow to appeal the discharge and the appropriate telephone number to call if the patient intends to appeal the discharge. This written information does not need to be included in the notification, if it has already been provided to the patient. (Section 6.09 of the Act)*

5) *Every hospital shall develop and implement policies and procedures to provide the discharge notice required in subsection (d)(4). The policies and procedures may also include a waiver of the notification requirement in either or both of the following cases:*

- A) *When a discharge notice is not feasible due to a short length of stay in the hospital by the patient. The hospital policy shall specify the length of stay when discharge notification will not be considered feasible.*
- B) *When the patient voluntarily desires to leave the hospital before the expiration of the 24 hour period. (Section 6.09 of the Act)*

e) *Patient Notice of Observation Status. Within 24 hours after a patient's placement into observation status by a hospital, the hospital shall provide that patient with an oral and written notice that the patient is not admitted to the hospital and is under observation status. The written notice shall be signed by the patient or the patient's legal representative to acknowledge receipt of the written notice and shall include, but not be limited to, the following information:*

- 1) *A statement that observation status may affect coverage under the federal Medicare program, the medical assistance program under Article V of the Illinois Public Aid Code, or the patient's insurance policy for the current hospital services, including medications and other pharmaceutical supplies, as well as coverage for any subsequent discharge to a skilled*

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nursing facility or for home and community based care; and

2) A statement that the patient should contact his or her insurance provider to better understand the implications of being placed into observation status. (Section 6.09b of the Act)

f) The hospital shall develop a written policy for cases in which a patient in observation status is incapacitated and attempts to contact the patient's legal representative within 24 hours pursuant to subsection (e) have been unsuccessful. The hospital shall document all attempts to contact the patient's legal representative.

ge) Background Checks for Patients Transferring to a Long-Term Care Facility

1) *Before transfer of a patient to a long term care facility licensed under the Nursing Home Care Act ~~[210 ILCS 45]~~ where elderly persons reside, a hospital shall as soon as practicable initiate a name-based criminal history background check by electronic submission to the Department of State Police for all persons between the ages of 18 and 70 years; provided, however, that a hospital shall be required to initiate such a background check only with respect to patients who:*

A) *are transferring to a long term care facility for the first time;*

B) *have been in the hospital more than 5 days;*

C) *are reasonably expected to remain at the long term care facility for more than 30 days;*

D) *have a known history of serious mental illness or substance abuse; and*

E) *are independently ambulatory or mobile for more than a temporary period of time.*

2) *A hospital may also request a criminal history background check for a patient who does not meet any of the criteria set forth in subsections (ge)(1)(A) through (E).*

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- 3) *A hospital shall notify a long term care facility if the hospital has initiated a criminal history background check on a patient being discharged to that facility. In all circumstances in which the hospital is required by this subsection (ge) to initiate the criminal history background check, the transfer to the long term care facility may proceed regardless of the availability of criminal history results.*
- 4) *Upon receipt of the results, the hospital shall promptly forward the results to the appropriate long term care facility. If the results of the background check are inconclusive, the hospital shall have no additional duty or obligation to seek additional information from, or about, the patient. (Section 6.09(d) of the Act)*

(Source: Amended at 42 Ill. Reg. _____, effective _____)

SUBPART C: THE MEDICAL STAFF

Section 250.320 Admission and Supervision of Patients

- a) All persons admitted to the hospital shall be under the professional care of a member of the medical staff. Patients admitted by a podiatrist or a dentist shall be under the care of both the admitting medical staff member and a physician who is also a medical staff member. The podiatrist or the dentist shall be responsible for all care within the limits of the privileges granted to them; the physician shall be responsible for all aspects of general medical care. Patients admitted by a dentist or a podiatrist may have their histories and physical examinations-performed by the admitting dentist or podiatrist, provided that the dentist or podiatrist is a member of the hospital medical staff, that the dentist or podiatrist has been approved to perform histories and physical examinations by the hospital governing board and that the history and physical examination are directly related or incident to the dental or podiatrist service, operation, or surgery for which the patient is being admitted.
- b) Patients admitted by an advanced practice nurse or physician assistant shall be under the care of both the advanced practice provider and a physician who also is a medical staff member. The advanced practice provider shall be responsible for care within the limits of the privileges granted to him or her.

(Source: Amended at 42 Ill. Reg. _____, effective _____)

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SUBPART I: NURSING SERVICE AND ADMINISTRATION

Section 250.1070 Care of Patients

- a) All persons shall be admitted to the hospital, by a member of the medical staff with admitting privileges, an advanced practice nurse, or a physician assistant with clinical privileges recommended by the medical staff and granted by the governing board. All persons admitted to the hospital, whether as inpatients or outpatients, ~~and~~ shall be under the professional care of a member of the medical staff. See Section 250.240(b)(1).
- b) The hospital shall provide basic and effective care to each patient. Insofar as possible, the hospital shall assign patients to ~~such~~ accommodations ~~thats~~ will provide for adequate segregation with regard to sex, age, and medical management. See Section 250.240(b)(2).

(Source: Amended at 42 Ill. Reg. _____, effective _____)

Section 250.1100 Infection Control

- a) A hospital shall designate a person or persons as Infection Prevention and Control Professionals to develop and implement policies governing control of infections and communicable diseases. The Infection Prevention and Control Professionals shall be qualified through education, training, experience ~~and~~/or certification. The, and the qualifications shall be documented.
- b) A multidisciplinary Infection Control Committee, composed at least of members of the medical staff and nursing staff, the Infection Prevention and Control Professionals, and the supervisor of Central Sterile Supply and administration, shall be responsible for investigations and recommendations for the prevention and control of infections within the hospital. This Committee shall *perform an annual facility-wide infection control risk assessment.* (Section 6.23 of the Act)
- c) Policies and procedures for reporting cases of communicable diseases and for the care of patients with communicable diseases shall be in accordance with the Control of Communicable Diseases Code, the Control of Sexually Transmissible Diseases Code and the Control of Tuberculosis Code.
- d) When patients having a communicable disease, or presenting signs and symptoms suggestive of that diagnosis, are admitted, proper precautionary measures shall be

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taken to avoid cross-infection to personnel, other patients, or the public.

- e) The hospital shall provide facilities and equipment for the isolation of known or suspected cases of infectious disease.
- f) Policies and procedures for handling infectious cases shall include orders for nursing and non-professional staffs providing for proper isolation technique.
- g) All persons who care for patients with or suspected of having a communicable disease, or whose work brings them in contact with materials that are potential conveyors of communicable disease, shall take appropriate safeguards to avoid transmission of the disease agent.
- h) *The hospital shall develop and implement comprehensive interventions to prevent and control multidrug-resistant organisms (MDROs), including methicillin-resistant Staphylococcus aureus (MRSA), vancomycin-resistant enterococci (VRE), and certain gram-negative bacilli (GNB), that take into consideration guidelines of the Centers for Disease Control and Prevention for the management of MDROs in health care settings, including the "Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings" and "Guidelines for Hand Hygiene in Health-Care Settings". (Section 6.23 of the Act)*
- i) All hospitals shall comply with the Centers for Disease Control and Prevention publication "Guidelines for Infection Control in Health Care Personnel".
- j) The multidisciplinary Infection Control Committee shall be responsible for developing, implementing, monitoring, and enforcing a hand hygiene program in the hospital. For the purposes of this Section, "hand hygiene" is a general term that applies to hand washing with plain soap and water; antiseptic hand wash using soap containing antiseptic agents and water; antiseptic hand rub using a waterless antiseptic product, most often alcohol based, rubbed on the surface of the hands; or surgical hand antiseptic.
 - 1) The Committee shall assess the current practices and compliance, assess hand hygiene products that are currently being used, solicit input from clinical staff, and develop a hand hygiene program for all staff.
 - 2) All staff (including contractual and medical) shall be educated in the hand hygiene program during initial orientation and at least annually. This

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education shall be documented.

- 3) The program shall have clear written goals that require quantitative, time-specific improvement targets.
 - 4) The Committee shall develop and implement measurement tools to be used to assure ongoing compliance with the program.
 - 5) The program shall incorporate the requirements for hand hygiene in educational materials presented to all staff on an ongoing basis; engage patients and families in the hand hygiene efforts; monitor compliance of all staff with recommended measurement tools for hand hygiene, including immediate feedback to personnel; and track compliance over time.
 - 6) The results of the monitoring shall be incorporated in the Quality Assurance/Quality Improvement Program.
- k) Contaminated material shall be handled and disposed of in a manner designed to prevent the transmission of the infectious agent.
 - l) Thorough hand hygiene shall be required after touching any contaminated or infected material.
 - m) Whenever the Control of Communicable Diseases Code and the Control of Tuberculosis Code require the submission of laboratory specimens for the release of a patient from isolation or quarantine and the hospital laboratory is not approved by the Department for the performance of the specific tests, the specimens shall be submitted to the laboratories of the Illinois Department of Public Health or other laboratory licensed by the Department for the specific tests required.
 - n) The hospital shall establish a systematic plan of checking and recording cases of infection, known or suspected, that develop in the institution; these cases shall be reported to the Infection Control Committee and hospital administration. The Committee shall be empowered and directed to investigate health care-associated infections to determine the causative organism and its possible sources. The findings and recommendations of the Infection Control Committee shall be reported to the medical staff and administration for corrective action.

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- o) Policies and procedures related to this Section and to the following items shall be developed:
- 1) The admission and isolation of patients with specific ~~and~~/or suspected infectious diseases, and protective isolation of appropriate patients.
 - 2) In-service education programs on the control of infectious diseases.
 - 3) Policies and procedures for isolation techniques appropriate to the working diagnosis of the patient, and protective routines for personnel and visitors.
 - 4) The recording and reporting of all infections of clean surgical cases to the Infection Control Committee, and procedures for the investigation of those cases.
- p) *In order to improve the prevention of hospital-associated bloodstream infections due to methicillin-resistant Staphylococcus aureus (MRSA), every hospital shall establish an MRSA control program that requires:*
- 1) *Identification of all MRSA-colonized patients in all intensive care units, and other at-risk patients identified by the hospital, through active surveillance testing.*
 - 2) *Isolation of identified MRSA-colonized or MRSA-infected patients in an appropriate manner.*
 - 3) *Monitoring and strict enforcement of hand hygiene requirements.*
 - 4) *Maintenance of records and reporting of cases under Section 10 of the Act. (Section 5 of the MRSA Screening and Reporting Act)*
- q) *Each hospital shall adopt, implement, and update no less than every three years evidence-based protocols for the early recognition and treatment of patients with sepsis, severe sepsis, or septic shock (sepsis protocols) that are based on generally accepted standards of care. Sepsis protocols must include components specific to the identification, care, and treatment of adults and of children, and must clearly identify where and when components will differ for adults and for children seeking treatment in the emergency department or as an inpatient. These protocols must also include the following components:*

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- 1) *A process for the screening and early recognition of patients with sepsis, severe sepsis, or septic shock;*
 - 2) *A process to identify and document individuals appropriate for treatment through sepsis protocols, including explicit criteria defining those patients who should be excluded from the protocols, such as patients with certain clinical conditions or who have elected palliative care;*
 - 3) *Guidelines for hemodynamic support with explicit physiologic and treatment goals, methodology for invasive or non-invasive hemodynamic monitoring, and timeframe goals;*
 - 4) *For infants and children, guidelines for fluid resuscitation consistent with current, evidence-based guidelines for severe sepsis and septic shock with defined therapeutic goals for children;*
 - 5) *Identification of the infectious source and delivery of early broad spectrum antibiotics with timely re-evaluation to adjust to narrow spectrum antibiotics targeted to identified infectious sources; and*
 - 6) *Criteria for use, based on accepted evidence of vasoactive agents.*
-
- r) *Each hospital shall ensure that professional staff with direct patient care responsibilities and, as appropriate, staff with indirect patient care responsibilities, including, but not limited to, laboratory and pharmacy staff, are periodically trained to implement the sepsis protocols required under subsection (q). The hospital shall ensure updated training of staff if the hospital initiates substantive changes to the sepsis protocols.*
 - s) *Each hospital shall be responsible for the collection and utilization of quality measures related to the recognition and treatment of severe sepsis for purposes of internal quality improvement.*
 - t) *The evidence-based protocols adopted by the hospital under this Section shall be provided to the Department upon the Department's request.*
 - u) *Hospitals submitting sepsis data as required by the Centers for Medicare and Medicaid Services Hospital Inpatient Quality Reporting Program as of fiscal year 2017 are presumed to meet the sepsis protocol requirements outlined in this*

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Section. (Section 6.23a of the Act)

(Source: Amended at 42 Ill. Reg. _____, effective _____)

SUBPART L: RECORDS AND REPORTS

Section 250.1520 Reports

- a) Each hospital shall submit reports containing ~~such~~ pertinent data as may reasonably be required by the Department.
- b) In the reporting of communicable disease cases the hospital shall comply with the Control of Communicable Diseases Code ~~(77 Ill. Adm. Code 690)~~.
- c) See ~~Sections Subpart O, Section~~ 250.1830 and ~~Section 250.1840 of this Part,~~ regarding reports pertaining to mothers and infants, and regarding children to be discharged to a person other than a natural parent.
- d) See ~~Subpart O, Section 250.1830 of this Part,~~ regarding birth, stillbirth, and death reports.
- e) The death of a pregnant woman or the death of a woman within one year following the termination of a pregnancy shall be reported to the Department as required by the Department's rules titled Maternal Death Review ~~(77 Ill. Adm. Code 657)~~ and in Section 250.1830(i)(2) of this Part. This is required regardless of the type of hospital or the reason for the patient's admission.
- f) Any incident or occurrence in a hospital that could be considered a catastrophe or creates an immediate jeopardy ~~and~~/or dangerous threat and that requires the transfer of patients to other parts of the facility or other facilities, including but not limited to fire, flood, or power failure, shall be reported to the Department within two working days after its occurrence.

g) Reporting Opioid Overdoses

1) As used in this Section, the following definitions apply:

"Overdose" – has the same meaning as provided in Section 414 of the Illinois Controlled Substances Act.

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"Health care professional" – a physician licensed to practice medicine in all its branches, a physician assistant, or an advanced practice nurse licensed in Illinois.

- 2) When treatment is provided in a hospital's emergency department, a health care professional who treats a drug overdose, hospital administrator, or the designee of either shall report the case to the Department of Public Health within 48 hours after providing treatment for the drug overdose or at such time the drug overdose is confirmed.
- 3) The hospital shall report to the Department the following information electronically or on forms provided by the Department:
 - A) Whether an opioid antagonist was administered and, if yes, the name of the antagonist;
 - B) The cause of the overdose, including, but not limited to, whether the overdose was caused by an opioid or heroin; and
 - C) The demographic information of the person treated. The demographic information shall include, but is not limited to, the patient's:
 - i) Age;
 - ii) Sex;
 - iii) Federal Information Process Standards county code;
 - iv) Zip code;
 - v) Race, using the Centers for Disease Control and Prevention (CDC) race category; and
 - vi) Ethnicity, using the CDC ethnicity group.
- 4) The person completing the form shall not disclose the name, address, or any other personal information of the individual experiencing the overdose.

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- 5) *The identity of the person and hospital reporting under this subsection (g) shall not be disclosed to the subject of the report. For the purposes of this subsection (g), the health care professional, hospital administrator, or designee making the report, and his or her employer, shall not be held criminally, civilly, or professionally liable for reporting under this subsection (g)(5), except for willful or wanton misconduct. (Section 6.14g of the Act)*

(Source: Amended at 42 Ill. Reg. _____, effective _____)

SUBPART O: OBSTETRIC AND NEONATAL SERVICE

Section 250.1840 Discharge of Newborn Infants from Hospital

- a) No hospital, nor anyone connected with any hospital, shall place a child for adoption or for foster family care unless the hospital is licensed as a child welfare agency.
- b) A hospital shall discharge a newborn infant only to the following:
- 1) The natural parent;
 - 2) An intended mother, pursuant to the Gestational Surrogacy Act;
 - 3) An intended father, pursuant to the Gestational Surrogacy Act;
 - 4) An adult relative (parent, brother, sister, uncle or aunt) or friend of the unwed mother, or of either parent if married;
 - 5) An officer of a court of competent jurisdiction or other named person, upon presentation of an order from a court that the child be discharged to his or her custody; or
 - 6) A representative of an Illinois licensed child welfare agency, or the Illinois Department of Children and Family Services, or the Illinois Youth Commission, upon presentation of written authorization by the agency to have the child discharged to his or her custody; or a representative of any other social agency who presents written authorization by the Department of Children and Family Services to have the child discharged to his or her custody.

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- c) If the child is to be discharged to an adult relative or friend as provided in subsection (b)(4), the hospital shall obtain the mother's written consent, naming and identifying the relative or friend.
- d) When any child is discharged, the hospital shall require the recipient to provide proof of his or her identity and to sign a receipt for the child. The proof of identity shall be a government-issued photo ID.
- e) Education on Sudden Infant Death Syndrome Prior to Discharge
 - 1) *A hospital shall provide, free of charge, information and instructional materials regarding sudden infant death syndrome (SIDS), explaining the medical effects upon infants and young children and emphasizing measures that may reduce the risk. The materials shall include information concerning safe sleep environments developed by the American Academy of Pediatrics or a statewide or nationally recognized SIDS or medical association.*
 - 2) *The information and materials described in subsection (e)(1) shall be provided to parents or legal guardians of each newborn, upon discharge from the hospital. Prior to discharge, a nurse or appropriate staff person shall review the proffered materials with the infant's parents or legal guardian and shall discuss best practices to reduce the incidence of SIDS as recommended by the American Academy of Pediatrics.*
 - 3) *Nothing in this subsection (e) prohibits a hospital from obtaining free and suitable information from a public or private agency. (Section 11.7 of the Act)*

(Source: Amended at 42 Ill. Reg. _____, effective _____)

SUBPART U: CONSTRUCTION REQUIREMENTS FOR EXISTING HOSPITALS

Section 250.2620 Codes and Standards

- a) NFPA- 101, Chapter 19, Existing Health Care Occupancies, Life Safety Code, for existing structures and all applicable appropriate references under Chapter 2, Referenced Publications, Appendix B applies to and is part of this Subpart.

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- b) NFPA 101A, Guide on Alternative Approaches to Life Safety, applies to and is part of this Subpart.
- c) All existing hospitals of any height shall be Type I or Type II construction as established by NFPA 101, ~~Life Safety Code~~, and ~~NFPA 220, Standard on Types of Building Construction~~.

(Source: Amended at 42 Ill. Reg. _____, effective _____)