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

302
 303 SOURCE: Rules repealed and new rules adopted August 27, 1978; emergency amendment at 2
 304 Ill. Reg. 31, p. 73, effective July 24, 1978, for a maximum of 150 days; amended at 2 Ill. Reg.
 305 21, p. 49, effective May 16, 1978; emergency amendment at 2 Ill. Reg. 31, p. 73, effective July
 306 24, 1978, for a maximum of 150 days; amended at 2 Ill. Reg. 45, p. 85, effective November 6,
 307 1978; amended at 3 Ill. Reg. 17, p. 88, effective April 22, 1979; amended at 4 Ill. Reg. 22, p.
 308 233, effective May 20, 1980; amended at 4 Ill. Reg. 25, p. 138, effective June 6, 1980; amended
 309 at 5 Ill. Reg. 507, effective December 29, 1980; amended at 6 Ill. Reg. 575, effective December
 310 30, 1981; amended at 6 Ill. Reg. 1655, effective January 27, 1982; amended at 6 Ill. Reg. 3296,
 311 effective March 15, 1982; amended at 6 Ill. Reg. 7835 and 7838, effective June 17, 1982;
 312 amended at 7 Ill. Reg. 962, effective January 6, 1983; amended at 7 Ill. Reg. 5218 and 5221,
 313 effective April 4, 1983 and April 5, 1983; amended at 7 Ill. Reg. 6964, effective May 17, 1983;
 314 amended at 7 Ill. Reg. 8546, effective July 12, 1983; amended at 7 Ill. Reg. 9610, effective
 315 August 2, 1983; codified at 8 Ill. Reg. 19752; amended at 8 Ill. Reg. 24148, effective November
 316 29, 1984; amended at 9 Ill. Reg. 4802, effective April 1, 1985; amended at 10 Ill. Reg. 11931,
 317 effective September 1, 1986; amended at 11 Ill. Reg. 10283, effective July 1, 1987; amended at
 318 11 Ill. Reg. 10642, effective July 1, 1987; amended at 12 Ill. Reg. 15080, effective October 1,
 319 1988; amended at 12 Ill. Reg. 16760, effective October 1, 1988; amended at 13 Ill. Reg. 13232,
 320 effective September 1, 1989; amended at 14 Ill. Reg. 2342, effective February 15, 1990;
 321 amended at 14 Ill. Reg. 13824, effective September 1, 1990; amended at 15 Ill. Reg. 5328,
 322 effective May 1, 1991; amended at 15 Ill. Reg. 13811, effective October 1, 1991; amended at 17
 323 Ill. Reg. 1614, effective January 25, 1993; amended at 17 Ill. Reg. 17225, effective October 1,
 324 1993; amended at 18 Ill. Reg. 11945, effective July 22, 1994; amended at 18 Ill. Reg. 15390,
 325 effective October 10, 1994; amended at 19 Ill. Reg. 13355, effective September 15, 1995;
 326 emergency amendment at 20 Ill. Reg. 474, effective January 1, 1996, for a maximum of 150
 327 days; emergency expired May 29, 1996; amended at 20 Ill. Reg. 3234, effective February 15,
 328 1996; amended at 20 Ill. Reg. 10009, effective July 15, 1996; amended at 22 Ill. Reg. 3932,
 329 effective February 13, 1998; amended at 22 Ill. Reg. 9342, effective May 20, 1998; amended at
 330 23 Ill. Reg. 1007, effective January 15, 1999; emergency amendment at 23 Ill. Reg. 3508,
 331 effective March 4, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 9513, effective
 332 August 1, 1999; amended at 23 Ill. Reg. 13913, effective November 15, 1999; amended at 24 Ill.
 333 Reg. 6572, effective April 11, 2000; amended at 24 Ill. Reg. 17196, effective November 1, 2000;
 334 amended at 25 Ill. Reg. 3241, effective February 15, 2001; amended at 27 Ill. Reg. 1547,
 335 effective January 15, 2003; amended at 27 Ill. Reg. 13467, effective July 25, 2003; amended at
 336 28 Ill. Reg. 5880, effective March 29, 2004; amended at 28 Ill. Reg. 6579, effective April 15,
 337 2004; amended at 29 Ill. Reg. 12489, effective July 27, 2005; amended at 31 Ill. Reg. 4245,
 338 effective February 20, 2007; amended at 31 Ill. Reg. 14530, effective October 3, 2007; amended
 339 at 32 Ill. Reg. 3756, effective February 27, 2008; amended at 32 Ill. Reg. 4213, effective March
 340 10, 2008; amended at 32 Ill. Reg. 7932, effective May 12, 2008; amended at 32 Ill. Reg. 14336,
 341 effective August 12, 2008; amended at 33 Ill. Reg. 8306, effective June 2, 2009; amended at 34
 342 Ill. Reg. 2528, effective January 27, 2010; amended at 34 Ill. Reg. 3331, effective February 24,
 343 2010; amended at 34 Ill. Reg. 19031, effective November 17, 2010; amended at 34 Ill. Reg.
 344 19158, effective November 23, 2010; amended at 35 Ill. Reg. 4556, effective March 4, 2011;

345 amended at 35 Ill. Reg. 6386, effective March 31, 2011; amended at 35 Ill. Reg. 13875, effective
 346 August 1, 2011; amended at 36 Ill. Reg. 17413, effective December 3, 2012; amended at 38 Ill.
 347 Reg. 13280, effective June 10, 2014; amended at 39 Ill. Reg. 5443, effective March 25, 2015;
 348 amended at 39 Ill. Reg. 13041, effective September 3, 2015; amended at 41 Ill. Reg. 7154,
 349 effective June 12, 2017; amended at 41 Ill. Reg. 14945, effective November 27, 2017; amended
 350 at 42 Ill. Reg. 9507, effective May 24, 2018; amended at 43 Ill. Reg. 3889, effective March 18,
 351 2019; amended at 43 Ill. Reg. 12990, effective October 22, 2019; emergency amendment at 44
 352 Ill. Reg. 5934, effective March 25, 2020, for a maximum of 150 days; emergency expired August
 353 21, 2020; emergency amendment at 44 Ill. Reg. 7788, effective April 16, 2020, for a maximum
 354 of 150 days; emergency repeal of emergency amendment at 44 Ill. Reg. 14333, effective August
 355 24, 2020; emergency amendment at 44 Ill. Reg. 14804, effective August 24, 2020, for a
 356 maximum of 150 days; emergency expired January 20, 2021; amended at 44 Ill. Reg. 18379,
 357 effective October 29, 2020; emergency amendment at 45 Ill. Reg. 1202, effective January 8,
 358 2021, for a maximum of 150 days; emergency amendment expired June 6, 2021; emergency
 359 amendment at 45 Ill. Reg. 1715, effective January 21, 2021, for a maximum of 150 days;
 360 emergency expired June 19, 2021; emergency amendment at 45 Ill. Reg. 7544, effective June 7,
 361 2021, for a maximum of 150 days; emergency expired November 3, 2021; emergency
 362 amendment at 45 Ill. Reg. 8096, effective June 15, 2021, for a maximum of 150 days; emergency
 363 expired November 11, 2021; emergency amendment at 45 Ill. Reg. 8503, effective June 20,
 364 2021, for a maximum of 150 days; emergency expired November 16, 2021; emergency
 365 amendment at 45 Ill. Reg. 11907, effective September 17, 2021, for a maximum of 150 days;
 366 emergency expired February 13, 2022; emergency amendment at 45 Ill. Reg. 14519, effective
 367 November 4, 2021, for a maximum of 150 days; emergency expired April 2, 2022; emergency
 368 amendment at 45 Ill. Reg. 15115, effective November 12, 2021 through December 31, 2021;
 369 emergency amendment at 45 Ill. Reg. 15375, effective November 17, 2021, for a maximum of
 370 150 days; emergency expired April 15, 2022; emergency amendment at 46 Ill. Reg. 1911,
 371 effective January 13, 2022, for a maximum of 150 days; emergency expired June 11, 2022;
 372 emergency amendment at 46 Ill. Reg. 3208, effective February 14, 2022, for a maximum of 150
 373 days; emergency expired July 13, 2022; emergency amendment at 46 Ill. Reg. 6142, effective
 374 April 3, 2022, for a maximum of 150 days; emergency expired August 30, 2022; emergency
 375 amendment at 46 Ill. Reg. 6808, effective April 16, 2022, for a maximum of 150 days;
 376 emergency expired September 12, 2022; amended at 46 Ill. Reg. 8914, effective May 12, 2022;
 377 emergency amendment at 46 Ill. Reg. 10950, effective June 12, 2022, for a maximum of 150
 378 days; emergency amendment to emergency rule at 46 Ill. Reg. 12643, effective July 6, 2022, for
 379 the remainder of the 150 days; emergency expired November 8, 2022; emergency amendment at
 380 46 Ill. Reg. 13344, effective July 14, 2022, for a maximum of 150 days; emergency amendment
 381 to emergency rule at 46 Ill. Reg. 18185, effective October 27, 2022, for the remainder of the 150
 382 days; emergency expired December 10, 2022; emergency amendment at 46 Ill. Reg. 15824,
 383 effective August 31, 2022, for a maximum of 150 days; emergency expired January 27, 2023;
 384 amended at 46 Ill. Reg. 15597, effective September 1, 2022; emergency amendment at 46 Ill.
 385 Reg. 16271, effective September 13, 2022, for a maximum of 150 days; emergency expired
 386 February 9, 2023; emergency amendment at 46 Ill. Reg. 18902, effective November 9, 2022, for
 387 a maximum of 150 days; emergency expired April 7, 2023; amended at 46 Ill. Reg. 18995,

388 effective November 10, 2022; emergency amendment at 46 Ill. Reg. 20211, effective December
389 11, 2022, for a maximum of 150 days; emergency expired May 9, 2023; emergency amendment
390 at 47 Ill. Reg. 2189, effective January 28, 2023, for a maximum of 150 days; emergency expired
391 June 26, 2023; emergency amendment at 47 Ill. Reg. 2862, effective February 10, 2023 through
392 May 11, 2023; amended at 47 Ill. Reg. 6477, effective April 27, 2023; emergency amendment at
393 47 Ill. Reg. 8896, effective June 8, 2023, for a maximum of 150 days; SUBPART G recodified at
394 47 Ill. Reg. 8964; emergency amendment at 47 Ill. Reg. 9499, effective June 27, 2023, for a
395 maximum of 150 days; emergency expired November 23, 2023; amended at 47 Ill. Reg. 14455,
396 effective September 26, 2023; emergency amendment at 47 Ill. Reg. 18178, effective November
397 24, 2023, for a maximum of 150 days; emergency repeal of emergency rule at 48 Ill. Reg. 4225,
398 effective February 27, 2024; amended at 48 Ill. Reg. 450, effective December 20, 2023; amended
399 at 48 Ill. Reg. 2516, effective January 30, 2024; amended at 48 Ill. Reg. _____, effective
400 _____.

401 SUBPART A: GENERAL PROVISIONS

402 Section 250.100 Definitions

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

404 Advanced Practice Registered Nurse – a person licensed to practice under Article
405 65 of the Nurse Practice Act.

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

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

413 Dentist – any person licensed to practice dentistry as provided in the Illinois
414 Dental Practice Act.

415 Department – the Illinois Department of Public Health.

416 Dietetic Service Director – a person who:

417 is a dietitian;

418 is a graduate of a dietetic and nutrition school or program authorized by
419 the Accreditation Council for Education in Nutrition and Dietetics, the
420

431 Academy of Nutrition and Dietetics, or the American Clinical Board of
432 Nutrition;

433
434 is a graduate, prior to July 1, 1990, of a Department-approved course that
435 provided 90 or more hours of classroom instruction in food service
436 supervision and has had experience as a supervisor in a health care
437 institution which included consultation from a dietitian;

438
439 has successfully completed an Association of Nutrition & Foodservice
440 Professionals approved Certified Dietary Manager or Certified Food
441 Protection Professional course;

442
443 is certified as a Certified Dietary Manager or Certified Food Protection
444 Professional by the Association of Nutrition & Foodservice Professionals;
445 or

446
447 has training and experience in food service supervision and management
448 in a military service equivalent in content to the programs in the second,
449 third or fourth paragraph of this definition.

450
451 Dietitian – a person who is a registered dietitian or registered dietitian nutritionist
452 as defined in the Dietitian Nutritionist Practice Act.

453
454 Drugs – the term "drugs" means and includes:

455
456 articles recognized in the official United States Pharmacopoeia, official
457 National Formulary, or any supplement to either of them and being
458 intended for and having for their main use the diagnosis, cure, mitigation,
459 treatment or prevention of disease in man or other animals;

460
461 all other articles intended for and having for their main use the diagnosis,
462 cure, mitigation, treatment or prevention of disease in man or other
463 animals;

464
465 articles (other than food) having for their main use and intended to affect
466 the structure or any function of the body of man or other animals; and

467
468 articles having for their main use and intended for use as a component or
469 any articles specified in this definition, but does not include devices or
470 their components, parts or accessories.

471
472 *Federally designated organ procurement agency – the organ procurement agency*
473 *designated by the Secretary of the U.S. Department of Health and Human*

474 *Services for the service area in which a hospital is located; except that in the case*
475 *of a hospital located in a county adjacent to Wisconsin which currently contracts*
476 *with an organ procurement agency located in Wisconsin that is not the organ*
477 *procurement agency designated by the U.S. Secretary of Health and Human*
478 *Services for the service area in which the hospital is located, if the hospital*
479 *applies for a waiver pursuant to 42 U.S.C. 1320b-8(a), it may designate an organ*
480 *procurement agency located in Wisconsin to be thereafter deemed its federally*
481 *designated organ procurement agency for the purposes of the Act. (Section 3(F)*
482 *of the Act)*

483
484 *Follow-up healthcare – healthcare services related to a sexual assault, including*
485 *laboratory services and pharmacy services, rendered within 180 days after the*
486 *initial visit for medical forensic services. (Section 1a of the Sexual Assault*
487 *Survivors Emergency Treatment Act)*

488
489 Hospital – the term "hospital" shall have the meaning ascribed in Section 3(A) of
490 the Act.

491
492 Hospitalization – the reception or care of any person in any hospital either as an
493 inpatient or as an outpatient.

494
495 House Staff Member – an individual who is a graduate of a medical, dental,
496 osteopathic, or podiatric school; who is licensed as appropriate; who is appointed
497 to the hospital's medical, osteopathic, dental, or podiatric graduate training
498 program that is approved or recognized in accordance with the statutory
499 requirements applicable to the practitioner; and who is participating in patient
500 care under the direction of licensed practitioners who have clinical privileges in
501 the hospital and are members of the hospital's medical staff.

502
503 Licensed Practical Nurse – a person with a valid Illinois license to practice as a
504 practical nurse under the Nurse Practice Act.

505
506 Medical Staff – an organized body composed of the following individuals granted
507 the privilege by the governing authority of the hospital to practice in the hospital:
508 persons who are graduates of a college or school approved or recognized by the
509 Illinois Department of Financial and Professional Regulation, and who are
510 currently licensed by the Illinois Department of Financial and Professional
511 Regulation to practice medicine in all its branches; practice dental surgery; or,
512 practice podiatric medicine in Illinois, regardless of the title of the degree
513 awarded by the approving college or school.

514
515 Medicines – drugs or chemicals or preparations of drugs or chemicals in suitable
516 form intended for and having for their main use the prevention, treatment, relief,

517 or cure of diseases in humans or animals when used either internally or externally.

518

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

521

522 Nursing Administrator (or Chief Nursing Officer or Director of Nursing) – a
523 registered professional nurse who is employed full-time within the hospital as
524 director of the nursing administration pursuant to Section 250.910.

525

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

529

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

533

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

536

537 *"Pharmacy – a location where pharmacist care is provided by a pharmacist and*
538 *where drugs and medicines are dispensed, sold, offered or displayed for sale at*
539 *retail; where prescriptions of physicians, dentists, advanced practice registered*
540 *nurses, physician assistants, podiatric physicians, or optometrists, within the*
541 *limits of their licenses, are compounded, filled or dispensed; and which has a sign*
542 *bearing the word or words "Pharmacist", "Druggist", "Pharmacy",*
543 *Pharmaceutical Care", or similar terms or where the characteristic prescription*
544 *sign (Rx) or similar design is exhibited. (Section 3 of the Pharmacy Practice Act).*
545 Any room or designated area where drugs and medicines are dispensed (including
546 repackaging for distribution) shall be considered to be a pharmacy and shall be
547 required to be licensed by the Illinois Department of Financial and Professional
548 Regulation.

549

550 Pharmacy practice – includes the following services as defined in the Pharmacy
551 Practice Act:

552

553 *the interpretation and the provision of assistance in the monitoring,*
554 *evaluation, and implementation of prescription drug orders;*

555

556 *the dispensing of prescription drug orders;*

557

558 *participation in drug in drug and device selection;*

559

560 *drug administration limited to administration of oral, topical, injectable,*
561 *and inhalation as follows:*

562
563 *in the context of patient education on the proper use or delivery of*
564 *medications;*

565
566 *pursuant to a valid prescription or standing order by a physician*
567 *licensed to practice medicine in all its branches, upon completion*
568 *of appropriate training, including how to address*
569 *contraindications and adverse reaction pursuant to Pharmacy*
570 *Practice Act rules (68 Ill. Adm. Code 1330), with notification to*
571 *the patient's physician and appropriate record retention, or*
572 *pursuant to hospital pharmacy and therapeutics committee policies*
573 *and procedure:*

574
575 *vaccination of patients 7 years of age and older;*

576
577 *following the initial administration of long-acting or*
578 *extended-release form opioid antagonists by a physician*
579 *licensed to practice medicine in all its branches,*
580 *administration of injections of long-action or extended-*
581 *release form opioid antagonists;*

582
583 *administration of injections of alpha-*
584 *hydroxyprogesterone caproate;*

585
586 *administration of injections of long-term antipsychotic*
587 *medications (appropriate training must be conducted by*
588 *an Accreditation Counsel of Pharmaceutical Education*
589 *accredited provider);*

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591 *drug regimen review;*

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593 *drug or drug-related research;*

594
595 *the provision of patient counseling;*

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597 *the practice of telepharmacy;*

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599 *the provision of those acts or services necessary to provide*
600 *pharmacist care;*

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602 *medication therapy management; and*

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the responsibility for compounding and labeling of drugs and devices (except labeling by a manufacturer, repackager, or distributor of non-prescription drugs and commercially package legend drugs and devices), proper and safe storage of drugs and devices, and maintenance of required records as defined in the Pharmacy Practice Act. (Section 3 of the Pharmacy Practice Act)

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 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

646 the constituent being assayed. The reference materials are routinely analyzed
647 along with patient specimens to determine the precision and accuracy of the
648 analytical process used.

649
650 Registered Nurse – a person with a valid Illinois license to practice as a registered
651 professional nurse under the Nurse Practice Act.

652
653 Rural Emergency Hospital (REH) – an entity that operates for the purpose of
654 providing emergency department services, observation care, and other outpatient
655 medical and health services, in which the annual per patient average length of stay
656 does not exceed 24 hours. The entity must not provide inpatient services, except
657 those furnished in a unit that is a distinct part licensed as a skilled nursing facility
658 to furnish post-REH or post-hospital extended care services pursuant to 42 CFR
659 485.502.

660
661 *Safe Lifting Equipment and Accessories – mechanical equipment designed to lift,*
662 *move, reposition, and transfer patients, including, but not limited to, fixed and*
663 *portable ceiling lifts, sit-to-stand lifts, slide sheets and boards, slings, and*
664 *repositioning and turning sheets. (Section 6.25(a) of the Act)*

665
666 *Safe Lifting Team – at least 2 individuals who are trained in the use of both safe*
667 *lifting techniques and safe lifting equipment and accessories, including the*
668 *responsibility for knowing the location and condition of such equipment and*
669 *accessories. (Section 6.25(a) of the Act)*

670
671 Standard Solution – a solution used for calibration in which the concentration is
672 determined solely by dissolving a weighted amount of primary standard material
673 in an appropriate amount of solvent.

674
675 *Surgical smoke plume – the by-product of the use of energy-based devices on*
676 *tissue during surgery and containing hazardous materials, including, but not*
677 *limited to, bioaerosols, smoke, gases, tissue and cellular fragments and*
678 *particulates, and viruses. (Section 6.32(a) of the Act)*

679
680 *Surgical smoke plume evacuation system – a dedicated device that is designed to*
681 *capture, transport, and filter surgical smoke plume at the site of origin and before*
682 *it can diffuse and pose a risk to the occupants of the operating or treatment room.*
683 *(Section 6.32(a) of the Act)*

684
685 *Tissue bank – any facility or program operating in Illinois that is certified by the*
686 *American Association of Tissue Banks or the Eye Bank Association of America*
687 *and is involved in procuring, furnishing, donating, or distributing corneas, bones,*
688 *or other human tissue for the purpose of injecting, transfusing or transplanting*

689 *any of them into the human body. "Tissue bank" does not include a licensed blood*
690 *bank. For the purposes of the Act, "tissue" does not include organs. (Section*
691 *3(G) of the Act)*

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693 (Source: Amended at 48 Ill. Reg. _____, effective _____)

694

695 **Section 250.105 Incorporated and Referenced Materials**

696

697 a) The following regulations and standards are incorporated in this Part:

698

699 1) Private and Professional Association Standards

700

701 A) American Society for Testing and Materials (ASTM), Standard
702 No. E90-99 (2009): Standard Test Method for Laboratory
703 Measurement of Airborne Sound Transmission Loss of Building
704 Partitions and Elements, which may be obtained from the
705 American Society for Testing and Materials, 100 Barr Harbor
706 Drive, West Conshohocken, PA 19428-2959

707

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

712

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

717

718 D) The following standards of the American Society of Heating,
719 Refrigerating, and Air Conditioning Engineers (ASHRAE), which
720 may be obtained from the American Society of Heating,
721 Refrigerating, and Air-Conditioning Engineers, Inc., 180
722 Technology Parkway NW, Peachtree, GA 30092:

723

724 i) ASHRAE Handbook of Fundamentals (2009)

725

726 ii) ASHRAE Handbook for HVAC Systems and Equipment
727 (2004)

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729 iii) ASHRAE Handbook-HVAC Applications (2007)

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- iv) ASHRAE Guideline 12-2020, "Managing the Risk of Legionellosis Associated with Building Water Systems" (March 30, 2021)
 - v) ASHRAE Standard 188-2021, "Legionellosis: Risk Management for Building Water Systems" (August 2021)
- E) The following standards of the National Fire Protection Association (NFPA), which may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169:
- i) NFPA 101 (2012): Life Safety Code and all applicable references under Chapter 2, Referenced Publications
 - ii) NFPA 101A (2013): Guide on Alternative Approaches to Life Safety
- F) American Academy of Pediatrics and American College of Obstetricians and Gynecologists, Guidelines for Perinatal Care, Eighth Edition (September 2017), which may be obtained from the American College of Obstetricians and Gynecologists online at <https://publications.aap.org/aapbooks/book/522/Guidelines-for-Perinatal-Care?autologincheck=redirected%2F%2Faeog.org/store> or by phone at 800-762-2264, 409 12th Street SW, Washington, DC 20024-2188 (See Section 250.1820.)
- G) American College of Obstetricians and Gynecologists, Guidelines for Women's Healthcare, Fourth Edition (2014), which may be obtained online at: <https://www.scribd.com/document/359258258/american-college-of-obstetricians-and-gynecologists-guidelines-for-women-s-health-care-a-resource-manual> ~~from the American College of Obstetricians and Gynecologists online at: https://dl-manual.com/doc/american-college-of-obstetricians-and-gynecologists-guidelines-for-womens-health-care-a-resource-manual-8z6dgqx94qol~~ (See Section 250.1820.)
- H) American Academy of Pediatrics (AAP), Red Book: Report of the Committee on Infectious Diseases, 32nd Edition (January 2021), available at: <https://publications.aap.org/redbook> or from the American Academy of Pediatrics, 345 Park Blvd., Itasca, IL 60143 (See Section 250.1820.)

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- I) American Heart Association Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care, Part 4: Pediatric and Basics and Advanced Life Support and Part 5: Neonatal Resuscitation (October 2020), available at: <https://tinyurl.com/38zny85p> and <https://tinyurl.com/2s3dpb8c>, respectively, or from the American Heart Association, 7272 Greenville Ave., Dallas, TX 75231 (See Section 250.1830.)
- J) National Association of Neonatal Nurses, Position Statement #3074 Minimum RN Staffing in the NICU (September 2021), available at: <http://nann.org/about/position-statements> or from the National Association of Neonatal Nurses, 8735 W. Higgins Road, Suite 300, Chicago, IL 60631 (See Section 250.1830.)
- K) 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 400, Bethesda, Maryland 20814-3095 (See Sections 250.2440 and 250.2450.)
- L) DOD Penetration Test Method MIL STD 282 (~~2020~~~~2012~~): Filter Units, Protective Clothing, Gas-mask Components and Related Products: Performance Test Methods, available at: <https://publishers.standardstech.com/stgnet> <https://webstore.ansi.org/standards/dod/milstd282> (See Section 250.2480.)
- M) National Association of Plumbing-Heating-Cooling Contractors (PHCC), National Standard Plumbing Code (2009), which may be obtained from the National Association of Plumbing-Heating-Cooling Contractors, 180 S. Washington Street, Suite 100, Falls Church, VA 22046 (703-237-8100)
- N) International Building Code (2012), which may be obtained from the International Code Council, 4051 Flossmoor Road, Country Club Hills, IL 60478 (See Section 250.2420.)

- 816 O) American National Standards Institute, ANSI A117.1 (2009),
 817 Standard for Accessible and Usable Buildings, which may be
 818 obtained from the American National Standards Institute, 25 West
 819 43rd Street, 4th Floor, New York, NY 10036 (See Section
 820 250.2420.)
 821
- 822 P) ASME Standard A17.1-2007, Safety Code for Elevators and
 823 Escalators, which may be obtained from the American Society of
 824 Mechanical Engineers (ASME) International, 22 Law Drive, Box
 825 2900, Fairfield, NJ 07007-2900
 826
- 827 Q) Accreditation Council for Graduate Medical Education, Common
 828 Program Requirements (Residency) (2022), available at:
 829 https://www.acgme.org/globalassets/PFAssets/ProgramRequirements/CPRResidency_2022v2.pdf or from the Accreditation Council
 830 for Graduate Medical Education, 401 N. Michigan Ave., Suite
 831 2000, Chicago, IL 60611 (See Section 250.315.)
 832
 833
- 834 R) The Joint Commission, 2022 Hospital Accreditation Standards
 835 (HAS), available at: <https://store.jcrinc.com/2022-accreditation-standards-books/> or from the Joint Commission, 1515 W. 22nd St.
 836 Ste. 1300W, Oakbrook Terrace, IL 60523 (See Section 250.1035.)
 837
 838
- 839 S) National Quality Forum, Safe Practices for Better Health Care
 840 (2010), available at:
 841 https://www.qualityforum.org/publications/2010/04/safe_practices_for_better_healthcare_%E2%80%93_2010_update.aspx or from
 842 the National Quality Forum, 10991 14th Street NW, Suite 500,
 843 Washington DC 20005, or from www.qualityforum.org
 844
 845
- 846 2) Federal Government Publications
 847
- 848 A) Department of Health and Human Services, Centers for Disease
 849 Control and Prevention, "2007 Guideline for Isolation Precautions:
 850 Preventing Transmission of Infectious Agents in Healthcare
 851 Settings" ([July 2023](#)~~May 2022~~) available at:
 852 [https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-](https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf)
 853 [guidelines-H.pdf](https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf)
 854
- 855 B) Department of Health and Human Services, Centers for Disease
 856 Control and Prevention, Infection Control in Healthcare Personnel,
 857 available in two parts: "Infrastructure and Routine Practices for
 858 Occupational Infection Prevention and Control Services" (October

- 859 25, 2019) and "Epidemiology and Control of Selected Infections
860 Transmitted Among Healthcare Personnel and Patients" ([October](#)
861 [3, 2022](#)~~November 5, 2021~~), both available at:
862 [https://www.cdc.gov/infectioncontrol/guidelines/healthcare-](https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/index.html)
863 [personnel/index.html](https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/index.html)
864
- 865 C) Department of Health and Human Services, Centers for Disease
866 Control and Prevention, "Guidelines for Environmental Infection
867 Control in Health-Care Facilities": (July 2019), available at:
868 [https://www.cdc.gov/infectioncontrol/guidelines/environmental/ind](https://www.cdc.gov/infectioncontrol/guidelines/environmental/index.html)
869 [ex.html](https://www.cdc.gov/infectioncontrol/guidelines/environmental/index.html)
870
- 871 D) Department of Health and Human Services, Centers for Disease
872 Control and Prevention, Guideline for Hand Hygiene in Health
873 Care Settings (October [25, 2002](#)) available at:
874 [https://www.cdc.gov/infectioncontrol/guidelines/hand-](https://www.cdc.gov/infectioncontrol/guidelines/hand-hygiene/index.html)
875 [hygiene/index.html](https://www.cdc.gov/infectioncontrol/guidelines/hand-hygiene/index.html)
876
- 877 E) Department of Health and Human Services, Centers for Disease
878 Control and Prevention, "Guideline for Disinfection and
879 Sterilization in Healthcare Facilities, 2008", (May 2019), available
880 at:
881 [https://www.cdc.gov/infectioncontrol/pdf/guidelines/disinfection-](https://www.cdc.gov/infectioncontrol/pdf/guidelines/disinfection-guidelines-H.pdf)
882 [guidelines-H.pdf](https://www.cdc.gov/infectioncontrol/pdf/guidelines/disinfection-guidelines-H.pdf)
883
- 884 F) Department of Health and Human Services, Centers for Disease
885 Control and Prevention, "Core Elements of Hospital Stewardship
886 Programs", (2019), which is available at:
887 [https://www.cdc.gov/antibiotic-use/healthcare/pdfs/hospital-core-](https://www.cdc.gov/antibiotic-use/healthcare/pdfs/hospital-core-elements-H.pdf)
888 [elements-H.pdf](https://www.cdc.gov/antibiotic-use/healthcare/pdfs/hospital-core-elements-H.pdf), and "Implementation of Antibiotic Stewardship
889 Core Elements at Small and Critical Access Hospitals", which is
890 available at: [https://www.cdc.gov/antibiotic-use/core-](https://www.cdc.gov/antibiotic-use/core-elements/small-critical.html)
891 [elements/small-critical.html](https://www.cdc.gov/antibiotic-use/core-elements/small-critical.html)
892
- 893 G) Department of Health and Human Services, Centers for Disease
894 Control and Prevention, "Toolkit for Controlling Legionella in
895 Common Sources of Exposure", which is available at:
896 <https://www.cdc.gov/legionella/wmp/control-toolkit/index.html>
897
- 898 H) National Center for Health Statistics and World Health
899 Organization, Geneva, Switzerland, "International Classification of
900 Diseases", 11th Revision (ICD-11), (2022), available at:

- 901 [https://www.who.int/standards/classifications/classification-of-](https://www.who.int/standards/classifications/classification-of-diseases)
902 [diseases](https://www.who.int/standards/classifications/classification-of-diseases)
903
904 I) U.S. Department of Labor, Occupational Safety and Health
905 Administration, "Guidelines for Preventing Workplace Violence
906 for Healthcare and Social Service Workers" (OSHA 3148-06R
907 2016), available at:
908 <https://www.osha.gov/Publications/osha3148.pdf>
909
910 J) Department of Health and Human Services, United States Public
911 Health Service, Centers for Disease Control and Prevention,
912 National Center for Injury Prevention and Control, Division of
913 Violence Prevention, "STOP SV: A Technical Package to Prevent
914 Sexual Violence" (2016), available at:
915 [https://www.cdc.gov/violenceprevention/pdf/sv-prevention-](https://www.cdc.gov/violenceprevention/pdf/sv-prevention-technical-package.pdf)
916 [technical-package.pdf](https://www.cdc.gov/violenceprevention/pdf/sv-prevention-technical-package.pdf)
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918 K) [National Research Council, Recommended Dietary Allowances](#)
919 [10th Edition \(1989\). Washington, DC: The National Academies](#)
920 [Press. Available at: <https://doi.org/10.17226/1349>](#)
921
922 3) Federal Regulations
923
924 A) 45 CFR 46.101, To What Does the Policy Apply? (October 1,
925 [2023~~2021~~](#))
926
927 B) 45 CFR 46.103(b), Assuring Compliance with this Policy –
928 Research Conducted or Supported by any Federal Department or
929 Agency (October 1, [2023~~2021~~](#))
930
931 C) 42 CFR 482, Conditions of Participation for Hospitals (October 1,
932 [2023~~2021~~](#))
933
934 D) 21 CFR, Food and Drugs (April 1, [2023~~2021~~](#))
935
936 E) 42 CFR 489.20, Basic Commitments (October 1, [2023~~2021~~](#))
937
938 F) 29 CFR 1910.1030, Bloodborne Pathogens (July 1, [2022~~2021~~](#))
939
940 G) 42 CFR 413.65(d) and (e), Requirements for a determination that a
941 facility or an organization has provider-based status (October 1,
942 [2023~~2021~~](#))
943

- 944 H) 42 CFR 493, Laboratory Requirements (CLIA regulations)
945 (October 1, ~~2023~~2021)
946
- 947 b) All incorporations by reference of federal regulations and guidelines and the
948 standards of nationally recognized organizations refer to the regulations,
949 guidelines and standards on the date specified and do not include any editions or
950 amendments subsequent to the date specified.
951
- 952 c) The following statutes and State regulations are referenced in this Part:
953
- 954 1) State of Illinois Statutes
955
- 956 A) Hospital Licensing Act [210 ILCS 85]
957
958 B) Illinois Health Facilities Planning Act [20 ILCS 3960]
959
960 C) Medical Practice Act of 1987 [225 ILCS 60]
961
962 D) Podiatric Medical Practice Act of 1987 [225 ILCS 100]
963
964 E) Pharmacy Practice Act [225 ILCS 85]
965
966 F) Physician Assistant Practice Act of 1987 [225 ILCS 95]
967
968 G) Illinois Clinical Laboratory and Blood Bank Act [210 ILCS 25]
969
970 H) X-Ray Retention Act [210 ILCS 90]
971
972 I) Safety Glazing Materials Act [430 ILCS 60]
973
974 J) Mental Health and Developmental Disabilities Code [405 ILCS 5]
975
976 K) Nurse Practice Act [225 ILCS 65]
977
978 L) Health Care Worker Background Check Act [225 ILCS 46]
979
980 M) MRSA Screening and Reporting Act [210 ILCS 83]
981
982 N) Hospital Report Card Act [210 ILCS 86]
983
984 O) Illinois Adverse Health Care Events Reporting Law of 2005 [410
985 ILCS 522]
986

- 987 P) Smoke Free Illinois Act [410 ILCS 82]
- 988
- 989 Q) Health Care Surrogate Act [755 ILCS 40]
- 990
- 991 R) Perinatal HIV Prevention Act [410 ILCS 335]
- 992
- 993 S) Hospital Infant Feeding Act [210 ILCS 81]
- 994
- 995 T) Medical Patient Rights Act [410 ILCS 50]
- 996
- 997 U) Hospital Emergency Service Act [210 ILCS 80]
- 998
- 999 V) Illinois Anatomical Gift Act [755 ILCS 50]
- 1000
- 1001 W) Illinois Public Aid Code [305 ILCS 5]
- 1002
- 1003 X) Substance Use Disorder Act [20 ILCS 301]
- 1004
- 1005 Y) ID/DD Community Care Act [210 ILCS 47]
- 1006
- 1007 Z) Specialized Mental Health Rehabilitation Act of 2013 [210 ILCS
- 1008 49]
- 1009
- 1010 AA) Veterinary Medicine and Surgery Practice Act of 2004 [225 ILCS
- 1011 115]
- 1012
- 1013 BB) Alternative Health Care Delivery Act [210 ILCS 3]
- 1014
- 1015 CC) Gestational Surrogacy Act [750 ILCS 47]
- 1016
- 1017 DD) Code of Civil Procedure (Medical Studies) [735 ILCS 5/8-2101]
- 1018
- 1019 EE) Sexual Assault Survivors Emergency Treatment Act [410 ILCS
- 1020 70]
- 1021
- 1022 FF) Civil Administrative Code of Illinois (Department of Public Health
- 1023 Powers and Duties Law) [20 ILCS 2310]
- 1024
- 1025 GG) AIDS Confidentiality Act [410 ILCS 305]
- 1026
- 1027 HH) Nursing Home Care Act [210 ILCS 45]
- 1028
- 1029 II) Illinois Controlled Substances Act [720 ILCS 570]

- 1030
1031 JJ) Early Hearing Detection and Intervention Act [410 ILCS 213]
1032
1033 KK) Home Health, Home Services, and Home Nursing Agency
1034 Licensing Act [210 ILCS 55]
1035
1036 LL) Health Care Violence Prevention Act [210 ILCS 160]
1037
1038 MM) Illinois Health Finance Reform Act [20 ILCS 2215]
1039
1040 NN) Fair Patient Billing Act [210 ILCS 88]
1041
1042 OO) Crime Victims Compensation Act [740 ILCS 45]
1043
1044 PP) Human Trafficking Resource Center Notice Act [775 ILCS 50]
1045
1046 QQ) Abandoned Newborn Infant Protection Act [325 ILCS 2]
1047
1048 RR) Emergency Medical Services (EMS) Systems Act [210 ILCS 50]
1049
1050 SS) Radiation Protection Act of 1990 [420 ILCS 40]
1051
1052 TT) Illinois Dental Practice Act [225 ILCS 25]
1053
1054 UU) Criminal Identification Act [20 ILCS 2630]
1055
1056 VV) [Latex Glove Ban Act \[410 ILCS 180\]](#)
1057
1058 2) State of Illinois Administrative Rules
1059
1060 A) Department of Public Health, Illinois Plumbing Code (77 Ill. Adm.
1061 Code 890)
1062
1063 B) Department of Public Health, Sexual Assault Survivors Emergency
1064 Treatment Code (77 Ill. Adm. Code 545)
1065
1066 C) Department of Public Health, Control of Notifiable Diseases and
1067 Conditions~~Communicable Diseases~~ Code (77 Ill. Adm. Code 690)
1068
1069 D) Department of Public Health, Food Code (77 Ill. Adm. Code 750)
1070
1071 E) Department of Public Health, Public Area Sanitary Practice Code
1072 (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 Confidentiality and Testing Code (77 Ill. Adm. Code 697)
- Q) Capital Development Board, Illinois Accessibility Code (71 Ill. Adm. Code 400)
- R) State Fire Marshal, Boiler and Pressure Vessel Safety (41 Ill. Adm. Code 120)
- S) State Fire Marshal, Fire Prevention and Safety (41 Ill. Adm. Code 100)

- 1116
- 1117 T) Illinois Emergency Management Agency, Standards for Protection
- 1118 Against Radiation (32 Ill. Adm. Code 340)
- 1119
- 1120 U) Illinois Emergency Management Agency, Use of X-rays in the
- 1121 Healing Arts Including Medical, Dental, Podiatry, and Veterinary
- 1122 Medicine (32 Ill. Adm. Code 360)
- 1123
- 1124 V) Illinois Emergency Management Agency, Medical Use of
- 1125 Radioactive Material (32 Ill. Adm. Code 335)
- 1126
- 1127 W) Illinois Emergency Management Agency, Registration and
- 1128 Operator Requirements for Radiation Installations (32 Ill. Adm.
- 1129 Code 320)
- 1130
- 1131 X) Illinois Emergency Management Agency, Accrediting Persons in
- 1132 the Practice of Medical Radiation Technology (32 Ill. Adm. Code
- 1133 401)
- 1134
- 1135 Y) Illinois Emergency Management Agency, General Provisions for
- 1136 Radiation Protection (32 Ill. Adm. Code 310)
- 1137
- 1138 3) Federal Statutes
- 1139
- 1140 A) Health Insurance Portability and Accountability Act of 1996 (110
- 1141 U.S.C. 1936)
- 1142
- 1143 B) Emergency Medical Treatment & Labor Act (42 U.S.C. 1395dd)
- 1144
- 1145 4) Federal Training Materials
- 1146
- 1147 A) Preventing Workplace Violence in Healthcare, available at:
- 1148 <https://www.oshatraining.org/courses/mods/776e.html>
- 1149
- 1150 B) Workplace Violence Prevention for Nurses, available at:
- 1151 <https://www.cdc.gov/niosh/topics/violence/>
- 1152

(Source: Amended at 48 Ill. Reg. _____, effective _____)

SUBPART C: THE MEDICAL STAFF

Section 250.330 Orders for Medications and Treatments

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1157
1158

- 1159 a) No medication, treatment, or diagnostic test shall be administered to a patient
1160 except on the written order of a member of the medical staff, a house staff
1161 member under the supervision of a member of the medical staff, or allied health
1162 personnel with clinical privileges recommended by the hospital medical staff and
1163 granted by the hospital governing board, with the exception of influenza and
1164 pneumococcal polysaccharide vaccines, which may be administered per medical
1165 staff-approved hospital policy that includes an assessment for contraindications,
1166 and medications and treatments provided to patients in a hospital outpatient
1167 setting as set forth in a policy approved by the hospital medical staff and
1168 governing board.
1169
- 1170 1) The staff-approved *influenza and pneumococcal immunization policy shall*
1171 *include, but not be limited to, the following:*
1172
- 1173 A) *Procedures for identifying patients age ~~50~~65 or older for influenza*
1174 *immunization and 65 or older for pneumococcal immunization*
1175 *and, at the discretion of the hospital, other patients at risk;*
1176
- 1177 B) *Procedures for offering immunization against influenza virus when*
1178 *available between September 1 and April 1, and against*
1179 *pneumococcal disease upon admission or discharge, to patients in*
1180 *accordance with the recommendations of the Advisory Committee*
1181 *on Immunization Practices of the Centers for Disease Control and*
1182 *Prevention that are most recent to the time of vaccination, unless*
1183 *contraindicated; and*
1184
- 1185 C) *Procedures for ensuring that patients offered immunization, or*
1186 *their guardians, receive information regarding the risks and*
1187 *benefits of vaccination.*
1188
- 1189 2) *The hospital shall provide a copy of its influenza and pneumococcal*
1190 *immunization policy to the Department upon request. (Section 6.26 of the*
1191 *Act)*
1192
- 1193 3) The outpatient medication and treatment administration policy shall
1194 include, but not be limited to, the following:
1195
- 1196 A) Procedures for verifying the credentials and scope of practice of
1197 non-medical staff members providing written orders for
1198 medications and treatment for patients under their care and
1199 management.
1200

- 1201 B) Identifying what, if any, medications or treatments should not be
1202 included in this exception.
1203
1204 C) A process for tracking non-medical staff members providing
1205 written orders for medication and treatments and the medications
1206 and/or treatments ordered.
1207
1208 4) The hospital shall provide a copy of its outpatient medication and
1209 treatment policy to the Department upon request.
1210
1211 b) Verbal orders shall be signed before the member of the medical staff, the house
1212 staff member, or allied health personnel with clinical privileges recommended by
1213 the hospital medical staff and granted by the hospital governing board leaves the
1214 area. Telephone orders shall be used sparingly and countersigned by the ordering
1215 practitioner or another practitioner who is responsible for the care of the patient as
1216 soon as practicable pursuant to a hospital policy approved by the medical staff,
1217 but no later than 72 hours after the order was given.
1218
1219 c) Members of the medical staff, house staff members, or allied health personnel
1220 with clinical privileges recommended by the hospital medical staff and granted by
1221 the hospital governing board shall give orders for medication and treatment only
1222 to the licensed, registered or certified professional persons who are authorized by
1223 law to administer or dispense the medication or treatment in the course of
1224 practicing their identified specific discipline.
1225
1226 d) The medical directors of the laboratory, radiology, or other diagnostic services
1227 may respectively authorize the performance of diagnostic tests and procedures at
1228 the request of other than members of the medical staff in accordance with policies
1229 approved by the medical staff and governing board.
1230
1231 e) The medical director of the physical therapy or rehabilitation department may
1232 authorize the provision of physical therapy or rehabilitation services or treatments
1233 at the request of other than members of the medical staff in accordance with
1234 policies approved by the medical staff and governing board.
1235
1236 (Source: Amended at 48 Ill. Reg. _____, effective _____)
1237

1238 SUBPART G: EMERGENCY SERVICES
1239

1240 **Section 250.710 Classification of Emergency Services**
1241

- 1242 a) Each hospital, *except long-term acute care hospitals and rehabilitation hospitals*
1243 *identified in Section 1.3 of the Hospital Emergency Service Act* and in subsection

1244 (c) of this Section (Section 1 of the Hospital Emergency Service Act), shall
1245 provide emergency services according to one of the following categories:
1246

1247 1) Comprehensive Emergency Treatment Services
1248

1249 A) At least one licensed physician shall be in the emergency
1250 department at all times.
1251

1252 B) Physician specialists who represent the major specialties and sub-
1253 specialties, such as plastic surgery, dermatology and
1254 ophthalmology, shall be available within minutes.
1255

1256 C) Ancillary services, including laboratory and x-ray, shall be staffed
1257 at all times. The pharmacy shall be staffed or on call at all times.
1258

1259 2) Basic Emergency Treatment Services
1260

1261 A) At least one licensed physician shall be in the emergency
1262 department at all times.
1263

1264 B) Physician specialists who represent the specialties of medicine,
1265 surgery, pediatrics and obstetrics shall be available within minutes.
1266

1267 C) Ancillary services, including laboratory, x-ray and pharmacy, shall
1268 be staffed or on call at all times.
1269

1270 3) Standby Emergency Treatment Services
1271

1272 A) A registered nurse on duty in the hospital shall be available for
1273 emergency services at all times.
1274

1275 B) A licensed physician shall be on call to the emergency department
1276 at all times.
1277

1278 b) All hospitals, irrespective of the category of services provided, shall provide
1279 immediate first aid and emergency care to persons requiring first aid emergency
1280 treatment on arrival at the hospital. A hospital, in accordance with Section
1281 1395dd(a) and 1395dd(b) of the Social Security Act, shall not delay provisions of
1282 a required appropriate medical screening examination or further medical
1283 examination and treatment for a patient in order to inquire about the individual's
1284 method of payment or insurance status. (Section 6.34 of the Act)
1285

1286 c) *General acute care hospitals designated by Medicare as long-term acute care*

1287 *hospitals and rehabilitation hospitals are not required to provide hospital*
1288 *emergency services described in this Section or Section 1 of the Hospital*
1289 *Emergency Service Act. Hospitals defined in this subsection (c) may provide*
1290 *hospital emergency services at their option.*

- 1291
- 1292 1) *Any hospital defined in this subsection (c) that opts to discontinue or*
1293 *otherwise not provide emergency services shall:*
- 1294
- 1295 A) *Comply with all provisions of the federal Emergency Medical*
1296 *Treatment and Labor Act (EMTALA);*
- 1297
- 1298 B) *Comply with all provisions required under the Social Security Act;*
1299
- 1300 C) *Provide annual notice to communities in the hospital's service area*
1301 *about available emergency medical services; and*
- 1302
- 1303 D) *Make educational materials available to individuals who are*
1304 *present at the hospital concerning the availability of medical*
1305 *services within the hospital's service area.*
- 1306
- 1307 2) *Long-term acute care hospitals that operate standby emergency services*
1308 *as of January 1, 2011 may discontinue hospital emergency services by*
1309 *notifying the Department. Long-term acute care hospitals that operate*
1310 *basic or comprehensive emergency services must notify the Health*
1311 *Facilities and Services Review Board and follow the appropriate*
1312 *procedures. (Section 1.3 of the Hospital Emergency Service Act)*
- 1313
- 1314 3) *Any rehabilitation hospital that opts to discontinue or otherwise not*
1315 *provide emergency services shall comply with subsection (c)(1), shall not*
1316 *use the term "hospital" in its name or on any signage, and shall notify in*
1317 *writing the Department, the Health Facilities and Services Review Board,*
1318 *and the Division of Emergency Medical Services and Highway Safety of*
1319 *the discontinuation. (Section 1.3 of the Hospital Emergency Service Act)*
- 1320
- 1321 A) *"Signage" means any signs or system of signs affixed to, adjacent*
1322 *to, or directing the public to the hospital, including but not limited*
1323 *to informational road signs.*
- 1324
- 1325 B) *Signage does not include materials for advertising, licensure,*
1326 *certification or patient referral materials.*
- 1327

1328 (Source: Amended at 48 Ill. Reg. _____, effective _____)

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Section 250.720 General Requirements

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- a) Each hospital shall provide adequate facilities for the provision of immediate life saving measures.
- b) Policies and procedures governing the acceptance and care of emergency patients shall be established. These shall be in accordance with the category of emergency services established in the hospital. Specific policies shall be adopted and implemented in regard to rendering emergency care in the hospital's emergency department, in the hospital but away from the emergency department, and within proximity to the hospital. In developing these policies, the hospital shall take into consideration any available national or state guidelines on the standard of practice in this area. These policies shall be included as a part of any initial employee orientation/training and shall be reviewed annually with staff.
- c) An appropriate record shall be maintained on each patient who presents for emergency services.
- d) Appropriate supplies and equipment shall be available and ready for use.
- e) This Section shall not be construed to affect hospital-patient arrangements regarding payment for care.
- f) Hospitals providing obstetric services shall have a *written policy and conduct continuing education yearly (calendar) for providers and staff of obstetric medicine, and of the emergency department, and other staff that may care for pregnant or postpartum women. The written policy and continuing education shall include ~~yearly educational modules regarding~~ management of severe maternal hypertension and obstetric hemorrhage, addressing airway emergencies experienced during childbirth, and management of other leading causes of maternal mortality for units that care for pregnant or postpartum women. Hospitals providing obstetric services shall *demonstrate compliance with these written policy ~~and~~ education, ~~and training~~ requirements.* (Section 2310-222(b) of the Department of Public Health Powers and Duties Law) (See also Section 250.1830(n) and (o)).*
- g) A REH shall have an agreement with at least one licensed and Medicare-certified hospital that is a level I or level II trauma center for the referral and transfer of patients requiring emergency medical care beyond the capabilities of the REH.
- h) The use of latex gloves by hospital staff is prohibited. If a crisis exists that interrupts a hospital's ability to reliably source nonlatex gloves, hospital staff may use latex gloves upon a patient. However, during the crisis, hospital staff shall

prioritize, to the extent feasible, using nonlatex gloves for the treatment of any patient with self-identified allergy to latex; and any patient upon whom the latex gloves are to be used who is unconscious or otherwise physically unable to communicate and whose medical history lacks sufficient information to indicate whether or not the patient has a latex allergy. (Sections 10(c) and 15 of the Latex Glove Ban Act)

(Source: Amended at 48 Ill. Reg. _____, effective _____)

SUBPART I: NURSING SERVICE AND ADMINISTRATION

Section 250.1030 Policies and Procedures

- a) For the purposes of this Section:

Health Care Worker means an individual providing direct patient care services who may be required to lift, transfer, reposition, or move a patient. A direct patient care provider is the same as a health care worker.

Safe Lifting Equipment and Accessories means 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.

Safe Lifting Team means 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 of the Act)

- b) Nursing policies and procedures shall be developed, reviewed periodically but at least once a year, and revised as necessary by nursing representatives in cooperation with appropriate representatives from administration, the medical staff, and other concerned hospital services or departments.

- c) The nursing policies and procedures shall be dated to indicate the time of the most recent review or revision.

- d) Written policies shall include, but not be limited to, the following:

- 1) Criteria pertaining to the performance of special procedures and the circumstances and supervision under which these may be performed by nursing personnel;

- 1416 2) Communication and implementation of diagnostic and therapeutic orders,
1417 including verbal orders, and the responsibility and mechanism for nursing
1418 service to obtain clarification of orders when indicated;
1419
- 1420 3) Administration of medication;
1421
- 1422 4) Assignments for providing nursing care to patients;
1423
- 1424 5) Documentation in patients' records by nursing personnel;
1425
- 1426 6) Infection control, pursuant to Section 250.1100;
1427
- 1428 7) *A policy to identify, assess, and develop strategies to control risk of injury*
1429 *to patients and nurses and other health care workers, associated with the*
1430 *lifting, transferring, repositioning, or movement of a patient. The policy*
1431 *shall establish a process that, at a minimum, includes all of the following:*
1432
- 1433 A) *Analysis of the risk of injury to patients and nurses and other*
1434 *health care workers posted by the patient handling needs of the*
1435 *patient populations served by the hospital and the physical*
1436 *environment in which the patient handling and movement occurs;*
1437
- 1438 B) *Education and training of nurses and other direct patient care*
1439 *providers in the identification, assessment, and control of risks of*
1440 *injury to patients and nurses and other health care workers during*
1441 *patient handling and on safe lifting policies and techniques and*
1442 *current lifting equipment;*
1443
- 1444 C) *Evaluation of alternative ways to reduce risks associated with*
1445 *patient handling, including evaluation of equipment and the*
1446 *environment;*
1447
- 1448 D) *Restriction, to the extent feasible with existing equipment and aids,*
1449 *of manual patient handling or movement of all or most of a*
1450 *patient's weight except for emergency, life-threatening, or*
1451 *otherwise exceptional circumstances;*
1452
- 1453 E) *Collaboration with, and an annual report to, the nurse staffing*
1454 *committee;*
1455
- 1456 F) *Procedures for a nurse to refuse to perform or be involved in*
1457 *patient handling or movement that the nurse in good faith believes*
1458 *will expose a patient or nurse or other health care worker to an*

- 1459 *unacceptable risk of injury;*
 1460
 1461 G) *Submission of an annual report to the hospital's governing body or*
 1462 *quality assurance committee on activities related to the*
 1463 *identification, assessment, and development of strategies to control*
 1464 *risk of injury to patients and nurses and other health care workers*
 1465 *associated with the lifting, transferring, repositioning, or*
 1466 *movement of a patient;*
 1467
 1468 H) *In developing architectural plans for construction or remodeling of*
 1469 *a hospital or unit of a hospital in which patient handling and*
 1470 *movement occurs, consideration of the feasibility of incorporating*
 1471 *patient handling equipment or the physical space and construction*
 1472 *design needed to incorporate that equipment;*
 1473
 1474 I) *Fostering and maintaining patient safety, dignity, self-*
 1475 *determination, and choice, including the following policies,*
 1476 *strategies, and procedures:*
 1477
 1478 i) *The existence and availability of a trained safe lifting team;*
 1479
 1480 ii) *A policy of advising patients of a range of transfer and lift*
 1481 *options, including adjustable diagnostic and treatment*
 1482 *equipment, mechanical lifts, and provision of a trained safe*
 1483 *lifting team;*
 1484
 1485 iii) *The right of a competent patient, or guardian of a patient*
 1486 *adjudicated incompetent, to choose among the range of*
 1487 *transfer and lift options, subject to the provisions of*
 1488 *subsection (d)(7)(I)(v);*
 1489
 1490 iv) *Procedures for documenting, upon admission and as status*
 1491 *changes, a mobility assessment and plan for lifting,*
 1492 *transferring, repositioning, or movement of a patient,*
 1493 *including the choice of the patient or patient's guardian*
 1494 *among the range of transfer and lift options; and*
 1495
 1496 v) *Incorporation of such safe lifting procedures, techniques,*
 1497 *and equipment as are consistent with applicable federal*
 1498 *law; (Section 6.25(b) of the Act)*
 1499
 1500 8) *Nursing role in other hospital services, including but not limited to*
 1501 *services such as dietary, pharmacy, and housekeeping; and*

- 1502
- 1503 9) Emotional and attitudinal support. (Refer to Section 250.260(b)(1).)
- 1504
- 1505 e) A nursing procedure manual shall be developed to provide a ready reference on
- 1506 nursing procedures and a basis for standardization of procedures and equipment in
- 1507 the hospital.
- 1508
- 1509 f) Copies of the nursing procedure manual shall be available on the patient care
- 1510 units, to the nursing staff, and to other services and departments of the hospital,
- 1511 including members of the medical staff and students.
- 1512
- 1513 g) The use of latex gloves by hospital staff is prohibited. If a crisis exists that
- 1514 interrupts a hospital's ability to reliably source nonlatex gloves, hospital staff may
- 1515 use latex gloves upon a patient. However, during the crisis, hospital staff shall
- 1516 prioritize, to the extent feasible, using nonlatex gloves for the treatment of any
- 1517 patient with self-identified allergy to latex; and any patient upon whom the latex
- 1518 gloves are to be used who is unconscious or otherwise physically unable to
- 1519 communicate and whose medical history lacks sufficient information to indicate
- 1520 whether or not the patient has a latex allergy. (Sections 10(c) and 15 of the Latex
- 1521 Glove Ban Act)
- 1522

1523 (Source: Amended at 48 Ill. Reg. _____, effective _____)

1524

1525 **Section 250.1130 Nurse Staffing by Patient Acuity**

1526

- 1527 a) As used in this Section, the following definitions apply:
- 1528

1529 *"Acuity Model" – means assessment tool selected and implemented by a*

1530 *hospital, as recommended by a nursing care committee, that assesses the*

1531 *complexity of patient care needs requiring professional nursing care and*

1532 *skills and aligns patient care needs and nursing skills consistent with*

1533 *professional nursing standards.*

1534

1535 *"Direct Patient Care" – means care provided by a registered professional*

1536 *nurse with direct responsibility to oversee or carry out medical regimens*

1537 *or nursing care for one or more patients.*

1538

1539 *"Nursing-sensitive Care Performance Measure" – means data that examine*

1540 *nursing contributions to inpatient hospital care, including, but not limited*

1541 *to, the data collected and analyzed under the Hospital Report Card Act, the*

1542 *Illinois Adverse Health Care Events Reporting Law of 2005, and the*

1543 *National Database for Nursing Quality Indicators. The National Database*

1544 *for Nursing Quality Indicators may be accessed at*

1545 [https://www.pressganey.com/products/clinical-excellence/national-](https://www.pressganey.com/products/clinical-excellence/national-database-nursing-quality-indicators)
1546 [database-nursing-quality-indicators.](https://www.pressganey.com/products/clinical-excellence/national-database-nursing-quality-indicators) Hospitals are not required to
1547 subscribe to the database.

1548
1549 *"Nursing Care Committee" – means a hospital-wide committee or*
1550 *committees of nurses whose functions, in part or in whole, contribute to*
1551 *the development, recommendation, and review of the hospital's nurse*
1552 *staffing plan established pursuant to subsection (b). (Section 10.10(b) of*
1553 *the Act)*

1554
1555 *"Patient Acuity" – means the complexity of patient care needs requiring*
1556 *the skill and care of a nurse, which is addressed when aligning nursing*
1557 *resources and professional practice standards as part of the patient's*
1558 *treatment plan.*

1559
1560 *"Registered Professional Nurse" – means a person licensed as a*
1561 *Registered Nurse under the Nurse Practice Act.*

1562
1563 *"Written Staffing Plan for Nursing Care Services" – means a written plan*
1564 *for the assignment of patient care nursing staff based on multiple nurse*
1565 *and patient considerations that yield minimum staffing levels for inpatient*
1566 *care units and the adopted acuity model aligning patient care needs with*
1567 *nursing skills required for quality patient care consistent with professional*
1568 *nursing standards. (Section 10.10(b) of the Act)*

1569
1570 b) *Written Staffing Plan*

1571
1572 1) *Every hospital shall implement a written hospital-wide staffing plan,*
1573 *prepared by a nursing care committee or committees, that provides for*
1574 *minimum direct care professional registered nurse-to-patient staffing*
1575 *needs for each inpatient care unit, including inpatient emergency*
1576 *departments.*

1577
1578 2) *If the staffing plan prepared by the nursing care committee is not adopted*
1579 *by the hospital, or if substantial changes are proposed, the chief nursing*
1580 *officer shall either provide a written explanation to the committee of the*
1581 *reasons the plan was not adopted or provide a written explanation of any*
1582 *substantial changes made to the proposed plan prior to it being adopted*
1583 *by the hospital.*

1584
1585 3) *The written hospital-wide staffing plan shall include, but need not be*
1586 *limited to, the following considerations:*

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- A) *The complexity of complete care, assessment on patient admission, volume of patient admissions, discharges and transfers, evaluation of the progress of a patient's problems, ongoing physical assessments, planning for a patient's discharge, assessment after a change in patient condition, and assessment of the need for patient referrals;*
 - B) *The complexity of clinical professional nursing judgment needed to design and implement a patient's nursing care plan, the need for specialized equipment and technology, the skill mix of other personnel providing or supporting direct patient care, and involvement in quality improvement activities, professional preparation (credentials), and experience;*
 - C) *Patient acuity and the number of patients for whom care is being provided;*
 - D) *The ongoing assessments of a unit's patient acuity levels and nursing staff needed, routinely made by the unit nurse manager or his or her designee; and*
 - E) *The identification of additional registered nurses available for direct patient care when patients' unexpected needs exceed the planned workload for direct care staff and the process to add additional staff. (Section 10.10(c) of the Act)*
 - F) *The process for submitting the nursing care committee's recommendations to hospital; and*
 - G) *The process for providing feedback to the nursing care committee from the hospital administration regarding unresolved or ongoing issues.*
- 4) *A written staffing plan shall consider the time required for nursing staff documentation of patient care.*
 - 5) *In order to provide staffing flexibility to meet patient needs, every hospital shall identify an acuity model for adjusting the staffing plan for each inpatient care unit.*
 - 6) *Each hospital shall implement the staffing plan and assign nursing personnel to each inpatient care unit, including inpatient emergency departments, in accordance with the staffing plan.*

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- A) *A registered nurse may report to the nursing care committee any variations where the nurse personnel assignment in an inpatient care unit is not in accordance with the adopted staffing plan and may make a written report to the nursing care committee based on the variations.*
 - B) *Shift-to-shift adjustments in staffing levels required by the staffing plan may be made by the appropriate hospital personnel overseeing inpatient care operations. If a registered nurse in an inpatient care unit objects to a shift-to-shift adjustment, the registered nurse may submit a written report to the nursing care committee.*
 - C) *The nursing care committee shall develop a process to examine and respond to written reports submitted under subsections (6)(A) and (6)(B), including the ability to determine if a specific written report is resolved or should be dismissed. (Section 10.10(c)(2.5) of the Act)*
- 7) *The written staffing plan shall be posted, either by physical or electronic means, in a conspicuous and accessible location for both patients and direct care staff, as required under the Hospital Report Card Act. A copy of the written staffing plan shall be provided to any member of the general public upon request. (Section 10.10(c)(3) of the Act)*
- 8) *In addition to the hospital providing a copy of the written staffing plan per subsection (b)(6), the hospital shall allow members of the public to schedule an appointment with the Chief Nursing Officer or their designee to review the staffing plan and address any questions.*
- c) *Nursing Care Committee*
- 1) *Every hospital shall have a nursing care committee that meets at least 6 times per year. A hospital shall appoint members of a committee of which at least 55% of the members are registered professional nurses providing direct inpatient care, one of whom shall be selected annually by the direct inpatient care nurses to serve as co-chair of the committee. (Section 10.10(d)(1) of the Act)*
 - A) *The registered professional nurses on the nursing care committee shall be as broadly representative of the clinical service areas as*

- 1673 practically reasonable; e.g., surgery, critical care, medical surgical,
1674 obstetrics, emergency department and pediatrics.
1675
1676 B) When committee or nurse staff volume is not practically
1677 reasonable to include representatives from each clinical service
1678 area at any one time, the hospital may schedule for rotating
1679 representation of the hospital's clinical service areas over a defined
1680 timeframe to achieve input from all clinical service areas every
1681 three years.
1682
1683 C) Minutes for the nursing care committee meetings, summarizing
1684 key issues, discussions and recommendations, shall be recorded
1685 and maintained for five years.
1686
1687 2) *A nursing care committee shall prepare and recommend to hospital*
1688 *administration the hospital's written hospital-wide staffing plan. If the*
1689 *staffing plan is not adopted by the hospital, the chief nursing officer shall*
1690 *provide a written statement to the committee prior to a staffing plan being*
1691 *adopted by the hospital that:*
1692
1693 A) *Explains the reasons the committee's proposed staffing plan was*
1694 *not adopted; and*
1695
1696 B) *Describes the changes to the committee's proposed staffing or any*
1697 *alternative to the committee's proposed staffing plan. (Section*
1698 *10.10(d)(2.5) of the Act)*
1699
1700 3) *A nursing care committee's or committees' written staffing plan for the*
1701 *hospital shall be based on the principles from the staffing components set*
1702 *forth in subsection (b). In particular, a committee or committees shall*
1703 *provide input and feedback on the following:*
1704
1705 A) *Selection, implementation, and evaluation of minimum staffing*
1706 *levels for inpatient care units.*
1707
1708 B) *Selection, implementation, and evaluation of an acuity model to*
1709 *provide staffing flexibility that aligns changing patient acuity with*
1710 *nursing skills required.*
1711
1712 C) *Selection, implementation, and evaluation of a written staffing plan*
1713 *incorporating the items described in subsections (b)(1) through*
1714 *(b)(5). (Section 10.10(d)(3) of the Act)*
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- i) The process for review and evaluation of the written staffing plan shall take into consideration nursing-sensitive care performance measures.
 - ii) The process for review and evaluation of the written staffing plan shall consider the National Quality Forum's Safe Practices for Better Healthcare.
- 4) The committee or committees shall *review the nurse staffing plans for all inpatient areas and current acuity tools and measures in use. The nursing care committee's review shall consider:*
- A) *Patient outcomes;*
 - B) *Complaints regarding staffing, including complaints about a delay in direct care nursing or an absence of direct care nursing;*
 - C) *The number of hours of nursing care provided through an inpatient hospital unit compared with the number of inpatients served by the hospital unit during a 24-hour period;*
 - D) *The aggregate hours of overtime worked by the nursing staff;*
 - E) *The extent to which actual nurse staffing for each hospital inpatient unit differs from the staffing specified by the staffing plan; and*
 - F) *Any other matter or change to the staffing plan determined by the committee to ensure that the hospital is staffed to meet the health care needs of patients. (Section 10.10(d)(3)(D) of the Act)*
- 5) System-related or clinical service area nurse staffing or patient issues identified between meetings shall be shared, reviewed and addressed at the next nurse care committee meeting.
- 6) *A nursing care committee must issue a written report addressing the items described in subsections (c)(3) and (c)(4) semi-annually. A written copy of this report shall be made available to direct inpatient care nurses by making available a paper copy of the report, distributing it electronically, or posting it on the hospital's website. (Section 10.10(d)(4) of the Act)*

- 1757 7) *A nursing care committee must issue a written report at least annually to*
1758 *the hospital governing board that addresses items including, but not*
1759 *limited to:*
1760
1761 A) *The items described in subsections (b)(1) through (b)(5);*
1762
1763 B) *Changes made based on committee recommendations and the*
1764 *impact of these changes;*
1765
1766 C) *Recommendations for future changes related to nurse staffing*
1767 *(Section 10.10(d)(5) of the Act);*
1768
1769 D) *The composition of the nursing units represented by members of*
1770 *the nursing care committee;*
1771
1772 E) *Goals and accomplishments of the nursing care committee;*
1773
1774 F) *Outline of the current acuity tools in each inpatient and emergency*
1775 *department;*
1776
1777 G) *Personnel data including annual registered nurse turnover rate,*
1778 *current registered nurse vacancy rate, current and posted full-time*
1779 *or full-time equivalent registered nurse positions, and annual*
1780 *certified nurse aid/tech turnover and vacancy rate;*
1781
1782 H) *Number of registered nurse injuries related to patient lifting and*
1783 *handling as per Section 250.1030(d)(7); and*
1784
1785 I) *Number of hospital inpatient acquired pressure injuries.*
1786
1787 8) *A Nursing care committee must annually notify the hospital nursing staff*
1788 *of the staff's rights under Section 10.10 of the Act. The annual notice*
1789 *must provide a phone number and an email address for staff to report*
1790 *noncompliance with the nursing staff's rights as described in this Section.*
1791 *The notice must be provided by email or by regular mail in a manner that*
1792 *effectively facilitates receipt of the notice. (Section 10.10(d)(6) of the Act)*
1793
1794 d) *Nothing in this Section shall be construed to limit, alter, or modify any of the*
1795 *terms, conditions, or provisions of a collective bargaining agreement entered into*
1796 *by the hospital. (Section 10.10(e) of the Act)*
1797
1798 e) *No hospital may discipline, discharge, or take any other adverse employment*
1799 *action against an employee solely because the employee expresses a concern or*

1800 *complaint regarding an alleged violation of this Section or concerns related to*
1801 *nurse staffing. (Section 10.10(f) of the Act)*

1802
1803 f) *Any employee of a hospital may file a complaint with the Department regarding*
1804 *an alleged violation of this Section. The Department will forward notification of*
1805 *the alleged violation to the hospital in question within 10 business days after the*
1806 *complaint is filed. Upon receiving a complaint of a violation of this Section, the*
1807 *Department may take any action authorized under Section 7 or 9 of the Act.*
1808 *(Section 10.10(g) of the Act)*

1809
1810 g) *If a hospital demonstrates a pattern or practice of failing to substantially comply*
1811 *with the requirements of Section 10.10 of the Act or the hospital's written staffing*
1812 *plan, the hospital shall provide a plan of correction to the Department within 60*
1813 *days after receiving notice of noncompliance. The Department may impose fine*
1814 *as follows:*

1815
1816 1) *If a hospital fails to implement a written staffing plan for nursing services,*
1817 *a fine not to exceed \$500 per occurrence may be imposed;*

1818
1819 2) *If a hospital demonstrates a pattern or practice of failing to substantially*
1820 *comply with a plan of correction within 60 days after the plan takes effect,*
1821 *a fine not to exceed \$500 per occurrence may be imposed; and*

1822
1823 3) *If a hospital demonstrates for a second or subsequent time a pattern or*
1824 *practice of failing to substantially comply with a plan of correction with*
1825 *60 days after the plan takes effect, a fine not to exceed \$1,000 per*
1826 *occurrence may be imposed. (Section 7(a-5) of the Act)*

1827
1828 (Source: Amended at 48 Ill. Reg. _____, effective _____)

1829
1830 **SUBPART J: SURGICAL AND RECOVERY ROOM SERVICES**

1831
1832 **Section 250.1230 Policies & Procedures**

1833
1834 a) *The department of surgery shall have effective policies and procedures regarding*
1835 *surgical privileges, maintenance of the operating rooms, and evaluation of the*
1836 *surgical patient. These shall be available within the department.*

1837
1838 b) *The use of latex gloves by hospital staff is prohibited. If a crisis exists that*
1839 *interrupts a hospital's ability to reliably source nonlatex gloves, hospital staff may*
1840 *use latex gloves upon a patient. However, during the crisis, hospital staff shall*
1841 *prioritize, to the extent feasible, using nonlatex gloves for the treatment of any*
1842 *patient with self-identified allergy to latex; and any patient upon whom the latex*

gloves are to be used who is unconscious or otherwise physically unable to communicate and whose medical history lacks sufficient information to indicate whether or not the patient has a latex allergy. (Sections 10(c) and 15 of the Latex Glove Ban Act)

(Source: Amended at 48 Ill. Reg. _____, effective _____)

SUBPART M: FOOD SERVICE

Section 250.1610 Dietary Department Administration

a) Organization

There shall be an organized department of dietetics, and a ~~well defined~~ well defined plan of operation designed to meet the needs of the patients whether the services are centralized, decentralized, or provided under contractual agreement.

b) Staffing: Dietetic Service Director

The dietetic department shall ~~have a full-time dietetic service director~~ be directed by a full-time person who is qualified by dietetic and food service management training and experience, preferably a ~~dietitian~~ registered dietitian, whose responsibilities shall include, but are not limited to, the following:

- 1) developing written policies and procedures to include but not necessarily be limited to:
 - A) responsibilities and authority for the operation;
 - B) standards of nutritional care for all regular and therapeutic diets including supplemental feedings;
 - C) medically prescribed diet orders and alterations in diets or diet schedules such as holding trays, late trays, and times for accepting diet changes;
 - D) patient tray identification;
 - E) food preparation, storage and service;
 - F) personal hygiene;
 - G) sanitation and safety;
 - H) ancillary dietetic services including food storage preparation and

- 1886 service in kitchens and dining areas on patient care units; formula
1887 supply; vending operation; and ice making;
1888
1889 I) conferences--departmental and interdepartmental, clinical,
1890 executive and/or administrative;
1891
1892 J) training programs for personnel; and
1893
1894 K) patient education programs.
1895
1896 2) planning menus for all general and therapeutic diets in accordance with
1897 the current ~~Recommended~~recommended ~~Daily~~ Dietary Allowances of the
1898 Food and Nutrition Board, National Research Council, and in accordance
1899 with the principles of good dietetic management;
1900
1901 3) planning, organizing, directing, controlling, and evaluating all
1902 management aspects of the dietetic services including such things as
1903 budget and/or interpretations of financial reports; purchasing and/or
1904 requisitioning food, dietetic supplies and equipment, food costs, food
1905 storage; food preparation; food service; safety; sanitation; record
1906 keeping; personnel scheduling, and evaluating;
1907
1908 4) planning, implementing, and/or conducting education programs for
1909 orientation, on-the job training, in-service and continuing education on a
1910 regular, routinely scheduled basis for all dietary and other appropriate
1911 personnel, and staff development sessions for all professional staff;
1912
1913 5) administering all the nutritional aspects of patient care including, but not
1914 necessarily limited to:
1915
1916 A) taking nutrition histories and recording in patients' medical charts;
1917
1918 B) interviewing patients regarding food habits;
1919
1920 C) giving diet counseling to patients and their families; encouraging
1921 patient participation in planning their own diets;
1922
1923 D) participating in appropriate ward rounds and conferences, or by
1924 other methods; sharing specialized knowledge with medical and
1925 nursing staffs and other appropriate interdisciplinary team
1926 members involved in the care of the patient; and
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1928 E) consulting with patient care team(s).

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c) Consultation

- 1) When the full-time dietetic service director, for legitimate, documented reasons, is not a dietitian~~qualified registered dietitian or qualified nutritionist~~, the hospital shall employ a dietitian~~qualified registered dietitian~~ on a part-time (minimum of 20 hours per week) or on a consulting basis. The hours of consultation in the hospital shall be dependent upon the size, needs and complexity of the hospital, and dietetic service but in no case shall there be less than a minimum of eight hours of consultation per month.
- 2) If consultant dietetic services are used, the consultant's visits are to be scheduled at appropriate times ~~and~~ of sufficient duration and frequency to allow for the consultant to liaise~~provide continuing liaison~~ with medical, nursing, and patient care teams, to advise the administrator, to give patient counseling, to give guidance to the director and staff of the dietetic service, to approve all menus and administrative nutritional aspects of patient care, to participate in development and/or revisions of dietetic policies and procedures, and to assist with planning and conducting orientation, in-service and continuing education programs for dietary and other appropriate personnel.

d) Staff

- 1) There shall be a sufficient number of properly trained and supervised dietary personnel, including a clinical dietitian(s) where warranted, competent to carry out all the functions of the dietetic service in an efficient, effective manner.
- 2) Dietary personnel shall be ~~so~~ scheduled and on duty to allow for the dietary department to be open and in service a minimum~~that the dietary department is open, and in service, a minimum~~ of 12 hours a day.

e) Health and Hygiene

- 1) Personnel shall be in good health, free of infections or communicable disease, and free of boils, infected wounds, sores or lesions. Persons suspected of having a communicable, contagious, or infectious disease shall be subject to the requirements of measures outlined in the Control of Notifiable Diseases and Conditions Code and the Food Code~~Department's current Regulations for the Control of Communicable Diseases (77 Ill. Adm. Code 690)~~ and the Department's current "Food Service Sanitation

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~~Rules and Regulations".~~

- 2) The outer clothing of all employees shall be clean and street clothing shall not be worn as outer clothing by employees while engaged in the preparation and serving of food.
- 3) Employees shall wear hair nets, headbands, or other effective hair restraints to prevent the contamination of food or food-contact surfaces.
- 4) Employees shall thoroughly wash their hands and exposed portions of their arms with soap and warm water before starting work, during work as is necessary to keep them clean, and after smoking, eating, drinking, or using the toilet. Employees shall keep their fingernails clean and trimmed.
- 5) Except where tasting food is part of the job, employees shall consume food only in designated dining areas. An area shall not be designated as a dining area if consuming food there might result in contamination of other food, equipment, utensils, or other items needing needed protection.
- 6) Employees shall not use tobacco in any form while engaged in food preparation or service, nor while in equipment or utensil washing or food preparation areas. Employees shall use tobacco in any form only in designated areas. An area shall not be designated for that purpose if the use of tobacco there might result in contamination of food, equipment, utensils, or other items needing protection.
- 7) Employees shall handle soiled tableware in a way that avoids contamination of their hands.
- 8) In the event food service employees are assigned duties outside the dietetic service, these duties shall do not interfere with the sanitation, safety, or time required for dietetic work assignments.
- 9) Employees shall maintain a high degree of personal cleanliness and shall conform to good hygienic practices.
- 10) Employees shall not use latex gloves in the preparation and handling of food. If latex gloves must be used in the preparation of food due to a crisis that interrupts a hospital's ability to source nonlatex gloves, a sign shall be prominently placed at the point of order or point of purchase clearly notifying the public of the temporary change. (Section 10(a) of the Latex Glove Ban Act)

(Source: Amended at 48 Ill. Reg. _____, effective _____)

SUBPART O: OBSTETRIC AND NEONATAL SERVICE

Section 250.1830 General Requirements for All Obstetric Departments

- a) The temperature and humidity in the nurseries and in the delivery suite shall be maintained at a level best suited for the protection of mothers and infants as recommended by the Guidelines for Perinatal Care. Chilling of the neonate shall be avoided; a non-stable neonate shall, immediately after birth, be placed in a radiant heat source that is ready to receive the infant and that allows access for resuscitation efforts. The radiant heat source shall comply with the recommendations of the Guidelines for Perinatal Care. When the neonate has been stabilized, if the mother wishes to hold her newborn, a radiant heater or pre-warmed blankets shall be available to keep the neonate warm. Stable infants shall be placed, and remain, in direct skin-to-skin contact with their mother immediately after delivery to optimally support infant breastfeeding and to promote mother/infant bonding. Personnel shall be available who are trained to use the equipment to maintain a neutral thermal environment for the neonate. For general temperature and humidity requirements, see Section 250.2480(d)(1). In general, a temperature between 72 degrees and 76 degrees and relative humidity between 35% and 60% are acceptable.
- b) Linens and Laundry: Linens shall be cleaned and disinfected in compliance with the Guidelines for Perinatal Care.
 - 1) Nursery linens shall be washed separately from other hospital linens.
 - 2) No new unlaundered garments shall be used in the nursery.
- c) Sterilizing equipment, as required in Section 250.1090, shall be available. Sterilizing equipment may be provided in the obstetric department or in a central sterilizing unit, provided that flash sterilizing equipment or adequate sterile supplies and instruments are provided in the obstetric department.
- d) Accommodations and Facilities for Obstetric Patients
 - 1) The hospital shall identify specific rooms and beds, adjacent when possible to other obstetric facilities, as obstetric rooms and beds. These rooms and beds shall be used exclusively for obstetric patients or for combined obstetric and clean gynecological service beds in accordance with Section 250.1820(g).

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- 2) Patient rooms and beds that are adjacent to another nursing unit may be used for clean cases as part of the adjacent nursing unit. A corridor partition with doors is recommended to provide a separation between the obstetric beds and facilities and the non-obstetric rooms. The doors shall be kept closed except when in active use as a passageway.
 - 3) Facilities shall be available for the immediate isolation of all patients in whom an infectious condition inimical to the safety of other obstetric and neonatal patients exist.
 - 4) Labor rooms shall be convenient to the delivery rooms and shall have facilities for examination and preparation of patients. Each room used for labor, delivery and postpartum (see Section 250.1870) shall include a bathroom equipped with a toilet and a shower. The bathroom also shall include a sink, unless a sink is located in the patient room. The bathroom shall be directly accessible from the patient room without going through the corridor.
 - 5) Delivery rooms shall be equipped and staffed to provide emergency resuscitation for infants pursuant to the recommendation of the American Academy of Pediatrics and ACOG and shall comply with the American Academy of Pediatrics/American Health Association's American Heart Association (AHA) Guidelines for Cardiopulmonary Resuscitation (CPR) and Emergency Cardiovascular Care (ECC) of Pediatric and Neonatal Patients: Neonatal Resuscitation Guidelines.
 - 6) If only one delivery room is available and in use, one labor room shall be arranged as an emergency delivery room and shall have a minimum clear floor area of 180 square feet.
 - 7) The patient shall be kept under close observation until the patient's condition is stabilized following delivery. Observations at established time intervals shall be recorded in the patient's medical record. A recovery area shall be provided. Emergency equipment and supplies shall be available for use in the recovery area.
- e) Accommodations and Facilities for Infants
- 1) Level I nurseries:
 - A) A clean nursery or nurseries shall be provided, near the mothers' rooms, with adequate lighting and ventilation. A minimum of 30 square feet of floor area for each bassinet and 3 feet between

- 2101 bassinets shall be provided. Equipment shall be provided to
2102 prevent direct draft on the infants. Individual nursery rooms shall
2103 have a capacity of six to eight neonates or 12 to 16 neonates. The
2104 normal newborn infant care area in a smaller hospital shall limit
2105 room size to eight neonates, with a minimum of two rooms
2106 available to permit cohorting in the presence of infection.
2107
- 2108 B) Bassinets equipped to provide for the medical examination of the
2109 newborn infant and for the storage of necessary supplies and
2110 equipment shall be provided in a number to exceed obstetric beds
2111 by at least 20% to accommodate multiple births, extended stay, and
2112 fluctuating patient loads. Bassinets shall be separated by a
2113 minimum of 3 feet, measuring from the edge of one bassinet to the
2114 edge of the adjacent one.
2115
- 2116 C) A glass observation window shall be provided through which
2117 infants may be viewed.
2118
- 2119 D) Resuscitation equipment as described in subsection (e)(1)(E)(iii),
2120 and personnel trained to use it, shall be available in the nursery at
2121 all times.
2122
- 2123 E) Each nursery shall have necessary equipment immediately
2124 available to stabilize the sick infant prior to transfer. Equipment
2125 shall consist of:
2126
- 2127 i) A heat source capable of maintaining the core temperature
2128 of even the smallest infant at 98 degrees (an incubator, or
2129 preferably a radiant heat source);
2130
- 2131 ii) Equipment with the ability to monitor bedside blood sugar;
2132
- 2133 iii) A resuscitation tray containing equipment pursuant to the
2134 American Heart Association (AHA) Guidelines for
2135 Cardiopulmonary Resuscitation (CPR) and Emergency
2136 Cardiovascular Care (ECC) of Pediatric and Neonatal
2137 Patients: Neonatal Resuscitation Guidelines; and
2138
- 2139 iv) Equipment for delivery of 100% oxygen concentration, and
2140 the ability to measure delivered oxygen in fractional
2141 inspired concentrations (FI O₂) pursuant to AAP
2142 recommendations. The oxygen analyzer shall be calibrated
2143 and serviced according to the manufacturer's instructions at

2144 least monthly by the hospital's respiratory therapy
2145 department or other responsible personnel trained to
2146 perform the task.

2147
2148 F) Consultation and Referral Protocols shall comply with the
2149 Regionalized Perinatal Health Care Code.

2150
2151 2) Level II and Level III nurseries shall comply with the Regionalized
2152 Perinatal Health Care Code. Cribs shall be separated by 4 to 6 feet to
2153 allow for ease of movement of additional personnel, and to allow space for
2154 additional equipment used in care of infants in these areas. New buildings
2155 or additions or material alterations to existing buildings that affect the
2156 Level II with Extended Neonatal Capabilities nursery shall provide at least
2157 70 square feet of space for each infant.

2158
2159 3) A Level III nursery shall provide 80 to 100 square feet of space for each
2160 infant.

2161
2162 4) Facilities shall be available for the immediate isolation of all newborn
2163 infants who have or are suspected of having an infectious disease.

2164
2165 5) When an infectious condition exists or is suspected of existing, the infant
2166 shall be isolated in accordance with policies and procedures established
2167 and approved by the hospital and consistent with recommended
2168 procedures of the Guidelines for Perinatal Care and the Control of
2169 Communicable Diseases Code.

2170
2171 f) The personnel requirements and recommendations set forth in Subpart D apply to
2172 the operation of the obstetric department, in addition to the following:

2173
2174 1) Each hospital shall have a staffing plan for nursing personnel providing
2175 care for obstetric and neonatal patients. The registered nursing
2176 components of the plan shall comply with Section 250.1130 of this Part,
2177 with requirements for the level of perinatal care, as designated in
2178 accordance with the Regionalized Perinatal Health Care Code, the
2179 Guidelines for Perinatal Care, the National Association of Neonatal
2180 Nurses' (NANN) Position Statement #3074 RN Staffing in the NICU, and
2181 the following parameters:

2182
2183 A) Nursing supervision by a registered nurse shall be provided for the
2184 entire 24-hour period for each occupied unit of the obstetric and
2185 neonatal services. This nurse shall have education and experience
2186 in obstetric and neonatal nursing.

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- B) At least one registered nurse trained in obstetric and nursery care shall be assigned to the care of mothers and infants at all times. To prepare for an unexpected delivery, at least one registered nurse or LPN trained to give care to newborn infants shall be assigned at all times to the nursery with duties restricted to the care of the infants. Infants shall never be left unattended.
 - C) A registered nurse shall be in attendance at all deliveries and shall be available to monitor the mother's general condition and that of the fetus during labor, for at least two hours after delivery, and longer if complications occur.
 - D) Nursing personnel providing care for obstetric and other patients shall be instructed on a continuing basis in the proper technique to prevent cross-infection. When it is necessary for the same nurse to care for both obstetric and non-obstetric patients in the gynecologic unit, proper technique shall be followed.
 - E) Obstetric and neonatal department nurses providing input to the hospital's nursing care committee pursuant to Section 250.1130 shall, prior to proposing their recommendations for the hospital's written staffing plan, consider the staffing standards listed in subsection (f)(1).
 - F) Temporary relief from outside the obstetric and neonatal division by qualified personnel shall be permitted as necessary according to appropriate infection control policy.
 - G) For each shift in the obstetric department, at least one of the registered nurses or LPNs shall also have certification or experience in lactation training, pursuant to the requirements of subsection (k).
- 2) Nursing staff – Level I requirements for occupied units. These units shall meet the following requirements in addition to General Care Requirements in Section 250.1830(f)(1).
- A) At least two nursing personnel shall be assigned per shift. One shall be a registered nurse and one shall be a registered nurse or an LPN.
 - B) The capability to provide neonatal resuscitation in the delivery

- 2230 room shall be demonstrated by the current completion of a
2231 nationally recognized neonatal resuscitation program by medical,
2232 nursing and respiratory care staff or a hospital rapid response team,
2233 in accordance with the requirements of the Regionalized Perinatal
2234 Health Care Code.
2235
- 2236 C) Hospitals shall have the capability for continuous electronic
2237 maternal-fetal monitoring for patients, with staff available 24 hours
2238 a day, including physician and nursing, who are knowledgeable of
2239 electronic maternal-fetal monitoring use and interpretation.
2240 Physicians and nurses shall complete a competence assessment in
2241 electronic maternal-fetal monitoring every two years, in
2242 accordance with the Regionalized Perinatal Health Care Code.
2243
- 2244 3) Nursing staff – Level II requirements for occupied units. These units shall
2245 meet the requirements for Level I in subsection (f)(2). Nursery personnel
2246 may be shared with the Level I nursery as needed.
2247
- 2248 4) Nursing staff – Level II with Extended Neonatal Capabilities requirements
2249 for occupied units. In addition to the requirements in subsection (f)(3), the
2250 obstetric-newborn nursing services shall be directed by a full-time
2251 registered nurse experienced in perinatal nursing. Preference shall be
2252 given to registered nurses with a master's degree.
2253
- 2254 5) Nursing staff – Level III requirements for occupied units. These units
2255 shall meet the following requirements in addition to requirements in
2256 subsection (f)(3). Half of all neonatal intensive care direct nursing care
2257 hours shall be provided by registered nurses who have two years or more
2258 of nursing experience in a Level III NICU. All neonatal intensive care
2259 direct nursing care hours shall be provided or supervised by registered
2260 nurses who have advanced neonatal intensive care training and
2261 documented competence in neonatal pathophysiology and care
2262 technologies used in the NICU.
2263
- 2264 6) Medical personnel
- 2265
- 2266 A) Each hospital providing obstetric services shall have an organized
2267 obstetric staff with a chief of obstetric service. The chief's level of
2268 qualification and expertise shall be appropriate to the hospital's
2269 designated level of care. The responsibilities of the chief of
2270 obstetric services shall include the following requirements, as they
2271 relate to the care of obstetric patients:
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- i) General supervision of the care of the perinatal patients assigned to the unit;
 - ii) Establishment of criteria for admissions;
 - iii) Adherence to licensing requirements;
 - iv) Adoption, by the medical staff, of standards of practice and privileges;
 - v) Identification of clinical conditions and procedures requiring consultation;
 - vi) Arrangement of conferences, held at least quarterly, to review operations, complications and mortality;
 - vii) Assurance that the clinical records, consultations and reports are properly completed and analyzed; and
 - viii) Provision for exchange of information between medical, administrative and nursing staffs.
- B) Each hospital providing pediatric services shall have an organized pediatric staff with a chief of pediatric service. The chief's level of qualification and expertise shall be appropriate to the hospital's designated level of care. The responsibilities of the chief of pediatric services shall include those listed in subsection (f)(6)(A), as they relate to the care of newborn infants.
- C) Level I shall comply with the Regionalized Perinatal Health Care Code:
- i) One physician shall be Chief of Obstetrical Care. The Chief of Obstetrical Care shall be a board certified or board qualified obstetrician. If this is not possible, a physician with experience and regular practice may be the Chief and be responsible for obstetrical care and available on a 24-hour basis, and a source of obstetric or maternal fetal medicine consultation shall be documented when indicated.
 - ii) One physician shall be Chief of Pediatric Service. The Chief of Pediatric Service shall be a board certified or board qualified pediatrician. If this is not possible, a

2316 physician with experience and regular practice may be the
2317 Chief and be responsible for pediatric care and available on
2318 a 24-hour basis, and a source of neonatology consultation
2319 shall be documented when indicated.

2320
2321 D) Level II shall comply with the Regionalized Perinatal Health Care
2322 Code:

2323
2324 A board certified obstetrician shall be Chief of Obstetrical
2325 Care. A board certified pediatrician shall be Chief of
2326 Neonatal Care. Obstetrical anesthesia shall be directed by a
2327 board certified anesthesiologist with experience and
2328 competence in obstetrical anesthesia. Hospital staff shall
2329 also include a pathologist and an on call radiologist 24
2330 hours a day. Specialized medical and surgical consultation
2331 shall be readily available.

2332
2333 E) Level II With Extended Neonatal Capabilities: Staffing shall
2334 comply with the Regionalized Perinatal Health Care Code.

2335
2336 F) Level III: Staffing shall comply with the Regionalized Perinatal
2337 Health Care Code.

2338
2339 g) Practices and procedures for care of mothers and infants:

2340
2341 1) The hospital shall follow procedures approved by the infection control
2342 committee for the isolation of known or suspected cases of infectious
2343 disease in the obstetric department.

2344
2345 2) Patients with clean obstetric complications (regardless of month of
2346 gestation), such as pregnancy-induced hypertension for observation and
2347 treatment, placenta previa for observation or delivery, ectopic pregnancy,
2348 and hypertensive heart disease in a pregnant patient, may be admitted to
2349 the obstetric department and be subject to the same requirements as any
2350 other obstetric case. (See Section 250.1820(g)(6).)

2351
2352 3) The physician shall determine whether a prenatal serological test for
2353 syphilis and a test for HIV have been done on each mother and the results
2354 recorded. If no tests have been done before the admission of the patients,
2355 the tests shall be performed as soon as possible pursuant to the Perinatal
2356 HIV Prevention Act. Specimens for a syphilis test may be submitted in
2357 appropriate containers to an Illinois Department of Public Health
2358 laboratory for testing without charge. Mothers shall be tested for Group B

- 2359 streptococcus prior to delivery and for Hepatitis B prior to discharge of
2360 either mother or infant, pursuant to AAP recommendations.
2361
- 2362 4) No obstetric patient under the effect of an analgesic or an anesthetic, in the
2363 second stage of labor or delivery, shall be left unattended at any time.
2364
- 2365 5) Fetal lung maturity shall be established and documented prior to elective
2366 inductions and caesarean sections if the infant is at less than 39 weeks of
2367 gestation, or 38 weeks of gestation for twins. The hospital shall establish
2368 a written policy and procedure concerning the administration of oxytocic
2369 drugs.
2370
- 2371 A) Oxytocin shall be used for the contraction stress test only when
2372 qualified personnel, determined by the hospital staff and
2373 administration, can attend the patient closely. Written policies and
2374 procedures shall be available to the team members assuming this
2375 responsibility.
2376
- 2377 B) The oxytocin solution shall be administered intravenously via a
2378 controlled infusion device, using both a primary intravenous
2379 solution and a secondary oxytocin solution.
2380
- 2381 C) Oxytocin shall be used for medical induction or stimulation of
2382 labor only when qualified personnel, determined by the hospital
2383 staff and administration, can attend the patient closely. Written
2384 policies and procedures shall be available to the team members
2385 assuming this responsibility. The following shall be included in
2386 these policies:
2387
- 2388 i) An attending physician shall evaluate the patient for
2389 induction or stimulation, especially with regard to
2390 indications.
2391
- 2392 ii) The physician or other individuals starting the oxytocin
2393 shall be familiar with its effect and complications and be
2394 qualified to identify both maternal and fetal complications.
2395
- 2396 iii) A qualified physician shall be immediately available as is
2397 necessary to manage any complication effectively.
2398
- 2399 iv) During oxytocin administration, the fetal heart rate; the
2400 resting uterine tone; and the frequency, duration and
2401 intensity of contractions shall be monitored electronically

2402 and recorded. Maternal blood pressure and pulse shall be
2403 monitored and recorded at intervals comparable to the
2404 dosage regimen; that is, at 30 to 60 minute intervals, when
2405 the dosage is evaluated for maintenance, increase or
2406 decrease. Evidence of maternal and fetal surveillance shall
2407 be documented.

2408
2409 6) Identification of infants:

- 2410
2411 A) While the neonate is still in the delivery room, the nurse in the
2412 delivery room shall prepare identical identification bands for both
2413 the mother and the neonate, as outlined in the hospital's policy.
2414 Wrist bands alone may be used; however, it is recommended that
2415 both wrist and ankle bands be used on the neonate. The hospital
2416 shall not use foot-printing and fingerprinting alone as methods of
2417 patient identification. The bands shall indicate the mother's
2418 admission number, the neonate's sex, the date and time of birth,
2419 and any other information required by hospital policy. Delivery
2420 room personnel shall review the bands prior to securing them on
2421 the mother and the neonate to ensure that the information on the
2422 bands is identical. The nurse in the delivery room shall securely
2423 fasten the bands on the neonate and the mother without delay as
2424 soon as the nurse has verified the information on the identification
2425 bands. The birth records and identification bands shall be checked
2426 again before the neonate leaves the delivery room.
2427
2428 B) If the condition of the neonate does not allow the placement of
2429 identification bands, the identification bands shall accompany the
2430 neonate and shall be attached as soon as possible, as outlined in the
2431 hospital's policy. Identification bands shall not be left unattached
2432 and unattended in the nursery.
2433
2434 C) When the neonate is taken to the nursery, both the delivery room
2435 nurse and the admitting nursery nurse shall check the neonate's
2436 identification bands and birth records, verify the sex of the
2437 neonate, and sign the neonate's medical record. The admitting
2438 nurse shall complete the bassinet card and attach it to the bassinet.
2439
2440 D) When the neonate is taken to the mother, the nurse shall check the
2441 mother's and the neonate's identification bands, verify the sex of
2442 the neonate and verify that the information on the bands is
2443 identical.
2444

- 2445 E) The umbilical cord (cords, with multiple births) shall be identified
2446 according to hospital policy (e.g., by the use of a different number
2447 of clamps) so that umbilical cord blood specimens are correctly
2448 labeled. All umbilical cord blood samples shall be labeled
2449 correctly with an indication that these are a sample of the neonate's
2450 umbilical cord blood and not the blood of the mother.
2451
- 2452 F) The hospital shall develop a newborn infant security system. This
2453 system shall include instructions to the mother regarding safety
2454 precautions designed to avoid abduction. Electronic sensor
2455 devices may be included as well.
2456
- 2457 7) Within one hour after delivery, ophthalmic ointment or drops containing
2458 tetracycline or erythromycin shall be instilled into the eyes of the newborn
2459 infant as a preventive against ophthalmia neonatorum. The eyes shall not
2460 be irrigated.
2461
- 2462 8) A single parenteral dose of vitamin K-1, water soluble to 0.5-1.0
2463 milligrams, shall be given to the infant, shortly after birth, but usually
2464 within the first hour after delivery, as a prophylaxis against hemorrhagic
2465 disorder in the first days of life.
2466
- 2467 9) Mandatory Hearing Screening
2468
- 2469 A) *Each hospital shall conduct bilateral hearing screening of each*
2470 *newborn infant prior to discharge unless medically*
2471 *contraindicated or the infant is transferred to another hospital*
2472 *before the hearing screening can be completed. (Section 5(a) of*
2473 *the Early Hearing Detection and Intervention Act)*
2474
- 2475 B) *The hospital performing the hearing screening shall report the*
2476 *results of the hearing screening to the Department within 7 days*
2477 *after screening.*
2478
- 2479 i) *If there is no hearing screening result or an infant does not*
2480 *pass the hearing screening in both ears at the same time,*
2481 *the hospital shall refer the infant's parents or guardians to*
2482 *a health care practitioner for follow-up, and document and*
2483 *report the referral, including the name of the health care*
2484 *practitioner, to the Department in a format determined by*
2485 *the Department.*
2486

- 2487 ii) *For infants born outside a hospital, the newborn's primary*
 2488 *care provider shall refer the patient to a hospital for the*
 2489 *hearing screening to be done in compliance with the Act*
 2490 *and this Section within 30 days after birth, unless a*
 2491 *different time period is medically indicated. (Section 5(b)*
 2492 *of the Early Hearing Detection and Intervention Act)*
 2493
- 2494 10) Each infant shall be given complete individual crib-side care. The use of a
 2495 common bath table is prohibited. Scales shall be adequately protected to
 2496 prevent cross-infection.
 2497
- 2498 11) Artificial feedings and formula changes shall not be instituted except by
 2499 written order of the attending physician, pursuant to the requirements of
 2500 the Hospital Infant Feeding Act.
 2501
- 2502 12) Facilities for drug services. See Section 250.2130(a).
 2503
- 2504 13) Newborn infants shall be transported from the delivery room to the
 2505 nursery in a safe manner. Adequate support systems (heating, oxygen,
 2506 suction) shall be incorporated into the transport units for infants (e.g., to x-
 2507 ray). Chilling of the newborn and cross-infection shall be avoided. If
 2508 travel is excessive and through other areas, special transport incubators
 2509 may be required. The method of transporting infants from the nursery to
 2510 the mothers shall be individual, safe and free from cross-infection hazards.
 2511
- 2512 14) The stay of the mother and the infant in the hospital after delivery shall be
 2513 planned to allow the identification of problems and to reinforce
 2514 instructions in preparation for the infant's care at home. The mother and
 2515 infant shall be carefully observed for a sufficient period of time and
 2516 assessed prior to discharge to ensure that their conditions are stable.
 2517 Healthy infants shall be discharged from the hospital simultaneously with
 2518 the mother, or to other persons authorized by the mother, if the mother
 2519 remains in the hospital for an extended stay. Follow-up shall be provided
 2520 for mothers and infants discharged within 48 hours after delivery,
 2521 including a face-to-face encounter with a health care provider who will
 2522 assess the condition of mother and infant and arrange for intervention if
 2523 problems are identified.
 2524
- 2525 15) When a patient's condition permits, an infant may be transferred from an
 2526 intensive care nursery to the referring nursery or to another nursery that is
 2527 nearest the home and at which an appropriate level of care may be
 2528 provided. Transfers shall be conducted pursuant to the Regionalized
 2529 Perinatal Health Care Code.

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- 16) The hospital shall have a policy regarding circumcisions performed by a Mohel.
 - 17) Circumcisions shall not be performed in the delivery room or within the first six hours after birth. A physician may order and perform a circumcision when the infant is over the age of six hours and, in the physician's professional judgment, is healthy and stable.
 - 18) The hospital shall comply with the Guidelines for Perinatal Care and Guidelines for Women's Health Care (see Section 250.160).
- h) Medical Records
- 1) Obstetric records:
 - A) Adequate, accurate, and complete medical records shall be maintained for each patient. The medical records shall include findings during the prenatal period, which shall be available in the obstetric department prior to the patient's admission and shall include medical and obstetric history, observations and proceedings during labor, delivery and the postpartum period, and laboratory and x-ray findings.
 - B) Records shall be maintained in accordance with hospital medical records policies and procedures, including the applicable requirements of the Health Insurance Portability and Accountability Act and the minimum observations and laboratory tests outlined in Guidelines for Perinatal Care and Guidelines for Women's Health Care. The physician director of the obstetric department shall require all physicians delivering obstetric care to send copies of the prenatal records, including laboratory reports, to the obstetric unit at or before 37 weeks of gestation, including updates from that time until admission.
 - 2) Infant records. Accurate and complete medical records shall be maintained for each infant. The medical records shall include:
 - A) History of maternal health and prenatal course, including mother's HIV status, if known.
 - B) Description of labor, including drugs administered, method of delivery, complications of labor and delivery, and description of

- 2573 placenta and amniotic fluid.
2574
2575 C) Time of birth and condition of infant at birth, including the Apgar
2576 score at one and five minutes, the age at which respiration became
2577 spontaneous and sustained, a description of resuscitation if
2578 required, and a description of abnormalities and problems
2579 occurring from birth until transfer from the delivery room.
2580
2581 D) Report of a complete and detailed physical examination within 24
2582 hours following birth; report of a physical examination within 24
2583 hours before discharge and daily during any remaining hospital
2584 stay.
2585
2586 E) Physical measurements, including length, weight and head
2587 circumference at birth, and weight every day; temperature twice
2588 daily.
2589
2590 F) Documentation of infant feeding: intake, content, and amount if by
2591 formula.
2592
2593 G) Clinical course during hospital stay, including treatment rendered
2594 and patient response; clinical note of status at discharge.
2595
2596 3) The hospital shall keep a record of births that contains data sufficient to
2597 duplicate the birth certificate. The requirement may be met by:
2598
2599 A) Retaining the yellow "hospital copy" of the birth certificate
2600 properly bound in chronological order, or
2601
2602 B) Retaining this copy with the individual medical record.
2603
2604 i) Reports
2605
2606 1) Each hospital that provides obstetric and neonatal services shall submit a
2607 monthly perinatal activities report to its affiliated Administrative Perinatal
2608 Center.
2609
2610 2) Maternal death report
2611
2612 A) The hospital shall submit an immediate report of the occurrence of
2613 a maternal death to the Department, in accordance with the
2614 Department's Maternal Death Review rules (77 Ill. Adm. Code
2615 657). Maternal death is the death of any woman dying of any

2616 cause whatsoever while pregnant or within one year after
2617 termination of the pregnancy, irrespective of the duration of the
2618 pregnancy at the time of the termination or the method by which it
2619 was terminated. A death shall be reported regardless of whether
2620 the death occurred in the obstetric department or any other section
2621 of the hospital, or whether the patient was delivered in the hospital
2622 where death occurred, or elsewhere.

2623
2624 B) The filing of this report shall in no way preclude the necessity of
2625 filing a death certificate or of including the death on the Perinatal
2626 Activities Report.

2627
2628 3) The hospital shall comply with the laws of the State and the rules of the
2629 Department in the preparation and filing of birth, death and fetal death
2630 certificates.

2631
2632 4) Epidemic and communicable disease reporting

2633
2634 A) The hospital shall develop a protocol for the management and
2635 reporting of infections consistent with the Control of
2636 Communicable Diseases Code, the Perinatal HIV Prevention Act,
2637 Guidelines for Perinatal Care and Guidelines for Women's Health
2638 Care, and as approved by the infection control committee. These
2639 policies shall be known to obstetric and nursery personnel.

2640
2641 B) The hospital shall particularly address those infections specifically
2642 related to mothers and infants, including but not limited to,
2643 methicillin-resistant *Staphylococcus Aureus* occurring in infants
2644 under 61 days of age, ophthalmia neonatorum, and perinatal
2645 hepatitis B infection.

2646
2647 j) Infant Feeding Policy

2648
2649 1) For the purposes of this subsection (j):

2650
2651 A) *Baby-Friendly Hospital Initiative means the voluntary program*
2652 *sponsored by the World Health Organization (WHO) and the*
2653 *United Nations Children's Fund (UNICEF) that recognizes*
2654 *hospitals that meet certain evaluation criteria regarding the*
2655 *promotion of breastfeeding.*

2656
2657 B) *Infant Nutrition Resource means breastfeeding education and*
2658 *infant formula safety and preparation.*

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- 2) *Infant Feeding Policy Required*
 - A) *Every hospital that provides birthing services must adopt an infant feeding policy that promotes breastfeeding. In developing the policy, a hospital shall consider guidance provided by the Baby-Friendly Hospital Initiative.*
 - B) *An infant feeding policy adopted under this Section shall include guidance on the use of formula for medically necessary supplementation, if preferred by the mother, or when exclusive breastfeeding is contraindicated for the mother or for the infant.*
 - 3) *Communication of Policy. A hospital shall routinely communicate the infant feeding policy to staff in the hospital's obstetric and neonatal areas, beginning with hospital staff orientation. The hospital shall also ensure that the policy and infant nutrition resources are posted in a conspicuous place in the hospital's obstetric or neonatal area or on the hospital's Internet or Intranet web site or on the Internet or Intranet web site of the health system of which the hospital is a part. The hospital shall make copies of the policy available to the Department upon request.*
 - 4) *Application of Policy. A hospital's infant feeding policy adopted under the Hospital Infant Feeding Act must apply to all mother-infant couplets in the hospital's obstetric and neonatal areas. (Sections 5 through 20 of the Hospital Infant Feeding Act)*
 - k) **Breast Milk and Formula**
 - 1) Pursuant to the requirements of subsection (j), the hospital shall provide the mother with information regarding lactation, the nutritional benefits of breast milk, and lactation support organizations within the area. The hospital staff shall include, at a minimum, lactation support staff with certification or experience in lactation training. The lactation support staff shall attend continuing education in relation to lactation counseling and training, consistent with hospital policy. At least one lactation support staff shall be on duty at all times in the obstetric department.
 - 2) Pursuant to the requirements of subsection (j), the hospital shall have a policy for the preparation of formula by hospital staff when hospital-prepared formula is needed in place of commercially prepared formula. Adequate space, equipment and procedures for processing, handling and storing commercially-prepared formula shall be provided.

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- A) All hospitals providing obstetric or pediatric services that prepare their own formula shall provide a well-ventilated and well-lighted formula room, which shall be adequately supervised and used exclusively for the preparation of formulas.
- B) Equipment shall include hand-washing facilities with hot and cold running water with knee, foot or elbow controlled valves; a double-section sink for washing and rinsing bottles; facilities for storing cleaning equipment, refrigeration facilities; utensils in good condition for preparation of formulas; cupboard and work space and a work table; an autoclave and a supply of individual formula bottles, nipples and protecting caps, adequate to prepare a 24-hour supply of formula and water for each infant. Procedures shall be established by the hospital and enforced.

3) A hospital shall provide information and instructional materials to parents of each newborn, upon discharge from the hospital, regarding the option to voluntarily donate milk to non-profit milk banks that are accredited by the Human Milk Banking Association of North America or its successor organization.

A) The materials shall be provided free of charge and shall include general information regarding non-profit milk banking practices and contact information for area nonprofit milk banks that are accredited by the Human Milk Banking Association of North America.

B) The information and instructional materials described in subsection (k)(3) may be provided electronically.

C) Hospitals may obtain free and suitable information on voluntary milk donation from the Human Milk Banking Association of North America, or its successor organization, or its accredited members. (Section 11.9 of the Act)

1) Visiting Policy

- 1) The visiting requirements set forth in Subpart B shall apply to obstetric departments, except as modified in this subsection (l).
- 2) Each obstetric department shall have a visiting policy that complies with the Guidelines for Perinatal Care and is approved by the hospital's

- 2745 infection control committee.
2746
2747 3) The visiting policy shall cover all programs in the obstetric department.
2748
2749 4) The visiting policy shall comply with the hospital's infection control
2750 policy and shall include signage instructing visitors to wash their hands.
2751
2752 m) Infant Abduction Policies
2753 *Every hospital shall demonstrate to the Department that the following have been*
2754 *adopted:*
2755
2756 1) *Procedures designed to reduce the likelihood that an infant patient will be*
2757 *abducted from the hospital. The procedures may include, but need not be*
2758 *limited to, architectural plans to control access to infant care areas, video*
2759 *camera observation of infant care areas, and procedures for identifying*
2760 *hospital staff and visitors.*
2761
2762 2) *Procedures designed to aid in identifying allegedly abducted infants who*
2763 *are recovered. The procedures may include, but need not be limited to,*
2764 *foot-printing infants by staff who have been trained in that procedure,*
2765 *photographing infants, and obtaining and retaining blood samples for*
2766 *genetic testing. (Section 6.15 of the Act)*
2767
2768 n) Staff Continuing Education Policies and Requirements.
2769
2770 1) Hospitals shall have a *written policy and conduct continuing education*
2771 *yearly (calendar) for providers and staff of obstetric medicine and of the*
2772 *emergency department and other staff that may care for pregnant or*
2773 *postpartum women. The written policy and continuing education shall*
2774 *include ~~yearly educational modules regarding~~ management of severe*
2775 *maternal hypertension and obstetric hemorrhage, addressing airway*
2776 *emergencies experienced during childbirth, and management of other*
2777 *leading causes of maternal mortality for units that care for pregnant or*
2778 *postpartum women.*
2779
2780 2) Hospitals shall *demonstrate compliance* by annually submitting a copy of
2781 the facility's *written policy and, education, ~~and training~~ requirements* to
2782 the hospital's Administrative Perinatal Center. (Section 2310-222(b) of the
2783 Department of Public Health Powers and Duties Law)
2784
2785 o) Hospitals *shall incorporate best practices for timely identification and assessment*
2786 *of all pregnant and postpartum women for common pregnancy or postpartum*
2787 *complications in the emergency department and for care provided by the hospital*

2788 *throughout the pregnancy and postpartum period, to be provided to the hospital*
2789 *by the Department, in consultation with the Illinois Perinatal Quality*
2790 *Collaborative, into the written policy* required in subsection (n). (Section 2310-
2791 222(d) of the Department of Public Health Powers and Duties Law)
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2793

(Source: Amended at 48 Ill. Reg. _____, effective _____)