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

SOURCE: Rules repealed and new rules adopted August 27, 1978; emergency amendment at 2 Ill. Reg. 31, p. 73, effective July 24, 1978, for a maximum of 150 days; amended at 2 Ill. Reg. 21, p. 49, effective May 16, 1978; emergency amendment at 2 Ill. Reg. 31, p. 73, effective July 24, 1978, for a maximum of 150 days; amended at 2 Ill. Reg. 45, p. 85, effective November 6, 1978; amended at 3 Ill. Reg. 17, p. 88, effective April 22, 1979; amended at 4 Ill. Reg. 22, p. 233, effective May 20, 1980; amended at 4 Ill. Reg. 25, p. 138, effective June 6, 1980; amended at 5 Ill. Reg. 507, effective December 29, 1980; amended at 6 Ill. Reg. 575, effective December 30, 1981; amended at 6 Ill. Reg. 1655, effective January 27, 1982; amended at 6 Ill. Reg. 3296, effective March 15, 1982; amended at 6 Ill. Reg. 7835 and 7838, effective June 17, 1982; amended at 7 Ill. Reg. 962, effective January 6, 1983; amended at 7 Ill. Reg. 5218 and 5221, effective April 4, 1983 and April 5, 1983; amended at 7 Ill. Reg. 6964, effective May 17, 1983; amended at 7 Ill. Reg. 8546, effective July 12, 1983; amended at 7 Ill. Reg. 9610, effective August 2, 1983; codified at 8 Ill. Reg. 19752; amended at 8 Ill. Reg. 24148, effective November 29, 1984; amended at 9 Ill. Reg. 4802, effective April 1, 1985; amended at 10 Ill. Reg. 11931, effective September 1, 1986; amended at 11 Ill. Reg. 10283, effective July 1, 1987; amended at 11 Ill. Reg. 10642, effective July 1, 1987; amended at 12 Ill. Reg. 15080, effective October 1, 1988; amended at 12 Ill. Reg. 16760, effective October 1, 1988; amended at 13 Ill. Reg. 13232, effective September 1, 1989; amended at 14 Ill. Reg. 2342, effective February 15, 1990; amended at 14 Ill. Reg. 13824, effective September 1, 1990; amended at 15 Ill. Reg. 5328, effective May 1, 1991; amended at 15 Ill. Reg. 13811, effective October 1, 1991; amended at 17 Ill. Reg. 1614, effective January 25, 1993; amended at 17 Ill. Reg. 17225, effective October 1, 1993; amended at 18 Ill. Reg. 11945, effective July 22, 1994; amended at 18 Ill. Reg. 15390, effective October 10, 1994; amended at 19 Ill. Reg. 13355, effective September 15, 1995; emergency amendment at 20 Ill. Reg. 474, effective January 1, 1996, for a maximum of 150 days; emergency expired May 29, 1996; amended at 20 Ill. Reg. 3234, effective February 15, 1996; amended at 20 Ill. Reg. 10009, effective July 15, 1996; amended at 22 Ill. Reg. 3932, effective February 13, 1998; amended at 22 Ill. Reg. 9342, effective May 20, 1998; amended at 23 Ill. Reg. 1007, effective January 15, 1999; emergency amendment at 23 Ill. Reg. 3508, effective March 4, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 9513, effective August 1, 1999; amended at 23 Ill. Reg. 13913, effective November 15, 1999; amended at 24 Ill. Reg. 6572, effective April 11, 2000; amended at 24 Ill. Reg. 17196, effective November 1, 2000; amended at 25 Ill. Reg. 3241, effective February 15, 2001; amended at 27 Ill. Reg. 1547, effective January 15, 2003; amended at 27 Ill. Reg. 13467, effective July 25, 2003; amended at 28 Ill. Reg. 5880, effective March 29, 2004; amended at 28 Ill. Reg. 6579, effective April 15, 2004; amended at 29 Ill. Reg. 12489, effective July 27, 2005; amended at 31 Ill. Reg. 4245, effective February 20, 2007; amended at 31 Ill. Reg. 14530, effective October 3, 2007; amended at 32 Ill. Reg. 3756, effective February 27, 2008; amended at 32 Ill. Reg. 4213, effective March 10, 2008; amended at 32 Ill. Reg. 7932, effective May 12, 2008; amended at 32 Ill. Reg. 14336, effective August 12, 2008; amended at 33 Ill. Reg. 8306, effective June 2, 2009; amended at 34 Ill. Reg. 2528, effective January 27, 2010; amended at 34 Ill. Reg. 3331, effective February 24,

345 2010; amended at 34 Ill. Reg. 19031, effective November 17, 2010; amended at 34 Ill. Reg.
 346 19158, effective November 23, 2010; amended at 35 Ill. Reg. 4556, effective March 4, 2011;
 347 amended at 35 Ill. Reg. 6386, effective March 31, 2011; amended at 35 Ill. Reg. 13875, effective
 348 August 1, 2011; amended at 36 Ill. Reg. 17413, effective December 3, 2012; amended at 38 Ill.
 349 Reg. 13280, effective June 10, 2014; amended at 39 Ill. Reg. 5443, effective March 25, 2015;
 350 amended at 39 Ill. Reg. 13041, effective September 3, 2015; amended at 41 Ill. Reg. 7154,
 351 effective June 12, 2017; amended at 41 Ill. Reg. 14945, effective November 27, 2017; amended
 352 at 42 Ill. Reg. 9507, effective May 24, 2018; amended at 43 Ill. Reg. 3889, effective March 18,
 353 2019; amended at 43 Ill. Reg. 12990, effective October 22, 2019; emergency amendment at 44
 354 Ill. Reg. 5934, effective March 25, 2020, for a maximum of 150 days; emergency expired August
 355 21, 2020; emergency amendment at 44 Ill. Reg. 7788, effective April 16, 2020, for a maximum
 356 of 150 days; emergency repeal of emergency amendment at 44 Ill. Reg. 14333, effective August
 357 24, 2020; emergency amendment at 44 Ill. Reg. 14804, effective August 24, 2020, for a
 358 maximum of 150 days; emergency expired January 20, 2021; amended at 44 Ill. Reg. 18379,
 359 effective October 29, 2020; emergency amendment at 45 Ill. Reg. 1202, effective January 8,
 360 2021, for a maximum of 150 days; emergency amendment expired June 6, 2021; emergency
 361 amendment at 45 Ill. Reg. 1715, effective January 21, 2021, for a maximum of 150 days;
 362 emergency expired June 19, 2021; emergency amendment at 45 Ill. Reg. 7544, effective June 7,
 363 2021, for a maximum of 150 days; emergency expired November 3, 2021; emergency
 364 amendment at 45 Ill. Reg. 8096, effective June 15, 2021, for a maximum of 150 days; emergency
 365 expired November 11, 2021; emergency amendment at 45 Ill. Reg. 8503, effective June 20,
 366 2021, for a maximum of 150 days; emergency expired November 16, 2021; emergency
 367 amendment at 45 Ill. Reg. 11907, effective September 17, 2021, for a maximum of 150 days;
 368 emergency expired February 13, 2022; emergency amendment at 45 Ill. Reg. 14519, effective
 369 November 4, 2021, for a maximum of 150 days; emergency expired April 2, 2022; emergency
 370 amendment at 45 Ill. Reg. 15115, effective November 12, 2021 through December 31, 2021;
 371 emergency amendment at 45 Ill. Reg. 15375, effective November 17, 2021, for a maximum of
 372 150 days; emergency expired April 15, 2022; emergency amendment at 46 Ill. Reg. 1911,
 373 effective January 13, 2022, for a maximum of 150 days; emergency expired June 11, 2022;
 374 emergency amendment at 46 Ill. Reg. 3208, effective February 14, 2022, for a maximum of 150
 375 days; emergency expired July 13, 2022; emergency amendment at 46 Ill. Reg. 6142, effective
 376 April 3, 2022, for a maximum of 150 days; emergency expired August 30, 2022; emergency
 377 amendment at 46 Ill. Reg. 6808, effective April 16, 2022, for a maximum of 150 days;
 378 emergency expired September 12, 2022; amended at 46 Ill. Reg. 8914, effective May 12, 2022;
 379 emergency amendment at 46 Ill. Reg. 10950, effective June 12, 2022, for a maximum of 150
 380 days; emergency amendment to emergency rule at 46 Ill. Reg. 12643, effective July 6, 2022, for
 381 the remainder of the 150 days; emergency expired November 8, 2022; emergency amendment at
 382 46 Ill. Reg. 13344, effective July 14, 2022, for a maximum of 150 days; emergency amendment
 383 to emergency rule at 46 Ill. Reg. 18185, effective October 27, 2022, for the remainder of the 150
 384 days; emergency expired December 10, 2022; emergency amendment at 46 Ill. Reg. 15824,
 385 effective August 31, 2022, for a maximum of 150 days; emergency expired January 27, 2023;
 386 amended at 46 Ill. Reg. 15597, effective September 1, 2022; emergency amendment at 46 Ill.
 387 Reg. 16271, effective September 13, 2022, for a maximum of 150 days; emergency expired

388 February 9, 2023; emergency amendment at 46 Ill. Reg. 18902, effective November 9, 2022, for
 389 a maximum of 150 days; emergency expired April 7, 2023; amended at 46 Ill. Reg. 18995,
 390 effective November 10, 2022; emergency amendment at 46 Ill. Reg. 20211, effective December
 391 11, 2022, for a maximum of 150 days; emergency expired May 9, 2023; emergency amendment
 392 at 47 Ill. Reg. 2189, effective January 28, 2023, for a maximum of 150 days; emergency expired
 393 June 26, 2023; emergency amendment at 47 Ill. Reg. 2862, effective February 10, 2023 through
 394 May 11, 2023; amended at 47 Ill. Reg. 6477, effective April 27, 2023; emergency amendment at
 395 47 Ill. Reg. 8896, effective June 8, 2023, for a maximum of 150 days; SUBPART G recodified at
 396 47 Ill. Reg. 8964; emergency amendment at 47 Ill. Reg. 9499, effective June 27, 2023, for a
 397 maximum of 150 days; emergency expired November 23, 2023; amended at 47 Ill. Reg. 14455,
 398 effective September 26, 2023; emergency amendment at 47 Ill. Reg. 18178, effective November
 399 24, 2023, for a maximum of 150 days; emergency repeal of emergency rule at 48 Ill. Reg. 4225,
 400 effective February 27, 2024; amended at 48 Ill. Reg. 450, effective December 20, 2023;
 401 expedited correction at 48 Ill. Reg. 5807, effective December 20, 2023; amended at 48 Ill. Reg.
 402 2516, effective January 30, 2024; amended at 48 Ill. Reg. 7321, effective May 3, 2024;
 403 Subchapter b recodified at 49 Ill. Reg. 1633; amended at 49 Ill. Reg. 7975, effective May 21,
 404 2025; amended at 49 Ill. Reg. 11475, effective August 26, 2025; amended at 49 Ill. Reg. 14395,
 405 effective October 27, 2025; Subparts V and W recodified at 49 Ill. Reg. 16342; emergency
 406 amendment at 50 Ill. Reg. 401, effective January 1, 2026, for a maximum of 150 days; amended
 407 at 50 Ill. Reg. 5374, effective March 31, 2026; amended at 50 Ill. Reg. _____, effective
 408 _____.

409
 410 **SUBPART A: GENERAL PROVISIONS**

411
 412 **Section 250.105 Incorporated and Referenced Materials**

- 413
 414 a) The following regulations and standards are incorporated in this Part:
 415
 416 1) Private and Professional Association Standards
 417
 418 A) American Society for Testing and Materials (ASTM), Standard
 419 No. E90-99 (2009): Standard Test Method for Laboratory
 420 Measurement of Airborne Sound Transmission Loss of Building
 421 Partitions and Elements, ~~available~~~~which may be obtained~~ from the
 422 American Society for Testing and Materials, 100 Barr Harbor
 423 Drive, West Conshohocken, PA 19428-2959
 424
 425 B) ASTM E 662 (2012), Standard Test Method for Specific Optical
 426 Density of Smoke Generated by Solid Materials, ~~available~~~~which~~
 427 ~~may be obtained~~ from the American Society for Testing and
 428 Materials, 100 Barr Harbor Drive, West Conshohocken, PA
 429 19428-2959
 430

- 431 C) ASTM E 84 (2010), Standard Test Method for Surface Burning
432 Characteristics of Building Materials, [available](#)~~which may be~~
433 ~~obtained~~ from the American Society for Testing and Materials, 100
434 Barr Harbor Drive, West Conshohocken, PA 19428-2959
435
- 436 D) The following standards of the American Society of Heating,
437 Refrigerating, and Air Conditioning Engineers (ASHRAE),
438 [available](#)~~which may be obtained~~ from the American Society of
439 Heating, Refrigerating, and Air-Conditioning Engineers, Inc., 180
440 Technology Parkway NW, Peachtree, GA 30092:
441
- 442 i) ASHRAE Handbook of Fundamentals (2009)
 - 443
 - 444 ii) ASHRAE Handbook for HVAC Systems and Equipment
445 (2004)
 - 446
 - 447 iii) ASHRAE Handbook-HVAC Applications (2007)
 - 448
 - 449 iv) ASHRAE Guideline 12-2020, "Managing the Risk of
450 Legionellosis Associated with Building Water Systems"
451 (March 30, 2021)
 - 452
 - 453 v) ASHRAE Standard 188-2021, "Legionellosis: Risk
454 Management for Building Water Systems" (August 2021)
455
- 456 E) The following standards of the National Fire Protection
457 Association (NFPA), [available](#)~~which may be obtained~~ from the
458 National Fire Protection Association, 1 Batterymarch Park,
459 Quincy, MA 02169:
460
- 461 i) NFPA 101 (2012): Life Safety Code and all applicable
462 references under Chapter 2, Referenced Publications
463
 - 464 ii) NFPA 101A (2013): Guide on Alternative Approaches to
465 Life Safety
466
- 467 F) American Academy of Pediatrics and American College of
468 Obstetricians and Gynecologists, Guidelines for Perinatal Care,
469 Eighth Edition (September 2017), [available](#)~~which may be obtained~~
470 from the American College of Obstetricians and Gynecologists
471 online at:
472 [https://publications.aap.org/aapbooks/book/522/Guidelines-for-](https://publications.aap.org/aapbooks/book/522/Guidelines-for-Perinatal-Care?autologincheck=redirected)
473 [Perinatal-Care?autologincheck=redirected](https://publications.aap.org/aapbooks/book/522/Guidelines-for-Perinatal-Care?autologincheck=redirected) or by phone at 800-762-

- 474 2264, 409 12th Street SW, Washington, DC 20024-2188 (See
 475 Section 250.1820.)
 476
 477 G) American College of Obstetricians and Gynecologists, Guidelines
 478 for Women's Healthcare, Fourth Edition (2014), [available](#)
 479 ~~from which may be obtained online at:~~
 480 [https://www.scribd.com/document/359258258/american-college-](https://www.scribd.com/document/359258258/american-college-of-obstetricians-and-gynecologists-guidelines-for-women-s-health-care-a-resource-manual)
 481 [of-obstetricians-and-gynecologists-guidelines-for-women-s-health-](https://www.scribd.com/document/359258258/american-college-of-obstetricians-and-gynecologists-guidelines-for-women-s-health-care-a-resource-manual)
 482 [care-a-resource-manual](https://www.scribd.com/document/359258258/american-college-of-obstetricians-and-gynecologists-guidelines-for-women-s-health-care-a-resource-manual) (See Section 250.1820.)
 483
 484 H) American Academy of Pediatrics (AAP), Red Book: Report of the
 485 Committee on Infectious Diseases, 32nd Edition (January 2021),
 486 available [from at:](#) <https://publications.aap.org/redbook> or from the
 487 American Academy of Pediatrics, 345 Park Blvd., Itasca, IL
 488 60143 (See Section 250.1820.)
 489
 490 I) American Heart Association Guidelines for Cardiopulmonary
 491 Resuscitation and Emergency Cardiovascular Care, Part 4:
 492 Pediatric and Basics and Advanced Life Support and Part 5:
 493 Neonatal Resuscitation (October 2020), available [from at:](#)
 494 <https://tinyurl.com/38zny85p> and <https://tinyurl.com/2s3dpb8c>,
 495 respectively, or from the American Heart Association, 7272
 496 Greenville Ave., Dallas, TX 75231 (See Section 250.1830.)
 497
 498 J) National Association of Neonatal Nurses, Position Statement
 499 #3074 Minimum RN Staffing in the NICU (September 2021),
 500 available [from at:](#) <http://nann.org/about/position-statements> or from
 501 the National Association of Neonatal Nurses, 8735 W. Higgins
 502 Road, Suite 300, Chicago, IL 60631 (See Section 250.1830.)
 503
 504 K) National Council on Radiation Protection and Measurements
 505 (NCRP), Report 49: Structural Shielding Design and Evaluation
 506 for Medical Use of X-rays and Gamma Rays of Energies up to 10
 507 MeV (1976) and NCRP Report 102: Medical X-Ray, Electron
 508 Beam and Gamma-Ray Protection for Energies Up to 50 MeV
 509 (Equipment Design, Performance and Use) (1989), [available](#) ~~which~~
 510 ~~may be obtained~~ from the National Council on Radiation
 511 Protection and Measurements, 7910 Woodmont Ave., Suite 400,
 512 Bethesda, Maryland 20814-3095 (See Sections 250.2440 and
 513 250.2450.)
 514
 515 L) DOD Penetration Test Method MIL STD 282 (2020): Filter Units,
 516 Protective Clothing, Gas-mask Components and Related Products:

- 517 Performance Test Methods, available [from](#)at:
 518 <https://publishers.standardstech.com/stgnet> (See Section
 519 250.2480.)
 520
 521 M) National Association of Plumbing-Heating-Cooling Contractors
 522 (PHCC), National Standard Plumbing Code (2009), [available](#)~~which~~
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 525 Falls Church, VA 22046 (703-237-8100)
 526
 527 N) International Building Code (2012), [available](#)~~which may be~~
 528 ~~obtained~~ from the International Code Council, 4051 Flossmoor
 529 Road, Country Club Hills, IL 60478 (See Section 250.2420.)
 530
 531 O) American National Standards Institute, ANSI A117.1 (2009),
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 533 ~~be obtained~~ from the American National Standards Institute, 25
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 535 250.2420.)
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 537 P) ASME Standard A17.1-2007, Safety Code for Elevators and
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 539 Society of Mechanical Engineers (ASME) International, 22 Law
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 542 Q) Accreditation Council for Graduate Medical Education, Common
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 545 [/cprresidency_2023v3.pdf](#) or from the Accreditation Council for
 546 Graduate Medical Education, 401 N. Michigan Ave., Suite 2000,
 547 Chicago, IL 60611 (See Section 250.315.)
 548
 549 R) The Joint Commission, 2026 Hospital Accreditation Standards
 550 (HAS), available from the Joint Commission, One Renaissance
 551 Blvd., Oakbrook Terrace, IL 60181 (See Section 250.1035.)
 552
 553 S) National Quality Forum, Safe Practices for Better Health Care
 554 (2010 Update), available [from](#)at:
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 556 [fe%20Practices%20for%20Better%20Healthcare%202010_0.pdf](#)
 557 or from the National Quality Forum, 10991 14th Street NW, Suite
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562 [available from: https://appi.org/Products/dsm or from the](#)
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578 Control and Prevention, Infection Control in Healthcare Personnel,
579 available in two parts: "Infrastructure and Routine Practices for
580 Occupational Infection Prevention and Control Services" (October
581 25, 2019) and "Epidemiology and Control of Selected Infections
582 Transmitted Among Healthcare Personnel and Patients" (October
583 22, 2024), both available [fromat:](#) [https://www.cdc.gov/infection-](https://www.cdc.gov/infection-control/hcp/healthcare-personnel-infrastructure-routine-practices/index.html)
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- 587 C) Department of Health and Human Services, Centers for Disease
588 Control and Prevention, "Guidelines for Environmental Infection
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- 593 D) Department of Health and Human Services, Centers for Disease
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595 Care Settings (October 25, 2002) available [fromat:](#)
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597 [hygiene/?CDC_AAref_Val=https://www.cdc.gov/infectioncontrol/](https://www.cdc.gov/infectioncontrol/guidelines/hand-hygiene/index.html)
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 611 Core Elements at Small and Critical Access Hospitals", which is
 612 available [atfrom: https://www.cdc.gov/antibiotic-use/hcp/core-](https://www.cdc.gov/antibiotic-use/hcp/core-elements/small-and-critical-access-hospitals.html?CDC_AAref_Val=https://www.cdc.gov/antibiotic-use/core-elements/small-critical.html)
 613 [elements/small-and-critical-access-](https://www.cdc.gov/antibiotic-use/hcp/core-elements/small-and-critical-access-hospitals.html?CDC_AAref_Val=https://www.cdc.gov/antibiotic-use/core-elements/small-critical.html)
 614 [hospitals.html?CDC_AAref_Val=https://www.cdc.gov/antibiotic-](https://www.cdc.gov/antibiotic-use/hcp/core-elements/small-and-critical-access-hospitals.html?CDC_AAref_Val=https://www.cdc.gov/antibiotic-use/core-elements/small-critical.html)
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 622 [mp/control-toolkit/index.html](https://www.cdc.gov/control-legionella/php/toolkit/control-toolkit.html?CDC_AAref_Val=https://www.cdc.gov/legionella/wmp/control-toolkit/index.html)
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 - 3) Federal Regulations
 - A) 45 CFR 46.101, To What Does the Policy Apply? (October 1, ~~2024~~[2023](#))
 - B) 45 CFR 46.103(b), Assuring Compliance with this Policy – Research Conducted or Supported by any Federal Department or Agency (October 1, ~~2024~~[2023](#))
 - C) 45 CFR 160, General Administrative Requirements (October 1, 2024)
 - D) 45 CFR 162, Administrative Requirements (October 1, 2024)
 - E) 45 CFR 164, Security and Privacy (October 1, 2024)
 - F) 45 CFR 164.512(e) and (f), Uses and Disclosures for Which an Authorization or Opportunity to Agree or Object Is Not Required (October 1, 2024)
 - G) 45 CFR 164.520, Notice of Privacy Practices for Protected Health Information (October 1, 2024).
 - H) 42 CFR 482, Conditions of Participation for Hospitals (October 1, ~~2024~~[2023](#))
 - I) 21 CFR, Food and Drugs (April 1, ~~2024~~[2023](#))
 - J) 42 CFR 489.20, Basic Commitments (October 1, ~~2024~~[2023](#))
 - K) 29 CFR 1910.1030, Bloodborne Pathogens (July 1, ~~2024~~[2022](#))

- 688 L) 42 CFR 413.65(d) and (e), Requirements for a determination that a
689 facility or an organization has provider-based status (October 1,
690 [2024](#)~~2023~~)
691
- 692 M) 42 CFR 493, Laboratory Requirements (CLIA regulations)
693 (October 1, [2024](#)~~2023~~)
694
- 695 N) 7 CFR 331, Possession, Use, and Transfer of Select Agents and
696 Toxins (January 1, 2024)
697
- 698 O) 9 CFR 121, Possession, Use, and Transfer of Select Agents and
699 Toxins (January 1, 2024)
700
- 701 P) 42 CFR 73, Select Agents and Toxins (October 1, 2024)
702
- 703 b) All incorporations by reference of federal regulations and guidelines and the
704 standards of nationally recognized organizations refer to the regulations,
705 guidelines and standards on the date specified and do not include any editions or
706 amendments subsequent to the date specified.
707
- 708 c) The following statutes and State regulations are referenced in this Part:
709
- 710 1) State of Illinois Statutes
711
- 712 A) Hospital Licensing Act [210 ILCS 85]
713
- 714 B) Illinois Health Facilities Planning Act [20 ILCS 3960]
715
- 716 C) Medical Practice Act of 1987 [225 ILCS 60]
717
- 718 D) Podiatric Medical Practice Act of 1987 [225 ILCS 100]
719
- 720 E) Pharmacy Practice Act [225 ILCS 85]
721
- 722 F) Physician Assistant Practice Act of 1987 [225 ILCS 95]
723
- 724 G) Illinois Clinical Laboratory and Blood Bank Act [210 ILCS 25]
725
- 726 H) X-Ray Retention Act [210 ILCS 90]
727
- 728 I) Safety Glazing Materials Act [430 ILCS 60]
729
- 730 J) Mental Health and Developmental Disabilities Code [405 ILCS 5]

- 731
- 732 K) Nurse Practice Act [225 ILCS 65]
- 733
- 734 L) Health Care Worker Background Check Act [225 ILCS 46]
- 735
- 736 M) MRSA Screening and Reporting Act [210 ILCS 83]
- 737
- 738 N) Hospital Report Card Act [210 ILCS 86]
- 739
- 740 O) Illinois Adverse Health Care Events Reporting Law of 2005 [410
- 741 ILCS 522]
- 742
- 743 P) Smoke Free Illinois Act [410 ILCS 82]
- 744
- 745 Q) Health Care Surrogate Act [755 ILCS 40]
- 746
- 747 R) Perinatal HIV Prevention Act [410 ILCS 335]
- 748
- 749 S) Hospital Infant Feeding Act [210 ILCS 81]
- 750
- 751 T) Medical Patient Rights Act [410 ILCS 50]
- 752
- 753 U) Hospital Emergency Service Act [210 ILCS 80]
- 754
- 755 V) Illinois Anatomical Gift Act [755 ILCS 50]
- 756
- 757 W) Illinois Public Aid Code [305 ILCS 5]
- 758
- 759 X) Substance Use Disorder Act [20 ILCS 301]
- 760
- 761 Y) ID/DD Community Care Act [210 ILCS 47]
- 762
- 763 Z) Specialized Mental Health Rehabilitation Act of 2013 [210 ILCS
- 764 49]
- 765
- 766 AA) Veterinary Medicine and Surgery Practice Act of 2004 [225 ILCS
- 767 115]
- 768
- 769 BB) Alternative Health Care Delivery Act [210 ILCS 3]
- 770
- 771 CC) Gestational Surrogacy Act [750 ILCS 47]
- 772
- 773 DD) Code of Civil Procedure (Medical Studies) [735 ILCS 5/8-2101]

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816
- EE) Sexual Assault Survivors Emergency Treatment Act [410 ILCS 70]
 - FF) Civil Administrative Code of Illinois (Department of Public Health Powers and Duties Law) [20 ILCS 2310]
 - GG) AIDS Confidentiality Act [410 ILCS 305]
 - HH) Nursing Home Care Act [210 ILCS 45]
 - II) Illinois Controlled Substances Act [720 ILCS 570]
 - JJ) Early Hearing Detection and Intervention Act [410 ILCS 213]
 - KK) Home Health, Home Services, and Home Nursing Agency Licensing Act [210 ILCS 55]
 - LL) Health Care Violence Prevention Act [210 ILCS 160]
 - MM) Illinois Health Finance Reform Act [20 ILCS 2215]
 - NN) Fair Patient Billing Act [210 ILCS 88]
 - OO) Crime Victims Compensation Act [740 ILCS 45]
 - PP) Human Trafficking Resource Center Notice Act [775 ILCS 50]
 - QQ) Abandoned Newborn Infant Protection Act [325 ILCS 2]
 - RR) Emergency Medical Services (EMS) Systems Act [210 ILCS 50]
 - SS) Radiation Protection Act of 1990 [420 ILCS 40]
 - TT) Illinois Dental Practice Act [225 ILCS 25]
 - UU) Criminal Identification Act [20 ILCS 2630]
 - VV) Latex Glove Ban Act [410 ILCS 180]
 - WW) [Infant Eye Disease Act \[410 ILCS 215\]](#)
- 2) State of Illinois Administrative Rules

- 817
818 A) Department of Public Health, Illinois Plumbing Code (77 Ill. Adm.
819 Code 890)
820
821 B) Department of Public Health, Sexual Assault Survivors Emergency
822 Treatment Code (77 Ill. Adm. Code 545)
823
824 C) Department of Public Health, Control of Notifiable Diseases and
825 Conditions Code (77 Ill. Adm. Code 690)
826
827 D) Department of Public Health, Food Code (77 Ill. Adm. Code 750)
828
829 E) Department of Public Health, Public Area Sanitary Practice Code
830 (77 Ill. Adm. Code 895)
831
832 F) Department of Public Health, Maternal Death Review (77 Ill.
833 Adm. Code 657)
834
835 G) Department of Public Health, Control of Sexually Transmissible
836 Infections Code (77 Ill. Adm. Code 693)
837
838 H) Department of Public Health, Control of Tuberculosis Code (77 Ill.
839 Adm. Code 696)
840
841 I) Department of Public Health, Health Care Worker Background
842 Check Code (77 Ill. Adm. Code 955)
843
844 J) Department of Public Health, Language Assistance Services Code
845 (77 Ill. Adm. Code 940)
846
847 K) Department of Public Health, Regionalized Perinatal Health Care
848 Code (77 Ill. Adm. Code 640)
849
850 L) Health Facilities and Services Review Board, Narrative and
851 Planning Policies (77 Ill. Adm. Code 1100)
852
853 M) Health Facilities and Services Review Board, Processing,
854 Classification Policies and Review Criteria (77 Ill. Adm. Code
855 1110)
856
857 N) Department of Public Health, Private Sewage Disposal Code (77
858 Ill. Adm. Code 905)
859

- 860 O) Department of Public Health, Ambulatory Surgical Treatment
861 Center Licensing Requirements (77 Ill. Adm. Code 205)
862
- 863 P) Department of Public Health, HIV/AIDS Confidentiality and
864 Testing Code (77 Ill. Adm. Code 697)
865
- 866 Q) Capital Development Board, Illinois Accessibility Code (71 Ill.
867 Adm. Code 400)
868
- 869 R) State Fire Marshal, Boiler and Pressure Vessel Safety (41 Ill. Adm.
870 Code 120)
871
- 872 S) State Fire Marshal, Fire Prevention and Safety (41 Ill. Adm. Code
873 100)
874
- 875 T) Illinois Emergency Management Agency, Standards for Protection
876 Against Radiation (32 Ill. Adm. Code 340)
877
- 878 U) Illinois Emergency Management Agency, Use of X-rays in the
879 Healing Arts Including Medical, Dental, Podiatry, and Veterinary
880 Medicine (32 Ill. Adm. Code 360)
881
- 882 V) Illinois Emergency Management Agency, Medical Use of
883 Radioactive Material (32 Ill. Adm. Code 335)
884
- 885 W) Illinois Emergency Management Agency, Registration and
886 Operator Requirements for Radiation Installations (32 Ill. Adm.
887 Code 320)
888
- 889 X) Illinois Emergency Management Agency, Accrediting Persons in
890 the Practice of Medical Radiation Technology (32 Ill. Adm. Code
891 401)
892
- 893 Y) Illinois Emergency Management Agency, General Provisions for
894 Radiation Protection (32 Ill. Adm. Code 310)
895
- 896 Z) Department of Public Health, Emergency Medical Services,
897 Trauma Centers, Pediatric Emergency and Critical Care Centers,
898 Stroke Centers Hospital Code (77 Ill. Admin Code 515)
899
- 900 3) Federal Statutes
901

- 902 A) Health Insurance Portability and Accountability Act of 1996 (110
- 903 U.S.C. 1936)
- 904
- 905 B) Emergency Medical Treatment & Labor Act (42 U.S.C. 1395dd)
- 906
- 907 4) Federal Training Materials
- 908
- 909 A) Preventing Workplace Violence in Healthcare, available fromat:
- 910 <https://www.oshatraining.org/courses/mods/776e.html>
- 911
- 912 B) Workplace Violence Prevention for Nurses, available fromat:
- 913 <https://www.cdc.gov/niosh/topics/violence/>
- 914

(Source: Amended at 50 Ill. Reg. _____, effective _____)

SUBPART B: ADMINISTRATION AND PLANNING

Section 250.270 Documents of Procedures~~Manuals of Procedure~~

- 921 a) ~~The~~~~It is recommended that the~~ hospital administrator may, in cooperation with the
- 922 medical staff and ~~the~~ respective department heads, formulate documents of
- 923 procedures~~manuals of procedure~~ so that the hospital or hospital health
- 924 system~~technics and departmental~~ relationships are~~may be~~ systematized and
- 925 standardized.
- 926
- 927 b) ~~When~~~~Where~~ appropriate, this documentation~~these manuals~~ shall contain a
- 928 statement of policy and procedure regarding routine testing, including laboratory
- 929 and medical imaging~~x-ray~~ examinations.
- 930

(Source: Amended at 50 Ill. Reg. _____, effective _____)

Section 250.295 Notification and Posting Requirements

Hospitals shall comply with all hospital notification and posting requirements, by physical or electronic means, of the following State statutes~~Acts~~:

- 938 a) Section 6.14~~c~~~~(e)~~ of the Hospital Licensing Act, related to the hospital's license,
- 939 complaint procedures, Department or court orders, and other materials available
- 940 for public inspection under Section 6.14~~d~~~~(d)~~ of the Act;
- 941
- 942 b) Section 10.10(c)(3) of the Hospital Licensing Act, related to the hospital's written
- 943 staffing plan as required under the Hospital Report Card Act;
- 944

- 945 c) Section 11.5 of the Hospital Licensing Act, related to the statutory requirement
946 for the hospital to provide uniform standards of obstetrical care regardless of a
947 patient's source of payment or ability to pay for services, in the obstetrical
948 admitting areas of the hospital;
- 949
- 950 db) Section 4-4 of the Illinois Health Finance Reform Act, related to established
951 charges for services;
- 952
- 953 ee) Section 15 of the Fair Patient Billing Act, related to patient financial assistance;
954
- 955 fd) Section 3.4 of the Medical Patient Rights Act, related to the rights of women with
956 regard to pregnancy and childbirth;
- 957
- 958 g) Section 5.2 of the Medical Patient Rights Act, related to a patient's right to not be
959 discriminated against by the hospital due to their race, color, or national origin if
960 these characteristics are unrelated to their diagnosis or treatment;
- 961
- 962 he) Section 5.1(a) of the Crime Victims Compensation Act, related to posters,
963 provided by the Attorney General, regarding the existence of the Crime Victims
964 Compensation Act and its provisions;
- 965
- 966 if) Sections 5 and 10 of the Human Trafficking Resource Center Notice Act, related
967 to the requirements of the Human Trafficking Resource Center Notice Act as
968 provided in the model notice; ~~and~~
- 969
- 970 je) Section 22 of the Abandoned Newborn Infant Protect Act, related to relinquishing
971 a newborn infant~~;~~
- 972
- 973 k) Section 15(c) of the Health Care Violence Prevention Act, related to displaying a
974 notice either by physical or electronic means stating that verbal aggression will
975 not be tolerated, and physical assault will be reported to law enforcement; and
976
- 977 l) Section 3 of the Infant Eye Disease Act, related to posting copies of the Infant
978 Eye Disease Act in conspicuous places in the hospital and in the hospital's
979 obstetrical admitting areas.

980 (Source: Amended at 50 Ill. Reg. _____, effective _____)

981
982
983 SUBPART I: NURSING SERVICE AND ADMINISTRATION

984
985 **Section 250.1075 Use of Restraints and Seclusion**

- 986
987 a) *Each hospital licensed under the Act and this Part shall have a written policy to*

988 *address the use of restraints and seclusion in the hospital. Each hospital policy*
989 *shall include periodic review of the use of restraints and seclusion in the hospital.*
990 *(Section 6.20 of the Act)*

- 991
- 992 b) The hospital's policy governing the use of restraints and seclusion shall *be*
993 *consistent with 42 CFR ~~482.213~~ 482.13*(e) and (f). (Section 6.20 of the Act)
994
- 995 c) *In hospitals, restraints or seclusion may only be ordered by a physician licensed*
996 *to practice medicine in all its branches or a registered nurse with supervisory*
997 *responsibilities as authorized by the medical staff. The medical staff of a hospital*
998 *may adopt a policy specifying the requirements for the use of restraints or*
999 *seclusion and identifying whether a registered nurse with supervisory*
1000 *responsibilities may order restraints or seclusion in the hospital when the*
1001 *patient's treating physician is not available. (Section 6.20 of the Act)*
1002
- 1003 d) *Registered nurses authorized to order restraints or seclusion shall have*
1004 *appropriate training and experience as determined by written medical staff*
1005 *policy. The treating physician shall be notified when restraints or seclusion is*
1006 *ordered by a registered nurse. Nothing in the Act or this Section~~this Section~~*
1007 *requires that a medical staff authorize a registered nurse with supervisory*
1008 *responsibilities to order restraints or seclusion. (Section 6.20 of the Act)*
1009
- 1010 e) When hard restraints are employed, all nursing and patient care staff assigned to
1011 that unit ~~shall~~must have a restraint key in their possession for the duration of their
1012 shift.
1013

1014 (Source: Amended at 50 Ill. Reg. _____, effective _____)
1015

1016 SUBPART Q: CHRONIC DISEASE HOSPITALS

1017
1018 **Section 250.2010 Definition (Repealed)**
1019

- 1020 a) ~~The chronic disease hospital shall be a "hospital" as defined in Section 3 (A) of~~
1021 ~~the Act.~~
- 1022
- 1023 b) ~~Its primary purpose, as demonstrated by its stated program, its facilities,~~
1024 ~~equipment, and staff, and its patient care as reflected in its medical records, shall~~
1025 ~~be the diagnosis, treatment and care of persons admitted for overnight stay or~~
1026 ~~longer in order to obtain medical care of chronic disease.~~
- 1027
- 1028 c) ~~It is not a "hospital," whatever called, if its primary purpose as reflected in either~~
1029 ~~its stated program, its facilities, equipment, staff, or patient care as reflected in its~~
1030 ~~medical records is to provide chiefly skilled nursing care under medical direction,~~

1031 ~~other nursing care, or maintenance and personal care. Such places are "nursing~~
1032 ~~homes," homes for the aged, or sheltered care homes and subject to appropriate~~
1033 ~~licensing.~~
1034
1035 ~~d) The chronic disease hospital shall further be defined as a facility for the medical~~
1036 ~~diagnosis and treatment of chronic illness, including the degenerative diseases,~~
1037 ~~and in which is provided an organized medical staff and the definitive diagnostic~~
1038 ~~and treatment procedures normally available in the general hospital, including~~
1039 ~~surgery, and including continuing care services and such additional services as~~
1040 ~~physical therapy, occupational therapy, social services, recreational activities, and~~
1041 ~~rehabilitation services.~~

- 1042
1043 ~~e)~~
- 1044 ~~1) Chronic diseases include long-term illnesses and permanent impairments~~
1045 ~~including: arthritis and rheumatism, cancer, diseases of the heart and~~
1046 ~~circulation, diseases of the nervous system, nephritis and other kidney~~
1047 ~~diseases, tuberculosis, diabetes mellitus, and the like.~~
 - 1048
1049 ~~2) The chronic disease hospital shall function primarily for definitive~~
1050 ~~diagnosis and care and treatment for acute phases of long-term illness.~~
1051 ~~Such hospitals may also operate or affiliate with nursing homes for those~~
1052 ~~requiring chiefly skilled nursing care under medical supervision or other~~
1053 ~~facilities for those requiring chiefly custodial or domiciliary facilities.~~
1054 ~~Affiliation agreements are recommended to promote coordination and~~
1055 ~~continuity of patient care.~~

1056
1057 (Source: Repealed at 50 Ill. Reg. _____, effective _____)

1058
1059 **Section 250.2020 Requirements (Repealed)**

- 1060
- 1061 ~~a) Chronic disease hospitals are in many respects similar to general hospitals and the~~
1062 ~~same fundamental principles of organization and operation apply. The~~
1063 ~~regulations stated in other Parts of this publication therefore shall apply to chronic~~
1064 ~~disease hospitals except as modified and amended by this Part.~~
 - 1065
1066 ~~b) Subpart O, Maternity and Newborn Services, shall not apply. Maternity and~~
1067 ~~newborn service shall not be approved.~~
 - 1068
1069 ~~e) Design and Construction Standards~~
 - 1070
1071 ~~1) The standards of Subpart T or Subpart U shall apply.~~
 - 1072
1073 ~~2) In the case of chronic disease hospitals, excepting as specifically treated~~

1074 ~~herein, the standards for general hospitals shall apply, with due~~
1075 ~~consideration being made for the specialized requirements of the chronic~~
1076 ~~disease hospital.~~

1077
1078 3) ~~Surgical department facilities as required in Section 250.2440(i) shall be~~
1079 ~~required of chronic disease hospitals.~~

1080
1081 (Source: Repealed at 50 Ill. Reg. _____, effective _____)

1082
1083 SUBPART S: PSYCHIATRIC SERVICES

1084
1085 **Section 250.2210 Applicability of other Subparts~~Parts~~ of these Regulations**

1086
1087 a) The ~~requirementsHospital Licensing Requirements contained~~ in Subpart A: ~~–~~
1088 General Provisions; Subpart B: ~~–~~Administration and Planning; Subpart E: ~~–~~
1089 Laboratory Services; Subpart F: ~~–~~Radiological Services; Subpart L: ~~–~~Records
1090 and Reports; Subpart M: ~~–~~Food Service; Subpart N: ~~–~~Housekeeping and
1091 Laundry Service; Subpart P: ~~–~~Engineering and Maintenance of Physical Plant,
1092 Site, Equipment and Systems ~~–~~ Heating, Cooling, Electrical, Ventilation,
1093 Plumbing, Water, Sewer, and Solid Waste Disposal; and; Subpart R: ~~–~~Pharmacy
1094 or Drug and Medicine Service; shall apply in the organization and operation of
1095 psychiatric hospitals and psychiatric services of general hospitals.

1096
1097 b) The ~~requirementsregulations and standards stated~~ in Subpart C: ~~–~~The Medical
1098 Staff; Subpart D: ~~–~~Personnel Service; Subpart H: ~~–~~Restorative and
1099 Rehabilitation Services; Subpart I: ~~–~~Nursing Service and Administration;
1100 Subpart T: ~~–~~Design and Construction Standards; Subpart U: ~~–~~Construction
1101 Requirements~~Standards~~ for Existing Hospitals; Subpart V: ~~–~~Special Care and/or
1102 Special Service Units ~~of the Hospital Licensing Act and Requirements~~ are also
1103 applicable except as otherwise ~~amended and~~ modified in this Subpart~~Part~~.

1104
1105 (Source: Amended at 50 Ill. Reg. _____, effective _____)

1106
1107 **Section 250.2220 Establishment of a Psychiatric Service**

1108
1109 a) No hospital shall operate an inpatient~~purpose to provide~~ psychiatric unit without
1110 approval~~services unless such psychiatric service has been approved~~ by the
1111 Department ~~of Public Health~~.

1112
1113 b) Any facility ~~that~~which provides or ~~seeks~~purports to provide psychiatric
1114 inpatient~~in-patient~~ diagnosis ~~and/or~~ treatment ~~on~~ other than on an emergency or as
1115 needed basis ~~shall is required to~~ comply with the requirements set forth in this
1116 ~~Subpart S (Psychiatric Services) of this Part~~.

1117
 1118 c) In ~~licensed~~ general hospitals without an approved psychiatric service, psychiatric
 1119 care to patients with a primary diagnosis of mental illness may only be rendered
 1120 on an emergency or as needed basis by appropriate members of the medical staff
 1121 as determined by the hospital. Psychiatric consultation shall be available and
 1122 utilized appropriately as determined by the hospital. Adequate and acceptable
 1123 sources for transfer of psychiatric patients shall be documented and
 1124 ~~initiated~~arranged within 72 hours unless a psychiatrist or a behavioral health
 1125 professional with independent practice authority determines~~the determination by a~~
 1126 ~~psychiatrist is such~~ that the patient's condition no longer requires transfer to a
 1127 licensed psychiatric unit or hospital. (Refer to Section 250.910(e)(1) and Section
 1128 250.2630(d)(5).)
 1129

1130 d) If, in the course of the inspection of a general hospital, the Department finds from
 1131 a review of the inpatient psychiatric ~~services~~treatment rendered and the adequacy
 1132 of the consultation and referral resources that the hospital practice and staffing
 1133 warrants the establishment of a psychiatric service, the hospital~~Department~~ shall
 1134 establish a psychiatric line of~~recommend the establishment of such~~ service or
 1135 develop a plan to discontinue the service. The Department will~~and~~ assist the
 1136 governing board, administration, and medical staff in organizing and providing
 1137 ~~this~~such service or discontinuing it.
 1138

1139 (Source: Amended at 50 Ill. Reg. _____, effective _____)
 1140

1141 **Section 250.2230 The Medical Staff**
 1142

1143 a) Organization
 1144 The organization and responsibilities of the medical staff shall be in accordance
 1145 with Subpart C ~~of these Requirements~~, except as follows:~~amended and modified~~
 1146 ~~in this Part~~.
 1147

1148 b) Clinical Director, Clinical Services Chief, or Equivalent
 1149
 1150 1) The physician in charge of the psychiatric service shall be a psychiatrist
 1151 who is~~and~~ responsible for the supervision of psychiatric services within
 1152 the hospital~~institution~~.
 1153
 1154 2) The psychiatrist responsible for the supervision of psychiatric services
 1155 within the psychiatric hospital or of the psychiatric service in a general
 1156 hospital shall be certified in psychiatry by the American Board of
 1157 Psychiatry and Neurology, or possess training and experience acceptable
 1158 to the Department and equivalent to ~~this~~such certification, and licensed to
 1159 practice medicine in all its branches in Illinois.

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c) Psychiatric Staff

- 1) The psychiatrists on the staff of the psychiatric hospital ~~and/or~~ psychiatric unit of a general hospital ~~shall will be required to~~ have completed an accredited, as minimum qualifications at least three years approved residency training in psychiatry ~~or equivalent training and experience acceptable to the Department.~~
- 2) ~~When~~Where primary physicians are authorized to treat patients in a psychiatric hospital or in a psychiatric unit of a hospital, ~~there must be timely~~ evidence of a timely psychiatric consultation after the patient is admitted, and ongoing consultation with a psychiatrist who is a member of the psychiatric staff, as needed, is required. The primary physician ~~shall is expected to~~ abide by the policies of the psychiatric service.
- 3) When psychiatric nurse practitioners are authorized to treat patients in a psychiatric hospital or in a psychiatric unit of a hospital, evidence of a timely psychiatric consultation after the patient is admitted, and ongoing consultation with a psychiatrist who is a member of the psychiatric staff, as needed, is required. The primary physician shall abide by the policies of the psychiatric service.

d) Consulting Staff – Psychiatric Hospital

- 1) ~~A There shall be a~~ consulting medical staff, composed of qualified physicians in appropriate specialties, shall be available at all times to the psychiatric staff.
- 2) The consulting staff shall be appointed by the governing board upon recommendation of the medical staff. See the requirements in Section 250.2250 ~~(a)(b)(c).~~

(Source: Amended at 50 Ill. Reg. _____, effective _____)

Section 250.2240 Nursing Service

- a) The organization and staffing of the nursing service shall be in accordance with Subpart I—~~Nursing Service and Administration~~, except as ~~amended and~~ modified in this SectionPart.
- b) The registered professional nurse supervising the nursing program of the psychiatric service shall ~~be required to~~ have had a minimum of three years of

1203 experience in a recognized psychiatric facility and demonstrated competency in
1204 psychiatric nursing acceptable to the Department, and to have completed an
1205 advanced degree program in psychiatric nursing or be otherwise qualified by
1206 education acceptable to the Department.

- 1207
- 1208 c) The nursing personnel of the psychiatric unit in the general hospital shall be
1209 qualified to provide inpatient psychiatric services ~~a separate staff whose line~~
1210 ~~assignment is limited to the psychiatric service or psychiatric unit~~. Qualified
1211 nurses ~~shall~~ should be available for consultation with nursing staff on
1212 nonpsychiatric services and units.
- 1213
- 1214 d) ~~At There shall be at~~ least one registered nurse qualified in psychiatric nursing shall
1215 be on duty at all times on each psychiatric nursing unit. The number of registered
1216 professional nurses and other nursing personnel shall be adequate to provide the
1217 individual patient care required in carrying out the nursing plan for each patient.

1218

1219 (Source: Amended at 50 Ill. Reg. _____, effective _____)

1220

1221 **Section 250.2250 Allied Health Personnel**

1222

- 1223 a) For the full development of a psychiatric program, the following services or
1224 consultative resources are required: Clinical psychological services,; social work
1225 services,; and occupation and recreational therapy services. These services shall
1226 be under the direction of the physician in charge of the psychiatric unit or service
1227 in a general hospital or the psychiatric diagnosis or treatment units in a psychiatric
1228 hospital. They shall function as a multidisciplinary team.
- 1229
- 1230 b) The staff used to support these services shall be adequate in number and be
1231 qualified by professional education, experience and demonstrated ability.
1232 ~~When~~ Where registration or licensing is required by statute or regulation, the
1233 registration number shall be on file and available upon request.
- 1234
- 1235 c) ~~A There shall be a~~ consulting allied health personnel staff composed of persons
1236 qualified in appropriate specialties shall be available at all times to the psychiatric
1237 staff. The consulting staff shall be appointed by the hospital administration upon
1238 recommendation of the medical staff.

1239

1240 (Source: Amended at 50 Ill. Reg. _____, effective _____)

1241

1242 **Section 250.2260 Staff and Personnel Development and Training**

1243

- 1244 a) Written documentation ~~There shall be written evidence~~ of basic pre-service training for
1245 nonprofessional staff and ongoing, planned and scheduled in-service training for professional

1246 and nonprofessional staff is required.

1247

1248 ~~b) Interdisciplinary staff conferences of such frequency shall be held to insure and~~
1249 ~~provide for communication, coordination, and participation of all professional~~
1250 ~~staff and personnel involved in the care of patients.~~

1251

1252 (Source: Amended at 50 Ill. Reg. _____, effective _____)

1253

1254 **Section 250.2270 Admission, Transfer, and Discharge Procedures**

1255

1256 All admissions to and discharges from psychiatric hospitals orand the psychiatric department or
1257 service of a general hospital shall be in accordance with the Mental Health and Developmental
1258 Disabilities Code ~~(Ill. Rev. Stat. 1983, ch. 91½, pars. 1-100 et seq.), effective January 1, 1979, as~~
1259 ~~hereafter amended—Public Act 80-1414.~~

1260

1261 (Source: Amended at 50 Ill. Reg. _____, effective _____)

1262

1263 **Section 250.2280 Care of Patients**

1264

1265 a) The Mental Health and Developmental Disabilities Code shall apply to the care of
1266 patients.

1267

1268 b) Accommodations for Patients

1269

1270 1) Each psychiatric unit shall have available recreational and occupational
1271 therapy and other appropriate facilities adequate in size in relation to
1272 patient population, number of beds and program.

1273

1274 2) Section 250.1040(f) regarding beds and bedding and Section 250.1040(i)
1275 regarding signals do not ~~necessarily~~ apply if clinically contraindicated to
1276 bed accommodations in psychiatric units of general hospitals and
1277 psychiatric specialty hospitals ~~where clinically contraindicated~~.

1278

1279 c) Restraints and Seclusion

1280 Restraints and seclusion facilities shall be available and written policies, in
1281 accordance with Section 250.2280(c), shall be established for their use.

1282 Mechanical restraints ~~and/or~~ seclusion ~~shall~~may be used only in accordance with
1283 Section 6.20 of the Act and Section 250.1075 of this Part and on the written order
1284 of a physician. This written order shall be valid for specific periods of time. In
1285 an emergency, the person in charge may order restraints. Confirmation of the
1286 order by a physician shall be secured. The written policies~~Polieies~~ and
1287 procedures regarding use of restraints and seclusion shall~~will~~ be reviewed
1288 annually. A log showing patient identification, justification for restraint, time

1289 applied and released and other pertinent information shall be maintained.
1290 (Sections 2-108 and 2-109 of the Mental Health and Developmental Disabilities
1291 Code.)
1292

1293 d) Policies and Procedures

1294 A policy and procedure manual shall be maintained for the psychiatric services.
1295 The manual shall include the following:
1296

- 1297 1) Policies and procedures for the care and treatment of patients with a
1298 psychiatric or substance use disorder~~patients~~, including specific
1299 procedures for the care of suicidal and assaultive patients;
1300
- 1301 2) Policies and procedures for the assessment of patients for sexual safety
1302 (i.e., the identification of vulnerable patients and patients with the
1303 potential to display sexual behavior that places other patients at risk). The
1304 policies and procedures shall be applicable to the age of the patient
1305 population served in the clinical unit and include measures to assess the
1306 risk of sexual harassment, abuse or assault, the management and oversight
1307 of the physical environment, requirements for internal reporting,
1308 investigation of allegations and incidents, and notification of law
1309 enforcement;
1310
- 1311 3) Policies and procedures describing the relationships between the hospital
1312 and State agencies and community organizations providing psychiatric
1313 services;~~and~~
1314
- 1315 4) Policies and procedures relating to the evaluation and disposition of
1316 psychiatric emergencies; ~~and~~
1317
- 1318 5) When ligature risks are identified, a plan and timetable for remediation,
1319 with corresponding policies to minimize risks for patients.
1320

1321 e) Physical Facilities
1322

- 1323 1) Requirements contained in Subpart T—~~Design and Construction~~
1324 ~~Standards~~ regarding general hospitals shall apply to psychiatric specialty
1325 hospitals unless otherwise noted.
1326
- 1327 2) The following additional requirements for psychiatric units in general
1328 hospitals and psychiatric specialty hospitals shall be provided for patient
1329 care units:
1330
1331 A) Adequate office space for psychiatrists, psychologists, nurses,

- 1332 social workers, and other professional staff~~;~~
- 1333
- 1334 B) ~~A conference~~Conference room, day room and dining room. These
- 1335 rooms may be set up as multipurpose rooms~~;~~
- 1336
- 1337 C) ~~A patients'~~Patient's laundry room~~;~~
- 1338
- 1339 D) A specific room for use of seclusion or restraints; and
- 1340
- 1341 E) Space for private visitation.
- 1342
- 1343 3) The design of facilities and the selection of equipment and furnishings
- 1344 shall be conducive to the psychiatric program being carried out and shall
- 1345 minimize hazards to psychiatric patients, including but not limited to anti-
- 1346 ligature precautions (e.g., door hinges, doorknobs, faucets, window
- 1347 coverings, etc.).
- 1348

(Source: Amended at 50 Ill. Reg. _____, effective _____)

Section 250.2290 Special Medical Record Requirements for Psychiatric Hospitals and Psychiatric Units of General Hospitals or General Hospitals Providing Psychiatric Care

Medical records ~~shall emphasize~~must stress the psychiatric components of the patient's condition and care, including history of findings and treatment rendered for the psychiatric condition for which the patient is hospitalized.

- 1357
- 1358 a) Identification data ~~shall~~must include the patient's personal and medical history, as
- 1359 available~~legal status~~.
- 1360
- 1361 b) A provisional or admitting diagnosis ~~shall~~must be made on every patient at the
- 1362 time of admission and include the diagnoses of intercurrent diseases as well as the
- 1363 psychiatric diagnoses.
- 1364
- 1365 c) Data from all pertinent sources ~~shall~~must be included in addition to data obtained
- 1366 from the patient.
- 1367
- 1368 d) The psychiatric evaluation ~~shall comply with 42 CFR 482.61, including a medical~~
- 1369 ~~history must contain a record of mental status and note the onset of illness, the~~
- 1370 ~~circumstances leading to admission, attitudes, behavior, estimate of intellectual~~
- 1371 ~~functions, memory functioning, orientation, and an inventory of the patient's~~
- 1372 ~~assets in descriptive, not interpretive, fashion.~~
- 1373
- 1374 e) A complete neurological examination ~~shall~~must be recorded at the time of the

- 1375 admission physical examination, when indicated.
 1376
 1377 f) The social service records, including reports of interviews with patients, family
 1378 members and others, ~~shall~~must provide an assessment of home plans and family
 1379 attitudes, and community resource contacts with appropriate recommendations for
 1380 family and ~~or~~ community resource involvement, as well as a social history.
 1381
 1382 g) Reports of consultations, including reports of electroencephalograms and other
 1383 pertinent reports of special studies, ~~shall~~must be included in the record.
 1384
 1385 h) The patient's comprehensive treatment plan ~~shall~~must be recorded, based on an
 1386 inventory of the patient's strengths as well as the patient's~~his~~ disabilities, and
 1387 ~~shall~~must include:
 1388
 1389 1) ~~A~~A substantiated diagnosis in the terminology of the American Psychiatric
 1390 Association's Diagnostic and Statistical Manual, (~~DSM-5-TR~~DSM-3);
 1391
 1392 2) ~~Short~~Short-term and ~~long-range~~long-range goals; and the specific
 1393 treatment modalities utilized; and
 1394
 1395 3) ~~The~~as well as the responsibilities of each member of the treatment team in
 1396 ~~such~~a manner that ~~it~~ provides adequate justification and documentation
 1397 for the diagnoses and for the treatment and rehabilitation activities carried
 1398 out.
 1399
 1400 i) The treatment received by the patient ~~shall~~must be documented in ~~such~~a manner
 1401 and with ~~enough~~such frequency ~~as~~ to assure that all active therapeutic efforts,
 1402 such as individual and group psychotherapy, drug therapy, milieu therapy,
 1403 occupational therapy, recreational therapy, industrial or work therapy, nursing
 1404 care, and other therapeutic interventions, are included.
 1405
 1406 j) Progress notes ~~shall~~must be recorded by the physician, clinical psychologist,
 1407 nurse, social worker and by others ~~directly~~significantly involved in active
 1408 treatment modalities. The notes ~~shall~~must contain recommendations for revisions
 1409 in the treatment plan as indicated as well as a precise assessment of the patient's
 1410 progress in accordance with the original or revised treatment plan.
 1411
 1412 k) The discharge summary ~~shall~~must include a recapitulation of the patient's
 1413 hospitalization and recommendations from appropriate services concerning
 1414 follow-up or aftercare as well as a brief summary of the patient's condition on
 1415 discharge.
 1416
 1417 l) ~~The~~It is recommended that the unique confidentiality requirements of a

psychiatric record shall be recognized and safeguarded in any unitized record keeping system of a general hospital, as required by Section 250.1510.

(Source: Amended at 50 Ill. Reg. _____, effective _____)

Section 250.2300 Diagnostic, Treatment, and Physical Facilities and Services

- a) Diagnostic and treatment facilities and services as provided for in Subpart E—~~Laboratory~~, and Subpart F—~~Radiology~~, shall be provided by the psychiatric hospital either on its premises or by written affiliation arrangement, or contractual agreement, with a general hospital or by a ~~licensed independent~~ clinical laboratory certified under 42 CFR 483.
- b) Rooms for Disturbed Patients and Psychiatric Nursing Units shall comply with : Section 250.2440(d)(5); Section 250.2440(g); Section 250.2630(d)(5) and Section 250.2630(g).
- c) Psychiatric ~~facilities~~ ~~Facilities~~ shall comply with 42 CFR 482.62 ~~provide a safe and secure environment for patients needing close supervision. Consideration should be given to shatter proof glazing, closed circuit T.V., the elimination of sharp edges, use of rounded faucets, safe hot water temperatures, insulation of hot water pipes, plastic coat hanger, etc. in order to minimize patient injury, suicide, or escape.~~

(Source: Amended at 50 Ill. Reg. _____, effective _____)

SUBPART V: SPECIAL CARE AND SPECIAL SERVICE UNITS

Section 250.2710 Special Care and Special Service Units

- a) As used in this Part, special care and/ service units ~~may be or~~ include, but are not ~~be~~ limited to, units for: intensive care, burn care, coronary care, neonatal care, pulmonary care, respiratory care, physical therapy, social service, nuclear medicine, occupational therapy, and hemodialysis, ~~and other.~~
- b) The organization of special care and service ~~Special~~ units shall be defined in writing ~~have a defined organization~~ and shall be integrated with other departments and services of the hospital.
- c) Each special care or service unit shall be under the ~~professional~~ direction of a physician who is board certified or board eligible with training and experience ~~qualified by training and experience~~ in the type of special ~~specialty~~ care offered in that unit.

- 1461
1462 d) The responsibility and the accountability of the special care and /service units to
1463 the medical staff and administration shall be defined in writing.
1464
- 1465 e) The units shall be governed by written policies and procedures specifically
1466 relating to utilization of the special care or service ~~service~~/unit.
1467
- 1468 f) The written policies and procedures shall be developed and maintained by the
1469 person responsible for the service in consultation with other appropriate health
1470 professionals and administration. Policies shall be approved by the governing
1471 body. Procedures shall be approved by the administration and medical staff
1472 where ~~such is~~ appropriate. Policies and procedures shall include, but not be
1473 limited to:
1474
- 1475 1) Admission, discharge and transfer policies;~~:-~~
 - 1476 2) Staffing requirements;~~:-~~
 - 1477 3) Routine procedures;~~:-~~
 - 1478 4) Emergency procedures;~~:-~~
 - 1479 5) Isolation procedures; and;~~:-~~
 - 1480 6) Infection control procedures.
- 1481
1482
1483 g) Qualified personnel shall be provided based on the scope and complexity of the
1484 services provided. (Refer to Subpart D and Sections 250.1120 and 250.1130 for
1485 nursing inpatient units ~~Personnel Service~~)
1486
- 1487 h) Patient care provided by the nursing service ~~Nursing Service~~ shall be supervised
1488 and ~~or~~ provided by qualified registered professional nurses specifically trained for
1489 the type of special care or service offered in that unit. (Refer to Subpart D and
1490 Subpart I ~~Personnel Service~~)
1491
- 1492 i) Each special service or care unit shall have ~~There shall be~~ specific written policies
1493 acceptable to medical staff and administration; defining the scope of
1494 responsibilities assigned to professional staff personnel.
1495
- 1496 j) A continuing education program developed specifically for personnel of special
1497 care and service units shall be provided to ensure an optimum level of skills and
1498 performance.
1499
1500
1501
1502
1503

1504 k) Periodically, an appropriate committee of the medical staff shall evaluate the
1505 services provided and make appropriate recommendations to the executive
1506 committee of the medical staff and administration.
1507

1508 (Source: Amended at 50 Ill. Reg. _____, effective _____)
1509

1510 SUBPART W: SUBSTANCE USE DISORDER TREATMENT SERVICES
1511

1512 **Section 250.2810 Applicability of this Part to this Subpart W**
1513

1514 a) These requirements~~All other Parts of these requirements~~ are applicable with the
1515 exception of Subparts~~Subpart O, Q, and S~~ and as otherwise amended and
1516 ~~modified by this Part.~~

1517
1518 b) General: In setting forth the requirements for substance use disorder treatment
1519 services,~~Alcoholism and Intoxication Treatment Services~~ it is recognized that
1520 ~~there are~~ various services or programs that may be provided by a hospital.
1521 Which~~Just what~~ services or programs are ~~to be~~ provided shall be determined by
1522 evaluation of ~~such~~ factors such as: perceived need, hospital size and location,
1523 financial feasibility; and services available elsewhere in the community. Each
1524 hospital shall identify, with written policies and procedures, the services and
1525 programs it provides~~provided by effective written policies and procedures.~~
1526

1527 (Source: Amended at 50 Ill. Reg. _____, effective _____)
1528

1529 **Section 250.2820 Establishment of a Substance Use Disorder~~an Alcoholism and~~**
1530 **Intoxication Treatment Service**
1531

1532 a) All hospitals establishing a new service, or expanding or discontinuing an existing
1533 program or service, shall~~must~~ apply to the Illinois Health Facilities Planning
1534 Board for an approval.
1535

1536 b) Any ~~licensed~~ hospital with~~which has~~ a designated area set aside for use on a
1537 continuous basis for the treatment and care of substance use disorder~~the alcoholic~~
1538 ~~and intoxicated patients~~ shall ~~be deemed to operate a service and is required to~~
1539 comply with the requirements set forth in this Subpart ~~W~~.
1540

1541 c) The care of a patient with a substance use disorder~~the alcoholic patient~~ may be
1542 provided in any ~~licensed~~ hospital on a short-term~~short term~~ or ~~an~~ emergency basis
1543 under the care of a ~~licensed~~ physician.
1544

1545 (Source: Amended at 50 Ill. Reg. _____, effective _____)
1546

1547 **Section 250.2830 Classification and Definitions of ServicesService and Programs**

1548
1549 For the purposes of this Subpart:

- 1550
- 1551 a) "Emergency service, withdrawal management, and medical stabilization" mean
1552 ~~Service and/or Detoxication, shall mean~~ a ~~type~~-service designed to provide
1553 immediate and ~~short-term~~~~short term~~ emergency care to the acutely intoxicated ~~or~~
1554 ~~withdrawing~~ person. The service shall be provided by all hospitals or arranged
1555 through the community or areawide emergency service plans~~Community or~~
1556 ~~Areawide Emergency Service Plans.~~
- 1557
- 1558 b) "Inpatient substance use disorder service" means~~An Inpatient Alcoholism~~
1559 ~~Rehabilitation Program shall mean~~ a program ~~that~~~~which~~ provides diagnostic and
1560 intensive rehabilitation services, including individual and group counseling, case
1561 management, and discharge planning for continuity of care on a short-term
1562 inpatient basis.
- 1563
- 1564 c) "Substance use disorder outpatient service" means a service that~~An Alcoholism~~
1565 ~~Outpatient Program shall mean a program which~~ provides diagnostic and primary
1566 substance use disorder treatment~~alcoholism treatment services~~, on a scheduled or
1567 nonscheduled basis, to ~~alcoholic~~ persons and their families whose physical and
1568 emotional status allows them to function in their usual environments.
- 1569
- 1570 d) ~~An Alcoholism Aftercare Program shall mean a program which provides care to a~~
1571 ~~patient who has progressed sufficiently to leave an inpatient, or outpatient~~
1572 ~~program, and who may benefit from continued contact which will support and~~
1573 ~~increase the gains made to date in the treatment process. All alcoholism treatment~~
1574 ~~programs shall have an After Care Program in association with them.~~
- 1575
- 1576 de) "Substance use disorder outreach program" means~~An Alcoholism Outreach~~
1577 ~~Program shall mean~~ a program ~~that~~~~which~~ provides for the identification of
1578 individuals in need of services, advises these~~such~~ individuals and their families of
1579 available services, locates services, and provides a method by which persons may
1580 enter and accept services. The program shall inform local~~alerts~~ human service
1581 agencies ~~of~~~~to~~ the importance of early identification and easy access to services for
1582 the target population.
- 1583

1584 (Source: Amended at 50 Ill. Reg. _____, effective _____)

1585
1586 **Section 250.2840 General Requirements for all Hospital Substance Use Disorder**
1587 **ServicesAlcoholism Program Classifications**

- 1588
- 1589 a) All services~~Each program~~ shall have a written plan describing all significant

- 1590 aspects of the service program. Each ~~program~~ plan shall include a written
1591 statement of evidence-based/informed practices ~~philosophy, goals, objectives,~~
1592 ~~organization functions~~, policies, procedures, records, reports, duties and
1593 responsibilities of personnel and interdepartmental relationships.
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1595 b) Each plan shall be developed to meet the needs of the population to be served, and
1596 shall ~~must~~ be approved by the governing authority.
1597
1598 c) The hospital shall direct patients to resources for ~~An updated list of outpatient~~
1599 substance use disorder services ~~resources~~ to which patients ~~clients~~ may be referred
1600 ~~shall be readily available~~.
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1602 d) The hospital shall have ~~There shall be~~ a written policy requiring the review and/or
1603 revision, and evaluation of, the plan ~~Plan~~ to assess the attainment of program
1604 goals.
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1606 e) The date, results, and recommendations from the evaluation shall be documented.
1607 The evaluation shall be part of a continuing planning process.
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1609 f) Each substance use disorder program ~~alcoholism treatment program~~ shall provide
1610 the Department with program reports, ~~and such data,~~ and/or statistics as ~~may be~~
1611 requested by the Department.
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1613 (Source: Amended at 50 Ill. Reg. _____, effective _____)
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1615 Section 250.2850 The Medical and Professional Staff 1616

- 1617 a) Organization
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1619 1) The organization and responsibilities of the medical staff ~~Medical Staff~~
1620 shall be in accordance with Subpart C ~~of these Requirements~~, except as
1621 provided ~~amended and modified~~ in this Section.
1622
1623 2) A physician member of the medical staff shall oversee the substance use
1624 disorder ~~The program and/or service~~ ~~shall be the responsibility of a~~
1625 ~~physician member of the medical staff~~.
1626
1627 b) Consulting Staff
1628 A ~~There shall be a~~ consulting medical staff, which may include telehealth services,
1629 shall be composed of ~~qualified licensed~~ physicians who are board eligible or
1630 board certified in appropriate specialties. The consulting medical staff shall
1631 include, ~~and a consulting~~ allied health personnel ~~staff~~, composed of persons
1632 qualified in appropriate specialties, who are available to manage and clinically

support the patient with withdrawal management, medical stabilization, and medication assisted recovery as indicated~~the Alcoholism and Intoxication Treatment Services.~~

- c) Allied Health Personnel
The Allied Health Personnel staff shall include other professional members such as substance use disorder professional counselors, health service psychologists, social workers, nurses, occupational and recreational therapists, and recovery support specialists/peers.~~Alcoholism Counselors, Clinical Psychologists, Social Workers, Nurses, Occupational Therapists and Recreational Therapists~~ and be recognized as a multidisciplinary team~~staff~~.

(Source: Amended at 50 Ill. Reg. _____, effective _____)

Section 250.2860 Medical Records

- a) Each program shall maintain an organized record system for collection of information necessary to serve the patient~~client~~.
- b) All records shall be ~~considered~~ confidential and privileged. The hospital shall establish a~~A~~ written policy and procedure ~~shall be established~~ detailing how confidentiality is maintained.
- c) The patient's comprehensive treatment plan ~~shall~~must be individualized and recorded in the patient's medical record~~, based on an inventory of the patient's strengths as well as his disabilities, short term and long range goals, and the specific treatment modalities utilized as well as the responsibilities of each member of the treatment team in such a manner that it provides adequate justification and documentation for the diagnoses and for the treatment and rehabilitation activities carried out.~~
- d) The treatment received by the patient ~~shall~~must be documented in ~~such~~ a manner and with ~~such~~ frequency so as to ensure~~assure~~ that all active therapeutic efforts ~~such as individual and group therapy, drug therapy, occupational therapy, recreational therapy, medical and nursing care and other therapeutic interventions, such as voluntary self help groups,~~ are included.
- e) Progress notes shall be recorded by individuals directly involved in any treatment modality~~the physician, clinical psychologist, alcoholism counselor, nurse, social worker and by others significantly involved in active treatment modalities~~. The notes ~~shall~~must contain recommendations for revisions in the treatment plan when indicated as well as a precise assessment of the patient's progress in accordance with the original or revised treatment plan.

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- f) All patient records must meet the confidentiality and privacy requirements as mandated in Section 20.1510. In the event the service is discontinued, the records shall be stored so that confidentiality and security is maintained, in accordance with Section 250.1510~~The unique confidentiality requirements of the alcoholism patient's records shall be recognized and safeguarded in any unitized record keeping system of a general hospital.~~
- g) The discharge summary ~~shall~~must include a recapitulation of the patient's hospitalization, as well as~~and~~ recommendations from appropriate services concerning problems, plans for follow-up, and continuity of care. The discharge summary also shall include~~or after care as well as~~ a brief summary of the patient's condition upon~~on~~ discharge.
- h) All entries in the record shall be legible, dated, and completed with the signature of the authorized individual providing the service and making the entry.
~~Signature stamps are prohibited.~~
- i) ~~In the event the program is discontinued, the records shall be stored so that confidentiality and security is maintained.~~

(Source: Amended at 50 Ill. Reg. _____, effective _____)

Section 250.2870 Referral (Repealed)

~~Firm referral shall mean referral responsibility of the physician with consent of the client and confirmation from the receiving agency. Written consent from the client shall be obtained for transfer of appropriate portions of the record and for reporting back to the referring agency any treatment information.~~

(Source: Repealed at 50 Ill. Reg. _____, effective _____)

Section 250.2880 Patient~~Client~~ Legal and Human Rights

- a) Restraints shall not be used in substance use disorder~~alcoholism~~ treatment programs except in accordance with Section 6.20 of the Act and Section 250.1075 of this Part~~extreme circumstances. Restraints shall~~Restraint may be used only as a therapeutic measure to prevent a patient~~recipient~~ from causing physical harm to themselves~~himself~~ or others. In no event shall restraints~~restraint~~ be utilized to punish or discipline a patient or~~recipient, nor is restraint to be used~~ as a convenience for the staff. The hospital shall have written policies for the use of restraints in accordance with Section 250.2280(c).

