

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Hospital Licensing Requirements
- 2) Code Citation: 77 Ill. Adm. Code 250
- 3)

<u>Section Numbers:</u>	<u>Adopted Action:</u>
250.130	Amend
250.160	Amend
250.260	Amend
250.1030	Amend
250.1320	Amend
- 4) Statutory Authority: Hospital Licensing Act [210 ILCS 85]
- 5) Effective Date of Rulemaking: March 4, 2011
- 6) Does this rulemaking contain an automatic repeal date? No
- 7) Does this rulemaking contain incorporations by reference? Yes
- 8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the Department's principal office and is available for public inspection.
- 9) Notice of Proposal Published in Illinois Register: October 1, 2010; 34 Ill. Reg. 13748
- 10) Has JCAR issued a Statement of Objection to this rulemaking? No
- 11) Differences between proposal and final version:

The following changes were made in response to comments received during the first notice or public comment period:

1. Section 250.160 (Incorporated and Reference Materials) was inserted in the rulemaking and subsection (a)(3) was added:
 - "A) 45 CFR 46.101, To What Does the Policy Apply? (October, 2010).
 - B) 45 CFR 46.103(b), Assuring Compliance with this Policy – Research conducted or supported by any Federal Department or Agency (October, 2010).
 - C) 42 CFR 482, Conditions of Participation for Hospitals (October, 2010).

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- D) Title 21 CFR Food and Drugs (April, 2010). was added.
2. In Section 250.160(c)(1), "Q) Health Care Surrogate Act [775 ILCS 40]." was added.
 3. In Section 250.260(c)(6), "shall" was changed to "may" in the last sentence.
 4. In Section 250.1320(a), "1) For the purposes of this Section, Phase 1 of postanesthesia care is the phase immediately following surgery, usually in a recovery room, after which the patient is returned to his or her room." was inserted and the following two subsections were renumbered accordingly.
 5. In Section 250.1320(c)(9)(C), ", preferably" was inserted after "person", "but at least prior to visitation" was inserted after "procedure", and "the procedure and" was stricken.

In addition, various typographical, grammatical and form changes were made in response to the comments from JCAR.

- 12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes
- 13) Will this rulemaking replace an emergency rule currently in effect? No
- 14) Are there any amendments pending on this Part? Yes

<u>Section Numbers:</u>	<u>Proposed Action:</u>	<u>Illinois Register Citation:</u>
250.160	Amend	34 Ill. Reg. 15127; October 8, 2010
250.1910	Amend	34 Ill. Reg. 15127; October 8, 2010
250.1980	Amend	34 Ill. Reg. 15127; October 8, 2010
250.2450	Amend	34 Ill. Reg. 15127; October 8, 2010
250.2460	Amend	34 Ill. Reg. 15127; October 8, 2010
250.2470	Amend	34 Ill. Reg. 15127; October 8, 2010
250.2480	Amend	34 Ill. Reg. 15127; October 8, 2010
250.2490	Amend	34 Ill. Reg. 15127; October 8, 2010
250.2500	Amend	34 Ill. Reg. 15127; October 8, 2010
250.2610	Amend	34 Ill. Reg. 15127; October 8, 2010
250.2620	Amend	34 Ill. Reg. 15127; October 8, 2010

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250.2630	Amend	34 Ill. Reg. 15127; October 8, 2010
250.2640	Amend	34 Ill. Reg. 15127; October 8, 2010
250.2650	Amend	34 Ill. Reg. 15127; October 8, 2010
250.2660	Amend	34 Ill. Reg. 15127; October 8, 2010
250.2670	Amend	34 Ill. Reg. 15127; October 8, 2010
250.2680	Amend	34 Ill. Reg. 15127; October 8, 2010

- 15) Summary and Purpose of the Rulemaking: The Hospital Licensing Requirements regulate hospitals, including such aspects of patient care as allegations of abuse and neglect of patients, the safe handling of patients, and postoperative care.

The statutory and non-statutory amendments in this proposed rulemaking involve these issues. Section 250.130 (Administration by the Department) and 250.260 (Patients' Rights) implemented statutory changes from Public Act 96-692, which establishes minimum requirements for protecting patients from abuse and neglect, including reporting such allegations, and subsequent investigations by the hospital and the Department. Section 250.1030 (Policies and Procedures) implemented statutory language from PA 96-389, which establishes minimum requirements for the lifting, transferring, moving, or repositioning of patients.

Section 250.1320 (Postoperative Recovery Facilities) was amended to bring the requirements for postoperative recovery rooms into conformity with current health care industry standards, including the current terminology for such units, "Phase 1 Postanesthesia Care Unit". The name of the Section also was changed.

- 16) Information and questions regarding these adopted amendments shall be directed to:

Susan Meister
Division of Legal Services
Department of Public Health
535 West Jefferson, Fifth Floor
Springfield, Illinois 62761

217/782-2043
e-mail: dph.rules@illinois.gov

The full text of the Adopted Amendments begins on the next page:

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TITLE 77: PUBLIC HEALTH

CHAPTER I: DEPARTMENT OF PUBLIC HEALTH

SUBCHAPTER b: HOSPITALS AND AMBULATORY CARE FACILITIES

PART 250

HOSPITAL LICENSING REQUIREMENTS

SUBPART A: GENERAL

Section

- 250.110 Application for and Issuance of Permit to Establish a Hospital
- 250.120 Application for and Issuance of a License to Operate a Hospital
- 250.130 Administration by the Department
- 250.140 Hearings
- 250.150 Definitions
- 250.160 Incorporated and Referenced Materials

SUBPART B: ADMINISTRATION AND PLANNING

Section

- 250.210 The Governing Board
- 250.220 Accounting
- 250.230 Planning
- 250.240 Admission and Discharge
- 250.250 Visiting Rules
- 250.260 Patients' Rights
- 250.265 Language Assistance Services
- 250.270 Manuals of Procedure
- 250.280 Agreement with Designated Organ Procurement Agencies
- 250.285 Smoking Restrictions
- 250.290 Safety Alert Notifications

SUBPART C: THE MEDICAL STAFF

Section

- 250.310 Organization
- 250.315 House Staff Members
- 250.320 Admission and Supervision of Patients
- 250.330 Orders for Medications and Treatments

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250.340 Availability for Emergencies

SUBPART D: PERSONNEL SERVICE

Section

- 250.410 Organization
- 250.420 Personnel Records
- 250.430 Duty Assignments
- 250.435 Health Care Worker Background Check
- 250.440 Education Programs
- 250.450 Personnel Health Requirements
- 250.460 Benefits

SUBPART E: LABORATORY

Section

- 250.510 Laboratory Services
- 250.520 Blood and Blood Components
- 250.525 Designated Blood Donor Program
- 250.530 Proficiency Survey Program (Repealed)
- 250.540 Laboratory Personnel (Repealed)
- 250.550 Western Blot Assay Testing Procedures (Repealed)

SUBPART F: RADIOLOGICAL SERVICES

Section

- 250.610 General Diagnostic Procedures and Treatments
- 250.620 Radioactive Isotopes
- 250.630 General Policies and Procedures Manual

SUBPART G: GENERAL HOSPITAL EMERGENCY SERVICE

Section

- 250.710 Classification of Emergency Services
- 250.720 General Requirements
- 250.725 Notification of Emergency Personnel
- 250.730 Community or Areawide Planning
- 250.740 Disaster and Mass Casualty Program
- 250.750 Emergency Services for Sexual Assault Victims

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250.830	Classifications of Restorative and Rehabilitation Services
250.840	General Requirements for all Classifications
250.850	Specific Requirements for Comprehensive Physical Rehabilitation Services
250.860	Medical Direction
250.870	Nursing Care
250.880	Additional Allied Health Services
250.890	Animal-Assisted Therapy

SUBPART I: NURSING SERVICE AND ADMINISTRATION

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250.920	Organizational Plan
250.930	Role in hospital planning
250.940	Job descriptions
250.950	Nursing committees
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250.970	Nursing Care Plans
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250.1040	Patient Care Units
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250.1070	Care of Patients
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250.1080	Admission Procedures Affecting Care
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- 250.1110 Mandatory Overtime Prohibition
- 250.1120 Staffing Levels
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SUBPART J: SURGICAL AND RECOVERY ROOM SERVICES

Section

- 250.1210 Surgery
- 250.1220 Surgery Staff
- 250.1230 Policies & Procedures
- 250.1240 Surgical Privileges
- 250.1250 Surgical Emergency Care
- 250.1260 Operating Room Register and Records
- 250.1270 Surgical Patients
- 250.1280 Equipment
- 250.1290 Safety
- 250.1300 Operating Room
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- 250.1310 Cleaning of Operating Room
- 250.1320 Postanesthesia Care Units~~Postoperative Recovery Facilities~~

SUBPART K: ANESTHESIA SERVICES

Section

- 250.1410 Anesthesia Service

SUBPART L: RECORDS AND REPORTS

Section

- 250.1510 Medical Records
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SUBPART M: FOOD SERVICE

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- 250.1610 Dietary Department Administration
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- 250.1630 Menus and Nutritional Adequacy
- 250.1640 Diet Orders

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250.1660	Therapeutic (Modified) Diets
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SUBPART N: HOUSEKEEPING AND LAUNDRY SERVICES

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SUBPART O: MATERNITY AND NEONATAL SERVICE

Section

250.1810	Applicability of other Parts of these regulations
250.1820	Maternity and Neonatal Service (Perinatal Service)
250.1830	General Requirements for All Maternity Departments
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SUBPART P: ENGINEERING AND MAINTENANCE OF THE PHYSICAL PLANT, SITE, EQUIPMENT, AND SYSTEMS – HEATING, COOLING, ELECTRICAL, VENTILATION, PLUMBING, WATER, SEWER, AND SOLID WASTE DISPOSAL

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SUBPART S: PSYCHIATRIC SERVICES

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250.2840	General Requirements for all Hospital Alcoholism Program Classifications
250.2850	The Medical and Professional Staff
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250.APPENDIX A	Codes and Standards (Repealed)
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250.EXHIBIT A	Codes (Repealed)
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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;

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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, 2010; amended at 34 Ill. Reg. 19031, effective November 17, 2010; amended at 34 Ill. Reg. 19158, effective November 23, 2010; amended at 35 Ill. Reg. 4556, effective March 4, 2011.

SUBPART A: GENERAL

Section 250.130 Administration by the Department

- a) Interpretation of Regulations
Nothing in ~~this Part~~ ~~these regulations~~ shall be interpreted or used to impose any method of treatment or care inconsistent with the creed or moral tenets of any religious denomination, provided that the requirements as to personnel, building, equipment, space, sanitation, food service, supplies, records, and fire safety are met.
- b) Research Programs and/or Experimental Procedures:
 - 1) Definitions:
 - A) Experimental procedures ~~—~~ the use of medical, surgical, manipulative, or psychiatric procedures, drugs, or devices for purposes of diagnosis or treatment of human subjects who are inpatients or outpatients of a hospital and who are subjects at risk.

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- B) Research program —: any organized activity intended to establish new medical or scientific information, ~~involving which activity involves~~ medical, surgical, manipulative, or psychiatric diagnosis or treatment of human subjects who are inpatients or outpatients of a hospital and who are subjects at risk.
- C) Subject at risk —: means any individual who may be exposed to the possibility of injury, including physical, psychological, or social injury, as a consequence of participation as a subject in any research, development, or related activity ~~that which~~ significantly departs from the application of those established and accepted methods necessary to meet his or her needs, or ~~that which~~ increases the ordinary risks of daily life, including the recognized risks inherent in a chosen occupation or field of service. (See 45 CFR 46.103(b), ~~(1980)~~)
- 2) Entitlement to conduct research programs and/or experimental procedures: A licensed hospital may conduct research programs and/or experimental procedures if ~~thesueh~~ hospital meets any of the following:
- A) ~~The~~ hospital is formally affiliated with, or is part of, a school whose graduates are eligible for examination for licensing pursuant to statutes, rules and regulations administered by the Department of ~~Financial and Professional Regulation~~ Registration and Education and whose graduates, if licensed, are eligible for admission to the medical staff, provided that the research programs and/or experimental procedures are conducted on a service or within a department of the hospital ~~that which~~ is within the scope of the formal affiliation. Documentation of ~~that sueh~~ affiliation shall be available for inspection by the Department upon reasonable request.
- B) ~~The~~ hospital is conducting, or proposing to conduct, programs subject to the provisions of 45 CFR 46.101 ~~et seq. (1980) as amended~~, or pursuant to the provisions of Title 21, Code of Federal Regulations, ~~(1981), as amended~~. Documentation of approval of the Secretary of the Department of Health and Human Services for ~~thesueh~~ research programs and/or experimental procedures shall

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be available for inspection by the Department upon reasonable request.

C) ~~The~~ hospital has an Institutional Review Committee and has complied with all requirements specified in ~~subsection~~Section 250.130 (b)(4).

3) Approval to conduct research programs and/or experimental procedures:

A) Hospitals ~~that~~which meet the requirements of ~~subsection~~Section 250.130 (b)(2)(A) or ~~Section 250.130~~-(b)(2)(B) ~~of the Hospital Licensing Requirements~~ may conduct approved research~~sueh~~ programs.

B) Hospitals ~~that~~which do not meet the requirements of ~~subsection~~Section 250.130 (b)(2)(A) or ~~Section 250.130~~-(b)(2)(B) ~~of the Hospital Licensing Requirements~~ shall have an Institutional Review Committee as described in ~~subsection~~Section 250.130 (b)(4) ~~below~~.

4) Use of Institutional Review Committee to approve research programs and/or experimental procedures:

A) ~~i)~~ The Committee ~~shall~~must be composed of not ~~fewer~~less than five ~~(5)~~ persons with varying backgrounds to assure complete and adequate review of activities commonly conducted by the institution. The Committee ~~shall~~must be sufficiently qualified through the maturity, experience, and expertise of its members and ~~the~~ diversity of its membership to ~~ensure~~insure respect for its advice and counsel for safeguarding the rights and welfare of human subjects.

~~B) ii)~~ In addition to possessing the professional competence necessary to review specific activities, the Committee ~~shall~~must be able to ascertain the acceptability of ~~applications~~application and proposals in terms of institutional commitments and regulations, applicable law, standards of professional conduct and practice, and community attitudes. The Committee ~~shall~~must therefore include persons whose concerns are in these areas. No member of a

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Committee shall be involved in either the initial or continuing review of an activity in which he or she has a conflicting interest, except to provide information requested by the Committee. No Committee shall consist entirely of persons who are officers, employees, or agents, of, or are otherwise associated with, the institution, apart from their membership on the Committee. No Committee shall consist entirely of members of a single professional group. The quorum of the Committee shall be defined, but ~~shall not~~ may in no event be less than a majority of the total membership, duly convened to carry out the Committee's responsibilities.

- ~~C)B)~~ The Institutional Review Committee ~~shall~~ must develop a set of implementation guidelines, including identification of the Committee and a written description of its review procedures. At a minimum, the review procedures ~~shall~~ must provide for informed consent, which shall include provision to the individual of an explanation of any procedures ~~that~~ which are experimental, a description of any discomforts and risks to be expected, alternative procedures that might be advantageous, answers to any inquiries concerning the procedures, and the opportunity to withdraw his or her consent and discontinue in the project at any time without prejudice.
- ~~D)C)~~ The Institutional Review Committee shall review all applications for research programs and/or experimental procedures within a hospital and prepare a written report, following the implementation ~~requirements~~ guidelines outlined in ~~subsection~~ Section 250.130 (b)(4)(~~CB~~), to be given to the applicant on the acceptance or rejection of the program. A copy of this report shall also be sent to the Department within 30 days after completion of the written report. In addition, minutes covering all activities ~~shall~~ will be prepared and made available to the ~~Illinois~~ Department of Public Health. Complete copies of the minutes and reports shall be presented to the hospital's governing authority. Records shall be retained for three years.
- ~~E)D)~~ If, ~~however~~, the Department finds that the public interest, safety or welfare ~~imperatively~~ requires emergency action, the Director, after

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appropriate medical consultation and guidance, may issue to the applicant a notice not to proceed with or continue (if initiated) the research program and/or experimental procedure ~~that which~~ is the subject of the application. The Director shall then obtain further information and clarification regarding the research program and/or experimental procedure ~~that which~~ is the subject ~~of~~ the application and make a final decision to approve or to disapprove the identified program and/or procedure.

~~F)E)~~ Failure to establish an Institutional Review Committee and/or failure to utilize the Institutional Review Committee ~~shall will~~ be considered a violation of the Hospital Licensing Act.

c) Inspections

- 1) All hospitals to which these requirements apply shall be subject to inspection by ~~personnel of~~ the Department, or by such other persons, including full-time local health officers, as the Department may designate. The licensee or person representing the licensee in the hospital shall provide the representative of the Department with any requested hospital records, assist in inspecting the premises, and secure information required by the Act or ~~this Part~~ Requirements.
- 2) The Department shall make or cause to be made such inspections and investigations as it deems necessary, *except that, subject to appropriation, the Department shall investigate every allegation of abuse of a patient received by the Department. (Section 9 of the Act)*
- 3) Hospitals are authorized to submit a copy of the Joint ~~Commission on Accreditation of Healthcare Organizations' (JCAHO's)~~ Commission's survey report, certification and accreditation, interim self-evaluation report and Plan of Correction to the Department.
- 4) Information contained in reports of surveys made by ~~JCAHO~~ the Joint Commission on Accreditation of Hospitals and information gained from reports of surveys or transmittals of information from the various Divisions of the Department or ~~other~~ State ~~agencies~~ Agencies may be used in determining the need for inspections for compliance with licensing requirements. All ~~such~~ reports provided to the Department for this

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purpose shall be considered confidential information as provided in Section 9 of the Act.

- d) Required ~~Regulations and advisory regulations~~
- 1) ~~The use herein of such words as "may" or "should" and such phrases as "it is recommended" indicates that in such instances the standard is advisory only and compliance optional. Compliance with all other regulations is required. 2) Hospitals participating in the Medicare/Medicaid Programs shall comply with the regulations of the Federal Department of Health, and Human Services as set forth in the latest publication entitled "Conditions of Participation; Hospital," (HHR-10 (6/77), or revisions thereof.~~
- e) ~~Revision of regulations~~
~~These regulations may be amended and revised by the Department. However, no rule, regulation or standard shall be adopted by the Department concerning the operation of hospitals which has not had prior approval of the Hospital Licensing Board nor shall the Department adopt any rule, regulation or standard relating to the establishment of a hospital without consultation with the Hospital Licensing Board.~~
- f) ~~Compliance with regulations~~
~~Unless otherwise specified, hospitals existing at the time of the initial promulgation of a regulation shall be given reasonable time, not to exceed one year from the date of promulgation, within which to comply.~~

(Source: Amended at 35 Ill. Reg. 4556, effective March 4, 2011)

Section 250.160 Incorporated and Referenced Materials

- a) The following regulations and standards are incorporated in this Part:
- 1) Private and professional association standards:
- A) American Society for Testing and Materials (ASTM), Standard No. E90-99 (2002): Standard Test Method for Laboratory Measurement of Airborne Sound Transmission Loss of Building Partitions and Elements, which may be obtained from the

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

- B) The following standards of the American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE), which may be obtained from the American Society of Heating, Refrigerating, and Air-Conditioning Engineers, Inc., 1791 Tullie Circle, N.E., Atlanta, Georgia 30329: (See Section 250.2480.)
- i) ASHRAE Handbook of Fundamentals (2005);
 - ii) ASHRAE Handbook for HVAC Systems and Equipment (2004);
 - iii) ASHRAE Handbook-HVAC Applications (2003).
- C) The following standards of the National Fire Protection Association (NFPA), which may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02169:
- i) No. 101 (2000): Life Safety Code; (See Sections 250.2420, 250.2450, 250.2460, 250.2470, and 250.2490.)
 - ii) No. 10 (1998): Standards for Portable Fire Extinguishers; (See Section 250.1980.)
 - iii) No. 13 (1999): Standards for the Installation of Sprinkler Systems; (See Sections 250.2490 and 250.2670.)
 - iv) No. 14 (2000): Standard for the Installation of Standpipe, Private Hydrants and Hose Systems; (See Sections 250.2490 and 250.2670.)
 - v) No. 25 (1998): Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems;
 - vi) No. 30 (1996): Flammable and Combustible Liquids Code;

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(See Section 250.1980.);

- vii) No. 45 (1996): Standard on Fire Protection for Laboratories Using Chemicals;
- viii) No. 54 (1999): National Fuel Gas Code;
- ix) No. 70 (1999): National Electrical Code; (See Sections 250.2440 and 250.2500.);
- x) No. 72 (1999): National Fire Alarm Code;
- xi) No. 80 (1999): Standard for Fire Doors and Fire Windows; (See Section 250.2450.);
- xii) No. 82 (1999): Standard on Incinerators and Waste and Linen Handling Systems and Equipment; (See Section 250.2440.);
- xiii) No. 90A (1999): Standard for Installation of Air Conditioning and Ventilating Systems; (See Sections 250.2480 and 250.2660.);
- xiv) No. 96 (1998): Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations; (See Section 250.2660.);
- xv) No. 99 (1999): Standard for Health Care Facilities; (See Sections 250.1410, 250.1910, 250.1980, 250.2460, 250.2480, 250.2490 and 250.2660.);
- xvi) No. 101-A (2001): Guide on Alternative Approaches to Life Safety; (See Section 250.2620.);
- xvii) No. 110 (1999): Standard for Emergency and Standby Power Systems;
- xviii) No. 220 (1999): Standard on Types of Building Construction; (See Sections 250.2470 and 250.2620.);

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- xix) No. 221 (1997): Standard for Fire Walls and Fire Barrier Walls;
 - xx) No. 241 (1996): Standard for Safeguarding Construction, Alteration and Demolition Operations;
 - xxi) No. 255 and 258 (2000): Standard Method of Test of Surface Burning Characteristics of Building Materials, and Recommended Practice for Determining Smoke Generation of Solid Materials; (See Section 250.2480.);
 - xxii) No. 701 (1999): Standard Methods of Fire Tests for Flame Propagation of Textiles and Films. (See Sections 250.2460 and 250.2650.).
- D) American Academy of Pediatrics and American College of Obstetricians and Gynecologists, Guidelines for Perinatal Care, Sixth Edition (2007), which may be obtained from the American College of Obstetricians and Gynecologists Distribution Center, P.O. Box 933104, Atlanta, Georgia 31193-3104 (800-762-2264). (See Section 250.1820.)
- E) American College of Obstetricians and Gynecologists, Guidelines for Women's Healthcare, Third Edition (2007), which may be obtained from the American College of Obstetricians and Gynecologists Distribution Center, P.O. Box 933104, Atlanta, Georgia 31193-3104 (800-762-2264). (See Section 250.1820.)
- F) National Council on Radiation Protection and Measurements (NCRP), Report No. 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 No. 102: Medical X-Ray, Electron Beam and Gamma-Ray Protection for Energies Up to 50 MeV (Equipment Design, Performance and Use) (1989), which may be obtained from the National Council on Radiation Protection and Measurements, 7910 Woodmont Ave., Suite 800, Bethesda, Maryland 20814-3095. (See Sections 250.2440 and 250.2450.)

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- G) DOD Penetration Test Method MIL STD No. 282 (1995): Filter Units, Protective Clothing, Gas-mask Components and Related Products: Performance Test Methods, which may be obtained from Naval Publications and Form Center, 5801 Tabor Avenue, Philadelphia, Pennsylvania 19120. (See Section 250.2480.)
- H) National Association of Plumbing-Heating-Cooling Contractors (PHCC), National Standard Plumbing Code (2003), which may be obtained from the National Association of Plumbing-Heating-Cooling Contractors, 180 S. Washington Street, P.O. Box 6808, Falls Church, Virginia 22046 (703-237-8100).
- I) The International Code Council, International Building Code (2000), which may be obtained from the International Code Council, 4051 Flossmoor Road, Country Club Hills, Illinois 60477-5795. (See Section 250.2420.)
- J) American National Standards Institute, Specifications for Making Buildings and Facilities Accessible to, and Usable by, the Physically Handicapped (1968), which may be obtained from the American National Standards Institute, 25 West 433rd Street, 4th Floor, New York, New York 10036. (See Section 250.2420.)
- K) Accreditation Council for Graduate Medical Education, Essentials of Accredited Residencies in Graduate Medical Education (1997), which may be obtained from the Accreditation Council for Graduate Medical Education, 515 North State Street, Suite 2000, Chicago, Illinois 60610. (See Section 250.315.)
- L) Joint Commission on Accreditation of Healthcare Organizations, 2006 Hospital Accreditation Standards (HAS), Standard PC.3.10, which may be obtained from the Joint Commission on Accreditation of Healthcare Organizations, One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181. (See Section 250.1035.)
- M) National Quality Forum, Safe Practices for Better Health Care (2009), which may be obtained from the National Quality Forum,

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601 13th Street, NW, Suite 500 North, Washington DC 20005, or
from www.qualityforum.org.

- 2) Federal Government Publications:
 - A) Department of Health and Human Services, United States Public Health Service, Centers for Disease Control and Prevention, "Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007" and "Guidelines for Infection Control in Health Care Personnel, 1998, which may be obtained from National Technical Information Service (NTIS), U.S. Department of Commerce, 5285 Port Royal Road, Springfield, Virginia 22161. (See Section 250.1100.)
 - B) Department of Health and Human Services, United States Public Health Service, Centers for Disease Control and Prevention, "Guidelines for Environmental Infection Control in Health-Care Facilities: Recommendations – Animals in Health Care Facilities", "Morbidity and Mortality Weekly Report", June 6, 2003/Vol. 52/No. RR-10, which may be obtained from the Centers for Disease Control and Prevention, 1600 Clifton Road, MS K-95, Atlanta, Georgia 30333.
 - C) Department of Health and Human Services, United States Public Health Services, Centers for Disease Control and Prevention, "Guidelines for Hand Hygiene in Health-Care Settings", October 25, 2002, which may be obtained from the National Technical Information Services (NTIS), U.S. Department of Commerce, 5285 Port Royal Road, Springfield, Virginia 22161.
 - D) Department of Health and Human Services, United States Public Health Service, Centers for Disease Control and Prevention, "Guidelines for Disinfection and Sterilization in Healthcare Facilities, 2008", which may be obtained from the Centers for Disease Control and Prevention, 1600 Clifton Road, Atlanta, Georgia 30333.

3) Federal Regulations

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- A) [45 CFR 46.101, To What Does the Policy Apply? \(October 2010\).](#)
- B) [45 CFR 46.103\(b\), Assuring Compliance with this Policy – Research Conducted or Supported by any Federal Department or Agency \(October 2010\).](#)
- C) [42 CFR 482, Conditions of Participation for Hospitals \(October 2010\).](#)
- D) [21 CFR, Food and Drugs \(April 2010\).](#)

- b) All incorporations by reference of federal regulations and guidelines and the standards of nationally recognized organizations refer to the regulations, guidelines and standards on the date specified and do not include any editions or amendments subsequent to the date specified.
- c) The following statutes and State regulations are referenced in this Part:
 - 1) State of Illinois statutes:
 - A) Hospital Licensing Act [210 ILCS 85].
 - B) Illinois Health Facilities Planning Act [20 ILCS 3960].
 - C) Medical Practice Act of 1987 [225 ILCS 60].
 - D) Podiatric Medical Practice Act of 1987 [225 ILCS 100].
 - E) Pharmacy Practice Act of 1987 [225 ILCS 85].
 - F) Physicians Assistant Practice Act of 1987 [225 ILCS 95].
 - G) Illinois Clinical Laboratory and Blood Bank Act [210 ILCS 25].
 - H) X-ray Retention Act [210 ILCS 90].
 - I) Safety Glazing Materials Act [430 ILCS 60].
 - J) Mental Health and Developmental Disabilities Code [405 ILCS 5].

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- K) Nurse Practice Act [225 ILCS 65].
- L) Health Care Worker Background Check Act [225 ILCS 46].
- M) MRSA Screening and Reporting Act [210 ILCS 83].
- N) Hospital Report Card Act [210 ILCS 88].
- O) Illinois Adverse Health Care Events Reporting Law of 2005 [410 ILCS 522].
- P) Smoke Free Illinois Act [410 ILCS 82].
- Q) [Health Care Surrogate Act \[775 ILCS 40\].](#)

2) State of Illinois rules:

- A) Department of Public Health, Illinois Plumbing Code (77 Ill. Adm. Code 890).
- B) Department of Public Health, Sexual Assault Survivors Emergency Treatment Code (77 Ill. Adm. Code 545).
- C) Department of Public Health, Control of Communicable Diseases Code (77 Ill. Adm. Code 690).
- D) Department of Public Health, Food Service Sanitation Code (77 Ill. Adm. Code 750).
- E) Department of Public Health, Public Area Sanitary Practice Code (77 Ill. Adm. Code 895).
- F) Department of Public Health, Maternal Death Review (77 Ill. Adm. Code 657).
- G) Department of Public Health, Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693).

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- 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) Capital Development Board, Illinois Accessibility Code (71 Ill. Adm. Code 400).
- L) State Fire Marshal, Boiler and Pressure Vessel Safety (41 Ill. Adm. Code 120).
- M) State Fire Marshal, Fire Prevention and Safety (41 Ill. Adm. Code 100).
- N) Illinois Emergency Management Agency, Standards for Protection Against Radiation (32 Ill. Adm. Code 340).
- O) Illinois Emergency Management Agency, Use of X-rays in the Healing Arts Including Medical, Dental, Podiatry, and Veterinary Medicine (32 Ill. Adm. Code 360).
- P) Smoke Free Illinois Act [410 ILCS 82].
- Q) [Health Care Surrogate Act \[775 ILCS 40\]](#).

(Source: Amended at 35 Ill. Reg. 4556, effective March 4, 2011)

SUBPART B: ADMINISTRATION AND PLANNING

Section 250.260 Patients' Rights

- a) Policy on Patients' Rights
 - 1) [Hospitals shall](#)~~It is recommended that hospitals~~ adopt a written policy on patients' rights.

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- 2) This policy ~~shall~~^{should} be available to all patients and personnel upon request.

b) Patient Morale

- 1) Emotional and Attitudinal Support
Hospitals shall have a written plan for the provision of those components of total patient care that relate to the spiritual, emotional and attitudinal health of the patient, patients' families and hospital personnel.

- 2) Social Services
Hospitals shall have a written plan for providing social services to those patients with social problems. This service may be provided through:

- A) An organized social service within the hospital;[;] or
B) A social worker employed on a part-time basis;[;] or
C) Social work consultant services from a community agency.

c) Patient Protection from Abuse

- 1) For purposes of this subsection (c):

"Abuse" – means any physical or mental injury or sexual abuse intentionally inflicted by a hospital employee, agent, or medical staff member on a patient of the hospital and does not include any hospital, medical, health care, or other personal care services done in good faith in the interest of the patient according to established medical and clinical standards of care.

"Mental injury" – means intentionally caused emotional distress in a patient from words or gestures that would be considered by a reasonable person to be humiliating, harassing, or threatening and which causes observable and substantial impairment.

"Sexual abuse" – means any intentional act of sexual contact or sexual penetration of a patient in the hospital.

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"Substantiated" – with respect to a report of abuse, means that a preponderance of the evidence indicates that abuse occurred.

- 2) No administrator, agent, or employee of a hospital or a member of its medical staff may abuse a patient in the hospital.
- 3) Any hospital administrator, agent, employee, or medical staff member who has reasonable cause to believe that any patient with whom he or she has direct contact has been subjected to abuse in the hospital shall promptly report or cause a report to be made to a designated hospital administrator responsible for providing such reports to the Department as required by this subsection (c).
- 4) Retaliation against a person who lawfully and in good faith makes a report under this subsection (c) is prohibited.
- 5) Upon receiving a report under subsection (c)(3), the hospital shall submit the report to the Department within 24 hours after obtaining such report. In the event that the hospital receives multiple reports involving a single alleged instance of abuse, the hospital shall submit one report to the Department.
- 6) Upon receiving a report under this subsection (c), the hospital shall promptly conduct an internal review to ensure the alleged victim's safety. Measures to protect the alleged victim shall be taken as deemed necessary by the hospital's administrator and shall include, but are not limited to, removing suspected violators from further patient contact during the hospital's internal review. If the alleged victim lacks decision-making capacity under the Health Care Surrogate Act and no health care surrogate is available, the hospital may contact the Illinois Guardianship and Advocacy Commission to determine the need for a temporary guardian of that person.
- 7) All internal hospital reviews shall be conducted by a designated hospital employee or agent who is qualified to detect abuse and is not involved in the alleged victim's treatment. All internal review findings shall be documented and filed according to hospital procedures and shall be made available to the Department upon request.

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- 8) Any other person may make a report of patient abuse to the Department if that person has reasonable cause to believe that a patient has been abused in the hospital.
- 9) The report required under this subsection (c) shall include:
- A) The name of the patient;
 - B) The name and address of the hospital treating the patient;
 - C) The age of the patient;
 - D) The nature of the patient's condition, including any evidence of previous injuries or disabilities; and
 - E) Any other information that the reporter believes might be helpful in establishing the cause of the reported abuse and the identity of the person believed to have caused the abuse.
- 10) Except for willful or wanton misconduct, any individual, person, institution, or agency participating in good faith in making a report or in making a disclosure of information concerning reports of abuse under this subsection (c), shall have immunity from any liability, whether civil, professional, or criminal, that otherwise might result by reason of such actions.
- 11) No administrator, agent, or employee of a hospital shall adopt or employ practices or procedures designed to discourage or having the effect of discouraging good faith reporting of patient abuse under this subsection (c).
- 12) Every hospital shall ensure that all new and existing employees are trained in the detection and reporting of abuse of patients and retrained at least every 2 years thereafter.
- 13) The Department shall investigate each report of patient abuse made under this subsection (c) according to the procedures of the Department, except that a report of abuse which indicates that a patient's life or safety is in

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imminent danger shall be investigated within 24 hours after such report. Under no circumstances may a hospital's internal review of an allegation of abuse replace an investigation of the allegation by the Department.

- 14) *The Department shall keep a continuing record of all reports made pursuant to this subsection (c), including indications of the final determination of any investigation and the final disposition of all reports. The Department will inform the investigated hospital and any other person making a report under subsection (c)(7) of this Section of its final determination or disposition in writing.*
- 15) *All patient identifiable information in any report or investigation under this subsection (c) shall be confidential and shall not be disclosed except as authorized by the Act or other applicable law.*
- 16) *Nothing in this subsection (c) relieves a hospital administrator, employee, agent, or medical staff member from contacting appropriate law enforcement authorities as required by law.*
- 17) *Nothing in this subsection (c) shall be construed to mean that a patient is a victim of abuse because of health care services provided or not provided by health care professionals. (Section 9.6 of the Act)*

(Source: Amended at 35 Ill. Reg. 4556, effective March 4, 2011)

SUBPART I: NURSING SERVICE AND ADMINISTRATION

Section 250.1030 Policies and Procedures

- a) 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.
- b) The nursing policies and procedures~~They~~ shall be dated to indicate the time of the most recent review or revision.
- c) Written policies ~~shall~~should include, but not be limited to, the following:

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- 1) Criteria pertaining to the performance of special procedures and the circumstances and supervision under which these may be performed by nursing personnel.
- 2) Communication and implementation of diagnostic and therapeutic orders, including verbal orders. The responsibility and mechanism for nursing service to obtain clarification of orders when indicated.
- 3) Administration of medication.
- 4) Assignments for providing nursing care to patients.
- 5) Documentation in patients' records by nursing personnel.
- 6) Infection control, pursuant to Section 250.1100.
- 7) *A policy to identify, assess, and develop strategies to control risk of injury to patients and nurses and other health care workers, associated with the lifting, transferring, repositioning, or movement of a patient. The policy shall establish a process that, at a minimum, includes all of the following:*
 - A) Analysis of the risk of injury to patients and nurses and other health care workers posed by the patient handling needs of the patient populations served by the hospital and the physical environment in which the patient handling and movement occurs;*
 - B) Education of nurses in the identification, assessment, and control of risks of injury to patients and nurses and other health care workers during patient handling;*
 - C) Evaluation of alternative ways to reduce risks associated with patient handling, including evaluation of equipment and the environment;*
 - D) Restriction, to the extent feasible with existing equipment and aids, of manual patient handling or movement of all or most of a patient's weight except for emergency, life-threatening, or otherwise exceptional circumstances;*

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- E) Collaboration with, and an annual report to, the nurse staffing committee;
- F) Procedures for a nurse to refuse to perform or be involved in patient handling or movement that the nurse in good faith believes will expose a patient or nurse or other health care worker to an unacceptable risk of injury;
- G) Submission of an annual report to the hospital's governing body or quality assurance committee on activities related to the identification, assessment, and development of strategies to control risk of injury to patients and nurses and other health care workers associated with the lifting, transferring, repositioning, or movement of a patient; and
- H) Consideration of the feasibility of incorporating patient handling equipment or the physical space and construction design needed to incorporate that equipment when developing architectural plans for construction or remodeling of a hospital or unit of a hospital in which patient handling and movement occurs. (Section 6.25 of the Act)Patient safety.

8) Nursing role in other hospital services, including but not limited to such services as dietary, pharmacy and housekeeping.

9) Emotional and attitudinal support. (Refer to Section 250.260(b)(1).)

d) A nursing procedure manual shall be developed and copies shall be available on the patient care units, to the nursing staff and to other services and departments of the hospital, including members of the medical staff and students.

e) The procedure manual shall provide a ready reference on nursing procedures and a basis for standardization of procedures and equipment in the hospital.

(Source: Amended at 35 Ill. Reg. 4556, effective March 4, 2011)

SUBPART J: SURGICAL AND RECOVERY ROOM SERVICES

Section 250.1320 Postanesthesia Care Units~~Postoperative Recovery Facilities~~

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- a) Provision and use of Phase 1 Postanesthesia Care Unit (Phase 1 PACU)~~postoperative recovery facilities~~
- 1) For the purposes of this Section, Phase 1 of postanesthesia care is the phase immediately following surgery, usually in a recovery room, after which the patient is returned to his or her room.
- 2) Postanesthesia care units~~Postoperative recovery facilities~~ shall be provided by all hospitals in which surgery is performed. They shall be in a separate room where patients who have undergone surgical procedures can be immediately observed and receive specialized care by selected and trained personnel; and where, when necessary, prompt emergency care can be initiated.
- 3) The services of the Phase 1 PACU~~postoperative recovery room~~ may be used~~utilized~~ for postpartum care if the delivery room or place of delivery is in proximity to the Phase 1 PACU~~postoperative recovery room~~. Only clean (non-infected or non-infectious) postpartum patients may be admitted to the Phase 1 PACU~~postoperative recovery room~~ and may, after appropriate observation, be returned to the maternity department.
- b) Personnel
- 1) Physician
A physician shall be responsible for the conduct of the Phase 1 PACU~~recovery room~~, for the training of Phase 1 PACU~~recovery room~~ personnel, and for the establishment of admission, ~~and~~ discharge, ~~and~~ emergency policies and procedures.
- 2) Nurse
- A) A registered nurse who has education and experience in Phase 1 postanesthesia~~postoperative recovery room~~ care shall supervise all personnel performing nursing service functions.
- B) A registered nurse shall be in attendance at all times when patients are in the Phase 1 PACU~~recovery room~~.

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- C) There shall be sufficient nursing personnel to provide the specialized care required for the ~~postsurgical~~post-surgical patient. It is recommended that a ratio of one nursing personnel to ~~two~~three patients be maintained at all times.
- D) Nursing personnel shall be assigned permanently to the Phase 1 PACU~~postoperative recovery room~~ when patients are present.
- c) Practices for operation of the Phase 1 PACU~~postoperative recovery rooms~~
- 1) Only clean surgical cases shall be admitted to the Phase 1 PACU~~postoperative recovery room~~.
 - 2) Contaminated cases shall be returned to the isolation room or a private room. Contaminated cases may be admitted to the Phase 1 PACU~~when~~When a separate isolation facility is within or adjacent to the Phase 1 PACU~~postoperative recovery room, contaminated cases may be admitted to it~~.
 - 3) A member of the medical staff shall provide initial orders for the care of each patient upon admission.
 - 4) A member of the medical staff shall be responsible for the patient's discharge from the Phase 1 PACU~~recovery room~~.
 - 5) Anesthetized patients shall be constantly attended. Side rails shall be attached to movable carts and beds and raised above mattress level when occupied by anesthetized patients. Cribs shall be provided for the anesthetized or ~~postsurgical~~post-surgical child.
 - 6) Written policies and procedures, which ~~shall be~~are reviewed regularly and revised as necessary, shall be established.
 - 7) A complete orientation program and continuing in-service education program shall be provided for all personnel assigned to the Phase 1 PACU~~recovery room~~.
 - 8) Personnel with communicable diseases shall be excluded from the Phase 1 PACU~~recovery room~~.

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- 9) ~~Visitors~~~~No visitors~~ shall be permitted in the Phase 1 PACU ~~if postoperative recovery room, except in the case where~~ a hospital has adopted a policy, approved through the Governing Board, that allows for visitation in the Phase 1 PACU while the patient is a parent or guardian, or other individual selected by a child's parent or guardian, of a child 12 years of age or younger to be present with the child in recovering from a surgical procedure. Before allowing individuals to be present in the Phase 1 PACU ~~recovery area with their child~~, the hospital shall have a policy in place that includes at least the following:
- A) Written consent of an adult patient; both the parent, guardian, or legal representative of a minor or a mentally disabled adult; or other individual and the physician performing the surgery;
 - B) Notation in the patient's medical record of the presence of additional ~~visitors~~persons in the Phase 1 PACU ~~postoperative recovery room~~ during recovery of the patient~~child~~ from a surgical procedure;
 - C) Application of safeguards against the introduction of infection or other hazards by the visitor, parent, guardian or other individual including orientation, education and training of the person, preferably prior to the performance of the procedure but at least prior to visitation; this shall include, at minimum, specifics regarding ~~the procedure and~~ recovery, what can be expected, and basic infection control practices expected of the visitor~~person~~;
 - D) Provision of at least one additional staff person in the Phase 1 PACU ~~recovery room~~ assigned to oversee, supervise and assist the visitors~~parent, guardian or other designated individual~~ for the period of time the visitors ~~are~~parent, guardian or designated individual is present;
 - E) Provision of safeguards to ensure the privacy of other patients who may be recovering from surgical procedures, which may include separate rooms or some other type of separation for recovery of patients~~children~~ who would have a visitor~~parent~~ present. Privacy safeguards shall allow Phase 1 PACU staff to provide ~~Whatever~~

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~~method is chosen must allow for~~ constant attention ~~to of~~
anesthetized patients ~~by recovery room staff~~; and

- F) If ~~a~~ at any point during the recovery of the ~~minor~~ patient, ~~Phase 1 PACU~~ ~~it is determined by the recovery room~~ personnel ~~determine~~ that the ~~visitor parent, guardian or other individual~~ poses a threat to the safe, ~~therapeutic~~ recovery of the patient, ~~personnel he or she~~ may require the ~~visitor parent, guardian or other individual~~ to leave the ~~Phase 1 PACU~~ ~~recovery room~~.
- d) Drugs, supplies and equipment
Drugs, supplies and equipment shall be immediately and continually accessible in the ~~Phase 1 PACU unit for postoperative care~~, including emergencies. These shall include cardiac-respiratory ~~monitoring and~~ resuscitation materials.
- e) The ~~Phase 1 PACU post-operative recovery facility~~ shall contain and provide for a drug distribution station, including a secure area, adequate ~~hand-washing~~ ~~handwashing~~ facilities, charting and dictating area, soiled utility area with bedpan flushing device, and adequate storage space for supplies and equipment.

(Source: Amended at 35 Ill. Reg. 4556, effective March 4, 2011)