

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF PROPOSED AMENDMENTS

- 1) Heading of the Part: Local Health Protection Grant Rules
- 2) Code Citation: 77 Ill. Adm. Code 615
- 3)

<u>Section Numbers:</u>	<u>Proposed Action:</u>
615.100	Amend
615.110	Amend
615.220	Amend
615.300	Amend
615.310	Amend
615.320	Amend
615.330	Amend
615.340	Amend
615.410	Amend
- 4) Statutory Authority: Implementing and authorized by Division 5-25 of the Counties Code [55 ILCS 5]; the Public Health District Act [70 ILCS 905]; the Illinois Municipal Code [65 ILCS 5]; and Section 2310-15 of the Civil Administrative Code of Illinois [20 ILCS 2310/2310-15].
- 5) A Complete Description of the Subjects and Issues Involved: The proposed amendments make changes to the program standards for the four public health programs (Infectious Diseases, Food Protection, Potable Water Supply, and Private Sewage Disposal) funded by the Local Health Protection Grants. In addition, the proposed amendments outline the specific program standards that the Department will use to evaluate the local health departments. The proposed amendments also make necessary changes to some definitions and to some referenced materials.

The amendments to Section 615.100 add definitions for terms used in the rules and remove the definition of a term no longer used.

The amendments to Section 615.110 delete an out-of-date publication from the list of incorporated materials and add a list of referenced statutes and administrative rules.

The amendments to Section 615.220 clarify how the Department will conduct reviews of local health departments. In addition, these amendments outline how the Department will determine substantial compliance for each of the four public health programs during the local health department reviews. These amendments also clarify the process the Department will use to notify local health departments of the determination of substantial compliance.

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The amendments to Section 615.300 bring the infectious disease reporting requirements into line with the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) and other Department rules. These amendments also update references to certain publications and define the electronic reporting systems to be used for infectious disease reporting and investigations. In addition, these amendments clarify training requirements for infectious disease staff.

The amendments to Section 615.310 replace specific information that is contained in the Food Service Sanitation Code (77 Ill. Adm. Code 750) with appropriate references to those rules instead. This will eliminate the need to amend Section 615.310 when changes to the Food Service Sanitation Code are made in the future. These amendments also clarify the self-evaluation/quality assurance review requirements and expand the training requirements for program staff.

The amendments to Section 615.320 add licensing and inspection responsibilities for closed loop wells, in accordance with recent amendments to the Water Well Construction Code (77 Ill. Adm. Code 920). The amendments to this Section also clarify the requirements for inspecting water wells and closed loop wells. In addition, the amendments clarify training requirements for program staff.

The amendments to Section 615.330 clarify the inspection requirements for private sewage disposal systems and allow local health departments to share inspection reports for septage hauling equipment.

The amendments to Section 615.340 change the reporting requirements for the Food Protection, Potable Water Supply, and Private Sewage Disposal programs from annual reports to quarterly reports. This brings these rules into compliance with the requirements of the Illinois Grant Funds Recovery Act [30 ILCS 705]. These amendments also update references to statutes and Department personnel. In addition, these amendments consolidate the record retention requirements for the four public health programs into the common requirements for all programs and explain how the Department will approve training required for the four public health programs.

The amendment to Section 615.410 updates a reference to Department rules.

The economic effect of this proposed rulemaking is unknown. Therefore, the Department requests any information that would assist in calculating this effect.

The Department anticipates adoption of this rulemaking approximately six to nine months after publication of the Notice in the *Illinois Register*.

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- 6) Published studies or reports, and sources of underlying data used to compose this rulemaking: None
- 7) Will this rulemaking replace any emergency rulemaking currently in effect? No
- 8) Does this rulemaking contain an automatic repeal date? No
- 9) Does this rulemaking contain incorporations by reference? Yes
- 10) Are there any other proposed rulemakings pending on this Part? No
- 11) Statement of Statewide Policy Objectives: This proposed rulemaking does not create or enlarge any State mandate for any unit of local government.
- 12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking:

Interested persons may present their comments concerning this rulemaking within 45 days after the publication of this issue of the Illinois Register to:

Susan Meister
Division of Legal Services
Illinois Department of Public Health
535 W. Jefferson St., 5th floor
Springfield, Illinois 62761

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

- 13) Initial Regulatory Flexibility Analysis:
 - A) Types of small businesses, small municipalities and not for profit corporations affected: The proposed amendments affect the activities performed by certified local health departments for the four public health programs funded by the Local Health Protection Grants. Certified local health departments consist of counties, municipalities, and public health districts.
 - B) Reporting, bookkeeping or other procedures required for compliance: For the Food Protection, Potable Water Supply, and Private Sewage Disposal programs, local health departments must report statistical data to the Department on a

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quarterly basis. For the Infectious Diseases program, local health departments must report through the Department's electronic disease reporting systems.

- C) Types of professional skills necessary for compliance: Personnel performing the programs described must meet the applicable requirements of the Medical Practice Act of 1987 [225 ILCS 60], the Nurse Practice Act [225 ILCS 65], and the Environmental Health Practitioner Licensing Act [225 ILCS 37].

- 14) Regulatory Agenda on which this rulemaking was summarized: January 2014

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

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TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER h: LOCAL HEALTH DEPARTMENTS

PART 615
LOCAL HEALTH PROTECTION GRANT CODE RULES

SUBPART A: GENERAL PROVISIONS

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615.100	Definitions
615.110	Incorporated <u>and Referenced</u> Materials

SUBPART B: ADMINISTRATION OF LOCAL HEALTH PROTECTION GRANTS

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615.200	Eligibility
615.210	Purpose and Distribution of Grant Funds
615.220	Review and Consultation; <u>Substantial Compliance</u> ; Plan of Correction
615.230	Waiver of Requirements

SUBPART C: PROGRAM STANDARDS

Section	
615.300	Infectious Diseases
615.310	Food Protection
615.320	Potable Water Supply
615.330	Private Sewage Disposal
615.340	Common Requirements

SUBPART D: DUE PROCESS

Section	
615.400	Denial, Suspension or Revocation of Grant Application or Grant Agreement
615.410	Procedures for Hearings

615.APPENDIX A	Recommended Policies and Procedures for Immunization Clinics (Repealed)
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AUTHORITY: Implementing and authorized by Division 5-25 of the Counties Code [55 ILCS

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5]; the Public Health District Act [70 ILCS 905]; the Illinois Municipal Code [65 ILCS 5]; and Section 2310-15 of the Civil Administrative Code of Illinois [20 ILCS 2310/2310-15].

SOURCE: Filed October 20, 1977; Part repealed, new Part adopted at 5 Ill. Reg. 1415, effective July 1, 1981; codified at 8 Ill. Reg. 16335; amended at 14 Ill. Reg. 805, effective January 1, 1990; Part repealed, new Part adopted by emergency rules at 17 Ill. Reg. 13002, effective July 21, 1993, for a maximum of 150 days; emergency expired on December 18, 1993; Part repealed, new Part adopted at 18 Ill. Reg. 4320, effective March 1, 1994; emergency amendment at 20 Ill. Reg. 3974, effective February 16, 1996, for a maximum of 150 days; emergency expired on July 15, 1996; amended at 21 Ill. Reg. 2960, effective February 20, 1997; amended at 26 Ill. Reg. 421, effective January 1, 2002; emergency amendment at 26 Ill. Reg. 18051, effective December 6, 2002, for a maximum of 150 days; emergency expired May 4, 2003; amended at 27 Ill. Reg. 15973, effective October 1, 2003; amended at 28 Ill. Reg. 12030, effective August 3, 2004; amended at 30 Ill. Reg. 13412, effective July 27, 2006; amended at 38 Ill. Reg. _____, effective _____.

SUBPART A: GENERAL PROVISIONS

Section 615.100 Definitions

~~For purposes of this Part, the following definitions shall apply:~~

"Department" means the Illinois Department of Public Health.

"Director" means the Director of the Illinois Department of Public Health.

"Health Care Provider" means any person or entity that offers medical care for the purpose of preventing, alleviating, curing or healing human illness or injury. Health care provider includes, but is not limited to, physicians, physician assistants, nurse practitioners, nurses, paramedics, emergency medical technicians, hospitals, medical clinics, long-term care facilities and medical laboratories.

"Health Protection Program" means any program, service or activity performed by a local health department that is intended to prevent or reduce the incidence of disease, death or disability caused by infectious diseases; exposure to hazardous or toxic substances; or unsafe food, water, air, consumer products, or other environmental exposure.

~~"Healthy People 2000" means National Health Promotion and Disease Prevention~~

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~~Objectives, U.S. Department of Health and Human Services, Public Health Service, DHHS publication number (PHS) 91-50212. Healthy People 2000 contains a national strategy for significantly improving the health of the nation during this decade and contains measureable targets for striving toward health promotion and prevention of injuries and diseases.~~

"Local Health Department" means a local governmental agency that administers and assures health-related programs and services within its jurisdiction and that is certified pursuant to Section 600.210 of the Certified Local Health Department Code.

"Local Health Partner" means a public or private organization that collaborates with a local health department on health-related programs and services to improve the health of residents in the local health department's jurisdiction.

"Local Health Protection Grant" means a grant made by the Department to a ~~certified~~ local health department for health protection programs including, but not limited to, Infectious Diseases, Food Protection, Potable Water Supply and Private Sewage Disposal.

"Partner Services" means services offered to persons diagnosed with HIV, syphilis, gonorrhea or chlamydia and to their partners. These services include a voluntary process of interviewing infected individuals to elicit and subsequently notify sex and needle sharing partners of possible exposure or potential risk of exposure to infection. Partner services facilitate testing and treatment of exposed partners and referrals to support services as needed. Partner services are integral in identifying and treating previously undiagnosed and untreated cases of sexually transmitted infections, including HIV, resulting in decreased transmission of infection in the community.

"Secure Management" means the protection of public health data and information systems to prevent unauthorized release of identifying information and accidental loss of data or damage to the systems. Security measures include procedures to detect, document, and counter threats to data confidentiality or the integrity of data systems.

"State Fiscal Year" means any 12-month period beginning on July 1 of one year and ending on June 30 of the following year.

"Substantial Compliance" means meeting requirements set forth in this Part,

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except for variations from the strict and literal performance of ~~the such~~ requirements ~~that which~~ result in insignificant omissions and defects, given the particular circumstances and the incidence and history of ~~the such~~ omissions and defects. Omissions and defects that have an adverse impact on public health and safety shall not be considered insignificant and shall be considered substantial noncompliance.

(Source: Amended at 38 Ill. Reg. _____, effective _____)

Section 615.110 Incorporated and Referenced Materials

- a) The following federal guidelines are ~~materials have been~~ incorporated by reference and referenced in this Part:
- 1)a) ~~"Standards for Pediatric Immunization Practices" (February 1993), Centers for Disease Control and Prevention, Information Services Office, Mail Stop E-06, National Center for Prevention Services, Centers for Disease Control and Prevention, 1600 Clifton Road, Atlanta GA 30333-4018.~~
 - b) ~~"Sexually Transmitted Diseases Clinical Practice Guidelines" (May 1991), U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Atlanta GA 30333.~~
 - 2)e) ~~"Sexually Transmitted Diseases Treatment Guidelines" (December 2010) (September 1989), U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, 1600 Clifton Road, Atlanta GA 30333.~~
 - 3) "Recommendations of the Advisory Committee on Immunization Practices (ACIP)" (January 2011), National Center for Immunization and Respiratory Diseases, 1600 Clifton Road, Atlanta GA 30333, published at <http://www.cdc.gov/vaccines/pubs/ACIP-list.htm>.
 - 4) "Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs" (2011), U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 1600 Clifton Road, Atlanta GA 30333.
- b) All incorporations of federal guidelines refer to the guidelines on the date

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specified and do not include any amendments or editions subsequent to the date specified.

c) The following Illinois statutes and administrative rules are referenced in this Part:

- 1) Section 2310-15 of the Civil Administrative Code of Illinois [20 ILCS 2310/2310-15]
- 2) Counties Code [55 ILCS 5]
- 3) Illinois Municipal Code [65 ILCS 5]
- 4) Public Health District Act [70 ILCS 95]
- 5) School Code [105 ILCS 5]
- 6) Environmental Health Practitioner Licensing Act [225 ILCS 37]
- 7) Medical Practice Act of 1987 [225 ILCS 60]
- 8) Nurse Practice Act [225 ILCS 65]
- 9) Private Sewage Disposal Licensing Act [225 ILCS 225]
- 10) Illinois Water Well Contractors Licensing Act [225 ILCS 245]
- 11) Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100)
- 12) Certified Local Health Department Code (77 Ill. Adm. Code 600)
- 13) Control of Communicable Diseases Code (77 Ill. Adm. Code 690)
- 14) Control of Sexually Transmissible Infections Code (77 Ill. Adm. Code 693)
- 15) Control of Tuberculosis Code (77 Ill. Adm. Code 696)
- 16) HIV/AIDS Confidentiality and Testing Code (77 Ill. Adm. Code 697)

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- 17) Food Service Sanitation Code (77 Ill. Adm. Code 750)
- 18) Public Area Sanitary Practice Code (77 Ill. Adm. Code 895)
- 19) Drinking Water Systems Code (77 Ill. Adm. Code 900)
- 20) Private Sewage Disposal Code (77 Ill. Adm. Code 905)
- 21) Water Well Construction Code (77 Ill. Adm. Code 920)
- 22) Illinois Water Well Pump Installation Code (77 Ill. Adm. Code 925)
- 23) Surface Source Water Treatment Code (77 Ill. Adm. Code 930)

(Source: Amended at 38 Ill. Reg. _____, effective _____)

SUBPART B: ADMINISTRATION OF LOCAL HEALTH PROTECTION GRANTS

Section 615.220 Review and Consultation; Substantial Compliance; Plan of Correction

- a) The Department ~~will~~shall provide review and consultation to local health departments ~~in order~~ to evaluate the effectiveness of local health activities and programs and to determine the extent of compliance with the grant agreement.
- b) Review and consultation ~~will~~shall be provided at least once every three ~~(3)~~ years, or as often as necessary, ~~in order~~ to assure substantial compliance with this Part and the local health department's grant agreement.
- c) During review, the Department will examine records maintained by the local health department to determine substantial compliance for each program by applying specific review criteria to the records examined.
 - 1) For the infectious diseases program, the Department will use the following criteria to determine that a local health department is in substantial compliance with Section 615.300:
 - A) At least 75% of the records relating to Section 615.300(b)(2) and (3) and (c)(3), (5), and (9) shall contain documentation of compliance with those subsections.

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- B) 100% of the records relating to Section 615.300(c)(6), (10), and (11) shall contain documentation of compliance with those subsections.
- 2) For the food protection program, the Department will use the following criteria to determine that a local health department is in substantial compliance with Section 615.310:
- A) At least 75% of the records relating to Section 615.310(b)(3), (4), (7), and (8) and (c)(1), (2), and (3) shall contain documentation of compliance with those subsections.
- B) At least 75% of the records relating to all other subsections in Section 615.310 shall contain documentation of compliance with those subsections.
- 3) For the potable water supply program, the Department will use the following criteria to determine that a local health department is in substantial compliance with Section 615.320:
- A) At least 75% of the records relating to Section 615.320(b)(3), (4), (6), (6)(A) and (B), (7), (8)(A), (B) and (C) and (11) shall contain documentation of compliance with those subsections.
- B) At least 75% of the records relating to all other subsections in Section 615.320 shall contain documentation of compliance with those subsections.
- 4) For the private sewage disposal program, the Department will use the following criteria to determine that a local health department is in substantial compliance with Section 615.330:
- A) At least 75% of the records relating to Section 615.330(b)(4), (5), (6) and (7) shall contain documentation of compliance with those subsections.
- B) At least 75% of the records relating to all other subsections in Section 615.330 shall contain documentation of compliance with those subsections.

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- 5) In addition to the specific review criteria for each program, the Department will use the following criteria to determine that a local health department is in substantial compliance with the common requirements of Section 615.340:
- A) The local health department shall comply with the applicable requirements of the Environmental Health Practitioner Licensing Act, as required by Section 615.340(a); and
 - B) The local health department shall comply with the reporting requirements contained in Section 615.340(d).
- d) If the Department determines that a local health department is in substantial compliance with the applicable rules and the grant agreement, the Department will notify the local health department of its determination in writing. This notification will be made within 90 days after the Department's final determination of compliance.
- e)e) ~~If in the event~~ the Department determines that a local health department is not in substantial compliance with the applicable rules and ~~the~~ grant agreement, the local health department shall develop and follow a written plan of correction acceptable to the Department to achieve substantial compliance.
- 1) The Department ~~will shall~~ notify the local health department of its determination in writing by means of a Notice of Noncompliance ~~that which~~ specifies the areas of deficiency to be corrected. Notification will be made within 90 days after the Department's final determination of noncompliance.
 - 2) The local health department shall submit a ~~A~~ plan of correction ~~shall be submitted~~ to the Department within 30 days after receiving receipt by the ~~local health department~~ of a Notice of Noncompliance.
 - 3) If the local health department fails to submit a plan of correction that is acceptable to the Department, the Department ~~will may~~ prescribe a plan of correction that ~~shall be followed by~~ the local health department shall follow, unless the local health department submits an alternative plan that is acceptable to the Department.
 - 4) A local health department's failure to follow an approved or prescribed

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plan of correction ~~may shall~~ be grounds for suspension or revocation of a grant agreement. ~~The Such action by the Department will shall~~ consider the local health department's degree of noncompliance with this Part, the duration of the noncompliance, the local health department's efforts to address the noncompliance, and the extent to which the noncompliance jeopardizes the public's health and safety.

(Source: Amended at 38 Ill. Reg. _____, effective _____)

SUBPART C: PROGRAM STANDARDS

Section 615.300 Infectious Diseases

- a) ~~To In order to~~ protect the citizens within its jurisdiction from contracting ~~and transmitting~~ infectious diseases and to prevent disease transmission, the local health department shall ~~conduct perform~~ a comprehensive infectious diseases control program.
- b) For selected Class I(a), Class I(b) and Class II diseases listed in Section 690.100 of the Control of Communicable Diseases Code ~~(77 Ill. Adm. Code 690)~~, the local health department, in consultation with the Department, shall ~~jointly~~ monitor trends on an annual basis. Disease case counts and disease case rates are important in the framework of measures needed to understand the outcome of disease control efforts, but ~~shall should~~ not be interpreted in isolation, since they may be a reflection of circumstances beyond the control or influence of a disease control program. Communicable disease control programs shall include the following tasks ~~should track trends in Class I(a), Class I(b) and Class II disease case rates at least on an annual basis and use this information in combination with other program activity measures in order to assess program performance and undertake program planning. Local health departments will be asked to demonstrate compliance with this process by either:~~
 - 1) On a regular basis during normal business hours, review Illinois-National Electronic Disease Surveillance System (I-NEDSS) data, and Provider and Electronic Laboratory Reporting (ELR) reports to recognize changes in disease trends or to identify a possible previously unreported outbreak in Class I(a), Class I(b) and Class II diseases; producing an annual report that includes disease case rates selected by the local health department and approved by the Department and is distributed to the public health and medical community; or

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- 2) Report diseases as required in the Control of Communicable Diseases Code within the time frames specified; and selecting on an annual basis at least three diseases of concern and providing a written interpretation of trends and a plan of action in response to those trends.
 - 3) Review I-NEDSS-generated data on a quarterly basis and use this information in combination with other program activity measures to assess program performance and to undertake program planning to decrease infectious diseases.
- c) The local health department shall undertake the following activities, in accordance with the Control of Communicable Diseases Code (~~77 Ill. Adm. Code 690~~), the Control of Tuberculosis Code, the Control of Sexually Transmissible Infections Diseases Code (~~77 Ill. Adm. Code 693~~), and the HIV/AIDS Confidentiality and Testing Code (~~77 Ill. Adm. Code 697~~), in order to control the spread of, reduce the incidence of, and prevent Class I and Class II diseases within its jurisdiction.
- 1) The local health department shall investigate ~~Investigation shall be initiated on all reported cases (or suspected cases) of Class I(a) and (b) and Class II diseases in accordance with the Control of Communicable Diseases Code: immediately (within 3 hours after receiving information about the suspected case) for Class I(a); within 24 hours for Class I(b); and within 7 days for Class II diseases.~~
 - 2) The local health department shall comply with the reporting requirements of the Control of Communicable Diseases Code.
 - 3)2) For all reported cases of involving HIV or early syphilis identified by a health care provider in the local health department's jurisdiction, and for chlamydia or gonorrhea cases identified at a local health department clinic, the local health department shall determine whether a health care provider offered sexually transmitted diseases, counseling and partner services shall be provided to a negotiated percentage of consenting investigated cases and (their) contacts. If counseling and partner services have not been offered, the local health department shall provide or offer referral for counseling and partner services.
 - 3) For reported cases involving HIV or sexually transmitted diseases, partner notification services shall be provided to a negotiated percentage of

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~~consenting investigated cases and (their) contacts.~~

- 4) ~~Individuals reported with~~ For reported cases involving Tuberculosis and sexually — transmitted infections diseases, a negotiated percentage of reported cases receiving treatment for infectious diseases shall be treated with a complete the course of therapy from the United States Public Health Service Sexually Transmitted Diseases Treatment Guidelines included within a list of Department approved guidelines for prevention and treatment of Tuberculosis and sexually transmitted diseases.
- 5) ~~For reported cases involving Tuberculosis and sexually transmitted diseases, a negotiated percentage of identified contacts to cases shall be placed on, and complete, the course of preventive therapy included within a list of Department approved guidelines for prevention and treatment of Tuberculosis and sexually transmitted diseases.~~
- 6) ~~Public health infectious disease clinics should be conducted in accordance with the United States Public Health Service's "Sexually Transmitted Diseases Clinical Practice Guidelines" (May 1991) or "Recommended Practices and Procedures for Providing Immunization Services" published by the Department and provided to local health departments.~~
- 5)7) The local health department shall implement and maintain a A-system to monitor the status of Class I(a) and (b) and Class II infectious diseases, including reporting, and a system to estimate the incidence, prevalence and demographic characteristics of cases that occur in the community shall be implemented and maintained. Diseases shall be monitored using the Department's I-NEDSS reporting system and its reporting modules. This system includes a mechanism to assist the local health department with recognition of normal disease occurrence and the number of cases of a reported disease that may be outside of normal limits, which may suggest an outbreak. A local health department shall also have an internal plan to respond to an outbreak, and this plan may be adjusted as necessary for each unique outbreak situation.
- 8) ~~Screening for Tuberculosis and HIV shall be conducted as determined by the results of a needs assessment of the community. If the needs assessment does not address this issue, goals for such screening shall be negotiated with the Department based upon a consideration of the current status of disease in the jurisdiction, resources (local, State, and federal)~~

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available to the local health department, and national ("Healthy People 2010") goals.

- 6)9) Ongoing immunization clinics shall be developed and maintained as a local service as needed. Ongoing clinics ~~shall~~ should be of ~~a such~~ number and frequency ~~so as~~ to provide ~~for~~ immunizations in accordance with the Recommendations of the Advisory Committee on Immunization Practices (ACIP) as recommended in "Recommended Practices and Procedures for Providing Immunization Services", and to assist schools to comply with Section 27-8.1 of the School Code ~~[105 ILCS 5/27-8.1]~~. In collaboration with State and federal public health entities ~~During outbreaks~~, special immunization clinics shall be provided during outbreaks, of ~~a such~~ number and frequency as needed to control the spread of disease. Vaccinations provided shall be documented through the Department's immunization data registry or through a data system that interfaces with the immunization data registry. ~~Documentation shall be maintained regarding the clinics held by sites and dates; numbers immunized; and vaccine used or distributed by vaccine type, client ages, and the nature of the vaccinations, e.g., primary series or booster shot.~~
- 7)40) Each local health department shall A plan shall be developed and implemented to survey the immunization status of the population in the local jurisdiction at least once every five years. Data for the immunization survey may be obtained from the Department's immunization data registry; from the Women, Infants, and Children program; from the Illinois State Board of Education for school-age children; or from local health partners. ~~The local health department shall assist and support the completion of annual surveys of selected populations, i.e., school enterers, special age groups or communities. Survey results shall~~ should be used to plan and conduct activities to increase immunization levels to at least 90 percent for all ACIP-recommended vaccines routinely administered to children zero to 18 years of age and measured according to the National Immunization Survey (NIS) age groups (19-35 months and 13-17 years of age), as found at <http://www.cdc.gov/nchs/nis.htm> specific diseases. In addition, the survey shall include influenza and pneumococcal vaccination coverage for adults. If subsequent surveys show a lower level of immunity, the Department will collaborate with the local health department to develop strategies to increase the level of immunity. Subsequent surveys should show the same or higher levels of immunity.

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- ~~8)11)~~ Biologics Distribution and use of biologics provided by the Department shall be distributed and used ~~performed~~ in accordance with the National Center for Immunization and Respiratory Diseases United States Public Health Service "Recommendations of the Advisory Committee on Immunization Practices (ACIP)" or the as published in "Standards for Pediatric Immunization Practices" (February 1993); United States Public Health Service "Sexually Transmitted Diseases Treatment Guidelines" (September 1989) or United States Public Health Service "Sexually Transmitted Diseases Clinical Practice Guidelines" (May 1991).
- ~~9)12)~~ Vaccines ~~An accounting for biologics~~ provided by the Department shall be accounted for with each new vaccine order in the vaccine ordering and accountability module in the Department's immunization data registry reported monthly to the Department on form IL482-00702.
- ~~10)13)~~ Procedures shall be implemented at the local level to that assure that the amount of State-supplied vaccine unaccounted for or wasted on an annual basis is at or below the limit set by the Department; wasted or expired vaccine shall be returned within six months after the expiration date less than 3 percent.
- ~~11)14)~~ All known adverse events following administration of vaccines at local health department clinics shall be investigated; and reported online to the a Vaccine Adverse Events Reporting System (VAERS) form shall be completed and submitted to the Department.
- ~~12)15)~~ Qualified personnel shall be available to conduct the activities required in pursuant to this Section. All new staff shall complete the Department's Communicable Disease 101 training module within one month after beginning infectious disease surveillance duties. In addition, all new staff shall complete either the Centers for Disease Control and Prevention self-study course on Principles of Epidemiology in Public Health Practice or nine hours of Department-approved training within 12 months after beginning infectious disease surveillance duties. All other staff with infectious disease surveillance duties shall attend at least 10 hours of Department-approved training each year. Department-approved training One or more staff members involved in infectious disease investigations shall complete the Centers for Disease Control and Prevention home study course on communicable disease control or equivalent approved by the Department within six months prior to conducting activities, and shall

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~~attend at least one related training program annually. This training program may include, but shall not be limited to, classroom training, satellite courses, or conference seminars, Department-produced webinars, or Department-produced training modules.~~

- ~~13)16)~~ Records that contain information that identifies or could lead to the identity of cases, case contacts, counseling clients, screening participants, or vaccine recipients shall be strictly confidential and shall not be released except as provided in applicable State and federal statutes and rules or with written consent of the person to whom the records are related. Protocols directing the secure management of protected health information shall be written, implemented, and made available for review, minimally on an annual basis. For HIV, other sexually transmitted infections, tuberculosis, and hepatitis surveillance, the United States Department of Health and Human Services Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs shall be followed.
- 14) Contact information for local health department personnel shall be made readily available to the Department and updated no less than quarterly for the purposes of coordinating disease control activities as specified in this Part. This includes, but is not limited to, daytime and after-hours contact information; phone numbers for use by the general public and public health partners in local communities; registration to receive Health Alerts through the Health Alert Network/State of Illinois Rapid Electronic Notification (HAN/SIREN) system; and subscription to alerts through the Department's intranet Web Portal platform.
- d) ~~Notwithstanding activities conducted pursuant to subsection (c) of this Section, local health departments shall adhere to the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690), the Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693), and the AIDS Confidentiality and Testing Code (77 Ill. Adm. Code 697).~~
- e) ~~The percentages agreed upon between the Department and the local health department for activities described in subsection (c) of this Section shall be negotiated every three years to coincide with Local Health Protection Grant reviews and shall be based on current status of disease in the jurisdiction, resources (local, State, and federal) available to the local health department, federal initiatives and national ("Healthy People 2010") goals.~~

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- f) ~~Documentation of activities conducted pursuant to this Section shall be maintained by the local health department for a minimum of five years after the completion of the grant period, and shall be available for review by the Department upon request.~~

(Source: Amended at 38 Ill. Reg. _____, effective _____)

Section 615.310 Food Protection

- a) ~~To In order to protect the citizens within its jurisdiction from contracting and transmitting foodborne diseases and to prevent disease transmission, the local health department shall conduct a comprehensive food protection program.~~
- b) ~~To reduce the incidence of foodborne illnesses, the~~ The local health department shall undertake the following activities to identify, reduce, and, whenever possible, eliminate factors ~~that which~~ may cause foodborne illnesses ~~in order to reduce the incidence of foodborne illnesses.~~
- 1) Programs shall be conducted in accordance with a local ordinance that incorporates by reference or includes provisions at least as stringent as the ~~Department's Food Service Sanitation Code and Retail Food Store Sanitation Code (77 Ill. Adm. Code 750 and 760)~~ and includes enforcement authority, or in accordance with a written agreement with the Department ~~that which~~ designates the local health department as an agent of the Department.
 - 2) ~~The local health department shall maintain current~~ Current listings of all food service establishments ~~(facilities) and retail food stores as defined in the Food Service Sanitation Code or the Retail Food Store Sanitation Code shall be identified and maintained.~~
 - 3) For each facility, the local health department shall assess the relative risks of causing foodborne illness; shall classify each facility in accordance with the Food Service Sanitation Code as category I, category II, category III; and shall annually verify the classification of each facility. A local health department may reclassify a facility, based upon inspection history; number, frequency, and severity of violations; and corrective action if a health hazard will not result from reclassification or if reclassification will

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provide better protection for the public. The basis for this decision shall be documented and be available for Department inspection.

- A) ~~"A Category I facility" is a food establishment that presents a high relative risk of causing foodborne illness based on the large number of food handling operations typically implicated in foodborne outbreaks and/or the type of population served by the facility. The following criteria shall be used to classify facilities as Category I facilities:~~
- ~~i) whenever cooling of potentially hazardous foods occurs as part of the food handling operations at the facility;~~
 - ~~ii) when potentially hazardous foods are prepared hot or cold and held hot or cold for more than 12 hours before serving;~~
 - ~~iii) if potentially hazardous foods which have been previously cooked and cooled must be reheated;~~
 - ~~iv) when potentially hazardous foods are prepared for off-premises service for which time temperature requirements during transportation, holding and service are relevant;~~
 - ~~v) whenever complex preparation of foods, or extensive handling of raw ingredients with hand contact for ready to eat foods, occurs as part of the food handling operations at the facility;~~
 - ~~vi) if vacuum packaging and/or other forms of reduced oxygen packaging are performed at the retail level; or~~
 - ~~vii) whenever serving immunocompromised individuals, where these individuals comprise the majority of the consuming population.~~
- B) ~~A "Category II facility" is a food establishment that presents a medium relative risk of causing foodborne illness based upon few food handling operations typically implicated in foodborne illness outbreaks. The following criteria shall be used to classify facilities as Category II facilities:~~

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- i) ~~If hot or cold foods are not maintained at that temperature for more than 12 hours and are restricted to same-day service;~~
 - ii) ~~If preparing foods for service from raw ingredients uses only minimal assembly; and~~
 - iii) ~~foods served at an establishment that require complex preparation (whether canned, frozen, or fresh prepared) are obtained from approved food processing plants, (high risk) food service establishments or retail food stores.~~
- C) ~~A "Category III facility" is a food establishment that presents a low relative risk of causing foodborne illness based upon few or no food handling operations typically implicated in foodborne illness outbreaks. The following criteria shall be used to classify facilities as Category III facilities:~~
- i) ~~only pre-packaged foods are available or served in the facility, and any potentially hazardous foods available are commercially pre-packaged in an approved food processing plant;~~
 - ii) ~~only limited preparation of non-potentially hazardous foods and beverages, such as snack foods and carbonated beverages, occurs at the facility; or~~
 - iii) ~~only beverages (alcoholic or non-alcoholic) are served at the facility.~~
- D) ~~The Department recognizes that the local health department's experience with a facility is an important factor in assessing the relative risk of foodborne illness for the public. A local health department may reclassify a facility based upon its experience with the facility (e.g., inspection history, number and frequency of violations and their severity, corrective action, etc.) if, in its opinion, a health hazard will not result from such reclassification or such reclassification will provide better protection for the public. The basis for this decision must be documented and be~~

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~~available for Department inspection.~~

- 4) ~~The local health department shall inspect facilities~~ Facilities shall be inspected at least as often as prescribed by the following schedule. ~~Inspections of all facilities shall include Hazard Analysis Critical Control Point (HACCP) concepts in accordance with Section 750.10 of the Food Service Sanitation Code.~~
- A) Category I facilities shall receive three inspections per year, or two inspections per year if one of the following conditions is met:
- i) A ~~a~~ certified food service manager is present at all times that ~~the~~ facility is in operation; or
- ii) Employees ~~employees~~ involved in food operations receive a Hazard Analysis Critical Control Point (HACCP) HACCP training exercise or, in-service training in another food service sanitation area, or attend an educational conference on food safety or sanitation.
- B) Category II facilities shall receive one inspection per year.
- C) Category III facilities shall receive one inspection every two years.
- 5) Inspections of all Category I and Category II facilities shall include HACCP concepts as defined in Section 750.10 of the Food Service Sanitation Code. Discussion of at least one HACCP concept during the inspection shall be documented on the inspection report.
- 6)5) ~~The local health department shall conduct plan~~ Plan-reviews and pre-operational inspections ~~shall be conducted, as appropriate,~~ for new and extensively remodeled facilities.
- 7)6) ~~The local health department shall conduct follow-up~~ Follow-up inspections, consultation and enforcement actions ~~shall be conducted as necessary~~ to ensure correction of deficiencies and violations of applicable ordinances, agreements, or rules.
- 8)7) ~~The local health department shall establish a~~ A-surveillance and control system ~~shall be established~~ to monitor, identify and record instances of

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foodborne disease; to detect sources of contamination; to establish factors that contribute to outbreaks; and to recommend preventive and control measures and take appropriate action to prevent further spread of disease. Hazardous food shall be identified and its distribution shall be restricted in accordance with procedures that include the following:

- A) ~~Identification~~ identification of and prohibition against foods that are unsafe and pose a potential threat to health and safety;
- B) ~~Hold hold~~ or embargo authority, criteria for destruction of adulterated or contaminated foods, and notification of recalls;
- C) ~~Investigation~~ investigation of facilities upon receipt of complaints following events such as fire, natural disaster, and other occurrences ~~which that~~ may compromise food safety; and
- D) ~~Establishment~~ establishment of a system to encourage community reporting of foodborne illness to the local health department, which will notify the Department within 24 hours ~~of~~ after occurrence.

~~9)8)~~ Information shall be provided to the general public concerning prevention of foodborne illness and describing proper ways for storing, preparing, canning, preserving, and serving food. Information shall be made available to primary and secondary schools to instruct children regarding food sanitation and personal hygiene as it relates to food safety.

~~10)9)~~ A program shall be provided that, ~~which~~ is designed especially for food establishment managers and personnel and that, ~~shall be provided which~~ describes the proper ways of storing and preparing food and the necessity for reporting illness.

~~11)10)~~ Self-evaluation/quality assurance reviews shall be conducted each State fiscal year ~~annually~~ to determine compliance with this Section and to evaluate the effectiveness of food protection activities within the jurisdiction of the local health department. The self-evaluation/quality assurance review shall be prepared and reported on forms provided by the Department and shall be submitted to the Department within 30 days after the end of each State fiscal year.

~~11)~~ A written report of the self-evaluation/review ~~shall be prepared and~~

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~~submitted to the Department annually and shall include the following:~~

- ~~A) number and percent of facilities having operations that frequently contribute to foodborne disease outbreaks (i.e., Category I facilities);~~
- ~~B) number and percent of facilities with identified factors or violations that could contribute to foodborne disease outbreaks;~~
- ~~C) average number of factors or violations per food establishment which could contribute to foodborne illness.~~

- c) Qualified personnel shall be available for the local health department to conduct activities required in pursuant to this Section.
 - 1) At least one supervisor or training officer shall be standardized and certified every three years biennially in food safety practices and food sanitation by the United States Food and Drug Administration (FDA) certified State Evaluation Officers. Each local standardized training officer shall standardize the remaining program staff.
 - 2) New program staff shall complete the three-year either a Department-provided or Department-approved initial orientation and training program within 36 months after employment during the first year of employment. Phase I of the training program shall be completed during the first 12 months, Phase II shall be completed within 24 months, and Phase III shall be completed within 36 months.
 - 3) All personnel shall attend at least five hours of Department-approved training each year. Attendance at either a Department-provided or Department-approved orientation and training program, as required in subsection (c)(2) ~~of this Section~~, shall fulfill this requirement for the year of attendance.
- d) ~~Documentation of activities conducted pursuant to this Section shall be maintained by the local health department for a minimum of five years after the completion of the grant period, and shall be available for review by the Department upon request.~~

(Source: Amended at 38 Ill. Reg. _____, effective _____)

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Section 615.320 Potable Water Supply

- a) ~~To In order to~~ protect the people within its jurisdiction from contracting ~~and transmitting~~ waterborne ~~diseases and to prevent disease transmission disease~~, the local health department shall establish a program to assure provision of safe, potable supplies of water for drinking, culinary, and sanitary purposes. The focus of this potable water supply program shall be closed loop wells and non-community, semi-private and private water supplies; ~~however, during a water emergency requiring public notice, the local health department should assure provision of potable water for all of its constituents.~~
- b) ~~The local health department shall provide the~~ following activities ~~shall be provided by the local health department~~ to ensure an effective potable water supply program:
- 1) The potable water supply program shall be conducted in accordance with ~~pursuant to~~ a local ordinance that incorporates by reference the Illinois Water Well Construction Code (~~77 Ill. Adm. Code 920~~) and the Illinois Water Well Pump Installation Code (~~77 Ill. Adm. Code 925~~) and includes enforcement authority, or in accordance with ~~pursuant to~~ a written agreement with the Department that ~~which~~ designates the local health department as an agent of the Department.
 - 2) The local health department shall maintain current ~~Current~~ listings of names and addresses of all non-community public water supplies ~~shall be maintained~~, and the Department shall be notified, on forms provided by the Department, within 30 days after the date that the local health department becomes aware of any address or ownership changes.
 - 3) A routine water-sampling program shall be established and maintained for all non-community public water supplies in accordance with the Drinking Water Systems Code (~~77 Ill. Adm. Code 900~~).
 - 4) All non-community public water supplies that ~~which~~ have been originally surveyed shall be inspected and sampled at least every two years. A copy of all completed inspection reports indicating results of samples collected at the time of inspection and results of all samples collected since the last inspection, along with Department data forms, shall be forwarded to the Department within 14 days after completion of an inspection.

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- 5) The owner of any non-community public water supply that is not in ~~compliance-conformance~~ with the construction, location, and operational (including sampling) requirements of the Drinking Water Systems Code shall be notified of the violations and ordered to correct them within a specified time. At the end of this time, the water supply shall be reinspected-a reinspection shall be made to ensure that all violations have been corrected. If they have not been corrected, enforcement action shall commence.

- 6) All requests for inspection or sampling pertaining to any existing semi-private or private water supply under the local health department's jurisdiction shall be evaluated regarding ~~its~~ the public health significance ~~of the requests. Inspections regarding requests~~ Requests determined to have a valid public health purpose shall be ~~conducted-inspected~~ conducted within ~~seven working-7~~ seven working-7 days after requests are received, and a written report shall be made, as follows:
 - A) Semi-private water supplies shall be inspected and sampled upon request of the owner or occupant. The owner and occupant shall be informed of the results of the inspection and any sample analyses. If the water supply is not in ~~compliance-conformance~~ with the Public Area Sanitary Practice Code ~~(77 Ill. Adm. Code 895)~~, the owner shall be notified of the violations and ordered to correct them within a specified time. At the end of this time, the water supply shall be reinspected-a reinspection shall be made to ensure that all violations have been corrected. ~~If all violations they~~ have not been corrected, the local health department shall begin enforcement action ~~shall commence~~.

 - B) Existing private water supplies shall be inspected and sampled upon request of the owner, who shall be informed of the results of the inspection, interpretation of sample analyses, and recommended measures to correct all problems or violations of the ~~Illinois~~ Water Well Construction Code, Surface Source Water Treatment Code ~~(77 Ill. Adm. Code 930)~~ or the Illinois Water Well Pump Installation Code.

- 7) A permit shall be issued prior to the construction, modification or sealing of any closed loop well system or ~~new~~ water well, after review and determination that the application and proposed construction are in

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compliance with the ~~Illinois~~ Water Well Construction Code or local approved ordinance. ~~The local health department shall issue a permit to construct a well to serve a non-community public water system shall be issued by the local health department.~~ Copies of the plans, the water well permit, and the water well construction log shall be submitted to the Department. The Department administers the permit program for all other aspects of the non-community system, as required in the Drinking Water Systems Code.

- 8) Inspection of new closed loop wells or water wells:
- A) ~~The local health department shall inspect~~ At least one inspection of all new closed loop well systems at least once during the construction process and shall inspect all new water wells for which a permit has been issued shall be conducted.
 - B) ~~The local health department shall annually inspect~~ In addition, annually at least one well constructed in the jurisdiction by each licensed contractor who installs three or more installing wells in that the jurisdiction during the year shall receive a comprehensive inspection at the time of construction to assure that proper materials and construction methods are being used in accordance with the ~~Illinois~~ Water Well Construction Code and the Illinois Water Well and Pump Installation Code. ~~The This inspection of a water well shall include observation of the critical aspects of construction and shall include, at a minimum, inspection of grouting, and setting of the casing, and installation of the pitless adapter. The inspection for a closed loop well system shall include observation of the critical aspects of construction, including, at a minimum, inspecting the grouting and documenting the setback distances.~~
 - C) A sample shall be collected from all new potable water wells, unless the local health department ensures that the homeowner or his or her agent will collect and submit a sample to a certified laboratory. The owner shall be informed of the results of the inspection, interpretation of sample analyses, and recommended measures to correct all problems or violations of the ~~Illinois~~ Water Well Construction Code, the Surface Source Water Treatment Code, or the Illinois Water Well Pump Installation Code. All

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violations shall be corrected or enforcement action shall be initiated. If the water sample contains any coliform bacteria or a nitrate concentration of 10 or more milligrams per liter as nitrogen, the local health department shall suggest additional sampling or other measures in writing to the homeowner to remedy the problem.

- 9) Information concerning water sampling; design, construction and operation of water supplies; and hazards of cross-connections shall be provided to the public upon request. ~~Education~~ ~~Such education~~ may be in the form of oral presentations or may include ~~distributing the distribution~~ ~~of~~ materials provided by the Department or by the local health department concerning these topics.
- 10) Written variances ~~shall be~~ issued for all private, semi-private, and non-community public water supplies and closed loop wells shall be in accordance with variance requirements of the applicable rules of the Department, and a copy of the variance that includes the rationale for any variance shall be submitted to the Department on a quarterly basis.
- 11) Sealing of abandoned water wells and closed loop wells.
 - A) Property owners shall be advised of the requirements under Section 920.120 of the Water Well Construction Code and the need for proper sealing of abandoned wells. When a new well is being constructed to replace an existing well, the licensed well driller may provide this advice ~~may be provided~~ to the property owner ~~by the licensed well driller~~.
 - B) A representative of the local health department shall be present at the site at the time that a well is being sealed by a homeowner. A local health department representative, ~~and~~ shall annually be present at the site during at least one ~~three~~ well sealing ~~sealings~~ performed by each licensed well driller sealing wells in his/her jurisdiction to assure that proper materials and methods are used to seal abandoned wells in accordance with the ~~Illinois~~ Water Well Construction Code. A representative of the local health department shall observe the critical elements of the well sealing, which shall include placement of the sealing material and removal of the pumps and upper casing, and shall assure that proper

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materials and placement methods are ~~used, utilized.~~ In the case of a closed loop well, the critical elements shall include placement of the sealing grout to assure that proper materials and methods are used. ~~Where a licensed well drillers seals less than three wells, a representative of the local health department shall be present at all well sealings performed by that licensed driller.~~

- C) If a water well or closed loop well is sealed without the local health department being notified in advance, a warning letter shall be sent to the homeowner, registered closed loop well contractor or licensed well driller, and a follow up inspection The water well shall be inspected ~~conducted~~ to ensure that the water well was sealed. Second offense ~~Continued~~ violations shall result in enforcement action or shall be referred to the Department for license suspension.
- 12) Within 30 days after the local health department receives the water well construction report, the well permit application and construction report shall be submitted to the Illinois State Water Survey. Well sealing forms should also be submitted to the Survey within 30 days after they are received by the local health department.
- 13) Any person who has drilled a water well or closed loop well within the jurisdiction of the local health department without being properly licensed or registered in accordance with the Illinois Water Well Contractors Licensing Act or the Water Well Construction Code ~~{225 ILCS 245}~~ shall be referred to the Department. The local health department shall also provide the Department with a copy of correspondence to any closed loop well contractor, well driller or pump installer concerning violations of the ~~Illinois~~ Water Well Construction Code and the Illinois Water Well Pump Installation Code.
- 14) ~~A disease surveillance system that monitors and identifies instances of waterborne disease, detects sources of contamination, establishes factors that contribute to outbreaks, recommends preventive and control measures and takes appropriate action to prevent further spread of disease shall be established. The system shall promote notification of waterborne illness to the local health department, which in turn shall notify the Department within 24 hours.~~

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- c) Qualified personnel shall be available to conduct activities required in-pursuant to this Section.
 - 1) New program staff shall complete a Department-provided initial orientation and training program during the first year of employment.
 - 2) All personnel shall annually attend at least three total combined hours of Department-approved training covering potable water and closed loop wells annually.
- d) ~~Documentation of activities conducted pursuant to this Section shall be maintained by the local health department for a minimum of five years after the completion of the grant period, and shall be available for review by the Department upon request.~~

(Source: Amended at 38 Ill. Reg. _____, effective _____)

Section 615.330 Private Sewage Disposal

- a) ~~To In order to~~ protect the people within its jurisdiction, the local health department shall establish a program to prevent the transmission of disease organisms, environmental contamination, and nuisances resulting from improper handling, storage, transportation and disposal of sewage from private sewage disposal systems.
- b) The local health department shall provide the following activities ~~shall be provided by the local health department~~ to ensure an effective private sewage disposal program:
 - 1) The program shall be conducted pursuant to a local ordinance that incorporates by reference or includes provisions at least as stringent as the Private Sewage Disposal Code (~~77 Ill. Adm. Code 905~~) and includes enforcement authority, or pursuant to a written agreement with the Department ~~that which~~ designates the local health department as an agent of the Department.
 - 2) In coordination with appropriate State and local agencies, long- and short-range plans shall ~~should~~ be developed to guide private sewage disposal system use for the protection of the environment and protection of the health of the people within its jurisdiction.

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- 3) ~~All~~ For all land platted after January 1, 1988, all subdivision plats that ~~which~~ are to use ~~utilize~~ private sewage disposal systems shall be reviewed and approved.
- 4) When a permit is required, All new, altered, repaired or replaced private sewage disposal systems shall be reviewed and approved prior to construction as provided in the Private Sewage Disposal Licensing Act and the Private Sewage Disposal Code or in local ordinances.
- 5) All private sewage disposal system installations shall be inspected ~~Inspections adequate~~ to confirm that systems conform to approved application plans and specifications ~~shall be conducted of all private sewage disposal system installations.~~ An inspection form with a drawing of the system shall be completed.
- 6) To ensure that septage ~~within the local health department's jurisdiction~~ is properly transported, stored and disposed of, ~~an annual inspections~~ evaluation of all septage hauling equipment, storage facilities and land disposal sites shall be confirmed or conducted; as follows on all private sewage disposal system pumping contractor's land application sites, facilities and equipment within the local health department's jurisdiction:
 - A) All septage hauling equipment. The local health department may use an inspection under this subsection (6) from another local health department that has already conducted an inspection and retain a copy of that inspection as confirmation and compliance with this subsection;
 - B) Storage facilities;
 - C) Land application sites; and
 - D) Complaints on application sites, facilities and equipment listed in subsections (A), (B), and (C).
- 7) Complaints of improper private sewage disposal shall be investigated within 10 working days after the complaint is received.
- 8) When deficiencies have been identified, voluntary compliance shall be sought in accordance with the ordinance or agreement.

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- 9) Continued noncompliance shall result in enforcement action in accordance with the ordinance or agreement.
 - 10) Educational materials regarding the proper handling and disposal of sewage shall be made available to the public upon request.
- c) Qualified personnel shall be available to conduct activities pursuant to this Section.
- 1) New program staff shall complete a Department-provided initial orientation and training program during the first year of employment.
 - 2) All personnel shall annually attend at least three hours of Department-approved training ~~annually~~.
- d) ~~Documentation of activities conducted pursuant to this Section shall be maintained by the local health department for a minimum of five years after the completion of the grant period, and shall be available for review by the Department upon request.~~

(Source: Amended at 38 Ill. Reg. _____, effective _____)

Section 615.340 Common Requirements

- a) All activities performed under this Part shall be governed in all respects by the laws of the State of Illinois. Personnel performing the programs described in this Subpart C shall meet the applicable requirements of the Medical Practice Act of 1987 [~~225 ILCS 60~~]; the Nurse Nursing and Advanced Practice Nursing Act [~~225 ILCS 65~~]; and the Environmental Health Practitioner Licensing Act [~~225 ILCS 37~~].
- b) All local health departments shall maintain a 24-hour notification system that the Department-IDPH, hospitals, or members of the general public can contact to promptly reach a staff person to report a suspect or actual public health incident or event. Local health departments shall ~~must~~ document, at least quarterly, that the method used to ensure the operational reliability of this 24-hour notification system is operational. In addition, local health departments shall document and provide to the Department's Office of Preparedness and Response Emergency Response Coordinator (ERC)-IDPH Emergency Officer and the Department's

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~~their IDPH~~ Regional Health Officer the procedure that ~~the Department IDPH~~, hospitals or members of the general public will use ~~must utilize~~ to activate this 24-hour notification system.

- c) All local health departments are required to maintain a current; all hazard emergency response/disaster plan for their jurisdiction. "All hazard" includes, but is not limited to, natural, technological and intentionally caused emergency events, including disease outbreaks, bioterrorism, floods, severe weather, environmental incidents ~~and~~, food protection incidents and other events most likely to occur in the jurisdiction ~~others~~. All local health departments shall electronically submit the plan for their jurisdiction to the Department's Office of Preparedness and Response ERC upon request ~~Department the plan for their jurisdiction~~. ~~All Any and all~~ future amendments to the plan shall be electronically submitted to the Department's Office of Preparedness and Response ERC ~~Department~~ immediately. All local health departments shall keep a copy of the plan on file in their principal office. The Department will review each plan once at least every three years, or as often as necessary, as part of the local health department's program review process conducted in accordance with Section 615.220. The emergency response/disaster plan ~~shall will~~ provide a framework for response operations of the local health department singly or as part of a multi-jurisdiction agency, and ~~shall will~~ outline specific actions for local response and recovery activities. The plan ~~shall will~~ provide guidance for the local health department's primary programs to support jurisdiction-wide emergency operations and prescribe, among other items, when plan elements may be activated, the availability of personnel and response needs and provisions. The following items are minimum elements of an approved emergency response/disaster plan:
- 1) A procedure for 24-hour availability of the local health department to receive information on a significant or potential emergency situation from the general public or a federal, State or local governmental agency;
 - 2) A procedure for internal notification ("call-tree") to alert key staff within the local health department of an emergency situation;
 - 3) A procedure that details how and when the local health department will notify ~~contact~~ the local emergency management agency, local law enforcement agency and the Department of an emergency situation;
 - 4) A procedure that will outline mutual aid requests to other local health departments, notifying and managing volunteers, and the rapid

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mobilization of non-essential staff of the local health department to assist with the emergency situation, including the identification of critical programs administered by the local health department;

- 5) A procedure for disseminating the dissemination of information to first responders, local health care providers, hospitals, clinics and pharmacies within the jurisdiction to alert them of a significant or potential emergency situation; and
 - 6) A procedure for implementing the implementation of a mass vaccination and prophylaxis and treatment, or distributing and managing distribution/management of stockpiles of pharmaceuticals or other medical countermeasures in response to a significant or potential communicable disease situation or other public health emergency within the jurisdiction.
- d) The local health department shall submit information in a manner prescribed annually on forms provided by the Department concerning activities that the local health department conducted in each program conducted by the local health department. Local This local health protection grant program statistical information for food protection, potable water supply, and private sewage disposal programs shall include information for each quarter of the State fiscal year-a calendar year and annually shall be submitted to the Department within 30 days after the end of each quarter by March 1, following December 31 of the year for which information is being reported. The first annual reports will be due by March 1, 2004, for the year ending December 31, 2003. Reporting Annual reporting for infectious disease control programs shall be conducted in accordance with Section 615.300.
- e) The local health department shall maintain documentation of activities conducted in accordance with this Part for a minimum of five years after the completion of the grant period or for the time period specified by the Illinois Secretary of State, whichever is longer. The documentation shall be available for review by the Department upon request.
- f) The Department will develop a list of approved training courses that satisfy the local health department staff training requirements described in this Subpart C and make the list available upon request. A local health department may submit a request for approval of a training course to the Department at least 60 days prior to the training. The Department will review the course description, the course subject matter, the course content and the number of training hours. If the

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Department determines that the training course provides instruction relevant to the health protection program, the Department will approve the training course and notify the local health department. The Department will add an approved training course to the list of approved training courses. If the Department determines that the training course does not provide instruction relevant to the health protection program, the Department will deny the training course and notify the local health department.

(Source: Amended at 38 Ill. Reg. _____, effective _____)

SUBPART D: DUE PROCESS

Section 615.410 Procedures for Hearings

The Department's rules titled ~~The Rules of Practice and Procedure in Administrative Hearings~~, 77 Ill. Adm. Code 100, shall apply to all proceedings conducted under this Part and any grant agreement executed pursuant to this Part.

(Source: Amended at 38 Ill. Reg. _____, effective _____)