

ILLINOIS REGISTER

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

- 1) Heading of the Part: Regional Poison Control Center Code
- 2) Code Citation: 77 Ill. Adm. Code 215
- 3)

<u>Section Numbers:</u>	<u>Adopted Actions:</u>
215.150	New Section
215.200	Amendment
215.300	Amendment
215.400	Amendment
215.800	Amendment
215.Appendix A	Repealed
- 4) Statutory Authority: Poison Control System Act [410 ILCS 47]
- 5) Effective Date of Amendments:
- 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 agency's principal office and is available for public inspection.
- 9) Notice of Proposed Amendments Published in Illinois Register: 40 Ill. Reg. 11115; August 19, 2016
- 10) Has JCAR issued a State of Objection to these amendments? No
- 11) Difference(s) between proposal and final version: None. No changes were made in response to public comment or to 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? No
- 15) Summary and Purpose of Rulemaking: This rulemaking seeks to update the Regional Poison Control Center Code with respect to the number of poison centers that can be

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designated by the Director, remove the requirements of a poison control center to coordinate with EMS Systems to assure that all ALS vehicles are equipped with poison antidotes and have 2-way communication with EMS vehicles, and change the membership of the advisory committee.

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

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The full text of the adopted amendments begin on the next page:

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TITLE 77: PUBLIC HEALTH

CHAPTER I: DEPARTMENT OF PUBLIC HEALTH

SUBCHAPTER f: EMERGENCY MEDICAL SERVICES AND HIGHWAY SAFETY

PART 215

REGIONAL POISON CONTROL CENTER CODE

Section

215.100	Definitions
<u>215.150</u>	<u>Incorporated and Referenced Material</u>
215.200	Rights and Obligations of Regional Poison Control Centers
215.300	Application for Designation as a Regional Poison Control Center
215.400	Operation of a Regional Poison Control Center
215.500	Staffing
215.600	Quarterly Data Submission
215.700	Misrepresentation
215.800	Advisory Committee

215.APPENDIX A American Association of Poison Control Centers' Criteria for Certification
as a Regional Poison Center (Repealed)

AUTHORITY: Implementing and authorized by the Poison Control System Act [410 ILCS 47].

SOURCE: Adopted at 23 Ill. Reg. 4446, effective April 15, 1999; amended at 40 Ill. Reg.
_____, effective _____.

Section 215.150 Incorporated and Referenced Material

a) The following materials are incorporated in this Part:

Accreditation of Poison Control Centers 2014 standards, which may be obtained from the American Association of Poison Control Centers (AAPCC), 515 King Street, Suite 510, Alexandria VA 22314. AAPCC can be contacted at 703-894-1859 or emailed at info@aapcc.org.

b) State of Illinois statutes referenced in this Part:

1) Emergency Medical Services Systems Act [210 ILCS 50]

2) Hospital Licensing Act [210 ILCS 85]

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- 3) Pharmacy Practice Act [225 ILCS 85]
 - 4) Medical Practice Act of 1987 [225 ILCS 60]
 - 5) Nurse Practice Act [225 ILCS 65]
 - 6) State Employee Indemnification Act [5 ILCS 350]
- c) All incorporations by reference of standards of nationally recognized organizations refer to the regulations and standards on the date specified and do not include any amendments or editions subsequent to the date specified.

(Source: Added at 40 Ill. Reg. _____, effective _____)

Section 215.200 Rights and Obligations of Regional Poison Control Centers

- a) *The Director or his or her designee shall designate at least ~~one~~^{two} and no more than three Regional Poison Control Centers.* (Section 15 of the Act)
- b) Human poison control centers wishing to be designated as a Regional Poison Control Center shall submit an application in accordance with Section 215.300.
- c) If there are more than three applicants for designation as a Regional Poison Control Center or there is more than one applicant for the same geographic service area, the Director shall consider the following criteria in selecting an applicant for designation:
 - 1) Whether the applicant has previously served as a Department-approved Regional Poison Control Center ~~prior to January 1, 1993;~~
 - 2) Whether the applicant is affiliated with a medical school, school of nursing, school of pharmacy or other health care professional teaching program; ~~and~~
 - 3) How quickly the applicant can establish ~~24 hour~~^{its} operations in full compliance with the American Association of Poison Control Centers' Accreditation of Poison Control Centers standards ~~Criteria for Certification as a Regional Poison Center (Appendix A of this Part)~~ and the requirements of this Part; ~~and~~.

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4) The applicant's prior experience in providing poison control consultation services.

d) Applicants shall be notified, in writing, if they have or have not been designated as a Regional Poison Control Center.

e) Regional Poison Control Centers shall comply with the American Association of Poison Control Centers' Accreditation of Poison Control Centers standards~~Criteria for Certification as a Regional Poison Center (Appendix A of this Part)~~ *within two years after designation unless the Center has been granted an extension by the Department.* (Section 15 of the Act) The extension shall be provided in writing.

1) The Department's decision to grant an extension shall be based on, but not limited to, the following circumstances:

A4) The applicant has experienced hardship~~difficulty~~ in hiring staff, for reasons other than level of compensation; or

B2) The applicant is waiting until designation to appoint a Medical or Managing Director, ~~and needs six months to fill the position;~~

23) An application for an extension shall contain the following information:

A) A description of how the applicant has attempted to comply with this Section;

B) The reasons for noncompliance;

C) A detailed plan for achieving compliance. The detailed plan shall include specific timetables;

D) The period of time for which the extension is being sought; and

E) An explanation of how the extension will not reduce the quality of poison control services provided by the applicant.~~The applicant is waiting to establish a toll-free telephone number and conduct community outreach activities to promote public awareness of the toll-free telephone number.~~

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- f) *A Regional Poison Control Center shall maintain its designation unless it voluntarily closes, giving the Department at least a 90-day prior written notice of the intent to close, or the Department revokes or suspends the designation, in writing, for the Center's failure to comply with the Act and this Part. (Section 15 of the Act) Proceedings to revoke or suspend a Center's designation shall be conducted in accordance with the Department's Rules of Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100).*
- g) *Poison Control Centers shall cooperate to reduce the cost of operations, collect information on poisoning exposures, and provide education to the public and health professionals. (Section 15 of the Act)*
- h) *Regional Poison Control Centers shall be considered State agencies for purposes of the State Employee Indemnification Act [5 ILCS 350]. (Section 15 of the Act)*
- i) Poison Control Centers shall create and then maintain all business, patient contact and financial records for no less than four years. All records shall be available to the Department for inspection or copying during normal business hours upon request. Information specific to any particular patient or caller shall be considered strictly confidential and shall not be subject to FOIA or otherwise released to the public.

(Source: Amended at 40 Ill. Reg. _____, effective _____)

Section 215.300 Application for Designation as a Regional Poison Control Center

- a) The applicant may be a hospital licensed by the Department, or a non-hospital-based entity that has an agreement with a hospital licensed by the Department to provide clinical expertise.
- b) All applicants shall submit a written program plan to the Department that includes a description of the geographic area to be served by the proposed Regional Poison Control Center and the following information about the licensed hospital:
 - 1) Hospital name and address;
 - 2) Number of adult intensive care beds;
 - 3) Number of pediatric intensive care beds;

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- 4) Number of medical/surgical beds;
 - 5) Laboratory capabilities;
 - 6) Psychiatric service capabilities;
 - 7) Renal dialysis capabilities;
 - 8) Affiliation with a medical school, school of nursing, school of pharmacy or other health care professional teaching program (see Section 215.200(c)(2) of this Part); and
 - 9) Location of the applicant in relation to the proposed geographic service area.
- c) All applicants shall submit a written application to the Department documenting detailed information on the methods and time frames for complying with Section 215.500 of this Part if designation is granted, including the following information:
- 1) Name and qualifications of the proposed Poison Center's Medical Director;
 - 2) Availability of a comprehensive poison information resource file, in accordance with Section 215.400(b);
 - 3) Adequately trained and supervised poison information specialists, in accordance with Section 215.500(b); and
 - 4) Toll-free telephone number that does not impose a direct fee to members of the public and health care providers calling for poison information. ~~;~~ and
 - 5) ~~Coordination with each EMS System to assure that all ALS vehicles are equipped with some poison antidotes.~~

(Source: Amended at 40 Ill. Reg. _____, effective _____)

Section 215.400 Operation of a Regional Poison Control Center

- a) The Center shall be in operation and have toll-free telephone availability on a 24-hour-a-day, 365-days-a-year basis to both the general public and health care

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providers.

- b) The Center staff shall have immediate access during all hours of operation to comprehensive poison information, which shall include:
 - 1) Current toxicology information resources available at the telephone answering site;
 - 2) A comprehensive set of ~~reference texts~~ covering both general and specific aspects of acute poison management, available at the telephone answering site;
 - 3) Primary information resources (reprint files, systems, etc.) and access to a major medical library and/or information system; and
 - 4) Poison specialty consultants available on an on-call basis.
- c) The Center shall have written management protocols for responding to calls that provide a consistent ~~pre-hospital~~ approach to evaluation and treatment of toxic exposures and that are approved by the Center's Managing Director and Medical Director. These protocols shall be followed ~~and, shall~~ be available at the telephone answering site, ~~and shall include direction on follow up, including written and oral poison prevention information.~~
- d) The Center shall have a health education component that includes, at a minimum:
 - 1) Instruction in prevention, care, and management of poisonings for health care professionals, ~~which may include EMS personnel, nurses, pharmacists, physicians and other providers; including coordination with the EMS Medical Directors of each EMS System to assure that all EMTs are trained in initial poison management;~~
 - 2) Outreach education for the general public concerning poison prevention and first response; and
 - 3) Cooperation with medical toxicology fellowship programs.
- e) ~~The Center shall have two-way communication capabilities with ambulances and other BLS or ALS vehicles in the service area (e.g., cellular telephone capability).~~

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- ef)** The Center shall have a data management system that is kept current and:
- 1) Maintains patient confidentiality;
 - 2) Provides a sufficient narrative to allow for peer review and medical and legal audit; and
 - 3) Collects data elements to allow for prompt filing of quarterly reports in accordance with Section 215.600.

- fg)** The Center shall provide services to all patients regardless of ability to pay or source of payment.

(Source: Amended at 40 Ill. Reg. _____, effective _____)

Section 215.800 Advisory Committee

- a) The Director of Public Health shall appoint an advisory committee ~~that, which~~ shall advise the Department concerning the regulation of Regional Poison Control Centers under the Poison Control System Act.
- b) The composition of the advisory committee shall be as follows:
- 1) Two board-certified toxicologists;
 - 2) Three emergency department physicians, one of whom is an EMS Medical Director and one of whom is a pediatric emergency physician;
 - 3) An EMS Coordinator;
 - 4) A pharmacist;
 - 5) A consumer;
 - 6) A representative of the Illinois Department of ~~Public Aid~~ Healthcare and Family Services;
 - 7) The chief of the ~~Department's~~ Department's Division of Emergency Medical Services and Highway Safety;

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8) A ~~representative from a health care professional society; hospital administrator; and~~

9) The Managing Director of a Regional Poison Control Center; ~~and~~.

10) The Medical Director of a Regional Poison Control Center.

c) The Department shall provide travel expenses to the advisory committee members ~~pursuant to State travel rules~~ (80 Ill. Adm. Code 2800 and 3000).

(Source: Amended at 40 Ill. Reg. _____, effective _____)

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Section 215.APPENDIX A American Association of Poison Control Centers' Criteria for Certification as a Regional Poison Center (Repealed)

Introduction

~~The purpose of this document is to establish criteria by which poison centers can be recognized as possessing the qualities needed to adequately serve a significant population. Poison centers function primarily to provide poison information, telephone management and consultation, collect pertinent data, and deliver professional and public education. Poison treatment facilities function primarily to provide medical control for pre-hospital emergency medical services and to deliver health care to poisoned patients. Cooperation between Regional Poison Centers and poison treatment facilities is a key feature of any poison center program and is essential for achieving the ultimate goal of optimal health care for the poisoned patient.~~

I. Determination of Region

- ~~**A. Geographical characteristics.** A Regional Poison Center may serve a single state, a multi-state area, or only a portion of a state. The region should be determined by state authorities in conjunction with local health agencies and health care providers. In instances where multiple states are involved, designation from each state will be necessary. Documentation of state designations must be in writing and must clearly delineate the region to be served, the services to be provided, and the exclusivity of the designation. In instances where a state declines in writing to designate any poison center, designation by other political or health jurisdictions (e.g., county, health district) may be an acceptable alternative. In instances where more than one center is designated to serve the same area, evidence of cooperative arrangements must be provided.~~
- ~~**B. Population base.** In the absence of compelling reasons to the contrary, a Regional Poison Center program should serve a population base of no fewer than one million people. It is unlikely that a single Regional Poison Center could adequately serve more than 10 million people. The center must provide evidence that it adequately serves its entire region. In addition, the center must receive at least 10,000 human exposure calls per year.~~

II. Regional Poison Information Service

- ~~**A. The Regional Poison Center shall provide information 24 hours/day, 365 days/year to both health professionals and the public.** This criterion will be~~

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~~considered to be met if the center has at least one specialist in poison information in the center at all times, sufficient additional staff to promptly handle the center's incoming calls and the availability of the Medical Director or qualified designee, on-call by telephone, at all times.~~

- ~~B. The Regional Poison Center shall be readily accessible by telephone from all areas within the region.~~** This criterion will be considered to be met if the center has a direct incoming telephone system that is extensively publicized throughout the region to both health professionals and the public. The center must maintain sufficient telephone lines to assure ready access. In the absence of a toll-free system, the center must demonstrate that the lack of a toll-free service is not an impediment to public use of the center.
- ~~C. The Regional Poison Center shall maintain comprehensive poison information resources.~~** This criterion will be considered to be met if the center maintains:
- ~~1. One or more comprehensive toxicology information resources, immediately available at the central telephone answering site.~~
 - ~~2. Current comprehensive texts covering both general and specific aspects of acute and chronic poisoning management immediately available at the central telephone answering site.~~
 - ~~3. Primary information resources and ready availability of a major medical library.~~
 - ~~4. A list of poison center specialty consultants who are available on an on-call basis (see H.E.5. below).~~
- ~~D. The Regional Poison Center shall maintain written operational guidelines that provide a consistent approach to evaluation and management of toxic exposures.~~** This criterion will be considered to be met if the center provides written operational guidelines that include but are not limited to the follow-up of all potentially toxic exposures and appropriate criteria for patient disposition. These guidelines must be available in the center at all times and must be approved in writing by the Medical Director of the program.
- ~~E. Staff qualifications for the Regional Poison Center.~~**

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1. **Medical Director.** ~~The Medical Director shall be board-certified or board eligible in medical toxicology. The Medical Director must have a medical staff appointment at a comprehensive poison treatment facility and must be involved in the management of poisoned patients. The Medical Director should devote at least 50% of his/her professional activities to toxicology. In addition to clinical, academic teaching and research activities, the Medical Director must formally commit at least 10 hours per week to poison center operational activities involving staff training, development of medical guidelines and quality assurance activities.~~
2. **Managing Director.** ~~The Managing Director of a regional poison center must be a registered nurse, pharmacist, physician or hold a degree in a health science discipline. This individual may also be the Medical Director. This individual should be certified or eligible for certification by the American Board of Medical Toxicology for physicians or by the American Board of Applied Toxicology for non-physicians. In the absence of certification, the Managing Director must be able to demonstrate on-going interest and expertise in toxicology as evidenced by publications, research and meeting attendance. The Managing Director must be able to clearly demonstrate full-time commitment to poison center related activities, including the areas of clinical toxicology, education, research and administration.~~
3. **Specialists in poison information.** ~~Specialists in poison information must be registered nurses, pharmacists or physicians, or be currently certified by the Association as a specialist in poison information. Specialists in poison information must be qualified to understand and interpret standard poison information resources and to transmit that information in a logical, concise, and understandable way to both health professionals and the public. All specialists in poison information must complete a training program approved by the Medical Director and must be certified by the Association as a specialist in poison information within two examination administrations of their initial eligibility for the certification process. Specialists in poison information must spend an annual average of 16 hours per week in poison center related activities, including providing telephone consultation, teaching, or public education, or in poison center operations. All specialists in poison information, whether full-time or part-time, must be 100% dedicated to poison center activities during periods when they are assigned to the center.~~

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4. ~~**Poison-center specialty consultants.** Poison-center specialty consultants should be qualified by training or experience to provide sophisticated toxicology or patient care information in their area(s) of expertise. These consultants should be available on-call, with an expressed commitment to provide consultation services on an on-call, as needed basis. The list of consultants should reflect the type of poisonings encountered in the region.~~
 5. ~~**Administrative staff.** Poison-center administrative personnel should be qualified by training and/or experience to supervise finances, operations, personnel, data analysis, and other administrative functions of the poison center.~~
 6. ~~**Education staff.**~~
 - a. ~~**Professional education.** Professional education personnel should be qualified by training or experience to provide quality professional education lectures or materials to health professionals. This role will be supervised by the Medical Director.~~
 - b. ~~**Public education.** Public education personnel should be qualified by training or experience to provide public-oriented poison-center awareness, poison prevention and first aid for poisoning presentations. They must be capable of providing verbal presentations to public audiences, and have sufficient understanding of the material to accurately answer public questions. They may be full-time, part-time or volunteer staff.~~
- ~~**F. The Regional Poison Center shall have an ongoing quality assurance program.** This criterion will be considered to be met if the center has regularly scheduled staff inservices, morbidity and mortality conferences, case reviews and audits (such as chart, process or outcome audits).~~

III. Regional Treatment Capabilities

- A. ~~**The Regional Poison Center shall identify the treatment capabilities of the treatment facilities of the region.** As a minimum, Regional Poison Centers shall identify analytical toxicology, emergency and critical care, and extracorporeal capabilities within the region for adults and children.~~

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- ~~B. The Regional Poison Center should have a working relationship with all poison treatment facilities in its region.~~**
- ~~C. The Regional Poison Center should understand the analytical toxicology services in its region and how to interface with them.~~**
- ~~D. The Regional Poison Center should understand how the region's prehospital transportation system is structured and how to interface with it.~~**

~~IV. Regional Data Collection System~~

- ~~A. The Regional Poison Center shall keep records of all cases handled by the center in a form that is acceptable as a medical record. This criterion will be considered to be met if the center completes a record that contains data elements and sufficient narrative to allow for peer review and medical and/or legal audit, and such records are kept on file in compliance with standards for hospital recordkeeping in the region.~~**
- ~~B. The Regional Poison Center shall submit all its human exposure data to the Association's National Data Collection System meeting specified submission deadlines and quality requirements and including all required data elements.~~**
- ~~C. The Regional Poison Center shall tabulate its experience for regional program evaluation on at least an annual basis. This criterion will be considered to be met if the center completes an annual report summarizing its own experience.~~**

~~V. Professional and Public Education Programs~~

- ~~A. The Regional Poison Center shall provide information on the management of poisoning to the health professionals throughout the region who care for poisoned patients. This criterion will be considered to be met if the center continually offers information about poison center services/availability and updates on new and important advances in poisoning management to the health professionals throughout the region.~~**
- ~~B. The Regional Poison Center shall provide a public education program aimed at educating both children and adults about poisoning dangers and other necessary concepts related to poison control. This criterion will be considered to be met if the center continually offers through lectures, public media~~**

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~~(newspapers, radio, television), printed educational materials, or through other instructional modalities, information describing the following:~~

- ~~1. Services and availability of the poison center.~~
- ~~2. Poison prevention measures.~~
- ~~3. First aid measures for poisoning management.~~

~~This information must be offered to all parts of the region.~~

~~VI. Association Membership~~

~~The applicant center must be an institutional member in good standing of the American Association of Poison Control Centers.~~

(Source: Repealed at 40 Ill. Reg. _____, effective _____)