



## ILLINOIS DEPARTMENT OF PUBLIC HEALTH – EMERGENCY RULES

### Waiver of Hospital Licensing, Hospital Report Card and Adverse Events Reporting Acts

#### Approval of and Standards for Alternate Care Facilities

April 17, 2020

Yesterday, April 16, the Governor issued an Executive Order ([COVID-19 #24](#)) which instructs the Illinois Department of Public Health (IDPH) to exercise discretion regarding enforcement of all provisions of the: (i) [Hospital Licensing Act](#); (ii) [Emergency Medical Services \(EMS\) Systems Act](#); (iii) [Department of Public Health Powers and Duties Law](#); (iv) [Illinois Adverse Health Care Events Reporting Law of 2005](#); and (iv) corresponding regulations in order to assist hospitals and healthcare providers response to the COVID-19 pandemic and to ensure patient safety.

Today the Illinois Department of Public Health (IDPH) issued emergency rules implementing the Governor's Executive Order.

Under the emergency rules, all of the rules for the Hospital Report Card Act and the Adverse Health Care Events Reporting Code are suspended. Additionally, certain provisions of the Hospital Licensing Act are suspended in their entirety or modified. Finally, the process for establishing an alternate care facility (whether by a hospital or by the State) are set forth and the standards that such alternate care facilities must meet.

A full summary of the emergency rules is listed below.

#### **Hospital Report Card Act**

All provisions of [77 Ill. Adm. Code 255](#) are suspended.

#### **Adverse Health Care Events Reporting Code**

All provisions of [77 Ill. Adm. Code 235](#) are suspended.

#### **Hospital Licensing Requirements**

1. **Sections Waived Completely:** In order for hospitals to adequately respond to COVID-19, the following provisions of [77 Ill. Adm. Code 250](#) are ***suspended in their entirety***:
  - a. [250.240\(e\)\(4\)](#) -- Admissions and Discharge -- Discharge Notification

- b. [250.240\(d\)\(2\)](#) -- Admissions and Discharge -- Required Testing for All Admissions -- Uterine Cytologic Examination for Cancer
  - c. [250.240\(f\)](#) -- Admissions and Discharge -- *Patient Notice of Observation Status*
  - d. [250.330\(b\)](#) -- **Orders for Medications and Treatments – Verbal Orders**
  - e. [250.1040\(f\), \(g\), \(h\), \(j\)](#) -- **Patient Care Units** -- Bed and Bedding; Bedside Furniture; Storage Space; Patients' Screens
  - f. [250.1130](#) -- **Policies and Procedures**
  - g. [250.1520\(g\)](#) – **Reports** -- Reporting Opioid Overdoses
  - h. [250.2440\(d\)\(1\)](#) -- **General Hospital Standards** -- Nursing Unit -- Patient Rooms
2. **Sections Modified:** In order for hospitals to adequately respond to COVID-19, the following provisions of [77 Ill. Adm. Code 250](#) are **modified** as follows:
- a. [250.1075](#) (**Use of Restraints and Seclusion**) is modified to the extent necessary to be consistent with the Centers for Medicare and Medicaid Services' COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers (<https://edit.cms.gov/media/465576>), which states that hospitals considered to be impacted by a widespread outbreak of COVID-19 are not required to meet the requirements related to seclusion under [42 C.F.R. 482.13\(e\)\(1\)\(ii\)](#).
  - b. [250.105\(a\)\(1\)\(E\)\(i\)](#) (**Incorporated and Referenced Materials** -- Private and Professional Association Standards -- National Fire Protection Association (NFPA)) is modified such that a hospital may reduce egress restrictions from eight feet to five feet.
  - c. [250.330\(a\)](#) (**Orders for Medications and Treatments**) is modified such that testing for COVID-19 may be administered per a medical staff-approved hospital policy that includes an assessment for contraindications.
3. **Alternative Care Facilities:**
- a. **Hospital Alternative Care Facilities:** In order to address the COVID-19 pandemic, hospitals licensed by IDPH may establish alternate care facilities (hospital alternate care facilities) at remote or temporary locations as follows:
    - i. A hospital alternate care facility must:

1. Be established to provide room and board, nursing, diagnostic, or treatment services for COVID-19 patients or for non-COVID-19 patients in order to increase regional hospital capacity to respond to COVID-19;
  2. Be temporary;
  3. Be under the direction or control of the hospital; and
  4. Be operated by a hospital licensed under the Act.
- ii. A hospital establishing an alternate care facility must **notify IDPH, in writing**, of the following:
1. Name and address of each hospital alternate care facility to be established;
  2. Bed allocations for clinical services;
  3. Anticipated bed capacity;
  4. Anticipated categories of service to be provided; and
  5. Date that the hospital alternate care facility will begin accepting patients.

Such notice must be provided: (i) **at least 24 hours prior to the hospital alternate care facility being operational**, or (ii) as soon as reasonably practical after the effective date of this rule in the case of hospital alternate care facilities already in existence.

Any modifications to: (i) bed allocations between clinical services, (ii) increase or decreases in bed capacity, or (iii) change in categories of service to be provided at the hospital alternate care facility. Such notice must be provided within 10 days after the modification.

- b. **State Alternate Care Facilities**: Pursuant to Executive Order 2020-26, the State of Illinois, through one of its agencies or in cooperation with one or more federal or local government bodies, may establish alternate care facilities (State alternate care facilities) subject to the following:
- i. A State alternate care facility must:
    1. Be established to provide room and board, nursing, and diagnosis of or treatment to COVID-19 patients or to non-COVID-19 patients in order to increase regional hospital capacity to respond to COVID-19;
    2. Be temporary;
    3. Be under the direction and control of the State of Illinois, one of its agencies, or the federal or local government in coordination of the State of Illinois; and

4. A State alternate care facility must apply for and receive a license for a State alternate care facility from IDPH. Such license will automatically terminate at the conclusion of 150 days after the effective date of the emergency rules without any further action from IDPH.
  - ii. A State alternate care facility must provide written notification to IDPH within 24 hours of ceasing operations.
  - iii. The State alternate care facility must be overseen by a competent executive officer or administrator, or designee, who is vested with authority and responsibility to carry out its policies.
- c. **Regulations Applicable to Alternate Care Facilities:** Pursuant to [Executive Order 2020-26](#), all provisions of [77 Ill. Adm. Code 250](#) are suspended with respect to both hospital alternate care facilities and State alternate care facilities (collectively referred to as “alternate care facilities”) to the extent they would otherwise be applicable. Alternate care facilities must meet the following requirements:
- i. The alternate care facility must provide safe and quality care to each patient;
  - ii. No person shall be denied necessary medical care for reasons not based on sound medical practice and, particularly, no person will be denied care on account of race, ethnicity, religion, sex, gender identity, age, sexual orientation, national origin, immigration status, disability, or ability to pay;
  - iii. The alternate care facility must establish, in the interest of the patient, policies regarding visitation;
  - iv. The alternate care facility must have written policies for the admission, discharge, and transfer of all patients from or to an acute care hospital or other healthcare facility, as appropriate. The alternate care facility must develop a discharge plan of care for each patient;
  - v. As set forth in subsection [250.260\(c\)](#), the alternate care facility shall prohibit all abuse of a patient by an administrator, agent, or employee or a member of its medical staff, and in addition, comply with the abuse and neglect reporting requirements for such alleged occurrences;

- vi. The alternate care facility must ensure access to health care information and services for limited English-speaking or non-English-speaking patients or deaf patients;
- vii. No medication, treatment, or diagnostic test may be administered to a patient except on a written or verbal order, if necessary, by a licensed medical professional acting within their scope of practice;
- viii. If the alternate care facility is to perform on-site clinical laboratory services commensurate with the facility's needs for its patients, it must comply with subsection [250.510](#) regarding laboratory services;
- ix. The facility must maintain a staff of nursing personnel organized to provide the nursing care for its patients commensurate with the size, scope, nature of the facility and patient complexity;
- x. Nursing services must be under the direction of a registered professional nurse who has qualifications in nursing administration and who has the ability to organize, coordinate, and evaluate the service;
- xi. To the extent medically possible, a minimum of three meals or their equivalent, must be served daily, at regular hours with no more than a 14-hour span between a substantial evening meal and breakfast;
- xii. If the alternate care facility is preparing food, it must meet the requirement of the Food Service Sanitation Code set forth in [77 Ill. Admin. Code 750](#);
- xiii. An adequate, accurate, timely, and complete medical record must be maintained for each patient of the alternate care facility. Minimum requirements for medical record content are:
  - 1. Patient identification and admission information;
  - 2. The history of the patient as clinically necessary;
  - 3. A physical examination report;
  - 4. Orders and progress notes made by the patient's physician and, when applicable, by other members of the medical staff and allied health personnel;
  - 5. Observations notes and vital sign charting made by nursing personnel; and
  - 6. Discharge order and disposition at discharge, including instructions and prescriptions for medications.

- xiv. An index that serves as a key to the location of the medical record of each person who is or has been treated at the alternate care facility must be maintained;
- xv. The alternate care facility must have a policy that is approved by IDPH prior to closing for the preservation of patient medical records when the facility closes;
- xvi. Adequate supplies and equipment for housekeeping functions must be provided with cleaning compounds and hazardous substances properly labeled and stored. Hazardous cleaning solutions, compounds, and substances must be labeled, and stored in a safe place;
- xvii. The alternate care facility must follow the fire safety requirements set forth in [250.1980\(a\) through \(d\), \(i\), and \(j\)](#), including but not limited to the use of fire resistant and/or fire-retardant materials;
- xviii. The alternate care facility must comply with the life safety requirements in subsection [250.105\(a\)\(1\)\(E\)\(i\)](#), except that a facility may reduce egress restrictions from eight feet to five feet and may make necessary deviations in consultation with IDPH;
- xix. The alternate care facility must comply with the incident reporting requirements in [250.1520\(f\)](#);
- xx. There shall be a sufficient number of properly trained and supervised dietary personnel, including a clinical dietitian(s) where warranted, competent to carry out dietetic services, if applicable, in an efficient, effective manner;
- xxi. All diets shall be ordered by the patient's physician and/or a registered dietitian with the physician's confirmation. Diet orders shall be recorded in the patient's medical chart;
- xxii. All drugs and medicines shall be stored and dispensed in accordance with applicable State and Federal laws and regulations;
- xxiii. If an alternate care facility establishes or has a licensed pharmacy on-premises it must have a pharmacist registered under the Pharmacy Practice Act, [225 ILCS 85](#), available or on call at all times; and
- xxiv. An alternate care facility may grant disaster privileges pursuant to the procedures in subsections [250.310\(b\)\(18\)](#) regardless whether there is an activated emergency management plan.

IDPH may conduct inspections of hospitals, hospital alternate care facilities, and state alternate care facilities, and require corrective action in situations in which the health and safety of patients is at risk.

Hospitals, hospital alternate care facilities, and state alternate care facilities must follow all directives and guidance related to COVID-19 diagnosis and treatment from the Centers for Diseases Control and Prevention, IDPH, and applicable local public health departments, including, but not limited to, infection control and isolation guidelines.