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DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY

NOTICE OF PROPOSED RULES

1) Heading of the Part: High Speed Internet Services and Information Technology Program

2) Code Citation: 14 Ill. Adm. Code 547

3)

Section Numbers:	Proposed Action:
547.10	New
547.20	New
547.30	New
547.110	New
547.120	New
547.130	New
547.140	New
547.150	New
547.160	New
547.170	New
547.180	New
547.190	New

4) Statutory Authority: Authorized by Section 15(C) of the High Speed Internet Services and Information Technology Act [20 ILCS 661].

5) A Complete Description of the Subjects and Issues Involved: The deployment and adoption of high speed Internet services and information technology has resulted in enhanced economic development and public safety for the State's communities, improved health care and educational opportunities, and a better quality of life for the State's residents. Continued progress in the deployment and adoption of high speed Internet services and information technology is vital to ensuring that this State remains competitive and continues to create business and job growth.

The purpose of the High Speed Internet Services and Information Technology Program (as authorized by PA 95-684) is to encourage and support the partnership of the public and private sectors in the continued growth of high speed Internet and information technology for the State's residents and businesses. The legislation (PA 95-684) was developed in cooperation with the Illinois Telecommunication Association and mirrors pending federal legislation that has the potential to provide federal funding for this initiative.

DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY

NOTICE OF PROPOSED RULES

6) Any published studies or reports, along with the sources of underlying data, that were used when composing this rulemaking: None

7) Will this rulemaking replace any emergency rulemaking currently in effect? Yes

8) Does this rulemaking contain an automatic repeal date? No

9) Does this rulemaking contain incorporations by reference? No

10) Are there any proposed rulemakings containing incorporations by reference? No

11) Statement of Statewide Policy Objective: The rulemaking does not create or expand a State Mandate as defined in Section 3(b) of the State Mandate Act (30 ILCS 805).

12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking:

Jolene Clarke
Rules Administrator
Department of Commerce and Economic Opportunity
620 East Adams Street
Springfield, IL 62701

217/557-1820
217/782-0038
jolene.clarke@illinois.gov

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses and small municipalities affected: The ultimate goal of this program is to ensure that all State residents and businesses have access to affordable and reliable high speed Internet service, thus providing opportunities for small businesses to compete in a global marketplace.

This administrative rule making will encourage, but not mandate, participation from local government and small businesses. It is anticipated that local governmental entities and businesses will play a role in assessing the needs of their communities with respect to high speed Internet services and information technology.

It is also anticipated that small businesses that provide high speed internet services will have an opportunity to collaborate with municipalities and other stakeholders to develop broadband deployment strategies. The program has the potential to develop business opportunities for small businesses that provide high speed Internet services.

B) Reporting, bookkeeping or other procedures required for compliance: The High eSpeed Internet Services and Information Technology Program will be administered by the Illinois Department of Commerce and Economic Opportunity (DCEO) through a Request for Application (RFA) process. Organizations that are funded under the RFA will be subject to standard reporting, bookkeeping and other monitoring requirements outlined in a Grant Agreement with the DCEO.

C) Types of professional skills necessary for compliance: The professional skills required for compliance will be outlined in the Request for Application guidelines and the subsequent Grant Agreement with the Illinois Department of Commerce and Economic Opportunity.

14) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not included on either of the two most recent regulatory agendas because: the Department did not anticipate the changes.

The full text of the Proposed Rules are identical to the Emergency Rules found later in this issue of the Illinois Register on page 4093.

ILLINOIS EMERGENCY MANAGEMENT AGENCY

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Licensing of Radioactive Material

2) Code Citation: 32 Ill. Adm. Code 330

3)

Section Numbers:	Proposed Action:
330.20	Amendment
330.260	Amendment
330.280	Amendment
330.APPENDIX E	Repealed

4) Statutory Authority: Implementing and authorized by the Radiation Protection Act of 1990 [420 ILCS 40].

5) A Complete Description of the Subjects and Issues Involved: These regulations provide for training of authorized user physicians for medical use of radionuclides. These changes are considered Compatibility A, B and C or a Health and Safety standard by the U.S. Nuclear Regulatory Commission (NRC) and must be adopted essentially verbatim by the Agency in order to maintain it's "Agreement State" status. This rulemaking will ensure compatibility with the NRC's 10 CFR 20, 30, 23, 35, 40 and 70 regulations currently in place for medical use of radioactive materials. The changes are mandated in 70 FR 16336 (RATS ID #2005-2) and 71 FR 15005 (RATS ID #2006-1). Agreement States such as Illinois are required to have these regulations in place by April 29, 2008 and March 27, 2009.

Section 31 of the Radiation Protection Act of 1990 [420 ILCS 40/31] provides that the Agency is exempt from rulemaking procedures in the Illinois Administrative Procedure Act when regulations that are identical in substance are necessary to implement, secure, or maintain federal authorization for a program. After consideration of comments from the appropriate federal agency, the Agency may adopt the verbatim text of the laws, regulations, or orders as necessary and appropriate for authorization or maintenance of the program. The NRC has reviewed the proposed amendments and the text has been revised to incorporate its suggested changes. Because this rulemaking is not subject to the Illinois Administrative Procedure Act, and in accordance with Section 31, this rulemaking will become effective following the first notice period immediately upon filing for adoption with the Secretary of State or at a date required or authorized by the relevant federal laws, regulations, or orders as stated in the notice of the rulemaking, and shall be published in the *Illinois Register*.

ILLINOIS EMERGENCY MANAGEMENT AGENCY

NOTICE OF PROPOSED AMENDMENTS

6) Any published studies or reports, along with the sources of underlying data, that were used when composing this rulemaking: No

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? Yes

Sections:	Proposed Action:	Illinois Register Citation:
330.20	Amendment	31 Ill. Reg. 13513; October 2, 2007
330.40	Amendment	31 Ill. Reg. 13513; October 2, 2007
330.210	Amendment	31 Ill. Reg. 13513; October 2, 2007
330.250	Amendment	31 Ill. Reg. 13513; October 2, 2007
330.270	Amendment	31 Ill. Reg. 13513; October 2, 2007
330.290	Amendment	31 Ill. Reg. 13513; October 2, 2007
330.300	Amendment	31 Ill. Reg. 13513; October 2, 2007
330.350	Amendment	31 Ill. Reg. 13513; October 2, 2007
330.400	Amendment	31 Ill. Reg. 13513; October 2, 2007
330.500	Amendment	31 Ill. Reg. 13513; October 2, 2007
330.900	Amendment	31 Ill. Reg. 13513; October 2, 2007
330.1100	New	31 Ill. Reg. 13513; October 2, 2007
330.APPENDIX F	New	31 Ill. Reg. 13513; October 2, 2007

11) Statement of Statewide Policy Objective: The requirements imposed by the proposed rulemaking are not expected to require local governments to establish, expand, or modify their activities in such a way as to necessitate additional expenditures from local revenues.

12) Time, Place and Manner in which interested persons may comment on this proposed Rulemaking: Comments on this proposed rulemaking may be submitted in writing for a period of 45 days following publication of this Notice. The Agency will consider fully all written comments on this proposed rulemaking submitted during the 45 day comment period. Comments should be submitted to:

Kevin T. McClain
Chief Legal Counsel

ILLINOIS EMERGENCY MANAGEMENT AGENCY

NOTICE OF PROPOSED AMENDMENTS

Illinois Emergency Management Agency
1035 Outer Park Drive
Springfield, Illinois 62704

217/524-1003 (voice)
217/782-6133 (TDD)

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities or not for profit corporations affected: The Agency believes that this rulemaking will have no direct impact on any small businesses, small municipalities or not for profit corporations.

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: Certification by pharmaceutical boards or attestation of training by approved nuclear pharmacist.

14) Regulatory Agenda on which this rulemaking was summarized: January 2008

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

ILLINOIS EMERGENCY MANAGEMENT AGENCY

NOTICE OF PROPOSED AMENDMENTS

TITLE 32: ENERGY
CHAPTER II: ILLINOIS EMERGENCY MANAGEMENT AGENCY
SUBCHAPTER b: RADIATION PROTECTION

PART 330
LICENSING OF RADIOACTIVE MATERIAL

SUBPART A: GENERAL PROVISIONS

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330.10 Purpose and Scope
330.15 Incorporations by Reference
330.20 Definitions
330.30 License Exemption – Source Material
330.40 License Exemption – Radioactive Materials Other Than Source Material

SUBPART B: TYPES OF LICENSES

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330.200 Types of Licenses
330.210 General Licenses – Source Material
330.220 General Licenses – Radioactive Material Other Than Source Material

SUBPART C: SPECIFIC AND GENERAL LICENSES

Section
330.240 Filing Applications for Specific Licenses
330.250 General Requirements for the Issuance of Specific Licenses
330.260 Special Requirements for Issuance of Certain Specific Licenses for Radioactive Materials
330.270 Special Requirements for Specific Licenses of Broad Scope
330.280 Special Requirements for a Specific License to Manufacture, Assemble, Repair, or Distribute Commodities, Products, or Devices that Contain Radioactive Material
330.290 Requirements for Emergency Plans
330.300 Issuance of Specific Licenses
330.310 Terms and Conditions of Specific and General Licenses
330.320 Renewal Requirements for Specific Licenses
330.325 Termination Requirements for Specific Licenses and Locations of Use

ILLINOIS EMERGENCY MANAGEMENT AGENCY

NOTICE OF PROPOSED AMENDMENTS

330.330 Renewal of Licenses
330.340 Amendment of Licenses at Request of Licensee
330.350 Department Action on Application to Renew or Amend
330.360 Persons Possessing a License for Source, Byproduct, or Special Nuclear Material in Quantities Not Sufficient to Form a Critical Mass on Effective Date of This Part (Repealed)
330.370 Persons Possessing Accelerator-Produced or Naturally-Occurring Radioactive Material on Effective Date of This Part (Repealed)
330.400 Transfer of Material
330.500 Modification and Revocation of Licenses
330.900 Reciprocal Recognition of Licenses

SUBPART D: TRANSPORTATION (Repealed)

Section
330.1000 Transportation of Radioactive Materials (Repealed)

330.APPENDIX A Exempt Concentrations
330.APPENDIX B Exempt Quantities
330.APPENDIX C Quantities of Radioactive Materials Requiring Consideration of the Need for an Emergency Plan for Responding to a Release
330.TABLE A Group I (Repealed)
330.TABLE B Group II (Repealed)
330.TABLE C Group III (Repealed)
330.TABLE D Group IV (Repealed)
330.TABLE E Group V (Repealed)
330.TABLE F Group VI (Repealed)
330.APPENDIX D Limits for Broad Licenses (Section 330.270)
330.APPENDIX E List of Specialty Board Certifications Recognized by the Agency Until October 24, 2007 (Repealed)
330.APPENDIX F Schedule F (Repealed)
330.APPENDIX G Financial Surety Arrangements (Section 330.250(c)(1)(D)) (Repealed)
330.APPENDIX H Wording of Financial Surety Arrangements (Section 330.250(c)(1)(E)) (Repealed)

AUTHORITY: Implementing and authorized by the Radiation Protection Act of 1990 [420 ILCS 40].

ILLINOIS EMERGENCY MANAGEMENT AGENCY

NOTICE OF PROPOSED AMENDMENTS

SOURCE: Filed April 20, 1974, by the Department of Public Health; transferred to the Department of Nuclear Safety by P.A. 81-1516, effective December 3, 1980; amended at 5 Ill. Reg. 9586, effective September 10, 1981; codified at 7 Ill. Reg. 17492; recodified at 10 Ill. Reg. 11268; amended at 10 Ill. Reg. 17315, effective September 25, 1986; amended at 15 Ill. Reg. 10632, effective July 15, 1991; amended at 18 Ill. Reg. 5553, effective March 29, 1994; emergency amendment at 22 Ill. Reg. 6242, effective March 18, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 14459, effective July 27, 1998; amended at 24 Ill. Reg. 8042, effective June 1, 2000; amended at 27 Ill. Reg. 5426, effective March 17, 2003; recodified from the Department of Nuclear Safety to the Illinois Emergency Management Agency at 27 Ill. Reg. 13641; amended at 30 Ill. Reg. 8928, effective April 28, 2006; amended at 32 Ill. Reg. _____, effective _____.

SUBPART A: GENERAL PROVISIONS

Section 330.20 Definitions

"Authorized nuclear pharmacist" means a pharmacist who:

Meets the requirements in Section 330.260(c)(18), ~~and~~ (c)(19) and (c)(21) of this Part; or

Is identified as an authorized nuclear pharmacist on:

A specific license issued by the Nuclear Regulatory Commission or Agreement State that authorizes medical use or the practice of nuclear pharmacy;

A permit issued by a Nuclear Regulatory Commission master material licensee that authorizes medical use or the practice of nuclear pharmacy;

A permit issued by a Nuclear Regulatory Commission or Agreement State broad scope medical use licensee that authorizes medical use or the practice of nuclear pharmacy; or

A permit issued by a Nuclear Regulatory Commission master material license broad scope medical use permittee that authorizes medical use or the practice of nuclear pharmacy; or

Is identified as an authorized nuclear pharmacist by a commercial nuclear pharmacy that has been authorized to identify authorized nuclear pharmacists; or

Is designated as an authorized nuclear pharmacist in accordance with Section 330.260(c)(16) of this Part.

"General license" *means a license*, as set forth in this Part and 32 Ill. Adm. Code 341, which is *effective without the filing of an application to transfer, acquire, own, possess or use quantities of, or devices or equipment utilizing, radioactive material* [420 ILCS 40/4(d)], although the filing of a certificate with the Agency may be required by the particular general license. The general licensee is subject to all other applicable portions of 32 Ill. Adm. Code: Chapter II and any limitations of the general license.

"Protective actions" means actions taken by members of the public to protect themselves from radiation from an incident involving radioactive material, which may include sheltering, evacuation, relocation, control of access, administration of radiation-protective drugs, decontamination of persons, decontamination of land or property, or control of food or water.

"Specific license" means a license, issued after application, to use, manufacture, produce, transfer, receive, acquire, own, or possess quantities of, or devices or equipment utilizing, radioactive materials [420 ILCS 40/4(m)]. The licensee is subject to all applicable portions of 32 Ill. Adm. Code: Chapter II, as well as any limitations specified in the licensing document.

(Source: Amended at 32 Ill. Reg. _____, effective _____)

SUBPART C: SPECIFIC AND GENERAL LICENSES

Section 330.260 Special Requirements for Issuance of Certain Specific Licenses for Radioactive Materials

a) Specific Licenses to Medical Institutions for Human Use of Radioactive Material. A specific license allowing a medical institution to use radioactive material for medical diagnosis, medical therapy, or medical research involving humans shall be issued only if the applicant has met the requirements of this Part and 32 Ill. Adm. Code 335.

ILLINOIS EMERGENCY MANAGEMENT AGENCY

NOTICE OF PROPOSED AMENDMENTS

b) Specific Licenses to Individual Physicians for Human Use of Radioactive Material. An application by an individual physician or group of physicians for a specific license for human use of radioactive material shall be approved only if:

1) The applicant satisfies the general requirements specified in this Part;

2) The application is for use in the applicant's practice in an office outside a medical institution; and

3) The applicant has met the requirements of 32 Ill. Adm. Code 335.

c) Specific Licenses for Distribution or Transfer of Radiopharmaceuticals. In addition to the requirements set forth in this Part, persons licensed by the Agency for manufacture, preparation, or transfer for commercial distribution of radiopharmaceuticals containing radioactive material for medical use under 32 Ill. Adm. Code 335 shall meet the following additional requirements:

1) The applicant satisfies the general requirements specified in Section 330.250 of this Part;

2) The applicant submits information showing that:

A) The radiopharmaceutical containing radioactive material will be manufactured, labeled and packaged in accordance with the Federal Food, Drug, and Cosmetic Act or the Public Health Service Act; or

B) The manufacture and distribution of the radiopharmaceutical containing radioactive material is not subject to the Federal Food, Drug, and Cosmetic Act and the Public Health Service Act;

3) The applicant submits information on the radionuclide, chemical and physical form, packaging, including maximum activity per package, and shielding provided by the packaging of the radioactive material that is appropriate for safe handling and storage of radiopharmaceuticals by specific licensees;

4) The label affixed to each package of the radiopharmaceutical contains

information on the radionuclide, activity and activity assay date and the label affixed to each package, or the leaflet or brochure that accompanies each package, contains a statement that the radiopharmaceutical is licensed by the Agency for distribution to persons licensed pursuant to subsection (a) of this Section for radioactive material specified in 32 Ill. Adm. Code 335.3010, 335.4010 or 335.5010, as appropriate, or under equivalent licenses of the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State. The labels, leaflets or brochures required by this subsection (c)(4) are in addition to the labeling required by the U.S. Food and Drug Administration (FDA) and may be separate from or, with the approval of FDA, may be combined with the labeling required by FDA;

5) The applicant submits information on the radionuclide; the chemical and physical form; the maximum activity per vial, syringe, generator, or other container of the radioactive drug; and the shielding provided by the packaging to show it is appropriate for the safe handling and storage of the radioactive drugs by medical use licensees;

6) The applicant satisfies the following labeling requirements:

A) A label is affixed to each transport radiation shield, whether it is constructed of lead, glass, plastic, or other material, of a radioactive drug to be transferred for commercial distribution. The label must include the radiation symbol and the words "CAUTION, RADIOACTIVE MATERIAL" or "DANGER, RADIOACTIVE MATERIAL"; the name of the radioactive drug or its abbreviation; and the quantity of radioactivity at a specified date and time. For radioactive drugs with a half life greater than 100 days, the time may be omitted.

B) A label is affixed to each syringe, vial, or other container used to hold a radioactive drug to be transferred for commercial distribution. The label must include the radiation symbol and the words "CAUTION, RADIOACTIVE MATERIAL" or "DANGER, RADIOACTIVE MATERIAL" and an identifier that ensures that the syringe, vial, or other container can be correlated with the information on the transport radiation shield label;

ILLINOIS EMERGENCY MANAGEMENT AGENCY

NOTICE OF PROPOSED AMENDMENTS

7) A licensee shall possess and use instrumentation to measure the radioactivity of radioactive drugs. The licensee shall have procedures for use of the instrumentation. The licensee shall measure, by direct measurement or by combination of measurements and calculations, the amount of radioactivity in dosages of alpha-, beta-, or photon-emitting radioactive drugs prior to transfer for commercial distribution. In addition, the licensee shall:

A) Perform tests, before initial use, periodically, and following repair, on each instrument for accuracy, linearity, and geometry dependence, as appropriate for the use of the instrument and make adjustments when necessary; and

B) Check each instrument for constancy and proper operation at the beginning of each day of use;

8) Nothing in this Section relieves the licensee from complying with applicable FDA, other Federal and State requirements governing radioactive drugs;

9) Radiopharmaceuticals dispensed, distributed or transferred for human use shall be either:

A) Repackaged from prepared radiopharmaceuticals that have been approved by the FDA for medical use as defined in 32 Ill. Adm. Code 335.20; or

B) Prepared from generators and reagent kits that have been approved by the FDA for medical use, or are subject to the Illinois Food, Drug and Cosmetic Act [410 ILCS 620] or the Pharmacy Practice Act of 1987 [225 ILCS 85];

10) The licensee shall perform radiometric tests for molybdenum breakthrough for the first elute of a molybdenum-99/technetium-99m generator following transfer in accordance with the requirements of 32 Ill. Adm. Code 335;

11) The licensee may distribute in vitro test kits to customers but shall neither remove any package insert nor violate the packaging;

12) The licensee shall report to the Agency, within 10 days after occurrence, any irregularities pertaining to identification, labeling, quality or assay of any radiopharmaceuticals received under the authority of this license;

13) For licensees authorized to dispense radiopharmaceuticals (such as nuclear pharmacies), the licensee shall ensure radiopharmaceuticals are dispensed only under the prescription of a physician who is authorized in a specific license to use the radiopharmaceuticals. The licensee shall maintain a copy of the recipient's radioactive material license and shall verify that the physician is authorized to receive the prescribed radiopharmaceutical prior to transfer;

14) A licensee shall apply for and must receive a license amendment before it receives, prepares, or uses radioactive material for a type of use that is permitted under this Part, but that is not authorized on the licensee's current license issued under this Part;

15) Individuals Under Supervision of an Authorized Nuclear Pharmacist

A) A licensee that permits the preparation of radioactive material for medical use by an individual under the supervision of an authorized nuclear pharmacist who is an authorized user shall:

i) In addition to the requirements in 32 Ill. Adm. Code 400.120, instruct the supervised individual in the preparation of radiopharmaceutical material for medical use, as appropriate to that individual's involvement with radioactive material; and

ii) Require the supervised individual to follow the instructions of the supervising authorized nuclear pharmacist regarding the preparation of radioactive material for medical use, written radiation protection procedures established by the licensee, the regulations of this Section, and license conditions.

B) A licensee that permits supervised activities under of this subsection (c)(15) is responsible for the acts and omissions of the supervised individual;

16) A licensee shall apply for and must receive a license amendment identifying an authorized nuclear pharmacist as defined in 32 Ill. Adm. Code 330.20 who meets the requirements in subsections (c)(18) and (c)(21), or an experienced nuclear pharmacist as defined in subsection (c)(20)~~as an authorized nuclear pharmacist~~ before it allows this individual to work as an authorized nuclear pharmacist;

17) Training for a nuclear pharmacy radiation safety officer.

A) The licensee shall require an individual fulfilling the responsibilities of Radiation Safety Officer to be an individual who either:

i~~A~~) Is certified by a specialty board whose certification has been recognized by the Agency, the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State and who meets the requirements in subsections (c)(17)(B) and (D). To be recognized, a specialty board shall require all candidates for certification to meet the following requirements. The candidate must:

- Hold a bachelor's or graduate degree from an accredited college or university in physical science, engineering or biological science with a minimum of 20 college credits in physical science;

- Have 5 or more years of professional experience in health physics (graduate training may be substituted for no more than 2 years of the required experience), including at least 3 years in applied health physics; and

- Pass an examination administered by diplomats of the specialty board that evaluates knowledge and competence in radiation physics and

instrumentation, radiation protection, mathematics pertaining to the use and measurement of radioactivity, radiation biology and radiation dosimetry; or

ii~~B~~) Has completed a structured educational program consisting of:

•~~i)~~ 200 hours of didactic training in the following areas: radiation physics and instrumentation; radiation protection; mathematics pertaining to the use and measurement of radioactivity; radiation biology; radiation dosimetry; ~~and~~

•~~ii)~~ 1 year of full-time radiation safety experience under the supervision of the individual identified as the Radiation Safety Officer on an Agency, U.S. Nuclear Regulatory Commission, Agreement State or Licensing State license or permit issued by the U.S. Nuclear Regulatory Commission master material licensee that authorizes similar types and uses of radioactive material involving shipping, receiving and performing related radiation monitoring;

•~~iii)~~ Using and performing checks for proper operation of instruments used to determine the activity of dosages, instruments used to measure radionuclides and survey meters;

•~~iv)~~ Securing and controlling radioactive material;

•~~v)~~ Using administrative controls to avoid mistakes in the administration of radioactive material;

•~~vi)~~ Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures;

•~~vii)~~ Using emergency procedures to control radioactive material; and

•~~viii)~~ Disposing of radioactive material;~~.~~

B~~C~~) Has obtained written attestation~~certification~~, signed by a preceptor authorized nuclear pharmacist Radiation Safety Officer, that the individual has satisfactorily completed the requirements in the first 2 bullet points of subsection (c)(17)(A)(ii)~~subsections (c)(17)(B)(i) and (ii) of this Section~~ and has achieved a level of radiation safety knowledge sufficient to function independently as an authorized nuclear pharmacist~~a~~ Radiation Safety Officer;~~.~~

C~~D~~) Is an authorized nuclear pharmacist identified on the licensee's license and has experience with the radiation safety aspects of similar types of use of radioactive material for which the individual has Radiation Safety Officer responsibilities;~~.~~

D~~E~~) Has training in the radiation safety, regulatory issues and emergency procedures for the types of use for which a licensee seeks approval. This training requirement may be satisfied by completing training that is supervised by a Radiation Safety Officer or authorized nuclear pharmacist, as appropriate, who is authorized for the types of use for which the licensee is seeking approval; and~~.~~

E~~F~~) Is an individual identified as a Radiation Safety Officer, or an authorized nuclear pharmacist on an Agency, U.S. Nuclear Regulatory Commission, Agreement State or a Licensing State license or a permit issued by an Agency, U.S. Nuclear Regulatory Commission, Agreement State or Licensing State broad scope license or master material license permit or by a master material license permittee of broad scope on or before October 24, 2007;

18) Before a licensee permits anyone to work as an authorized nuclear pharmacist under his or her ~~their~~ license, except for subsection (c)(19) of this Section, the licensee shall require the authorized nuclear pharmacist to be a State of Illinois licensed pharmacist. ~~who:~~

A) The individual must meet either of the following requirements:

i) Be~~Has current board certification as a Nuclear Pharmacist by the Board of Pharmaceutical Specialties on or before October 24, 2007, or is~~ certified as a nuclear pharmacist by a specialty board whose certification process includes all of the requirements in subsection (c)(18)(A)(i) of this Section and whose certification has been recognized by the U.S. Nuclear Regulatory Commission, Agreement State or Licensing State and who meets the requirements in subsections (c)(18)(B). To be recognized, a specialty board shall require all candidates for certification to meet the following requirements:~~; or~~

- Have graduated from a pharmacy program accredited by the American Council of Pharmaceutical Education (ACPE) or have passed the Foreign Pharmacy Graduate Examination Committee (FPGEC) examination;

- Hold a current, active license to practice pharmacy;

- Provide evidence of having acquired at least 4000 hours of training/experience in nuclear pharmacy practice. Academic training may be substituted for no more than 2000 hours of the required training and experience; and

- Have passed an examination in nuclear pharmacy, administered by the diplomats of the specialty board, that assessed knowledge and competency in the procurement, compounding, quality assurance, dispensing, distribution, health and safety, radiation safety, provision of information and consultation, monitoring patient outcomes, and research and development; or

ii)~~i)~~ Have ~~Has~~ completed 700 hours in a structured educational program consisting of both didactic training in radiation physics and instrumentation or radiation protection that includes:~~;~~

- 200 hours of classroom and laboratory training to include:

  - Radiation physics and instrumentation;

  - Radiation protection;

  - ~~ii)~~ Mathematics pertaining to the use and measurement of radioactivity;

  - ~~iii)~~ Chemistry of byproduct material for medical use; and

  - ~~iv)~~ Radiation biology; and

- ~~B)~~ Supervised practical experience in a nuclear pharmacy involving the following:

  - ~~i)~~ Shipping, receiving, and performing related radiation surveys;

  - ~~ii)~~ Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and, if appropriate, instruments used to measure alpha- or beta-emitting radionuclides;

  - ~~C)~~ Calculating, assaying, and safely preparing dosages for patients or human research subjects;

  - ~~D)~~ Use of administrative controls to avoid medical events in the administration of byproduct material; and

E) Use of procedures to prevent or minimize radioactive contamination and use of proper decontamination procedures; and

BF) The individual must have Has obtained written attestation, signed by a preceptor authorized nuclear pharmacist, that the individual has satisfactorily completed the requirements in subsection (c)(18)(A)(i) first 2 bullet points (c)(18)(A)(i) of this Section and has achieved a level of competency sufficient to function independently as an authorized nuclear pharmacist;

19) An individual identified as an authorized nuclear pharmacist on an Agency, U.S. Nuclear Regulatory Commission, Agreement State or Licensing State license or permit issued by an Agency, U.S. Nuclear Regulatory Commission, Agreement State broad scope licensee or master materials license permit or by a master materials license permittee of broad scope on or before October 24, 2007 need not comply with the training requirements of subsection (c)(18)(A)(i) of this Section;

20) Training for Experienced Nuclear Pharmacist. A State of Illinois licensed pharmacist who has completed a structured educational program as specified in subsection (c)(18)(A)(ii)(i) of this Section before October 24, 2007 and who is working in a nuclear pharmacy would qualify as an experienced nuclear pharmacist. An experienced nuclear pharmacist need not comply with the requirements for a preceptor statement and recentness of training to qualify as an authorized nuclear pharmacist;

21) Recentness of Training. The training and experience specified in subsection (c)(18) of this Section must have been obtained within the 7 years preceding the date of application or the individual must have had related continuing education and experience since the required training and experience was completed;

22) Resolution of Conflicting Requirements During Transition Period A)If this Part conflicts with the licensee's radiation safety program as identified in its license, this Part shall apply, unless the statements, representations, conditions and procedures in the license are more restrictive. However, if the licensee exercises its privilege to amend its

license, the portion amended must comply with the requirements of this Part.

~~B)~~ ~~Until October 24, 2007, the Agency will approve authorized nuclear pharmacists who have certifications from the applicable Boards specified in Appendix E of this Part. The Agency has the right to limit authorization to those uses specified in Appendix E of this Part.~~

d) Use of Sealed Sources in Industrial Radiography. A specific license for use of sealed sources in industrial radiography shall be issued only if the applicant has met the requirements of this Part and 32 Ill. Adm. Code 350 and 405.

e) Use of Radioactive Materials in Wireline Service Operations and Subsurface Tracer Studies. A specific license for use of radioactive material in wireline operations shall be issued only if the applicant has met the requirements of this Part and 32 Ill. Adm. Code 351.

AGENCY NOTE: Specialty boards whose certification processes have been recognized by the Agency, the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State will be posted on the NRC's Web page.

(Source: Amended at 32 Ill. Reg. _____, effective _____)

Section 330.280 Special Requirements for a Specific License to Manufacture, Assemble, Repair, or Distribute Commodities, Products, or Devices that Contain Radioactive Material

a) Licensing the Introduction of Radioactive Material into Products in Exempt Concentrations

1) In addition to the requirements set forth in Section 330.250, a specific license authorizing the introduction of radioactive material into a product or material owned by or in the possession of the licensee or another and the transfer of ownership or possession of the product or material containing the radioactive material to persons exempted from this Part pursuant to Section 330.30 or 330.40(a) will be issued if:

A) The applicant submits a description of the product or material into which the radioactive material will be introduced, intended use of the radioactive material and the product or material into which it is introduced, method of introduction, initial concentration of the radioactive material in the product or material, control methods to assure that no more than the specified concentration is introduced into the product or material, estimated time interval between introduction and transfer of the product or material and estimated concentration of the radioactive material in the product or material at the time of transfer; and

B) The applicant provides reasonable assurance that the concentrations of radioactive material at the time of transfer will not exceed the concentrations in Appendix A, that reconcentration of the radioactive material in concentrations exceeding those in Appendix A is not likely, that use of lower concentrations is not feasible and that the product or material is not likely to be incorporated in any food, beverage, cosmetic, drug or other commodity or product designed for ingestion or inhalation by, or application to, a human being.

2) Each person licensed under subsection (a) is required to maintain records of transfer of material and shall file a report with the Agency that shall identify the following:

A) Type and quantity of each product or material into which radioactive material has been introduced during the reporting period;

B) Name and address of the person who owned or possessed the product or material, into which radioactive material has been introduced, at the time of introduction;

C) The radionuclide, activity and activity assay date of radioactive material introduced into each product or material; and

D) The initial concentrations of the radionuclide in the product or material at time of transfer of the radioactive material by the licensee.

3) The licensee shall file the report within 30 days following:

A) 5 years after filing the preceding report; or

B) Filing an application for renewal of the license under Section 330.330; or

C) Notifying the Agency under Section 330.320(b) of the licensee's decision to permanently discontinue activities authorized under the license issued under this subsection (a).

4) The report shall cover the period between the filing of the preceding report and an occurrence specified in subsection (a)(3). If no transfers of radioactive material have been made under subsection (a) during the reporting period, the report shall so indicate.

5) The licensee shall maintain the record of a transfer for a period of 1 year after the event has been included in a report to the Agency.

b) Licensing the Distribution of Radioactive Material in Exempt Quantities

AGENCY NOTE: Authority to transfer possession or control by the manufacturer, processor or producer of any equipment, device, commodity or other product containing byproduct material whose subsequent possession, use, transfer and disposal by all other persons are exempted from regulatory requirements may be obtained only from the U.S. Nuclear Regulatory Commission, Washington, D.C. 20555.

1) An application for a specific license to distribute NARM to persons exempted, pursuant to Section 330.40(b) of this Part, will be approved if:

A) The radioactive material is not contained in any food, beverage, cosmetic, drug or other commodity designed for ingestion or inhalation by, or application to, a human being;

B) The radioactive material is in the form of processed chemical elements, compounds, or mixtures, tissue samples, bioassay samples, counting standards, plated or encapsulated sources or

similar substances, identified as radioactive and to be used for its radioactive properties, but is not incorporated into any manufactured or assembled commodity, product or device intended for commercial distribution; and

C) The applicant submits copies of prototype labels and brochures and the Agency approves such labels and brochures.

2) The license issued under subsection (b)(1) of this Section is subject to the following conditions:

A) No more than ten exempt quantities shall be sold or transferred in any single transaction. However, an exempt quantity may be composed of fractional parts of one or more of the exempt quantities provided the sum of the fractions shall not exceed unity.

B) Each exempt quantity shall be separately and individually packaged. No more than ten such packaged exempt quantities shall be contained in any outer package for transfer to persons exempt pursuant to Section 330.40(b). The outer package shall be such that the dose rate at the external surface of the package does not exceed 5 microSv (500 microrem) per hour.

C) The immediate container of each quantity or separately packaged fractional quantity of radioactive material shall bear a durable, legible label that:

i) Identifies the radionuclide and activity; and

ii) Bears the words "Radioactive Material".

D) In addition to the labeling information required by subsection (b)(2)(C) of this Section, the label affixed to the immediate container, or an accompanying brochure, shall:

i) State that the contents are exempt from Licensing State requirements;

ii) Bear the words "Radioactive Material - Not for Human Use – Introduction into Foods, Beverages, Cosmetics, Drugs, or Medicinals or into Products Manufactured for Commercial Distribution is Prohibited - Exempt Quantities Should Not Be Combined"; and

iii) Set forth appropriate additional radiation safety precautions and instructions relating to the handling, use, storage and disposal of the radioactive material.

3) Each person licensed under this subsection (b) is required to maintain records and file reports as follows:

A) Records of transfer of material identifying, by name and address, each person to whom radioactive material is transferred for use under Section 330.40(b) of this Part or the equivalent regulations of an Agreement State, or a Licensing State and stating the kinds and quantities of radioactive material transferred. The licensee shall maintain the record of a transfer for a period of 1 year after the event is included in a summary report to the Agency.

B) The licensee shall file a summary report stating the total activity of each radioisotope transferred under the specific license with the Agency.

C) The licensee shall file the summary report within 30 days following:

i) 5 years after filing the preceding report; or

ii) Filing an application for renewal of the license under Section 330.330 of this Part; or

iii) Notifying the Agency under Section 330.320(b) of this Part of the licensee's decision to permanently discontinue activities authorized under the license issued under subsection (b) of this Section.

D) The report shall cover the period between the filing of the preceding report and an occurrence specified in subsection (b)(3)(C) of this Section. If no transfers of radioactive material have been made under subsection (b) of this Section during the reporting period, the report shall so indicate.

c) Licensing the Incorporation of Naturally Occurring and Accelerator-Produced Radioactive Material into Gas and Aerosol Detectors. An application for a specific license authorizing the incorporation of NARM into gas and aerosol detectors to be distributed to persons exempt under Section 330.40(c)(3) of this Part will be approved if the application satisfies requirements equivalent to those contained in 10 CFR 32.26, published January 1, 1993, exclusive of subsequent amendments or editions. The maximum activity of radium-226 in each device shall not exceed 3.7 kBq (100 nCi).

d) Licensing the Manufacture and Distribution of Devices to Persons Generally Licensed Under Section 330.220(b) of this Part

AGENCY NOTE: Section 330.280(n) of this Part contains requirements for radioactive material transfer reports and records.

1) An application for a specific license to manufacture or distribute devices containing radioactive material, excluding special nuclear material, to persons generally licensed under Section 330.220(b) of this Part or equivalent regulations of the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State will be approved if:

A) The applicant satisfies the general requirements of Section 330.250 of this Part.

B) The applicant submits sufficient information relating to the design, manufacture, prototype testing, quality control, labels, proposed uses, installation, servicing, leak testing, operating and safety instructions and potential hazards of the device to provide reasonable assurance that:

i) The device can be safely operated by persons not having training in radiological protection;

ii) Under ordinary conditions of handling, storage and use of the device, the radioactive material contained in the device will not be released or inadvertently removed from the device and it is unlikely that any person will receive in 1 year a dose in excess of 10 percent of the annual limits specified in 32 Ill. Adm. Code 340.210(a); and

iii) Under accident conditions such as fire and explosion associated with handling, storage and use of the device, it is unlikely that any person would receive an external radiation dose or dose commitment in excess of the following organ doses:

Whole body; head and trunk; active blood-forming organs; gonads or lens of eye .....150 mSv (15 rem)

Hands and forearms; feet and ankles or localized areas of skin averaged over areas no larger than 1 square centimeter.....2 Sv (200 rem)

Other organs .....500 mSv (50 rem).

C) Each device bears a durable, legible, clearly visible label or labels approved by the Agency, that contain in a clearly identified and separate statement:

i) Instructions and precautions necessary to assure safe installation, operation and servicing of the device. Documents such as operating and service manuals may be identified in the label and used to provide this information;

ii) The requirement, or lack of requirement, for testing for leakage or contamination, or for testing any on-off mechanism and indicator, including the maximum time interval for such testing, and the identification of radioactive material by radionuclide, activity and activity assay date; and

iii) The information called for in one of the following statements, as appropriate, in the same or substantially similar form:

Devices Containing Radioactive Material Other Than Naturally Occurring Radioactive Material

The receipt, possession, use and transfer of this device, Model___, Serial No._____, are subject to a general license or the equivalent and the regulations of the U.S. Nuclear Regulatory Commission or a State with which the U.S. Nuclear Regulatory Commission has entered into an agreement for the exercise of regulatory authority. This label shall be maintained on the device in a legible condition. Removal of this label is prohibited.

CAUTION – RADIOACTIVE MATERIAL
Name of Manufacturer or Distributor

AGENCY NOTE: The model, serial number and name of the manufacturer or distributor may be omitted from this label provided the information is elsewhere specified in labeling affixed to the device.

Devices Containing Naturally-Occurring Radioactive Material

The receipt, possession, use and transfer of this device, Model_____, Serial No. _____are subject to a general license or the equivalent and the regulations of a Licensing State. This label shall be maintained on the device in a legible condition. Removal of this label is prohibited.

CAUTION – RADIOACTIVE MATERIAL

AGENCY NOTE: The model, serial number and name of the manufacturer or distributor may be omitted from this

label provided the information is elsewhere specified in labeling affixed to the device.

D) Each device having a separable source housing that provides the primary shielding for the source also bears on the source housing a durable label displaying the device model and serial number, the radionuclide and activity, the words "Caution – Radioactive Material", the radiation symbol described in 32 Ill. Adm. Code 340.Illustration A and the name of the manufacturer or distributor.

E) Each device meeting the criteria of 10 CFR 31.5(c)(13)(i) (2005) bears a permanent (e.g., embossed, etched, stamped or engraved) label affixed to the source housing, if separable, or the device, if the source housing is not separable, that includes the words "Caution – Radioactive Material", and, if practicable, the radiation symbol described in 32 Ill. Adm. Code 340.Illustration A.

2) Except as provided in this subsection, the interval between tests for proper operation of the on-off mechanism and indicator, if any, shall not exceed 6 months. The interval between tests for contamination of the device or for leakage of radioactive material from the device or for both shall not exceed 3 months for devices containing sources designed to emit alpha particles and 6 months for all other devices. In the event the applicant desires that the device be required to be tested at intervals longer than the above, the applicant shall include in the application sufficient information to demonstrate that such longer intervals are justified. The information shall include a description of the performance characteristics of the device or similar devices and of design features that have a significant bearing on the probability or consequences of contamination of the device or leakage of radioactive material from the device or failure of the on-off mechanism and indicator. In determining the acceptable interval for the test for leakage of radioactive material or contamination of the device, the Agency will consider information that includes, but is not limited to:

A) Primary containment or source capsule;

B) Protection of primary containment;

C) Method of sealing containment;

D) Containment construction materials;

E) Form of contained radioactive material;

F) Maximum temperature withstood during prototype tests;

G) Maximum pressure withstood during prototype tests;

H) Maximum activity of contained radioactive material;

I) Radiotoxicity of contained radioactive material; and

J) Operating experience with identical devices or similarly designed and constructed devices.

3) In the event the applicant desires that the general licensee under Section 330.220(b) of this Part, or under equivalent regulations of the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State, be authorized to install the device, collect the sample to be analyzed by a specific licensee for leakage of, or contamination by, radioactive material, service the device, test the on-off mechanism and indicator or remove the device from installation, the applicant shall include in the application written instructions to be followed by the general licensee, estimated annual doses associated with such activity or activities and bases for such estimates. The submitted information shall demonstrate that performance of such activity or activities by an individual untrained in radiological protection, in addition to other handling, storage and use of devices under the general license, is unlikely to cause that individual to receive an annual dose in excess of 10 percent of the limits specified in 32 Ill. Adm. Code 340.210(a).

4) A person licensed under subsection (d) of this Section to distribute devices to generally licensed persons shall provide the information in subsection (d)(4) of this Section to each person to whom a device is to be transferred for possession and use under the general license in Section 330.220(b) of this Part. This information shall be provided before a device is transferred. In the case of a transfer through an intermediate person, the

information shall be provided to the intended user prior to transfer to the intermediate person. The required information is:

A) A copy of Section 330.220(b) of this Part;

AGENCY NOTE: If certain provisions of Section 330.220(b) of this Part do not apply to a particular device, they may be omitted; e.g., tests for leakage or contamination or proper operation of an on-off mechanism and indicator.

B) A copy of 32 Ill. Adm. Code 310.40, 330.310 and 340.1210, 1220 and 1260;

C) A list of the services that may only be performed by a specific licensee;

D) Information on acceptable disposal options, including estimated costs of disposal; and

E) A statement of the Agency's policy to take escalated enforcement action for improper disposal.

5) A person licensed under this subsection (d) to distribute devices to generally licensed persons shall provide the information in this subsection (d)(5) to each person to whom a device is to be transferred for possession and use under a general license equivalent to Section 330.220(b) of this Part in the regulations of the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State. This information shall be provided before a device is transferred. In the case of a transfer through an intermediate person, the information shall be provided to the intended user prior to transfer to the intermediate person. The required information is:

A) A copy of 10 CFR 31.5, 31.2, 30.51, 20.2201 and 20.2202 (2005) or the equivalent regulations of an Agreement State or Licensing State. If a copy of the NRC regulations is provided to a prospective general licensee in lieu of the applicable Agreement State or Licensing State regulations, it shall be accompanied by a note explaining that use of the device is regulated by the Agreement State or Licensing State;

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AGENCY NOTE: If certain provisions of the regulations do not apply to a particular device, they may be omitted; e.g., tests for leakage or contamination or proper operation of an on-off mechanism and indicator.

B) A list of the services that may only be performed by a specific licensee;

C) Information on acceptable disposal options, including estimated costs of disposal;

D) A statement of the policies of the U.S. Nuclear Regulatory Commission and most Agreement States and Licensing States to take escalated enforcement action for improper disposal; and

E) The name or title, address and phone number of the contact at the U.S. Nuclear Regulatory Commission, Agreement State or Licensing State regulatory agency from whom additional information may be obtained.

6) A person licensed under this subsection (d) may propose, for approval by the Agency, an alternative method of informing customers.

7) Each device transferred after February 19, 2002, shall meet the labeling requirements of subsections (d)(1)(C), (D) and (E) of this Section.

8) If a license is to be terminated or if notification of bankruptcy is required by subsection (j) of this Section, a person licensed under this subsection (d) shall, upon request, provide to the Agency, the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State the records of final disposition required by subsection (o)(8) of this Section.

e) Special Requirements for the Manufacture, Assembly or Repair of Luminous Safety Devices for Use in Aircraft

1) An application for a specific license to manufacture, assemble or repair luminous safety devices containing tritium or promethium-147 for use in

aircraft, for distribution to persons generally licensed under Section 330.220(c) of this Part will be approved if:

A) The applicant satisfies the general requirements specified in Section 330.250 of this Part; and

B) The applicant satisfies the requirements of 10 CFR 32.53-32.55 and 32.101, published January 1, 1993, exclusive of subsequent amendments or editions, or their equivalent.

2) Each person licensed under this subsection (e) shall file an annual report with the Agency that shall state the total activity of tritium or promethium-147 transferred to persons generally licensed under Section 330.220(c) of this Part or equivalent regulations of the U.S. Nuclear Regulatory Commission or an Agreement State. The report shall identify each general licensee by name and address, state the kinds and numbers of luminous devices transferred and specify the activity of tritium or promethium-147 in each kind of device. Each report shall cover the year ending June 30 and shall be filed within 30 days thereafter.

f) Special Requirements for License to Manufacture Calibration Sources Containing Americium-241, Plutonium or Radium-226 for Distribution to Persons Generally Licensed Under Section 330.220(e) of this Part. An application for a specific license to manufacture calibration and reference sources containing americium-241, plutonium or radium-226 for distribution to persons generally licensed under Section 330.220(e) of this Part will be approved if:

1) The applicant satisfies the general requirements of Section 330.250 of this Part; and

2) The applicant satisfies the requirements of 10 CFR 32.57 and 70.39 published January 1, 1993 and certifies that the applicant will satisfy, and subsequently satisfies, the requirements of 10 CFR 32.58, 32.59 and 32.102, published January 1, 1993, exclusive of subsequent amendments or editions.

g) Manufacture and Distribution of Radioactive Material for Certain In Vitro Clinical or Laboratory Testing Under General License. An application for a specific license to manufacture or distribute radioactive material for use under the

general license of Section 330.220(f) of this Part, or equivalent regulations of the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State, will be approved if:

1) The applicant satisfies the general requirements specified in Section 330.250 of this Part.

2) The radioactive material is to be prepared for distribution in prepackaged units of:

   A) Carbon-14 in units not exceeding 370 kBq (10 µCi) each.

   B) Cobalt-57 in units not exceeding 370 kBq (10 µCi) each.

   C) Hydrogen-3 (tritium) in units not exceeding 1.85 MBq (50 µCi) each.

   D) Iodine-125 in units not exceeding 370 kBq (10 µCi) each.

   E) Mock iodine-125 in units not exceeding 1.85 kBq (50 nCi) of iodine-129 and 185 Bq (5 nCi) of americium-241 each.

   F) Iodine-131 in units not exceeding 370 kBq (10 µCi) each.

   G) Iron-59 in units not exceeding 740 kBq (20 µCi) each.

   H) Selenium-75 in units not exceeding 370 kBq (10 µCi) each.

3) Each prepackaged unit bears a durable, clearly visible label:

   A) Identifying the radioactive contents as to chemical form and radionuclide, and indicating that the amount of radioactivity does not exceed 370 kBq (10 µCi) of iodine-125, iodine-131, carbon-14, cobalt-57 or selenium-75; 1.85 MBq (50 µCi) of hydrogen-3 (tritium); 740 kBq (20 µCi) of iron-59; or mock iodine-125 in units not exceeding 1.85 kBq (50 nCi) of iodine-129 and 185 Bq (5 nCi) of americium-241 each; and

B) Displaying the radiation caution symbol described in 32 Ill. Adm. Code 340.910(a) and the words, "CAUTION – RADIOACTIVE MATERIAL", and "Not for Internal or External Use in Humans or Animals".

4) One of the following statements, as appropriate, or a statement that contains the information called for in one of the following statements, appears on a label affixed to each prepackaged unit or appears in a leaflet or brochure that accompanies the package:

A) This radioactive material may be received, acquired, possessed and used only by physicians, veterinarians, clinical laboratories or hospitals and only for in vitro clinical or laboratory tests not involving internal or external administration of the material, or the radiation therefrom, to human beings or animals. Its receipt, acquisition, possession, use and transfer are subject to the regulations and a general license of the U.S. Nuclear Regulatory Commission or of a state with which the Commission has entered into an agreement for the exercise of regulatory authority.

B) This radioactive material may be received, acquired, possessed and used only by physicians, veterinarians, clinical laboratories or hospitals and only for in vitro clinical or laboratory tests not involving internal or external administration of the material, or the radiation therefrom, to human beings or animals. Its receipt, acquisition, possession, use and transfer are subject to the regulations and a general license of a Licensing State.

5) The label affixed to the unit, or the leaflet or brochure that accompanies the package, contains information about the precautions to be followed in handling and storing such radioactive material. In the case of the mock iodine-125 reference or calibration source, the manufacturer shall state in the directions that this item shall be disposed of in compliance with 32 Ill. Adm. Code 340.1010(a).

h) Licensing the Manufacture and Distribution of Ice Detection Devices. An application for a specific license to manufacture and distribute ice detection devices to persons generally licensed under Section 330.220(g) of this Part, will be approved if:

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1) The applicant satisfies the general requirements of Section 330.250; and

2) The criteria of 10 CFR 32.61, 32.62 and 32.103 published January 1, 1993, exclusive of subsequent amendments or editions, are met.

i) Manufacture and Distribution of Radiopharmaceuticals Containing Radioactive Material for Medical Use Under Specific Licenses. An application for a specific license to manufacture and distribute radiopharmeceuticals containing radioactive material for use by persons licensed pursuant to Section 330.260(a) for the uses described in 32 Ill. Adm. Code 335.3010, 335.4010 or 335.5010 will be approved if:

1) The applicant satisfies the general requirements specified in Section 330.250 of this Part;

2) The applicant submits information showing that:

A) The radiopharmaceutical containing radioactive material will be manufactured, labeled and packaged in accordance with the Federal Food, Drug, and Cosmetic Act or the Public Health Service Act; or

B) The manufacture and distribution of the radiopharmaceutical containing radioactive material is not subject to the Federal Food, Drug, and Cosmetic Act and the Public Health Service Act;

3) The applicant submits information on the radionuclide, chemical and physical form, packaging including maximum activity per package and shielding provided by the packaging of the radioactive material which is appropriate for safe handling and storage of radiopharmaceuticals by specific licensees; and

4) The label affixed to each package of the radiopharmaceutical contains information on the radionuclide, activity and activity assay date and the label affixed to each package, or the leaflet or brochure which accompanies each package, contains a statement that the radiopharmaceutical is licensed by the Agency for distribution to persons licensed pursuant to Section 330.260(a) for radioactive material specified

in 32 Ill. Adm. Code 335.3010, 335.4010 or 335.5010, as appropriate, or under equivalent licenses of the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State. The labels, leaflets or brochures required by this subsection (i) are in addition to the labeling required by the FDA and may be separate from or, with the approval of FDA, may be combined with the labeling required by FDA.

j) Manufacture and Distribution of Generators or Reagent Kits for Preparation of Radiopharmaceuticals Containing Radioactive Material

AGENCY NOTE: Although the Agency does not regulate the manufacture and distribution of reagent kits that do not contain radioactive material, it does regulate the use of such reagent kits for the preparation of radiopharmaceuticals containing radioactive material as part of its licensing and regulation of the users of radioactive material. Any manufacturer of reagent kits that do not contain radioactive material who desires to have such reagent kits approved by the Agency for use by persons licensed pursuant to Section 330.260(a) of this Part for generators or reagent kits specified in 32 Ill. Adm. Code 335.4010 may submit the pertinent information specified in this subsection (j).

An application for a specific license to manufacture and distribute generators or reagent kits containing radioactive material for preparation of radiopharmaceuticals by persons licensed pursuant to Section 330.260(a) of this Part for the uses specified in 32 Ill. Adm. Code 335.4010 will be approved if:

1) The applicant satisfies the general requirements specified in Section 330.250 of this Part;

2) The applicant submits evidence that:

A) The generator or reagent kit is to be manufactured, labeled and packaged in accordance with the Federal Food, Drug, and Cosmetic Act or the Public Health Service Act; or

B) The manufacture and distribution of the generator or reagent kit are not subject to the Federal Food, Drug, and Cosmetic Act and the Public Health Service Act;

3) The applicant submits information on the radionuclide, chemical and physical form, packaging, including maximum activity per package, and shielding provided by the packaging of the radioactive material contained in the generator or reagent kit;

4) The label affixed to the generator or reagent kit contains information on the radionuclide, activity and activity assay date; and

5) The label affixed to the generator or reagent kit, or the leaflet or brochure that accompanies the generator or reagent kit, contains:

A) Adequate information, from a radiation safety standpoint, on the procedures to be followed and the equipment and shielding to be used in eluting the generator or processing radioactive material with the reagent kit; and

B) A statement that the generator or reagent kit, as appropriate, is approved for use by persons licensed by the Agency pursuant to Section 330.260(a) of this Part and 32 Ill. Adm. Code 335.4010 or under equivalent licenses of the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State. The labels, leaflets or brochures required by this subsection (j) are in addition to the labeling required by the FDA and they may be separate from or, with the approval of FDA, may be combined with the labeling required by FDA.

k) Manufacture and Distribution of Sources or Devices Containing Radioactive Material for Medical Use. An application for a specific license to manufacture and distribute sources and devices containing radioactive material to persons licensed pursuant to Section 330.260(a) of this Part for use as a calibration or reference source or for the uses listed in 32 Ill. Adm. Code 335.6010, 335.7010 and 335.8010 will be approved if:

1) The applicant satisfies the general requirements in Section 330.250 of this Part;

2) The applicant submits sufficient information regarding each type of source or device pertinent to an evaluation of its radiation safety, including:

A) The radioactive material contained, its chemical and physical form and activity;

B) Details of design and construction of the source or device;

C) Procedures for, and results of, prototype tests to demonstrate that the source or device will maintain its integrity under stresses likely to be encountered in normal use and accidents;

D) For devices containing radioactive material, the radiation profile of a prototype device;

E) Details of quality control procedures to assure that production sources and devices meet the standards of the design and prototype tests;

F) Procedures and standards for calibrating sources and devices;

G) Legend and methods for labeling sources and devices as to their radioactive content; and

H) Instructions for handling and storing sources or devices from the radiation safety standpoint. These instructions shall be included on a durable label attached to each source or device or attached to a permanent storage container for the source or device; provided, that instructions which are too lengthy for such label may be summarized on the label and printed in detail on a brochure that is referenced on the label;

3) The label affixed to the source or device, or to the permanent storage container for the source or device, contains information on the radionuclide, activity and activity assay date, radiation symbol and/or "Caution Radioactive Material", serial number, model, manufacturer name or logo, and a statement that the source or device is licensed by the Agency for distribution to persons licensed pursuant to Section 330.260(a) of this Part and 32 Ill. Adm. Code 335.7010 or under equivalent licenses of the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State, provided that the labeling for sources that do not require

long-term storage may be on a leaflet or brochure that accompanies the source;

4) In the event the applicant desires that the source or device be required to be tested for leakage of, or contamination by, radioactive material at intervals longer than 6 months, the applicant shall include in the application sufficient information to demonstrate that the longer interval is justified by performance characteristics of the source or device or similar sources or devices and by design features that have a significant bearing on the probability or consequences of radioactive contamination or leakage of radioactive material from the source; and

5) In determining the acceptable interval for tests of leakage of, or contamination by, radioactive material, the Agency will consider information that includes, but is not limited to:

A) Primary containment or source capsule;

B) Protection of primary containment;

C) Method of sealing containment;

D) Containment construction materials;

E) Form of contained radioactive material;

F) Maximum temperature withstood during prototype tests;

G) Maximum pressure withstood during prototype tests;

H) Maximum activity of contained radioactive material;

I) Radiotoxicity of contained radioactive material;

J) Operating experience with identical sources or devices or similarly designed and constructed sources or devices; and

K) Proposed use of source.

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l) Requirements for License to Manufacture and Distribute Industrial Products Containing Depleted Uranium for Mass-Volume Applications.
An application for a specific license to manufacture industrial products and devices containing depleted uranium for use pursuant to Section 330.210(d) of this Part or equivalent regulations of the U.S. Nuclear Regulatory Commission or an Agreement State will be approved if:

1) The applicant satisfies the general requirements specified in Section 330.250 of this Part.

2) The applicant submits sufficient information relating to the design (including blueprints), manufacture (construction materials and methods), prototype testing (description of testing that will be done and the acceptance criteria), quality control procedures, labeling or marking, proposed uses and potential hazards of the industrial product or device to assure that possession, use or transfer of the depleted uranium in the product or device will not cause any individual to receive in any period of 1 year a radiation dose in excess of 10 percent of the limits specified in 32 Ill. Adm. Code 340.210(a).

3) The applicant submits information assuring that the presence of depleted uranium for a mass-volume application in the product or device will provide a unique benefits to the public, i.e., a benefit that could not be achieved but for the use of depleted uranium. The applicant's methods for use and handling of the product or device will not result in uncontrolled disposal or dispersal of depleted uranium into the environment.

4) The Agency will deny any application for a specific license under this subsection if the end uses of the industrial product or device cannot be reasonably foreseen.

5) Each person licensed pursuant to this subsection (l) shall:

A) Maintain the level of quality control required by the license in the manufacture of the industrial product or device, and in the installation of the depleted uranium into the product or device;

B) Label or mark each unit to:

i) Identify the manufacturer of the product or device and the number of the license under which the product or device was manufactured, the fact that the product or device contains depleted uranium and the activity of depleted uranium in each product or device; and

ii) State that the receipt, possession, use and transfer of the product or device are subject to a general license or the equivalent and the regulations of the U.S. Nuclear Regulatory Commission or an Agreement State;

C) Assure that the depleted uranium before being installed in each product or device has been impressed with the following legend clearly legible through any plating or other covering: "Depleted Uranium";

D) Furnish:

i) A copy of the general license contained in Section 330.210(d) of this Part and a copy of the form "Registration Certificate – Use of Depleted Uranium Under General License", to each person to whom the licensee transfers depleted uranium in a product or device for use pursuant to the general product or device for use pursuant to the general license contained in Section 330.210(d) of this Part; or

ii) A copy of the general license contained in the U.S. Nuclear Regulatory Commission's or Agreement State's regulation equivalent to Section 330.210(d) of this Part and a copy of the U.S. Nuclear Regulatory Commission's or Agreement State's certificate, or alternatively, furnish a copy of the general license contained in Section 330.210(d) of this Part and a copy of the form "Registration Certificate – Use of Depleted Uranium Under General License", to each person to whom he transfers depleted uranium in a product or device for use pursuant to the general license of the U.S. Nuclear Regulatory Commission or an Agreement State, with a note explaining that use of the product or device is

regulated by the U.S. Nuclear Regulatory Commission or an Agreement State under requirements substantially the same as those in Section 330.210(d) of this Part;

E) Report to the Agency all transfers of industrial products or devices to persons for use under the general license in Section 330.210(d) of this Part. Such report shall identify each general licensee by name and address, an individual by name and/or position who may constitute a point of contact between the Agency and the general licensee, the type and model number of device transferred and the activity of depleted uranium contained in the product or device. The report shall be submitted within 30 days after the end of each calendar quarter in which such a product or device is transferred to the generally licensed person. If no transfers have been made to persons generally licensed under Section 330.210(d) of this Part during the reporting period, the report shall so indicate;

F) File a report that identifies each general licensee by name and address, an individual by name and/or position who constitutes a point of contact between the Agency and the general licensee, the type and model number of the device transferred and the activity of depleted uranium contained in the product or device. The report shall be submitted within 30 days after the end of each calendar quarter in which such product or device is transferred to the generally licensed person. The licensee shall report:

i) To the U.S. Nuclear Regulatory Commission all transfers of industrial products or devices to persons for use under the U.S. Nuclear Regulatory Commission general license in 10 CFR 40.25;

ii) To the responsible state agency all transfers of devices manufactured and distributed pursuant to this subsection (l) for use under a general license in that state's regulations equivalent to Section 330.210(d) of this Part;

iii) To the U.S. Nuclear Regulatory Commission if no transfers have been made by the licensees during the reporting period;

iv) To the responsible Agreement State agency upon the request of that agency if no transfers have been made to general licensees within a particular Agreement State during the reporting period; and

G) Keep records showing the name, address and point of contact for each general licensee to whom he transfers depleted uranium in industrial products or devices for use pursuant to the general license provided in Section 330.210(d) of this Part or equivalent regulations of the U.S. Nuclear Regulatory Commission or an Agreement State. The records shall be maintained for a period of 2 years and shall show the date of each transfer, the activity of depleted uranium in each product or device transferred and compliance with the report requirements of this Section.

m) Special Requirements for License to Manufacture, Import or Initially Distribute Sealed Sources or Devices Containing Sealed Sources to Persons Having a Specific License.

1) An application for license to manufacture, import or initially distribute sealed sources or devices containing sealed sources for initial transfer to persons having a specific license to receive such sealed sources or devices will be approved subject to the following conditions:

A) The applicant satisfies the general requirements specified in Section 330.250 of this Part;

B) The licensee subject to this subsection (m) shall not transfer a sealed source or device containing a sealed source to any person except in accordance with the requirements of Section 330.400 of this Part.

2) Any manufacturer, importer or initial distributor of a sealed source or device containing a sealed source whose product is intended for use under a specific license may submit a request to the Agency for evaluation of radiation safety information about its product and for filing an evaluation sheet in the U.S. Nuclear Regulatory Commission "Registry of Radioactive Sealed Sources and Devices".

A) A request for evaluation of a sealed source or device containing a sealed source shall be submitted in duplicate and shall include information required by subsection (m)(2)(B) or (C) of this Section, as applicable, demonstrating that the radiation safety properties of the source or device will not endanger public health and safety or property.

B) A request for evaluation of a sealed source shall include the following radiation safety information:

i) Proposed uses for the sealed source;

ii) Chemical and physical form and maximum quantity of radioactive material in the sealed source;

iii) Details of design of the sealed source, including blueprints, engineering drawings or annotated drawings;

iv) Details of construction of the sealed source, including a description of materials used in construction;

v) Radiation profile of a prototype sealed source;

vi) Procedures for and results of prototype testing;

vii) Details of quality control procedures to be followed in manufacture;

viii) A description or facsimile of labeling to be affixed to the sealed source;

ix) Leak testing procedures; and

x) Any additional information, including experimental studies and tests, required by the Agency to facilitate a determination of the safety of the sealed source, as required by Section 330.250 of this Part.

C) A request for evaluation of a device containing a sealed source shall include the following radiation safety information:

i) Proposed uses for the device;

ii) Manufacturer, model number, chemical and physical form and maximum quantity of radioactivity in the sealed source or sources to be used in the device;

iii) Details of design of the sealed source, including blueprints, engineering drawings or annotated drawings;

iv) Details of construction of the sealed source, including a description of materials used in construction;

v) Radiation profile of a prototype device;

vi) Procedures for and results of prototype testing;

vii) Details of quality control procedures to be followed in manufacture;

viii) A description or facsimile of labeling to be affixed to the device;

ix) Leak testing procedures;

x) A description of potential hazards in installation, service, maintenance, handling, use and operation of the device;

xi) Information about installation, service and maintenance procedures;

xii) Handling, operating and safety instructions; and

xiii) Any additional information, including experimental studies and tests, required by the Agency to facilitate a determination of the safety of the device as required by Section 330.250 of this Part.

D) When evaluating a sealed source or device, the Agency will apply the radiation safety criteria described in 10 CFR 32.210(d), published January 1, 1993, exclusive of subsequent amendments or editions.

E) The person submitting a request for evaluation of a product shall manufacture and distribute the product in accordance with:

i) The statements and representations, including the quality control program, described in the request; and

ii) The provisions of the evaluation sheet prepared by the Agency and submitted to the U.S. Department of Health and Human Services for filing in the "Radioactive Material Reference Manual", or to the U.S. Nuclear Regulatory Commission for filing in the "Registry of Radioactive Sealed Sources and Devices".

n) Manufacture and Distribution of Radioactive Material for Medical Use Under General License. A specific license authorizing the distribution of radioactive materials for diagnostic medical use by a physician under a general license shall be issued only if the applicant for the specific license satisfies the requirements of Section 330.250 of this Part and:

1) The applicant submits evidence that the radioactive material is to be manufactured, labeled and packaged in accordance with an approval by the commissioner of Food and Drugs, U.S. Food and Drug Administration, or in accordance with an approval for a biologic product issued by the Secretary, U.S. Department of Health and Human Services; and

2) One of the following statements, as appropriate, or a statement that~~which~~ contains the information called for in one of the following statements, appears on the label affixed to the container or appears in the leaflet or brochure that accompanies the package:

A) This radiopharmaceutical may be received, possessed and used only by physicians licensed to dispense drugs in the practice of medicine. Its receipt, possession, use and transfer are subject to

the regulations and a general license or its equivalent of the U.S. Nuclear Regulatory Commission or of a state with which the Commission has entered into an agreement for the exercise of regulatory authority.

B) This radiopharmaceutical may be received, possessed and used only by physicians licensed to dispense drugs in the practice of medicine. Its receipt, possession, use and transfer are subject to the regulations and a general license or its equivalent of a Licensing State.

o) Material Transfer Reports and Records
Each person licensed under subsection (d) of this Section to distribute devices to generally licensed persons shall comply with the requirements of subsection (n) of this Section.

1) The person shall report:

A) To the Agency and to the responsible regulatory agency all transfers of devices to persons for use under the general license in Section 330.220(b) of this Part or the equivalent regulations of the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State;

B) To the Agency and to the responsible regulatory agency all receipts of devices from persons generally licensed under Section 330.220(b) of this Part or the equivalent regulations of the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State;

C) To the Agency if no transfers were made to or from general licensees during the reporting period; and

D) To the responsible regulatory agency upon the request of the agency if no transfers during the reporting period were made to or from general licensees in the agency's area of jurisdiction.

2) The report shall be on NRC Form 653, "Transfers of Industrial Devices Report" or in a clear and legible format containing all of the information

required by the form. The report shall cover each calendar quarter, shall be filed within 30 days after the end of the calendar quarter and shall clearly indicate the period covered.

3) For a transfer to a general licensee, the report shall provide:

A) The identity of the general licensee by name and mailing address for the location of use. If there is no mailing address for the location of use, an alternate address for the general licensee shall be submitted, along with information on the actual location of use;

B) The name, title, and phone number of the individual identified by the general licensee as having knowledge of and authority to take required actions to ensure compliance with the appropriate regulations and requirements;

C) The date of transfer;

D) The type, model and serial number of the device transferred; and

E) The radionuclide and activity contained in the device.

4) If one or more intermediate persons will temporarily possess a device at the intended place of use before its possession by the user, the report shall include the same information for both the intended user and each intermediate person and shall clearly designate all intermediate persons.

5) For a device received from a general licensee, the report shall provide the name and address of the general licensee and the type, model and serial number of the device and the date of receipt. For a device not initially transferred by the reporting person, the report shall provide the name of the manufacturer or distributor.

6 If the person makes a change to a device possessed by a general licensee that necessitates a change in the label, the report shall identify the general licensee, the device and the changes to information on the device label.

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7) The report shall clearly identify the person licensed under subsection (d) of this Section that is furnishing the report and shall include the person's specific license number.

8) The person shall maintain all information concerning transfers and receipts of devices that supports the reports required by this subsection (o). These records shall be maintained for 5 years following the recorded event.

(Source: Amended at 32 Ill. Reg. _____, effective _____)

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Section 330.APPENDIX E List of Specialty Board Certifications Recognized by the Agency Until October 24, 2007 (Repealed)

~~Until October 24, 2007, the Agency will recognize Board certification by the specialty boards for the uses of radioactive material as specified in this Appendix. The Agency will also accept boards recognized by the U.S. Nuclear Regulatory Commission and listed on its website.~~

~~**Training for Authorized Nuclear Pharmacist**~~

~~Board of Pharmaceutical Specialties in Nuclear Pharmacy or Sciences~~

(Source: Repealed at 32 Ill. Reg. _____, effective _____)

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1) Heading of the Part: Medical Use of Radioactive Material

2) Code Citation: 32 Ill. Adm. Code 335

3)

Section Numbers:	Proposed Action:
335.20	Amendment
335.30	Amendment
335.2080	Amendment
335.3010	Amendment
335.4010	Amendment
335.9010	Amendment
335.9030	Amendment
335.9040	Amendment
335.9050	Amendment
335.9060	Amendment
335.9070	Amendment
335.9080	New Section
335.9100	Amendment
335.9120	Amendment
335.9130	Amendment
335.9140	Amendment
335.9150	Amendment
335.9160	Amendment
335.9190	Amendment
335.APPENDIX A	Repealed

4) Statutory Authority: Implementing and authorized by Section 10 of the Radiation Protection Act of 1990 [420 ILCS 40].

5) A Complete Description of the Subjects and Issues Involved: These regulations provide for training of authorized user physicians for medical use of radionuclides. These changes are considered Compatibility A, B and C or a Health and Safety standard by the U.S. Nuclear Regulatory Commission (NRC) and must be adopted essentially verbatim by the Agency in order to maintain its "Agreement State" status. This rulemaking will ensure compatibility with the NRC's 10 CFR 20, 20, 23, 35, 40 and 70 regulations currently in place for medical use of radioactive materials. The changes are mandated in 70 FR 16336 (RATS ID #2005-2) and 71 FR 15005 (RATS ID #2006-1). Agreement States such as Illinois are required to have these regulations in place by April 29, 2008 and March 27, 2009.

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Section 31 of the Radiation Protection Act of 1990 [420 ILCS 40/31] provides that the Agency is exempt from rulemaking procedures in the Illinois Administrative Procedure Act when regulations that are identical in substance are necessary to implement, secure, or maintain federal authorization for a program. After consideration of comments from the appropriate federal agency, the Agency may adopt the verbatim text of the laws, regulations, or orders as necessary and appropriate for authorization or maintenance of the program. The NRC has reviewed the proposed amendments and the text has been revised to incorporate its suggested changes. Because this rulemaking is not subject to the Illinois Administrative Procedure Act, and in accordance with Section 31, this rulemaking will become effective following the first notice period immediately upon filing for adoption with the Secretary of State or at a date required or authorized by the relevant federal laws, regulations, or orders as stated in the notice of the rulemaking, and shall be published in the *Illinois Register*.

6) Any published studies or reports, along with the sources of underlying data, that were used when composing this rulemaking: No

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: The requirements imposed by the proposed rulemaking are not expected to require local governments to establish, expand, or modify their activities in such a way as to necessitate additional expenditures from local revenues.

12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Comments on this proposed rulemaking may be submitted in writing for a period of 45 days following publication of this Notice. The Agency will consider fully all written comments on this proposed rulemaking submitted during the 45 day comment period. Comments should be submitted to:

Kevin T. McClain
Chief Legal Counsel

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Illinois Emergency Management Agency
1035 Outer Park Drive
Springfield, Illinois 62704

217/524-1003 (voice)
217/782-6133 (TDD)

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities or not for profit corporations affected: The Agency believes that this rulemaking will have no direct impact on any small businesses, small municipalities or not for profit corporations.

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: Certification by Medical Boards or attestation of training by preceptoring physician.

14) Regulatory Agenda on which this rulemaking was summarized: January 2008

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

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TITLE 32: ENERGY
CHAPTER II: ILLINOIS EMERGENCY MANAGEMENT AGENCY
SUBCHAPTER b: RADIATION PROTECTION

PART 335
MEDICAL USE OF RADIOACTIVE MATERIAL

SUBPART A: GENERAL INFORMATION

Section
335.10 Purpose and Scope
335.15 Incorporations by Reference
335.20 Definitions
335.30 License Required
335.40 License Amendments
335.50 Written Directives (Repealed)
335.60 Provisions for the Protection of Human Research Subjects

SUBPART B: GENERAL ADMINISTRATIVE REQUIREMENTS

Section
335.1010 ALARA Program (Repealed)
335.1020 Radiation Safety Officer (Repealed)
335.1030 Radiation Safety Committee (Repealed)
335.1040 Authorities and Responsibilities for the Radiation Protection Program
335.1050 Supervision
335.1060 Authorized User and Visiting Authorized User
335.1070 Mobile Nuclear Medicine Service Administrative Requirements (Repealed)
335.1080 Report and Notification of a Medical Event
335.1090 Materials Authorized for Medical Use (Repealed)
335.1100 Report and Notification of a Dose to an Embryo/Fetus or a Nursing Child
335.1110 Written Directives
335.1120 Procedures for Administrations Requiring a Written Directive

SUBPART C: GENERAL TECHNICAL REQUIREMENTS

Section
335.2010 Possession, Use and Calibration of Instruments Used to Measure the Activity of Unsealed Radioactive Material

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335.2020 Possession, Calibration and Check of Survey Instruments (Repealed)
335.2030 Assay of Radiopharmaceutical Dosages
335.2040 Authorization for Calibration, Transmission, Attenuation Correction and Reference Sources
335.2050 Requirements for Possession of Sealed Sources (Repealed)
335.2060 Labeling and Use of Vials and Syringes
335.2070 Vial Shields and Vial Shield Labels (Repealed)
335.2080 Monitoring for Contamination and Ambient Radiation Dose Rate
335.2090 Safety Instructions for Patients Not Hospitalized and Containing Therapeutic Doses of Radiopharmaceuticals or Permanent Implants (Repealed)
335.2100 Admission of Patients Being Treated with Radiopharmaceuticals or Permanent Implants (Repealed)
335.2110 Release of Individuals Containing Unsealed Radioactive Material or Implants Containing Radioactive Material
335.2120 Mobile Medical Service Requirements
335.2130 Storage of Volatiles and Gases (Repealed)
335.2140 Other Medical Uses of Radioactive Material or Radiation from Radioactive Material (Emerging Technologies)

SUBPART D: UNSEALED RADIOACTIVE MATERIAL FOR UPTAKE, DILUTION AND EXCRETION STUDIES – WRITTEN DIRECTIVE NOT REQUIRED

Section

335.3010 Use of Unsealed Radioactive Material for Uptake, Dilution and Excretion Studies for Which a Written Directive is Not Required

SUBPART E: UNSEALED RADIOACTIVE MATERIAL FOR IMAGING AND LOCALIZATION STUDIES FOR WHICH A WRITTEN DIRECTIVE IS NOT REQUIRED

Section

335.4010 Use of Unsealed Radioactive Material for Imaging and Localization Studies for Which a Written Directive is Not Required
335.4020 Permissible Molybdenum-99 Concentration
335.4030 Control of Aerosols and Gases (Repealed)

SUBPART F: UNSEALED RADIOACTIVE MATERIAL – WRITTEN DIRECTIVE REQUIRED

Section

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335.5010 Use of Unsealed Radioactive Material for Which a Written Directive is Required
335.5020 Safety Instruction
335.5030 Safety Precautions

SUBPART G: SEALED SOURCES FOR DIAGNOSIS

Section
335.6010 Use of Sealed Sources for Diagnosis

SUBPART H: MANUAL BRACHYTHERAPY

Section
335.7010 Use of Sealed Sources for Manual Brachytherapy
335.7020 Safety Instruction
335.7030 Safety Precautions
335.7040 Accountability and Security of Brachytherapy Sources
335.7050 Discharge of Patients Treated With Temporary Implants (Repealed)
335.7060 Surveys After Source Implant and Removal
335.7070 Calibration Measurements of Brachytherapy Sources
335.7080 Decay of Brachytherapy Sources
335.7090 Therapy-related Computer Systems for Manual Brachytherapy

SUBPART I: REMOTE AFTERLOADER UNITS,
INTRAVASCULAR BRACHYTHERAPY UNITS,
TELETHERAPY UNITS AND
GAMMA STEREOTACTIC RADIOSURGERY UNITS

Section
335.8010 Use of a Sealed Source in Remote Afterloader Units, Intravascular Brachytherapy Units, Teletherapy Units or Gamma Stereotactic Radiosurgery Units
335.8020 Installation, Maintenance, Adjustment and Repair
335.8030 Amendments to Teletherapy Licenses (Repealed)
335.8040 Safety Procedures and Instructions for Remote Afterloader Units, Intravascular Brachytherapy Units, Teletherapy Units and Gamma Stereotactic Radiosurgery Units
335.8050 Safety Precautions for Remote Afterloader Units, Teletherapy Units and Gamma Stereotactic Radiosurgery Units
335.8060 Radiation Monitoring Device for Teletherapy Units and Gamma Stereotactic Radiosurgery Units

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335.8070 Viewing System for Teletherapy (Repealed)
335.8080 Dosimetry Equipment
335.8090 Full Calibration Measurements for Teletherapy
335.8100 Periodic Spot-Checks for Teletherapy
335.8110 Radiation Monitoring
335.8120 Safety Checks for Teletherapy Facilities (Repealed)
335.8130 Modification of Teletherapy Unit or Room Before Beginning a Treatment Program (Repealed)
335.8140 Reports of Teletherapy Monitoring, Checks, Tests and Measurements (Repealed)
335.8150 5-Year Inspection for Teletherapy and Gamma Stereotactic Radiosurgery Units
335.8160 Full Calibration Measurements on Remote Afterloader Units
335.8170 Periodic Spot-Checks for Remote Afterloader Units
335.8180 Monitoring of Patients and Human Research Subjects Treated with a Remote Afterloader Unit or Intravascular Brachytherapy Unit
335.8190 Full Calibration Measurements on Gamma Stereotactic Radiosurgery Units
335.8200 Periodic Spot-Checks for Gamma Stereotactic Radiosurgery Units
335.8210 Additional Technical Requirements for Mobile Remote Afterloader Units
335.8220 Additional Technical Requirements for Intravascular Brachytherapy Units
335.8230 Therapy-related Computer Systems for Remote Afterloader Units, Intravascular Brachytherapy Units, Teletherapy Units and Gamma Stereotactic Units

SUBPART J: TRAINING AND EXPERIENCE REQUIREMENTS

Section
335.9010 Radiation Safety Officer
335.9020 Training for Experienced Radiation Safety Officer (Repealed)
335.9030 Training for Uptake, Dilution or Excretion Studies
335.9040 Training for Imaging and Localization Studies
335.9050 Training for Use of Unsealed Radioactive Material for Which a Written Directive is Required
335.9060 Training for the Oral Administration of Sodium Iodide I-131 Requiring a Written Directive in Quantities Less Than or Equal to 1.22 GBq (33 mCi)
335.9070 Training for the Oral Administration of Sodium Iodide I-131 Requiring a Written Directive in Quantities Greater Than 1.22 GBq (33 mCi) 335.9080 Training for Therapeutic Use of Soluble Phosphorus-32 (Repealed)
335.9080 Training for the Parenteral Administration of Unsealed Byproduct Material Requiring a Written Directive~~Therapeutic Use of Soluble Phosphorus-32 (Repealed)~~
335.9090 Training for Therapeutic Use of Colloidal Chromic Phosphorus-32 Labeled

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Phosphate Compound or Gold-198 (Repealed)
335.9100 Training for Use of Manual Brachytherapy Sources
335.9120 Training for Ophthalmic Use of Strontium-90
335.9130 Training for Use of Sealed Sources for Diagnosis
335.9140 Training for Use of Remote Afterloader Units, Intravascular Brachytherapy Units, Teletherapy Units and Gamma Stereotactic Radiosurgery Units
335.9150 Training for Authorized Medical Physicist
335.9160 Training for Experienced Radiation Safety Officer, Authorized Medical Physicist or Authorized User
335.9170 Physician Training in a 3-Month Program (Repealed)
335.9180 Recentness of Training
335.9190 Resolution of Conflicting Requirements During Transition Period

335.APPENDIX A List of Specialty Board Certifications Accepted by the Agency Until October 24, 2007

AUTHORITY: Implementing and authorized by Section 10 of the Radiation Protection Act of 1990 [420 ILCS 40/10].

SOURCE: Adopted at 15 Ill. Reg. 10763, effective July 15, 1991; emergency amendment at 17 Ill. Reg. 9099, effective June 8, 1993, for a maximum of 150 days; amended at 18 Ill. Reg. 7308, effective May 2, 1994; emergency amendment at 26 Ill. Reg. 4434, effective March 8, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 10517, effective July 1, 2002; amended at 27 Ill. Reg. 10057, effective June 30, 2003; recodified from the Department of Nuclear Safety to the Illinois Emergency Management Agency at 27 Ill. Reg. 13641; amended at 30 Ill. Reg. 9029, effective April 28, 2006; amended at 32 Ill. Reg. _____, effective _____.

SUBPART A: GENERAL INFORMATION

Section 335.20 Definitions

"Area of use" means a portion of a physical structure that has been set aside for the purpose of receiving, using or storing radioactive material.

"Authorized user" means a physician, dentist or podiatrist who meets the requirements in Subpart J of this Part or is identified as being authorized to use radioactive material on a specific medical use license issued by the Agency, the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State; a medical use permit issued by a U.S. Nuclear Regulatory Commission master

material licensee; a permit issued by a U.S. Nuclear Regulatory Commission, Agreement State or Licensing State broad scope medical use licensee; or a permit issued by a U.S. Nuclear Regulatory Commission master material license broad scope medical use permittee.

"Authorized medical physicist" means an individual who meets the requirements in Sections 335.9150(a) and 335.9180 of this Part; ~~or Section 335.9190(b) of this Part until October 24, 2007;~~ or is identified as an authorized medical physicist or teletherapy physicist on a specific medical use license issued by the U.S. Nuclear Regulatory Commission, an Agreement State or Licensing State, ~~;~~ a medical use permit issued by a U.S. Nuclear Regulatory Commission master material licensee, ~~;~~ a permit issued by a U.S. Nuclear Regulatory Commission, Agreement State or Licensing State broad scope medical use licensee, ~~;~~ or a permit issued by a U.S. Nuclear Regulatory Commission master material license broad scope medical use permittee.

"Case" means the performance of a clinical procedure on a patient.

"Classroom and laboratory training" means planned instruction outlined in a syllabus and offered by an individual or organization. It is comprised of lectures, demonstrations, hands-on laboratory exercises and tests.

"Client's address" means the area of use or a temporary job site for the purpose of providing mobile medical service in accordance with Section 335.2120 of this Part.

"Clinical procedure" means a method of using radioactive material for patient care in which the material or its radiation is administered to the patient. A specific clinical procedure specifies, either explicitly or in context, the indication for the procedure, the purpose (diagnosis or therapy), the radionuclide and its chemical and physical form, the dosage or dose and method of administration and patient follow-up. Diagnostic clinical procedures also include the method of collecting raw data, manipulating the data and interpreting the final results, which may be images, graphs or numbers.

"Dentist" means an individual licensed by a state or territory of the United States, the District of Columbia or the Commonwealth of Puerto Rico to practice dentistry.

"Gamma stereotactic radiosurgery" means the use of external radiation in conjunction with a stereotactic guidance device to very precisely deliver a therapeutic dose to a tissue volume.

"High dose rate remote afterloader" means a brachytherapy device that remotely delivers a dose rate in excess of 12 gray (1200 rads) per hour at the point or surface where the dose is prescribed.

"Intravascular brachytherapy" means a type of brachytherapy in which the brachytherapy sources are placed into blood vessels at the point where the dose is prescribed for the treatment of in-stent restenosis.

"Low dose rate remote afterloader" means a brachytherapy device that remotely delivers a dose rate of less than or equal to 2 gray (200 rads) per hour at the point or surface where the dose is prescribed.

"Management" means the chief executive officer or other individual having the authority to manage or administer the licensee's activities, or those individuals' delegates.

"Manual brachytherapy" means a type of brachytherapy in which the brachytherapy sources (e.g., seeds, ribbons) are manually placed topically on or inserted either into the body cavities that are in close proximity to a treatment site or directly into the tissue volume.

"Medical event" means an event that meets the criteria in Section 335.1080 of this Part.

"Medical institution" means:

An organization, other than a medical clinic, private medical practice or mobile nuclear medicine service, that holds a specific license issued by the Agency and that practices more than two medical disciplines; or

A medical clinic, private practice or mobile nuclear medicine service that holds a specific license issued by the Agency and is authorized under Section 335.2140, 335.5010 (for therapy procedures only), 335.7010 or 335.8010 of this Part to use radioactive material.

"Medical use" means the intentional internal or external administration of radioactive material or the radiation from radioactive material to patients or human research subjects under the supervision of an authorized user.

"Medium dose rate remote afterloader" means a brachytherapy device that remotely delivers a dose rate of greater than 2 gray (200 rads) per hour, but less than or equal to 12 gray (1200 rads) per hour at the point or surface where the dose is prescribed.

"Mobile medical service" means the transportation of radioactive material to, and its medical use at, the client's address.

"Output" means the exposure rate, dose rate or a quantity related in a known manner to these rates from a brachytherapy source or a teletherapy, remote afterloader or gamma stereotactic radiosurgery unit for a specified set of exposure conditions.

"Patient intervention" means actions by the patient or human research subject, whether intentional or unintentional, such as dislodging or removing treatment devices or prematurely terminating the administration.

"Physically present" means within audible range and in such proximity that immediate assistance can be given if required.

"Podiatrist" means an individual licensed by a state or territory of the United States, the District of Columbia or the Commonwealth of Puerto Rico to practice podiatry.

"Preceptor" means an individual who provides, directs or verifies training and experience required for an individual to become an authorized user, an authorized medical physicist, an authorized nuclear pharmacist or a Radiation Safety Officer.

"Prescribed dosage" means the specified activity or range of activity of unsealed radioactive material as documented:

in a written directive; or

in accordance with the directions of the authorized user for procedures pursuant to Sections 335.3010 and 335.4010 of this Part.

"Prescribed dose" means:

for gamma stereotactic radiosurgery, the total dose as documented in the written directive;

for teletherapy, the total dose and dose per fraction as documented in the written directive;

for manual brachytherapy and intravascular brachytherapy, either the total dose or the total source strength and exposure time, as documented in the written directive; or

for remote brachytherapy afterloaders, the total dose and dose per fraction as documented in the written directive.

"Pulsed dose rate remote afterloader" means a special type of remote afterloading brachytherapy device that uses a single source capable of delivering dose rates in the "high dose rate" range, and:

is approximately one-tenth of the activity of typical high dose rate remote afterloader sources; and

is used to simulate the radiobiology of a low dose rate treatment by inserting the source for a given fraction of each hour.

"Radiation Safety Officer" means an individual who:

meets the requirements in Sections 335.9010, 335.9160 and 335.9180 of this Part;

meets the requirements in Section 335.9190(b) of this Part until October 24, 2007; or

is identified as a Radiation Safety Officer on:

a specific medical use license issued by the Agency, the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State; or

a medical use permit issued by the Agency, U.S. Nuclear Regulatory Commission, Agreement State or Licensing State broad scope licensee or master material license permit or by a master material license permittee of broad scope Commission master material licensee.

"Structured educational program" means an educational program designed to impart particular knowledge and practical education through interrelated studies and supervised training.

"Teletherapy" means a method of radiation therapy in which collimated gamma rays are delivered at a distance from the patient or human research subject.

"Therapeutic dosage" means a dosage of unsealed radioactive material that is intended to deliver a radiation dose to a patient or human research subject for palliative or curative treatment.

"Therapeutic dose" means a radiation dose delivered from a source containing radioactive material to a patient or human research subject for palliative or curative treatment.

"Treatment site" means the anatomical description of the tissue intended to receive a radiation dose, as described in a written directive.

"Type of use" means use of radioactive material under Section~~Sections~~ 335.2140, 335.3010, 335.4010, 335.5010, 335.6010, 335.7010 or 335.8010 of this Part.

"Unit dosage" means a dosage prepared for medical use for administration as a single dosage to a patient or human research subject without any further manipulation of the dosage after it is initially prepared.

"Visiting authorized user" means a temporary (i.e., less than 60 days each year) authorized user who is not identified on the license of the licensee being visited and who has been approved by the Radiation Safety Committee in accordance with Section 335.1060(b) of this Part.

"Written directive" means an authorized user's written order for the administration of radioactive material or radiation from radioactive material to a specific patient

or human research subject, as specified in Section 335.1110 of this Part.

(Source: Amended at 32 Ill. Reg. _____, effective _____)

Section 335.30 License Required

a) A person may only use~~manufacture, produce, acquire, receive, possess, prepare, use, or transfer~~ radioactive material or a radioactive sealed source for medical use that is:~~only in accordance with a specific license issued by the Agency in accordance with 32 Ill. Adm. Code 330 or the equivalent regulations of the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State, or as allowed in subsection (b)(1) or (b)(2) of this Section.~~

1) manufactured, produced, acquired, received, possessed, prepared or transferred in accordance with a specific license issued by the Agency in accordance with 32 Ill. Adm. Code 330.260(c), 330.280(i)-(k) or 330.280(n) or the equivalent regulations of the Agency, the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State, or as allowed in subsection (b)(1) or (b)(2) of this Section; or

2) noncommercially transferred as sealed sources or devices from a facility licensed in accordance with this Part.

b) A specific license is not needed for an individual who:

1) Receives, possesses, uses or transfers radioactive material in accordance with this Part under the supervision of an authorized user as provided in Section 335.1050 of this Part, unless prohibited by license condition; or

2) Prepares unsealed radioactive material for medical use in accordance with this Part under the supervision of an authorized nuclear pharmacist or authorized user as provided in Section 335.1050 of this Part, unless prohibited by license condition.

c) Notwithstanding the distribution requirements in this Section, the licensee may receive, possess, and use naturally-occurring or accelerator-produced radioactive material (NARM) specifically authorized by the license and distributed by a supplier located in a non-Licensing State.

ILLINOIS EMERGENCY MANAGEMENT AGENCY

NOTICE OF PROPOSED AMENDMENTS

(Source: Amended at 32 Ill. Reg. _____, effective _____)

SUBPART C: GENERAL TECHNICAL REQUIREMENTS

Section 335.2080 Monitoring for Contamination and Ambient Radiation Dose Rate

a) In addition to the monitoring required by 32 Ill. Adm. Code 340, the licensee shall monitor with a radiation detection survey instrument capable of detecting dose rates over the range 1µSv (100 µrem) per hour to 500 µSv (50 mrem) per hour all areas where liquid radiopharmaceuticals were prepared for use or administered at the end of each day of use. However, the licensee does not need to perform the monitoring required by this Section in areas where patients or human research subjects are confined when they cannot be released under Section 335.2110 of this Part. The instrument shall be operable and calibrated in accordance with the requirements of 32 Ill. Adm. Code 340.510(b) and (c).

b) At least once each week, a licensee shall measure with a radiation measurement instrument capable of measuring dose rates over the range 10 µSv (1 mrem) per hour to 10 mSv (1 rem) per hour all areas where radiopharmaceuticals or radioactive wastes are stored to ensure compliance with 32 Ill. Adm. Code 340.210 and 340.310. The instrument shall be operable and calibrated in accordance with the requirements of 32 Ill. Adm. Code 340.510(b) and (c).

c) At least once each week, a licensee shall measure for removable contamination in all areas where unsealed radioactive materials are prepared for use, administered or stored.

d) A licensee shall conduct the measurements required by subsections (b) and (c)~~(d)~~ of this Section in a manner that permits detection of contamination on each wipe sample of 2000 dpm per 100 square centimeters of surface area.

e) A licensee shall retain a record of all monitoring and surveys required by this Section for 5 years. The record shall include the monitoring date, a sketch of each area monitored, the measured dose rate at several points in each area expressed in units, multiples or subunits of sieverts or rem per hour or the removable contamination in each area expressed in units, multiples or subunits of becquerels or curies per 100 square centimeters of surface area or in disintegrations (transformations) per minute per 100 square centimeters of surface area, the manufacturer, model and serial number of the instrument used to perform the

monitoring or analyze the samples and the identity of the individual who performed the monitoring.

AGENCY NOTE: A detection instrument means an uncompensated Geiger Mueller type instrument. A measurement instrument means an ion chamber or compensated Geiger Mueller instrument.

(Source: Amended at 32 Ill. Reg. _____, effective _____)

SUBPART D: UNSEALED RADIOACTIVE MATERIAL FOR UPTAKE, DILUTION AND EXCRETION STUDIES – WRITTEN DIRECTIVE NOT REQUIRED

Section 335.3010 Use of Unsealed Radioactive Material for Uptake, Dilution and Excretion Studies for Which a Written Directive is Not Required

Except for quantities that require a written directive under Section 335.1110(a) of this Part, a licensee may use any unsealed radioactive material prepared for medical use for uptake, dilution or excretion studies that is:

a) Obtained from a person specified in Section 335.30 of this Part, or equivalent U.S. Nuclear Regulatory Commission, Agreement State or Licensing State requirements; or

b) Prepared by an authorized nuclear pharmacist, a physician who is an authorized user and who meets the requirements in Section 335.9040, or Sections 335.9050 and 335.9040(c)(1)(B)(vii), of this Part, or an individual under the supervision of either, as specified in Section 335.1050 of this Part; or

c) Obtained from and prepared by an Agency, U.S. Nuclear Regulatory Commission, Agreement State or Licensing State licensee for use in research in accordance with a Radioactive Drug Research Committee-approved protocol or an application or protocol accepted by the FDA; or

d) Prepared by the licensee for use in research in accordance with a Radioactive Drug Research Committee-approved application or an application or a protocol accepted by the FDA.

AGENCY NOTE: Participation in FDA research trials involving human subjects does not relieve the licensee from following all Agency regulations, whether or not they are

included in the trial protocols. This includes participation in trials using "blind" research protocols.

(Source: Amended at 32 Ill. Reg. _____, effective _____)

SUBPART E: UNSEALED RADIOACTIVE MATERIAL FOR IMAGING AND LOCALIZATION STUDIES FOR WHICH A WRITTEN DIRECTIVE IS NOT REQUIRED

Section 335.4010 Use of Unsealed Radioactive Material for Imaging and Localization Studies for Which a Written Directive is Not Required

Except for quantities that require a written directive under Section 335.1110(a) of this Part, a licensee may use any unsealed radioactive material prepared for medical use for imaging and localization studies that is:

a) Obtained from a person specified in Section 335.30 of this Part, or equivalent U.S. Nuclear Regulatory Commission, Agreement State or Licensing State requirements; or

b) Prepared by an authorized nuclear pharmacist, a physician who is an authorized user and who meets the requirements specified in Section 335.9040, or Sections 335.9050 and 335.9040(c)(1)(B)(vii)~~of this Part~~, or an individual under the supervision of either, as specified in Section 335.1050 of this Part; or

c) Obtained from and prepared by an Agency, U.S. Nuclear Regulatory Commission, Agreement State or Licensing State licensee for use in research in accordance with a Radioactive Drug Research Committee-approved protocol or an application or protocol accepted by the FDA; or

d) Prepared by the licensee for use in research in accordance with a Radioactive Drug Research Committee-approved application or an application or a protocol accepted by the FDA.

(Source: Amended at 32 Ill. Reg. _____, effective _____)

SUBPART J: TRAINING AND EXPERIENCE REQUIREMENTS

Section 335.9010 Radiation Safety Officer

ILLINOIS EMERGENCY MANAGEMENT AGENCY

NOTICE OF PROPOSED AMENDMENTS

Except as provided in Section 335.9160 of this Part, the licensee shall require an individual fulfilling the responsibilities of the Radiation Safety Officer as provided in Section 335.1040(b) of this Part to be an individual who:

a) Meets the requirements of either subsection (a)(1) or (a)(2).

1) Is certified by a specialty board whose certification process ~~includes all of the requirements in subsection (b) of this Section and whose certification~~ has been recognized by the Agency, the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State and who meets the requirements in subsections (e) and (f) of this Section. To be recognized, a specialty board shall require all candidates for certification to meet the following requirements:~~; or~~

A) The candidate must:

i) Hold a bachelor's or graduate degree from an accredited college or university in physical science, or engineering or biological science with a minimum of 20 college credits in physical science;

ii) Have 5 or more years of professional experience in health physics (graduate training may be substituted for no more than 2 years of the required experience), including at least 3 years in applied health physics; and

iii) Pass an examination administered by diplomats of the specialty board that evaluates knowledge and competence in radiation physics and instrumentation, radiation protection, mathematics pertaining to the use and measurement of radioactivity, radiation biology and radiation dosimetry; or

B) The candidate must:

i) Hold a master's or doctor's degree in physics, medical physics, other physical science, engineering, or applied mathematics from an accredited college or university;

ii) Have 2 years of full-time practical training and/or supervised experience in medical physics:

- Under the supervision of a medical physicist who is certified in medical physics by a specialty board recognized by the Commission or an Agreement State; or

- In clinical nuclear medicine facilities providing diagnostic and/or therapeutic services under the direction of physicians who meet the requirements for authorized users in Section 335.9040 or 335.9050; and

- Pass an examination, administered by diplomats of the specialty board, that assesses knowledge and competence in clinical diagnostic radiological or nuclear medicine physics and in radiation safety; or

2~~b~~) Has completed a structured educational program consisting of:

A~~1~~) 200 hours of classroom and laboratory~~didactic~~ training in the following areas:

i~~A~~) Radiation physics and instrumentation;

ii~~B~~) Radiation protection;

iii~~C~~) Mathematics pertaining to the use and measurement of radioactivity;

iv~~D~~) Radiation biology;

v~~E~~) Radiation dosimetry; and

B~~2~~) 1 year of full-time radiation safety experience under the supervision of the individual identified as the Radiation Safety Officer on an Agency, U.S. Nuclear Regulatory Commission, Agreement State or Licensing State license or permit issued by the

U.S. Nuclear Regulatory Commission master material licensee that authorizes similar types and uses of radioactive material involving the following:

i~~A~~) Shipping, receiving and performing related radiation monitoring;

ii~~B~~) Using and performing checks for proper operation of instruments used to determine the activity of dosages, instruments used to measure radionuclides and survey meters;

C) Securing and controlling radioactive material;

D) Using administrative controls to avoid mistakes in the administration of radioactive material;

E) Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures;

F) Using emergency procedures to control radioactive material;

G) Disposing of radioactive material; and

~~3) Has obtained written certification, signed by a preceptor Radiation Safety Officer, that the individual has satisfactorily completed the requirements in subsections (c)(1) and (2) of this Section and has achieved a level of radiation safety knowledge sufficient to function independently as a Radiation Safety Officer for a medical use licensee; or~~

b) Is either:

1) A medical physicist who has been certified by a specialty board whose certification process has been recognized by the Agency, U.S. Nuclear Regulatory Commission or an Agreement State under Section 335.9150(a) and has experience in radiation safety for similar types of use of byproduct material for which the licensee is seeking the approval of the individual as Radiation Safety Officer and who meets the requirements in subsections (c) and (d) of this Section; or

2~~c~~) An~~Is an~~ authorized user, authorized medical physicist or authorized nuclear pharmacist identified on the licensee's license and has experience with the radiation safety aspects of similar types of use of radioactive material for which the individual has Radiation Safety Officer responsibilities; and~~.~~

c) Has obtained written attestation, signed by a preceptor Radiation Safety Officer, that the individual has satisfactorily completed the requirements in subsection (a) or (b) of this Section and has achieved a level of radiation safety knowledge sufficient to function independently as a Radiation Safety Officer for a medical use licensee; and

d) Has training in radiation safety, regulatory issues and emergency procedures for the types of use for which a licensee seeks approval. This training requirement may be satisfied by completing training that is supervised by a radiation safety officer, authorized medical physicist, authorized nuclear pharmacist or authorized user, as appropriate, who is authorized for the types of use for which the licensee is seeking approval.

AGENCY NOTE: Specialty boards whose certification processes have been recognized by the Agency, the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State will be posted on the NRC's Web page.

(Source: Amended at 32 Ill. Reg. _____, effective _____)

Section 335.9030 Training for Uptake, Dilution or Excretion Studies

Except as provided in Section 335.9160 of this Part, a licensee shall require the authorized user of unsealed radioactive material for the uses authorized under Section 335.3010 of this Part not requiring a written directive to be a physician who:

a) Is certified by a medical specialty board whose certification process ~~includes all of the requirements in subsection (c) of this Section and whose certification~~ has been recognized by the Agency, the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State and who meets the requirements in subsection (c)(3) of this Section. To be recognized, a specialty board shall require all candidates for certification to:~~; or~~

1) Complete 60 hours of training and experience in basic radionuclide handling techniques and radiation safety applicable to the medical use of unsealed byproduct material for uptake, dilution and excretion studies that includes the topics listed in subsections (c)(1) and (c)(2); and

2) Pass an examination, administered by diplomats of the specialty board, that assesses knowledge and competence in radiation safety, radionuclide handling and quality control; or

b) Is an authorized user under Section 335.9040, or Sections 335.9050 and 335.9040(c)(1)(B)(vii), ~~of this Part~~ or equivalent U.S. Nuclear Regulatory Commission, Agreement State or Licensing State requirements; or

c) Has completed a structured educational program consisting of:~~60 hours of training and experience in basic radionuclide handling techniques applicable to the medical use of unsealed radioactive material for uptake, dilution and excretion studies. The training and experience shall include, at a minimum:~~

1) 60 hours of training and experience, including a minimum of 8 hours of classroom and laboratory training, in basic radionuclide handling techniques applicable to the medical use of unsealed radioactive material for uptake, dilution and excretion studies. The classroom and laboratory training shall include, at a minimum:

~~1) Classroom and laboratory training in the following areas:~~

A) Radiation physics and instrumentation;

B) Radiation protection;

C) Mathematics pertaining to the use and measurement of radioactivity;

D) Chemistry of radioactive material for medical use;

E) Radiation biology; and

2) Work experience, under the supervision of an authorized user who meets the requirements in this Section, or Section 335.9040 or 335.9050 of this

Part, or equivalent U.S. Nuclear Regulatory Commission, Agreement State or Licensing State requirements, involving :

A) Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation monitoring;

B) Performing quality control procedures on~~Calibrating~~ instruments used to determine the activity of dosages and performing checks for proper operation of survey instruments;

C) Calculating, measuring and safely preparing patient or human research subject dosages;

D) Using administrative controls to prevent a medical~~reportable~~ event involving the use of unsealed radioactive material;

E) Using procedures to contain spilled radioactive material safely and using proper decontamination procedures;

F) Administering dosages of radioactive drugs to patients or human research subjects; and

3) Has obtained written attestation~~certification~~, signed by a preceptor authorized user who meets the requirements in this Section, or Section 335.9040 or 335.9050 of this Part, or equivalent U.S. Nuclear Regulatory Commission, Agreement State or Licensing State requirements, that the individual has satisfactorily completed the requirements in this subsection (c) or in subsection (a)(1) and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under Section 335.3010 of this Part for those procedures not requiring a written directive.

AGENCY NOTE: Specialty boards whose certification processes have been recognized by the Agency, the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State will be posted on the NRC's Web page.

(Source: Amended at 32 Ill. Reg. _____, effective _____)

Section 335.9040 Training for Imaging and Localization Studies

ILLINOIS EMERGENCY MANAGEMENT AGENCY

NOTICE OF PROPOSED AMENDMENTS

Except as provided in Section 335.9160 of this Part, a licensee shall require the authorized user of unsealed radioactive material for the uses authorized under Section 335.4010 of this Part not requiring a written directive to be a physician who:

a) Is certified by a medical specialty board whose certification process ~~includes all of the requirements in subsection (c) of this Section and whose certification~~ has been recognized by the Agency, the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State and who meets the requirements in subsection (c)(2). To be recognized, a specialty board shall require all candidates for certification to:~~; or~~

1) Complete 700 hours of training and experience in basic radionuclide handling techniques and radiation safety applicable to the medical use of unsealed byproduct material for imaging and localization studies that includes the topics listed in subsections (c)(1)(A) and (c)(1)(B); and

2) Pass an examination, administered by diplomats of the specialty board, that assesses knowledge and competence in radiation safety, radionuclide handling and quality control; or

b) Is an authorized user under Section 335.9050 and meets the requirements of subsection (c)(1)(B)(vii) ~~of this Part~~ or equivalent U.S. Nuclear Regulatory Commission, Agreement State or Licensing State requirements; or

c) Has completed a structured educational program consisting of:~~700 hours of training and experience in basic radionuclide handling techniques applicable to the medical use of unsealed radioactive material for imaging and localization studies. The training and experience shall include, at a minimum:~~

1) 700 hours of training and experience, including 80 hours of classroom and laboratory training, in basic radionuclide handling techniques applicable to the medical use of unsealed radioactive material for imaging and localization studies. The training and experience shall include, at a minimum:

A~~1~~) Classroom and laboratory training in the following areas:

i~~A~~) Radiation physics and instrumentation;

iiB) Radiation protection;

iiiC) Mathematics pertaining to the use and measurement of radioactivity;

ivD) Chemistry of radioactive material for medical use;

vE) Radiation biology; and

B2) Work experience, under the supervision of an authorized user who meets the requirements in this Section, or Section 335.9050 and subsection (c)(1)(B)(vii) of this Section, Part or equivalent U.S. Nuclear Regulatory Commission, Agreement State or Licensing State requirements, involving:

iA) Ordering, receiving and unpacking radioactive materials safely and performing the related radiation monitoring;

iiB) Performing quality control procedures onCalibrating instruments used to determine the activity of dosages and performing checks for proper operation of survey instruments;

iiiC) Calculating, measuring and safely preparing patient or human research subject dosages;

ivD) Using administrative controls to prevent a medicalreportable event involving the use of unsealed radioactive material;

vE) Using procedures to contain spilled radioactive material safely and using proper decontamination procedures;

viF) Administering dosages of radioactive drugs to patients or human research subjects;

viiG) Eluting generator systems appropriate for preparation of radioactive drugs for imaging and localization studies,

measuring, and testing the eluate for radionuclidic purity and processing the eluate with reagent kits to prepare labeled radioactive drugs; and

2~~3~~) Has obtained written attestation~~certification~~, signed by a preceptor authorized user who meets the requirements in this Section, or Section 335.9050 and subsection (c)(1)(B)(vii) of this Section~~Part~~, or equivalent U.S. Nuclear Regulatory Commission, Agreement State or Licensing State requirements, that the individual has satisfactorily completed the requirements in ~~this~~ subsection (a)(1) or (c)(1) of this Section~~(c)~~ and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under Sections~~Section~~ 335.3010 and 335.4010 of this Part for those procedures not requiring a written directive.

AGENCY NOTE: Specialty boards whose certification processes have been recognized by the Agency, the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State will be posted on the NRC's Web page.

(Source: Amended at 32 Ill. Reg. _____, effective _____)

Section 335.9050 Training for Use of Unsealed Radioactive Material for Which a Written Directive is Required

Except as provided in Sections 335.9060, 335.9070 and 335.9160 of this Part, a licensee shall require the authorized user of unsealed radioactive material for the uses authorized under Section 335.3010, 335.4010, or 335.5010 of this Part requiring a written directive to be a physician who:

a) Is certified by a medical specialty board whose certification process ~~includes all of the requirements in subsection (b) of this Section and whose certification~~ has been recognized by the Agency, the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State and who meets the requirements in subsections (b)(2)(F) and (b)(3) of this Section. To be recognized, a specialty board shall require all candidates for certification to:~~; or~~

1) Successfully complete residency training in a radiation therapy or nuclear medicine training program or a program in a related medical specialty that includes 700 hours of training and experience as described in subsections (b)(1) through (b)(2)(E) of this Section. Eligible training programs must

be approved by the Residency Review Committee of the Accreditation Council for Graduate Medical Education or Royal College of Physicians and Surgeons of Canada or the Committee on Post-Graduate Training of the American Osteopathic Association;

2) Pass an examination, administered by diplomats of the specialty board, that tests knowledge and competence in radiation safety, radionuclide handling, quality assurance and clinical use of unsealed radioactive materials; or

AGENCY NOTE: Specialty boards whose certification processes have been recognized by the Agency, the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State will be posted on the NRC's Web page.

b) Has completed 700 hours of training and experience, including a minimum of 200 hours of classroom and laboratory training, in basic radionuclide handling techniques applicable to the medical use of unsealed radioactive material requiring a written directive. The training and experience shall include:

1) Classroom and laboratory training in the following areas:

A) Radiation physics and instrumentation;

B) Radiation protection;

C) Mathematics pertaining to the use and measurement of radioactivity;

D) Chemistry of radioactive material for medical use;

E) Radiation biology; and

2) Work experience, under the supervision of an authorized user who meets the requirements in this Section or equivalent U.S. Nuclear Regulatory Commission, Agreement State or Licensing State requirements. A supervising authorized user, who meets the requirements in this subsection (b)~~Section 335.9050(b) of this Part,~~ shall have experience in administering dosages in the same dosage category or categories (i.e., subsection ~~Section 335.9050~~(b)(2)(F~~G~~)~~(i), (ii), (iii), or (iv) of this Part~~) as the individual

requesting authorized user status. The work experience shall involve:

A) Ordering, receiving and unpacking radioactive materials safely, and performing the related radiation monitoring;

B) Performing quality control procedures on~~Calibrating~~ instruments used to determine the activity of dosages, and performing checks for proper operation of survey instruments;

C) Calculating, measuring and safely preparing patient or human research subject dosages;

D) Using administrative controls to prevent a medical~~reportable~~ event involving the use of unsealed radioactive material;

E) Using procedures to contain spilled radioactive material safely and using proper decontamination procedures;

~~F) Eluting generator systems, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs;~~

F~~G~~) Administering dosages of radioactive drugs to patients or human research subjects involving a minimum of three cases in each of the following categories for which the individual is requesting authorized user status:

i) Oral administration of less than or equal to 1.22 GBq (33 mCi) of sodium iodide I-131, for which a written directive is required;

ii) Oral administration of greater than 1.22 GBq (33 mCi) of sodium iodide I-131;

AGENCY NOTE: Experience with at least 3 cases in subsection (b)(2)(F~~G~~)(ii) also satisfies the requirement in subsection (b)(2)(F~~G~~)(i).

iii) Parenteral administration of any beta emitter or a photon-emitting radionuclide with a photon energy less than 150 keV for which a written directive is required; and/or

iv) Parenteral administration of any other radionuclide for which a written directive is required; and

3) Has obtained written attestation~~certification~~ that the individual has satisfactorily completed the requirements in subsections (a)(1) and (b)(2)(F) or (b)~~(1) and (2)~~ of this Section and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under Section 335.5010 of this Part. The written attestation~~certification~~ shall be signed by a preceptor authorized user who meets the requirements in this Section, or equivalent U.S. Nuclear Regulatory Commission, Agreement State or Licensing State requirements. The preceptor authorized user who meets the requirements in Section 335.9050(b) of this Part must have experience in administering dosages in the same dosage category or categories (i.e., subsection ~~Section 335.9050~~(b)(2)(F~~G~~)~~(i), (ii), (iii), or (iv) of this Part~~) as the individual requesting authorized user status.

(Source: Amended at 32 Ill. Reg. _____, effective _____)

Section 335.9060 Training for the Oral Administration of Sodium Iodide I-131 Requiring a Written Directive in Quantities Less Than or Equal to 1.22 GBq (33 mCi)

Except as provided in Section 335.9160 of this Part, the licensee shall require the authorized user for oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 GBq (33 mCi) to be a physician who:

a) Is certified by a medical specialty board whose certification process includes all of the requirements in subsections~~subsection~~ (c)(1) and (2) of this Section and whose certification has been recognized by the Agency, the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State and who meets the requirements in subsection (c)(3) of this Section; or

b) Is an authorized user under Section 335.9050 of this Part for uses listed in Section 335.9050(b)(2)(F~~G~~)(i) or (ii), or Section 335.9070 of this Part, or equivalent U.S.

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Nuclear Regulatory Commission, Agreement State or Licensing State requirements; or

c) Has:

1) Successfully completed 80 hours of classroom and laboratory training applicable to the medical use of sodium iodide I-131 for procedures requiring a written directive. The training shall include :

A) Radiation physics and instrumentation;

B) Radiation protection;

C) Mathematics pertaining to the use and measurement of radioactivity;

D) Chemistry of radioactive material for medical use;

E) Radiation biology; and

2) Work experience under the supervision of an authorized user who meets the requirements ~~in subsection (a) or (b)~~ of this Section, Section 335.9050 or Section 335.9070 ~~of this Part~~ or equivalent U.S. Nuclear Regulatory Commission, Agreement State or Licensing State requirements. A supervising authorized user who meets the requirements of Section 335.9050(b) of this Part shall have experience in administering dosages as specified in Section 335.9050(b)(2)(F~~G~~)(i) or (ii) of this Part. The work experience shall involve:

A) Ordering, receiving and unpacking radioactive materials safely, and performing the related radiation monitoring;

B) Performing quality control procedures on~~Calibrating~~ instruments used to determine the activity of dosages, and performing checks for proper operation of survey instruments;

C) Calculating, measuring and safely preparing patient or human research subject dosages;

D) Using administrative controls to prevent a medical~~reportable~~ event involving the use of radioactive material;

E) Using procedures to contain spilled radioactive material safely and using proper decontamination procedures;

F) Administering dosages to patients or human research subjects and shall include at least 3 cases involving the oral administration of less than or equal to 1.22 GBq (33 mCi) of sodium iodide I-131; and

3) Obtained written attestation~~certification~~ that the individual has satisfactorily completed the requirements in subsections (c)(1) and (2) of this Section and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under Section 335.5010 of this Part. The written attestation~~certification~~ shall be signed by a preceptor authorized user who meets the requirements in this Section~~,~~ or Section 335.9050, 335.9060 or 335.9070 of this Part, or equivalent U.S. Nuclear Regulatory Commission, Agreement State or Licensing State requirements. A preceptor authorized user who meets the requirements in Section 335.9050(b) of this Part must have experience in administering dosages as specified in Section 335.9050(b)(2)(F~~G~~)(i) or (ii) of this Part.

AGENCY NOTE: Specialty boards whose certification processes have been recognized by the Agency, the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State will be posted on the NRC's Web page.

(Source: Amended at 32 Ill. Reg. _____, effective _____)

Section 335.9070 Training for the Oral Administration of Sodium Iodide I-131 Requiring a Written Directive in Quantities Greater Than 1.22 GBq (33 mCi)

Except as provided in Section 335.9160 of this Part, the licensee shall require the authorized user for the oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 GBq (33 mCi) to be a physician who:

a) Is certified by a medical specialty board whose certification process includes all of the requirements in subsections~~subsection~~ (c)(1) and (2) of this Section and

whose certification has been recognized by the Agency, the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State and who meets the requirements in subsection (c)(3) of this Section; or

AGENCY NOTE: Specialty boards whose certification processes have been recognized by the Agency, the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State will be posted on the NRC's Web page.

b) Is an authorized user under Section 335.9050 of this Part for uses listed in Section 335.9050(b)(2)(F~~G~~)(ii) of this Part, or equivalent U.S. Nuclear Regulatory Commission, Agreement State or Licensing State requirements; or

c) Has:

1) Successfully completed 80 hours of classroom and laboratory training applicable to the medical use of sodium iodide I-131 for procedures requiring a written directive. The training shall include :

A) Radiation physics and instrumentation;

B) Radiation protection;

C) Mathematics pertaining to the use and measurement of radioactivity;

D) Chemistry of radioactive material for medical use;

E) Radiation biology; and

2) Work experience under the supervision of an authorized user who meets the requirements in ~~subsection (a) or (b) of~~ this Section, Section 335.9050 of this Part, or equivalent U.S. Nuclear Regulatory Commission, Agreement State or Licensing State requirements. A supervising authorized user who meets the requirements of Section 335.9050(b) of this Part shall have experience in administering dosages as specified in Section 335.9050(b)(2)(F~~G~~)(ii) of this Part. The work experience shall involve:

A) Ordering, receiving and unpacking radioactive materials safely, and performing the related radiation monitoring;

B) Performing quality control procedures on~~Calibrating~~ instruments used to determine the activity of dosages, and performing checks for proper operation of survey instruments;

C) Calculating, measuring and safely preparing patient or human research subject dosages;

D) Using administrative controls to prevent a medical~~reportable~~ event involving the use of radioactive material;

E) Using procedures to contain spilled radioactive material safely and using proper decontamination procedures;

F) Administering dosages to patients or human research subjects and shall include at least 3 cases involving the oral administration of greater than 1.22 GBq (33 mCi) of sodium iodide I-131; and

3) Obtained written attestation~~certification~~ that the individual has satisfactorily completed the requirements in subsections (c)(1) and (2) of this Section and has achieved a level of competency sufficient to function independently as an authorized user for the medical uses authorized under Section 335.5010 of this Part. The written attestation~~certification~~ shall be signed by a preceptor authorized user who meets the requirements in this Section, ~~or~~ Section 335.9050 of this Part, or equivalent U.S. Nuclear Regulatory Commission, Agreement State or Licensing State requirements. A preceptor authorized user who meets the requirements in Section 335.9050(b) of this Part must have experience in administering dosages as specified in Section 335.9050(b)(2)(F~~G~~)(ii) of this Part.

(Source: Amended at 32 Ill. Reg. _____, effective _____)

Section 335.9080 Training for the Parenteral Administration of Unsealed Byproduct Material Requiring a Written Directive~~Training for Therapeutic Use of Soluble Phosphorus-32 (Repealed)~~

Except as provided in Section 335.9160, the licensee shall require an authorized user for the parenteral administration requiring a written directive to be a physician who:

a) Is an authorized user under Section 335.9050 for uses listed in subsections 335.9050(b)(2)(F)(iii) or (iv), or equivalent U.S. Nuclear Regulatory Commission, Agreement State, or Licensing State requirements; or

b) Is an authorized user under Section 335.9100 or 335.9140, or equivalent U.S. Nuclear Regulatory Commission, Agreement State, or Licensing State requirements and who meets the requirements in subsection (d) of this Section; or

c) Is certified by a medical specialty board whose certification process has been recognized by the Agency, the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State under Section 335.9100 or 335.9140, and who meets the requirements in subsection (d) of this Section; or

d) Has:

1) Successfully completed 80 hours of classroom and laboratory training applicable to parenteral administrations, for which a written directive is required, of any beta emitter, or any photon-emitting radionuclide with a photon energy less than 150 keV, and/or parenteral administration of any other radionuclide for which a written directive is required. The training must include:

A) Radiation physics and instrumentation;

B) Radiation protection;

C) Mathematics pertaining to the use and measurement of radioactivity;

D) Chemistry of byproduct material for medical use; and

E) Radiation biology; and

2) Work experience, under the supervision of an authorized user who meets the requirements in this Section, Section 335.9050, or equivalent U.S. Nuclear Regulatory Commission, Agreement State, or Licensing State requirements, in the parenteral administration, for which a written directive is required, of any beta emitter, or any photon-emitting radionuclide with a photon energy less than 150 keV, and/or parenteral

administration of any other radionuclide for which a written directive is required. A supervising authorized user who meets the requirements in Section 335.9050 must have experience in administering dosages as specified in Section 335.9050(b)(2)(F)(iii) or (iv). The work experience must involve:

A) Ordering, receiving and unpacking radioactive materials safely, and performing the related radiation surveys;

B) Performing quality control procedures on instruments used to determine the activity of dosages, and performing checks for proper operation of survey meters;

C) Calculating, measuring and safely preparing patient or human research subject dosages;

D) Using administrative controls to prevent a medical event involving the use of unsealed byproduct material;

E) Using procedures to contain spilled byproduct material safely, and using proper decontamination procedures; and

F) Administering dosages to patients or human research subjects that include at least 3 cases involving the parenteral administration, for which a written directive is required, of any beta emitter, or any photon-emitting radionuclide with a photon energy less than 150 keV, and/or at least 3 cases involving the parenteral administration of any other radionuclide for which a written directive is required; and

3) Obtained written attestation that the individual has satisfactorily completed the requirements in subsection (b) or (c) of this Section, and has achieved a level of competency sufficient to function independently as an authorized user for the parenteral administration of unsealed byproduct material requiring a written directive. The written attestation must be signed by a preceptor authorized user who meets the requirements in this Section and Section 335.9050, or equivalent U.S. Nuclear Regulatory Commission, Agreement State, or Licensing State requirements. A preceptor authorized user who meets the requirements in Section 335.9050

must have experience in administering dosages as specified in Section 335.9050(b)(2)(F)(iii) or (iv).

(Source: Old Section repealed at 27 Ill. Reg. 10057, effective June 30, 2003; new Section added at 32 Ill. Reg. _____, effective _____)

Section 335.9100 Training for Use of Manual Brachytherapy Sources

Except as provided in Section 335.9160 of this Part, the licensee shall require the authorized user of a manual brachytherapy source in accordance with Section 335.7010 of this Part to be a physician who:

a) Is certified by a medical specialty board whose certification process ~~includes all of the requirements in subsection (b) of this Section and whose certification~~ has been recognized by the Agency, the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State and who meets the requirements in subsection (b)(3). To be recognized, a specialty board shall require all candidates for certification to:~~; or~~

1) Successfully complete a minimum of 3 years of residency training in a radiation oncology program approved by the Residency Review Committee of the Accreditation Council for Graduate Medical Education or Royal College of Physicians and Surgeons of Canada or the Committee on Post-Graduate Training of the American Osteopathic Association;

2) Pass an examination, administered by the diplomats of the specialty board that tests knowledge and competence in radiation safety, radionuclide handling, treatment planning, quality assurance and clinical use of manual brachytherapy sources; or

AGENCY NOTE: Specialty boards whose certification processes have been recognized by the Agency, the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State will be posted on the NRC's Web page.

b) Has:

1) Completed a structured educational program in basic radionuclide handling techniques applicable to the use of manual brachytherapy sources that includes:

A) 200 hours of classroom and laboratory training in the following areas:

i) Radiation physics and instrumentation;

ii) Radiation protection;

iii) Mathematics pertaining to the use and measurement of radioactivity;

iv) Radiation biology; and

B) 500 hours of work experience under the supervision of an authorized user who meets the requirements in this Section or equivalent U.S. Nuclear Regulatory Commission, Agreement State or Licensing State requirements at a medical institution involving:

i) Ordering, receiving and unpacking radioactive materials safely and performing the related radiation monitoring;

ii) Checking survey instruments for proper operation;

iii) Preparing, implanting and removing brachytherapy sources;

iv) Maintaining running inventories of material on hand;

v) Using administrative controls to prevent medical events involving~~the misadministration of~~ radioactive material;

vi) Using emergency procedures to control radioactive material; and

2) Completed 3 years of supervised clinical experience in radiation oncology under an authorized user who meets the requirements in this Section or equivalent U.S. Nuclear Regulatory Commission, Agreement State or Licensing State requirements as a part of a formal training program approved by the Residency Review Committee for Radiation Oncology of the Accreditation Council for Graduate Medical Education, the Royal

College of Physicians and Surgeons of Canada or the Committee on Postdoctoral Training of the American Osteopathic Association. This experience may be obtained concurrently with the supervised work experience required by subsection (b)(1)(B)~~(2)~~ of this Section; and

3) Obtained written attestation~~certification~~, signed by a preceptor authorized user who meets the requirements in this Section or equivalent U.S. Nuclear Regulatory Commission, Agreement State or Licensing State requirements, that the individual has satisfactorily completed the requirements in subsection~~subsections~~ (a)(1), or subsections (b)(1) and~~,~~ (2)~~, and (3)~~ of this Section and has achieved a level of competency sufficient to function independently as an authorized user of manual brachytherapy sources for the medical uses authorized under Section 335.7010 of this Part.

(Source: Amended at 32 Ill. Reg. _____, effective _____)

Section 335.9120 Training for Ophthalmic Use of Strontium-90

Except as provided in Section 335.9160 of this Part, the licensee shall require the authorized user using only strontium-90 for ophthalmic radiation therapy to be a physician who:

a) Is an authorized user under Section 335.9100 of this Part or equivalent U.S. Nuclear Regulatory Commission, Agreement State or Licensing State requirements; or

b) Has:

1) Completed 24 hours of classroom and laboratory training applicable to the use of strontium-90 for ophthalmic radiation therapy. The training shall include:

A) Radiation physics and instrumentation;

B) Radiation protection;

C) Mathematics pertaining to the use and measurement of radioactivity;

D) Radiation biology; and

2) Completed clinical training in ophthalmic radiation therapy under the supervision of an authorized user at a medical institution that includes the use of strontium-90 for the ophthalmic treatment of 5 patients. The supervised clinical training must include:

A) Examination of each patient to be treated;

B) Calculation of the dose to be administered;

C) Administration of the dose;

D) Follow-up and review of each patient's case history; and

3) Obtained written attestation~~certification~~, signed by a preceptor authorized user who meets the requirements in this Section, Section 335.9100 of this Part, or equivalent U.S. Nuclear Regulatory Commission, Agreement State or Licensing State requirements, that the individual has satisfactorily completed the requirements in subsections (a) and (b)~~(b)(1) and (2)~~ of this Section and has achieved a level of competency sufficient to function independently as an authorized user of strontium-90 for ophthalmic use.

(Source: Amended at 32 Ill. Reg. _____, effective _____)

Section 335.9130 Training for Use of Sealed Sources for Diagnosis

Except as provided in Section 335.9160 of this Part, the licensee shall require the authorized user of a sealed source for diagnostic use in a device authorized in Section 335.6010 of this Part to be a physician, dentist or podiatrist who:

a) Is certified by a specialty board whose certification process includes all of the requirements in subsections~~subsection~~ (b) and (c) of this Section and whose certification has been recognized by the Agency, the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State; or

b) Has completed 8 hours of classroom and laboratory training in basic radionuclide handling techniques specifically applicable to the use of the device. The training shall include:

1) Radiation physics and instrumentation;

2) Radiation protection;

3) Mathematics pertaining to the use and measurement of radioactivity;

4) Radiation biology; and

5) Training in the use of the device for the uses requested.

(Source: Amended at 32 Ill. Reg. _____, effective _____)

Section 335.9140 Training for Use of Remote Afterloader Units, Intravascular Brachytherapy Units, Teletherapy Units and Gamma Stereotactic Radiosurgery Units

Except as provided in Section 335.9160 of this Part, the licensee shall require the authorized user of a sealed source for a use authorized under Section 335.8010 of this Part to be a physician who:

a) Is certified by a medical specialty board whose certification process includes all of the requirements in subsection (b) of this Section and whose certification has been recognized by the Agency, the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State and who meets the requirements in subsections (b)(3) and (b)(4) of this Section. To be recognized, a specialty board shall require all candidates for certification to: ~~; or~~

1) Successfully complete a minimum of 3 years of residency training in a radiation therapy program approved by the Residency Review Committee of the Accreditation Council for Graduate Medical Education or Royal College of Physicians and Surgeons of Canada or the Committee on Post-Graduate Training of the American Osteopathic Association;

2) Pass an examination, administered by diplomats of the specialty board, that tests knowledge and competence in radiation safety, radionuclide handling, treatment planning, quality assurance and clinical use of stereotactic radiosurgery, remote afterloaders and external beam therapy; or

AGENCY NOTE: Specialty boards whose certification processes have been recognized by the Agency, the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State will be posted on the NRC's Web page.

b) Has:

1) Completed a structured educational program in basic radionuclide techniques applicable to the use of a sealed source in a therapeutic medical unit that includes:

A) 200 hours of classroom and laboratory training in the following areas:

i) Radiation physics and instrumentation;

ii) Radiation protection;

iii) Mathematics pertaining to the use and measurement of radioactivity;

iv) Radiation biology; and

B) 500 hours of work experience under the supervision of an authorized user who meets the requirements in this Part or equivalent U.S. Nuclear Regulatory Commission, Agreement State or Licensing State requirements at a medical institution that involves:

i) Reviewing full calibration measurements and periodic spot-checks;

ii) Preparing treatment plans and calculating treatment doses and times;

iii) Using administrative controls to prevent a medical~~reportable~~ event involving the use of radioactive material;

iv) Implementing emergency procedures to be followed in the

event of the abnormal operation of the medical unit or console;

v) Checking and using survey instruments;

vi) Selecting the proper dose and how it is to be administered; and

2) Completed 3 years of supervised clinical experience in radiation therapy~~oncology~~ under an authorized user who meets the requirements of this Section or equivalent U.S. Nuclear Regulatory Commission, Agreement State or Licensing State requirements as a part of a formal training program approved by the Residency Review Committee for Radiation Oncology of the Accreditation Council for Graduate Medical Education, the Royal College of Physicians and Surgeons of Canada, or the Committee on Postdoctoral Training of the American Osteopathic Association. This experience may be obtained concurrently with the supervised work experience required by subsection (b)(1)(B) of this Section; and

3) Obtained written attestation~~certification~~ that the individual has satisfactorily completed the requirements in subsection (a)(1), or subsections (b)(1) and (2) and (c)~~(2)~~, of this Section and has achieved a level of competency sufficient to function independently as an authorized user for each type of therapeutic medical unit for which the individual is requesting authorized user status. The written attestation~~certification~~ shall be signed by a preceptor authorized user who meets the requirements in this Section or equivalent U.S. Nuclear Regulatory Commission, Agreement State or Licensing State requirements for each type of therapeutic medical unit for which the individual is requesting authorized user status; and~~.~~

4) Has received training in device operation, safety procedures and clinical use for the types of use for which authorization is sought. This training requirement may be met by satisfactory completion of a training program provided by the vendor for new users or by receiving training supervised by an authorized user or authorized medical physicist, as appropriate, who is authorized for the types of use for which the individual is seeking authorization.

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(Source: Amended at 32 Ill. Reg. _____, effective _____)

Section 335.9150 Training for Authorized Medical Physicist

Except as provided in Section 335.9160 of this Part, the licensee shall require the authorized medical physicist to be an individual who:

a) Is certified by a specialty board whose certification process ~~includes all of the training and experience requirements in subsection (b) of this Section and whose certification~~ has been recognized by the Agency, the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State and who meets the requirements in subsections (b)(2) and (c) of this Section. To be recognized, a specialty board shall require all candidates for certification to:~~; or~~

1) Hold a master's degree or doctorate in physics, medical physics, other physical science, engineering or applied mathematics from an accredited college or university;

2) Have 2 years of full-time practical training and/or supervised experience in medical physics:

A) Under the supervision of a medical physicist who is certified in medical physics by a specialty board recognized by the Agency, the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State; or

B) In clinical radiation facilities providing high energy, external beam therapy (photons and electrons with energies greater than or equal to 1 million electron volts) and brachytheraphy services under the direction of physicians who meet the requirements for authorized users in Section 335.9100 or 335.9140 of this Part;

3) Pass an examination, administered by diplomats of the specialty board, that assesses knowledge and competence in clinical radiation therapy, radiation safety, calibration, quality assurance, and treatment planning for external beam therapy, brachytherapy and stereotactic radiosurgery.

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AGENCY NOTE: Specialty boards whose certification processes have been recognized by the Agency, the U.S. Nuclear Regulatory Commission, an Agreement State or a Licensing State will be posted on the NRC's Web page.

b) Holds a master's degree or doctorate in physics, ~~biophysics, radiological physics,~~ medical physics or other physical science, engineering or applied mathematics from an accredited college or university~~health physics;~~ and:

1) Has completed 1 year of full-time training in medical~~therapeutic radiological~~ physics and an additional year of full-time work experience under the supervision of an individual who meets the requirements for an authorized medical physicist for the types of use for which the individual is seeking authorization. This training and work experience must be conducted in clinical radiation facilities that provide high energy, external beam therapy and brachytherapy services and must include:~~at a medical institution that includes the tasks listed in Subparts H and I of this Part as applicable; and~~

A) Performing sealed source leak tests and inventories;

B) Performing decay corrections;

C) Performing full calibration and periodic spot checks of external beam treatment units, stereotactic radiosurgery units and remote afterloading units, as applicable;

D) Conducting radiation monitoring around external beam treatment units, stereotactic radiosurgery units and remote afterloading units, as applicable; and

2) Has obtained written attestation~~certification~~ that the individual has satisfactorily completed the requirements in subsections~~subsection~~ (a)(1) and (2) or subsections (b)(1) and (c) of this Section and has achieved a level of competency sufficient to function independently as an authorized medical physicist for each type of therapeutic medical unit for which the individual is requesting authorized medical physicist status. The written attestation~~certification~~ must be signed by a preceptor authorized medical physicist who meets the requirements of this Section or equivalent U.S. Nuclear Regulatory Commission, Agreement State or Licensing State

requirements for an authorized medical physicist for each type of therapeutic medical unit for which the individual is requesting authorized medical physicist status.

c) Has training for the types of use for which authorization is sought that includes hands-on device operation, safety procedures, clinical use and the operation of a treatment planning system. This training requirement may be satisfied by satisfactorily completing either a training program provided by the vendor or by training supervised by an authorized medical physicist authorized for the types of use for which the individual is seeking authorization.

(Source: Amended at 32 Ill. Reg. _____, effective _____)

Section 335.9160 Training for Experienced Radiation Safety Officer, Authorized Medical Physicist or Authorized User

a) An individual identified as a Radiation Safety Officer, or an authorized medical physicist on an Agency, U.S. Nuclear Regulatory Commission, Agreement State or a Licensing State license or a permit issued by an Agency, U.S. Nuclear Regulatory Commission, Agreement State or Licensing State broad scope licensee or master material license permit or by a master material license permittee of broad scope on or before October 24, 2007~~2004~~ need not comply with the training requirements of Sections 335.9010 and 335.9150 of this Part.

b) Physicians, dentists or podiatrists, identified as authorized users for the medical use of radioactive material on a license issued by the Agency, U.S. Nuclear Regulatory Commission, Agreement State or Licensing State, a permit issued by a U.S. Nuclear Regulatory Commission master material licensee, a permit issued by an Agency, U.S. Nuclear Regulatory Commission, Agreement State or Licensing State broad scope licensee, or a permit issued by a U.S. Nuclear Regulatory Commission master material license broad scope permittee on or before October 24, 2007~~2004~~ who perform only those medical uses for which they were authorized on that date need not comply with the training requirements of Sections 335.9030 through 335.9140 of this Part.

(Source: Amended at 32 Ill. Reg. _____, effective _____)

Section 335.9190 Resolution of Conflicting Requirements During Transition Period

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~~a)~~If this Part conflicts with the licensee's radiation safety program as identified in its license, this Part shall apply, unless the statements, representations, conditions and procedures in the license are more restrictive. However, if that licensee exercises its privilege to amend its license, the portion amended must comply with the requirements of this Part.

~~b) Until October 24, 2007, the Agency will approve authorized users, Radiation Safety Officers and teletherapy physicists who have certifications from the applicable Boards specified in Appendix A of this Part. The Agency has the right to limit its authorizations to those uses specified in Appendix A of this Part.~~

(Source: Amended at 32 Ill. Reg. _____, effective _____)

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Section 335.APPENDIX A List of Specialty Board Certifications Recognized by the Agency Until October 24, 2007 (Repealed)

~~Until October 24, 2007, the Agency will recognize board certification by the specialty boards for the uses of radioactive material as specified in this Appendix A. The Agency will also accept boards recognized by the U.S Nuclear Regulatory Commission and listed on its website.~~

~~**Section 335.9010**~~ ~~**Training for Radiation Safety Officer**~~

~~American Board of Health Physics in Comprehensive Health Physics~~

~~American Board of Radiology in Radiological Physics, Therapeutic Radiological Physics or Medical Nuclear Physics~~

~~American Board of Nuclear Medicine~~

~~American Board of Science in Nuclear Medicine~~

~~Board of Pharmaceutical Specialties in Nuclear Pharmacy or Science~~

~~American Board of Medical Physics in Radiation Oncology Physics~~

~~Royal College of Physicians and Surgeons of Canada in Nuclear Medicine~~

~~**Section 335.9030**~~ ~~**Training for Uptake, Dilution or Excretion Studies**~~

~~Nuclear medicine by the American Board of Nuclear Medicine~~

~~Nuclear medicine by the American Board of Osteopathic Nuclear Medicine~~

~~Diagnostic radiology by the American Board of Radiology~~

~~Diagnostic radiology or radiology by the American Osteopathic Board of Radiology~~

~~Nuclear medicine by the Royal College of Physicians and Surgeons of Canada~~

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~~**Section 335.9040**~~ ~~**Training for Imaging and Localization Studies**~~

~~Nuclear medicine by the American Board of Nuclear Medicine~~

~~Nuclear medicine by the American Board of Osteopathic Nuclear Medicine~~

~~Diagnostic radiology by the American Board of Radiology~~

~~Diagnostic radiology or radiology by the American Osteopathic Board of Radiology~~

~~Nuclear medicine by the Royal College of Physicians and Surgeons of Canada~~

~~**Section 335.9050**~~ ~~**Training for Therapeutic Use of Unsealed Radioactive Material for Which a Written Directive is Required**~~

~~The American Board of Nuclear Medicine~~

~~The American Board of Radiology in radiology, therapeutic radiology or radiation oncology~~

~~**Section 335.9100**~~ ~~**Training for Use of Sources for Brachytherapy**~~

~~Radiology, therapeutic radiology or radiation oncology by the American Board of Radiology~~

~~Radiation oncology by the American Osteopathic Board of Radiology~~

~~Radiology, with a specialization in radiation therapy, as a British "Fellow of the Faculty of Radiology" or "Fellow of the Royal College of Radiology"~~

~~Therapeutic radiology by the Canadian Royal College of Physicians and Surgeons~~

~~**Section 335.9120**~~ ~~**Training for Ophthalmic Use of Strontium-90**~~

~~Radiology or therapeutic radiology by the American Board of Radiology~~

~~**Section 335.9130**~~ ~~**Training for Use of Sealed Sources for Diagnosis**~~

~~Radiology, diagnostic radiology, therapeutic radiology or radiation oncology by the American Board of Radiology~~

~~Nuclear medicine by the American Board of Nuclear Medicine~~

~~Diagnostic radiology or radiology by the American Osteopathic Board of Radiology~~

~~Nuclear medicine by the Royal College of Physicians and Surgeons of Canada~~

~~**Section 335.9140**~~ ~~**Training for Teletherapy**~~

~~Radiology, therapeutic radiology or radiation oncology by the American Board of Radiology~~

~~Radiation oncology by the American Osteopathic Board of Radiology~~

~~Radiology, with specialization in radiation therapy, as a British "Fellow of the Faculty of Radiology" or "Fellow of the Royal College of Radiology"~~

~~Therapeutic radiology by the Canadian Royal College of Physicians and Surgeons~~

~~**Section 335.9150**~~ ~~**Training for Authorized Medical Physicist**~~

~~American Board of Radiology in therapeutic radiological physics; roentgen ray and gamma ray physics; X-ray and radium physics; or radiological physics~~

~~American Board of Medical Physics in radiation oncology physics~~

(Source: Repealed at 32 Ill. Reg. _____, effective _____)

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Hospital Services

2) Code Citation: 89 Ill. Adm. Code 148

3)

Section Numbers:	Proposed Action:
148.500	Amendment
148.510	Amendment

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]

5) Complete Description of the Subjects and Issues Involved: The proposed rulemakings are necessary to implement changes to the Illinois Sexual Assault Survivors Emergency Treatment Act [410 ILCS 70].

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? No

10) Are there any other proposed rulemakings pending on this Part? Yes

Sections:	Proposed Action:	Illinois Register Citation:
148.130	Amendment	32 Ill. Reg. 303; January 11, 2008
148.126	Amendment	32 Ill. Reg. 2885; February 29, 2008

11) Statement of Statewide Policy Objectives: This rulemaking does not affect units of local government.

12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Any interested parties may submit comments, data, views, or arguments concerning this proposed rulemaking. All comments must be in writing and should be addressed to:

Tamara Tanzillo Hoffman
Chief of Staff

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

Illinois Department of Healthcare and Family Services
201 South Grand Avenue E., 3rd Floor
Springfield IL 62763-0002

217/557-7157

The Department requests the submission of written comments within 30 days after the publication of this Notice. The Department will consider all written comments it receives during the first notice period as required by Section 5-40 of the Illinois Administrative Procedure Act [5 ILCS 100/5-40].

These proposed amendments may have an impact on small businesses, small municipalities, and not-for-profit corporations as defined in Sections 1-75, 1-80 and 1-85 of the Illinois Administrative Procedure Act [5 ILCS 100/1-75, 1-80, 1-85]. These entities may submit comments in writing to the Department at the above address in accordance with the regulatory flexibility provisions in Section 5-30 of the Illinois Administrative Procedure Act [5 ILCS 100/5-30]. These entities shall indicate their status as small businesses, small municipalities, or not-for-profit corporations as part of any written comments they submit to the Department.

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not-for-profit corporations affected: Medicaid funded providers

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: None

14) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not anticipated by the Department when the most recent regulatory agendas were published.

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

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

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DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

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AUTHORITY: Implementing and authorized by Articles III, IV, V and VI and Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. III, IV, V, VI and 12-13].

SOURCE: Sections 148.10 thru 148.390 recodified from 89 Ill. Adm. Code 140.94 thru 140.398 at 13 Ill. Reg. 9572; Section 148.120 recodified from 89 Ill. Adm. Code 140.110 at 13 Ill. Reg. 12118; amended at 14 Ill. Reg. 2553, effective February 9, 1990; emergency amendment at 14 Ill. Reg. 11392, effective July 1, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 15358, effective September 13, 1990; amended at 14 Ill. Reg. 16998, effective October 4, 1990; amended at 14 Ill. Reg. 18293, effective October 30, 1990; amended at 14 Ill. Reg. 18499, effective November 8, 1990; emergency amendment at 15 Ill. Reg. 10502, effective July 1, 1991, for a maximum of 150 days; emergency expired October 29, 1991; emergency amendment at 15 Ill. Reg. 12005, effective August 9, 1991, for a maximum of 150 days; emergency expired January 6, 1992; emergency amendment at 15 Ill. Reg. 16166, effective November 1, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 18684, effective December 23, 1991; amended at 16 Ill. Reg. 6255, effective March 27, 1992; emergency amendment at 16 Ill. Reg. 11335, effective June 30, 1992, for a maximum of 150 days; emergency expired November 27, 1992; emergency amendment at 16 Ill. Reg. 11942, effective July 10, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 14778, effective October 1, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 19873, effective December 7, 1992; amended at 17 Ill. Reg. 131, effective December 21, 1992; amended at 17 Ill. Reg. 3296, effective March 1, 1993; amended at 17 Ill. Reg. 6649, effective April 21, 1993; amended at 17 Ill. Reg. 14643, effective August 30, 1993; emergency amendment at 17 Ill. Reg. 17323, effective October 1, 1993, for a maximum of 150 days; amended at 18 Ill. Reg. 3450, effective February 28, 1994; emergency amendment at 18 Ill. Reg. 12853, effective August 2, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 14117, effective September 1, 1994; amended at 18 Ill. Reg. 17648, effective November 29, 1994; amended at 19 Ill. Reg. 1067, effective January 20, 1995; emergency amendment at 19 Ill. Reg. 3510, effective March 1, 1995, for a maximum of 150 days; emergency expired July 29, 1995; emergency amendment at 19 Ill. Reg. 6709, effective May 12, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 10060, effective June 29, 1995; emergency amendment at 19 Ill. Reg. 10752, effective July 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 13009, effective September 5, 1995; amended at 19 Ill. Reg. 16630, effective November 28, 1995; amended at 20 Ill. Reg. 872, effective December 29, 1995; amended at 20 Ill. Reg. 7912, effective May 31, 1996; emergency amendment at 20 Ill. Reg. 9281, effective July 1, 1996, for a maximum of 150 days; emergency amendment at 20 Ill. Reg. 12510, effective September 1, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 15722, effective November 27, 1996; amended at 21 Ill. Reg. 607, effective January 2, 1997; amended at 21 Ill. Reg. 8386, effective June 23, 1997; emergency amendment at 21 Ill. Reg. 9552,

effective July 1, 1997, for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 9822, effective July 2, 1997, for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 10147, effective August 1, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 13349, effective September 23, 1997; emergency amendment at 21 Ill. Reg. 13675, effective September 27, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 16161, effective November 26, 1997; amended at 22 Ill. Reg. 1408, effective December 29, 1997; amended at 22 Ill. Reg. 3083, effective January 26, 1998; amended at 22 Ill. Reg. 11514, effective June 22, 1998; emergency amendment at 22 Ill. Reg. 13070, effective July 1, 1998, for a maximum of 150 days; emergency amendment at 22 Ill. Reg. 15027, effective August 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 16273, effective August 28, 1998; amended at 22 Ill. Reg. 21490, effective November 25, 1998; amended at 23 Ill. Reg. 5784, effective April 30, 1999; amended at 23 Ill. Reg. 7115, effective June 1, 1999; amended at 23 Ill. Reg. 7908, effective June 30, 1999; emergency amendment at 23 Ill. Reg. 8213, effective July 1, 1999, for a maximum of 150 days; emergency amendment at 23 Ill. Reg. 12772, effective October 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 13621, effective November 1, 1999; amended at 24 Ill. Reg. 2400, effective February 1, 2000; amended at 24 Ill. Reg. 3845, effective February 25, 2000; emergency amendment at 24 Ill. Reg. 10386, effective July 1, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 11846, effective August 1, 2000; amended at 24 Ill. Reg. 16067, effective October 16, 2000; amended at 24 Ill. Reg. 17146, effective November 1, 2000; amended at 24 Ill. Reg. 18293, effective December 1, 2000; amended at 25 Ill. Reg. 5359, effective April 1, 2001; emergency amendment at 25 Ill. Reg. 5432, effective April 1, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 6959, effective June 1, 2001; emergency amendment at 25 Ill. Reg. 9974, effective July 23, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 10513, effective August 2, 2001; emergency amendment at 25 Ill. Reg. 12870, effective October 1, 2001, for a maximum of 150 days; emergency expired February 27, 2002; amended at 25 Ill. Reg. 16087, effective December 1, 2001; emergency amendment at 26 Ill. Reg. 536, effective December 31, 2001, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 680, effective January 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 4825, effective March 15, 2002; emergency amendment at 26 Ill. Reg. 4953, effective March 18, 2002, for a maximum of 150 days; emergency amendment repealed at 26 Ill. Reg. 7786, effective July 1, 2002; emergency amendment at 26 Ill. Reg. 7340, effective April 30, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 8395, effective May 28, 2002; emergency amendment at 26 Ill. Reg. 11040, effective July 1, 2002, for a maximum of 150 days; emergency amendment repealed at 26 Ill. Reg. 16612, effective October 22, 2002; amended at 26 Ill. Reg. 12322, effective July 26, 2002; amended at 26 Ill. Reg. 13661, effective September 3, 2002; amended at 26 Ill. Reg. 14808, effective September 26, 2002; emergency amendment at 26 Ill. Reg. 14887, effective October 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 17775, effective November 27, 2002; emergency amendment at 27 Ill. Reg. 580, effective January 1, 2003, for a maximum of 150 days; emergency amendment at 27 Ill. Reg. 866,

effective January 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 4386, effective February 24, 2003; emergency amendment at 27 Ill. Reg. 8320, effective April 28, 2003, for a maximum of 150 days; emergency amendment repealed at 27 Ill. Reg. 12121, effective July 10, 2003; amended at 27 Ill. Reg. 9178, effective May 28, 2003; emergency amendment at 27 Ill. Reg. 11041, effective July 1, 2003, for a maximum of 150 days; emergency amendment at 27 Ill. Reg. 16185, effective October 1, 2003, for a maximum of 150 days; emergency amendment at 27 Ill. Reg. 16268, effective October 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 18843, effective November 26, 2003; emergency amendment at 28 Ill. Reg. 1418, effective January 8, 2004, for a maximum of 150 days; emergency amendment at 28 Ill. Reg. 1766, effective January 10, 2004, for a maximum of 150 days; emergency expired June 7, 2004; amended at 28 Ill. Reg. 2770, effective February 1, 2004; emergency amendment at 28 Ill. Reg. 5902, effective April 1, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 7101, effective May 3, 2004; amended at 28 Ill. Reg. 8072, effective June 1, 2004; emergency amendment at 28 Ill. Reg. 8167, effective June 1, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 9661, effective July 1, 2004; emergency amendment at 28 Ill. Reg. 10157, effective July 1, 2004, for a maximum of 150 days; emergency amendment at 28 Ill. Reg. 12036, effective August 3, 2004, for a maximum of 150 days; emergency expired December 30, 2004; emergency amendment at 28 Ill. Reg. 12227, effective August 6, 2004, for a maximum of 150 days; emergency expired January 2, 2005; amended at 28 Ill. Reg. 14557, effective October 27, 2004; amended at 28 Ill. Reg. 15536, effective November 24, 2004; amended at 29 Ill. Reg. 861, effective January 1, 2005; emergency amendment at 29 Ill. Reg. 2026, effective January 21, 2005, for a maximum of 150 days; amended at 29 Ill. Reg. 5514, effective April 1, 2005; emergency amendment at 29 Ill. Reg. 5756, effective April 8, 2005, for a maximum of 150 days; emergency amendment repealed by emergency rulemaking at 29 Ill. Reg. 11622, effective July 5, 2005, for the remainder of the 150 days; amended at 29 Ill. Reg. 8363, effective June 1, 2005; emergency amendment at 29 Ill. Reg. 10275, effective July 1, 2005, for a maximum of 150 days; emergency amendment at 29 Ill. Reg. 12568, effective August 1, 2005, for a maximum of 150 days; emergency amendment at 29 Ill. Reg. 15629, effective October 1, 2005, for a maximum of 150 days; amended at 29 Ill. Reg. 19973, effective November 23, 2005; amended at 30 Ill. Reg. 383, effective December 28, 2005; emergency amendment at 30 Ill. Reg. 596, effective January 1, 2006, for a maximum of 150 days; emergency amendment at 30 Ill. Reg. 955, effective January 9, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 2827, effective February 24, 2006; emergency amendment at 30 Ill. Reg. 7786, effective April 10, 2006, for a maximum of 150 days; emergency amendment repealed by emergency rulemaking at 30 Ill. Reg. 12400, effective July 1, 2006, for the remainder of the 150 days; emergency expired September 6, 2006; amended at 30 Ill. Reg. 8877, effective May 1, 2006; amended at 30 Ill. Reg. 10393, effective May 26, 2006; emergency amendment at 30 Ill. Reg. 11815, effective July 1, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 18672, effective November 27, 2006; emergency amendment at 31 Ill. Reg. 1602, effective January 1, 2007, for a maximum of 150 days;

emergency amendment at 31 Ill. Reg. 1997, effective January 15, 2007, for a maximum of 150 days; amended at 31 Ill. Reg. 5596, effective April 1, 2007; amended at 31 Ill. Reg. 8123, effective May 30, 2007; amended at 31 Ill. Reg. 8508, effective June 1, 2007; emergency amendment at 31 Ill. Reg. 10137, effective July 1, 2007, for a maximum of 150 days; amended at 31 Ill. Reg. 11688, effective August 1, 2007; amended at 31 Ill. Reg. 14792, effective October 22, 2007; amended at 32 Ill. Reg. 312, effective January 1, 2008; emergency amendment at 32 Ill. Reg. 518, effective January 1, 2008, for a maximum of 150 days; emergency amendment at 32 Ill. Reg. 2993, effective February 16, 2008, for a maximum of 150 days; amended at 32 Ill. Reg. _____, effective _____.

SUBPART C: SEXUAL ASSAULT EMERGENCY TREATMENT PROGRAM

Section 148.500 Definitions

"Act" means the Sexual Assault Survivors Emergency Treatment Act [410 ILCS 70].

~~"Alleged Sexual Assault Survivor" means a person who seeks hospital emergency services in relation to injuries or trauma resulting from an alleged act of forced sexual penetration or sexual conduct, as defined in Section 12-12 of the Criminal Code of 1961 [720 ILCS 5/12-12], including acts prohibited under Sections 12-13 through 12-16 of the Code [720 ILCS 5/12-13 through 12-16] and Sections 1a and 2 of the Act [410 ILCS 70/1a and 2].~~

"Ambulance Provider" means an individual or entity that owns and operates a business or service using ambulances or emergency medical services vehicles to transport emergency patients.~~ambulance service providing transportation for alleged sexual assault survivors.~~

"Area-wide Sexual Assault Treatment Plan" means a plan, developed by the hospitals in the community or area to be served, that provides for hospital emergency services to sexual assault survivors that shall be made available by each of the participating hospitals.

"Department" means the Illinois Department of Healthcare and Family Services~~Public Aid~~.

"Emergency Contraception" means medication as approved by the federal Food and Drug Administration (FDA) that can significantly reduce the risk after pregnancy if taken within 72 hours after sexual assault.

~~"Evidence Collection Kit" means a prepackaged set of materials and forms that has been approved by the Illinois State Police to be used for the collection of evidence relating to sexual assault. The standardized evidence collection kit for all parts of the State shall be the Illinois State Police Sexual Assault Evidence Collection Kit (Section 6.4 of the Act).~~

"Follow-up Healthcare" means healthcare services related to a sexual assault, including laboratory services and pharmacy services, rendered within 90 days after the initial visit for hospital emergency services.

"Forensic Services" means the collection of evidence pursuant to a statewide sexual assault evidence collection program administered by the Department of State Police, using the Illinois State Police Sexual Assault Evidence Collection Kit.

"Health Care Professional" means a physician, a physician assistant, or an advanced practice nurse.

"Hospital" means a facility located in Illinois licensed as a hospital by the Department of Public Health pursuant to the Hospital Licensing Act [210 ILCS 85] or that meets both the definition of a hospital and the licensure exemption provisions of the Hospital Licensing Act.

"Hospital Emergency Services" means health care delivered to outpatients~~alleged sexual assault survivors~~ within or under the care and supervision of personnel working in a designated emergency department ~~or emergency room~~ of a hospital, including, but not limited to, care ordered by such personnel for a sexual assault survivor in the emergency department.

"Illinois State Police Sexual Assault Evidence Collection Kit" means a prepackaged set of materials and forms to be used for the collection of evidence relating to sexual assault. The standardized evidence collection kit for the State of Illinois shall be the Illinois State Police Sexual Assault Evidence Collection Kit.

~~"Medical Assistance Program" means the Medicaid Program authorized under~~

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

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~~Title XIX of the Social Security Act and Section 5 of the Public Aid Code [305 ILCS 5/5] and the State Children's Health Insurance Program (SCHIP), authorized under Title XXI of the Social Security Act and the Children's Health Insurance Program Act [215 ILCS 106].~~

"Nurse" means a nurse licensed under the Nurse Practice Act [225 ILCS 65].

"Physician" means a person licensed to practice medicine in all its branches.

"Sexual Assault" means an act of nonconsensual sexual conduct or sexual penetration, as defined in Section 12-12 of the Criminal Code of 1961 [720 ILCS 5], including, without limitation, acts prohibited under Sections 12-13 through 12-16 of the Criminal Code of 1961.

"Sexual Assault Survivor" means a person who presents for hospital emergency services in relation to injuries or trauma resulting from a sexual assault.

"Sexual Assault Transfer Plan" means a written plan developed by a hospital and approved by the Department of Public Health that describes the hospital's procedures for transferring sexual assault survivors to another hospital in order to receive emergency treatment.

"Sexual Assault Treatment Plan" means a written plan developed by a hospital that describes the hospital's procedures and protocols for providing hospital emergency services and forensic services to sexual assault survivors who present themselves for such services, either directly or through transfer from another hospital.

"Transfer Facility" means a hospital that provides only transfer services to alleged sexual assault survivors, pursuant to 77 Ill. Adm. Code 545.

"Transfer Services" means the appropriate medical screening examination and necessary stabilizing treatment prior to the transfer of a sexual assault survivor to a hospital that provides hospital emergency services and forensic services to sexual assault survivors pursuant to a sexual assault treatment plan or area wide sexual assault treatment plan.

"Treatment Facility" means a hospital that renders emergency treatment to alleged sexual assault survivors, pursuant to 77 Ill. Adm. Code 545.

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENTS

(Source: Amended at 32 Ill. Reg. _____, effective _____)

Section 148.510 Reimbursement

When a hospital or ambulance provider furnishes emergency services, a hospital or health care professional or laboratory provides follow-up healthcare, or a pharmacy dispenses prescribed medications~~and~~ to any ~~alleged~~ sexual assault survivor who is neither eligible to receive those services under the Illinois Public Aid Code [305 ILCS 5/5]~~Department's Medical Assistance Program~~ nor covered for those services by a policy of insurance, the hospital, ~~and~~ ambulance provider, health care professional, laboratory or pharmacy shall furnish the~~such~~ services without charge to that person, and shall be entitled to be reimbursed ~~for its billed charges~~ in providing the~~such~~ services, under the following conditions:

a) An Illinois hospital shall be eligible for reimbursement only after receiving Department of Public Health approval for participation as a Sexual Assault Treatment Facility or as a Sexual Assault Transfer Facility.

b) Charges for outpatient emergency care, physician, and ambulance transportation, and other related charges, shall be reimbursed only through the hospital outpatient billing department.

1) Physicians, ambulance providers, and other miscellaneous medical providers rendering services in the hospital emergency department shall not be directly reimbursed by the Department of Healthcare and Family Services~~Public Aid~~.

2) Charges for inpatient care shall not be reimbursed.

3) Charges must be directly related to ~~emergency~~ care rendered for examinations, injuries, or trauma resulting from an alleged sexual assault and/or the completion of sexual assault evidence collection through the use and application of the Illinois State Police Sexual Assault Evidence Collection Kit.

4) Emergency ~~room~~ services must have been provided within the hospital emergency department or~~(room)~~ under the direction of an attending emergency room physician at the facility who supervised or provided the hospital emergency care of the ~~alleged~~ sexual assault survivor, or during

the ambulance transport of the ~~alleged~~ sexual assault survivor.

5) Charges may include, but are not limited to, outpatient emergency care, physician, laboratory, x-ray, pharmacy and ambulance services, including charges for ~~no more than two~~ follow-up visits to the emergency department that are related to the ~~alleged~~ sexual assault and occur within 90days ~~six weeks~~ after the initial visit.

6) The billed charges for services provided to ~~alleged~~ sexual assault survivors shall be no greater than the provider's customary charges to the general public for those types of services. Physician fees shall be no greater than those considered usual and customary in the community. Pharmacy services shall be reimbursed at the Department's pharmacy reimbursement rates established in 89 Ill. Adm. Code 140.445 and 89 Ill. Adm. Code 140.446.

7) Claims must be received by the Department within 12 months from the date of service to be eligible for payment.

c) The hospital shall maintain sufficient records to document its charges for services to each ~~alleged~~ sexual assault survivor. The records shall be available for the Department's review upon its request and shall contain at least the following:

1) Sexual ~~Alleged sexual~~ assault survivor's name, address, date of birth, Social Security Number, marital status, sex, employer and name of parent or guardian (if minor patient);

2) Date of service;

3) Hospital patient number and name of attending physician;

4) List of services provided;

5) Charges for each service;

6) Any documentation concerning the ~~alleged~~ sexual assault survivor's insurance coverage; and

7) A report outlining each service provided and paid for by the Department

and the services available to ~~alleged~~ sexual assault survivors.

d) The hospital outpatient-billing~~outpatient billing~~ department shall submit the following documentation in order to be considered for reimbursement:

1) The Illinois Department of Healthcare and Family Services~~Public Aid~~ Sexual Assault Survivor Program Outpatient Hospital Billing Form, completed in its entirety for the initial visit and follow-up visits;

2) When applicable, the Billing Form with documentation of any insurance payment that has been received, or a copy of the denial from the insurance carrier;

3) A legible copy of the emergency room admission form with physician's notes and orders and nurse's notes; and

4) Itemized statement of all charges from each provider.

e) The health care professional who provides follow-up healthcare, the laboratory that furnishes follow-up services, and the pharmacy that dispenses related prescribed medications to a sexual assault survivor are responsible for submitting the request for reimbursement for follow-up healthcare, laboratory services or pharmacy services to the Illinois Sexual Assault Emergency Treatment Program under the Department of Healthcare and Family Services. Health care professionals and laboratories are entitled to be reimbursed for their billed charges. Pharmacies shall be reimbursed at the Department's pharmacy reimbursement rates established in 89 Ill. Adm. Code 140.445 and 140.446.

f)~~e)~~ Under no circumstances shall a~~an alleged~~ sexual assault survivor be billed for outpatient hospital care, emergency room care, follow-up health care or transportation services when the services are directly related to the sexual assault.

g)~~f)~~ A request for reimbursement that is rejected by the Department shall be returned to the requestor and accompanied by an explanation that specifies the basis for rejection. Corrected or amended requests may be resubmitted to the Department within 12 months from the date of service.

(Source: Amended at 32 Ill. Reg. _____, effective _____)

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENT

1) Heading of the Part: Long Term Care Reimbursement Changes

2) Code Citation: 89 Ill. Adm. Code 153

3)

Section Number:	Proposed Action:
153.126	New Section

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13] and Public Act 95-0707

5) Complete Description of the Subjects and Issues Involved: Public Act 95-0707 provides for the socio-development component of the rate for Institutions for Mental Disease (IMD) be increased by 253% and that rates for intermediate care facilities for persons with developmental disabilities (ICF/DD), skilled long term care facilities for persons under 22 years of age (SNF/Ped) and developmental training providers be increased by 2.2% and 2.5% respectively.

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? Yes

8) Does this rulemaking contain an automatic repeal date? No

9) Does this rulemaking contain incorporations by reference? No

10) Are there any other proposed rulemakings pending on this Part? Yes

Section Number:	Proposed Action:	Illinois Register Citation:
153.125	Amendment	32 Ill. Reg. 307; 1/11/08

11) Statement of Statewide Policy Objectives: This rulemaking does not affect units of local government.

12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Any interested parties may submit comments, data, views, or arguments concerning this proposed rulemaking. All comments must be in writing and should be addressed to:

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF PROPOSED AMENDMENT

Tamara Tanzillo Hoffman
Chief of Staff
Illinois Department of Healthcare and Family Services
201 South Grand Avenue East, 3rd Floor
Springfield IL 62763-0002

217/557-7157

The Department requests the submission of written comments within 30 days after the publication of this Notice. The Department will consider all written comments it receives during the first notice period as required by Section 5-40 of the Illinois Administrative Procedure Act [5 ILCS 100/5-40].

These proposed amendments may have an impact on small businesses, small municipalities, and not-for-profit corporations as defined in Sections 1-75, 1-80 and 1-85 of the Illinois Administrative Procedure Act [5 ILCS 100/1-75, 1-80, 1-85]. These entities may submit comments in writing to the Department at the above address in accordance with the regulatory flexibility provisions in Section 5-30 of the Illinois Administrative Procedure Act [5 ILCS 100/5-30]. These entities shall indicate their status as small businesses, small municipalities, or not-for-profit corporations as part of any written comments they submit to the Department.

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not-for-profit corporations affected: Intermediate care facilities for person with developmental disabilities (ICF/DD), skilled long term care facilities for persons under 22 years of age (SNF/Ped) and developmental training providers.

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: None

14) Regulatory Agenda on which this rulemaking was summarized: This rulemaking was not anticipated by the Department when the two most recent regulatory agendas were published.

The full text of the Proposed Amendment is identical to the text of the Emergency Amendment that appears in this issue of the *Illinois Register* on page 4105.

DEPARTMENT OF HUMAN SERVICES

NOTICE OF PROPOSED AMENDMENT

1) Heading of the Part: Temporary Assistance for Needy Families

2) Code Citation: 89 Ill. Adm. Code 112

3) Section Number: 112.156 Proposed Action: Amendment

4) Statutory Authority: Implementing Article IV and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Art. IV and 12-13].

5) A Complete Description of the Subjects and Issues Involved: This rulemaking revises the Assets for Independence (AFI) Program Provisions. As a result of this proposed rulemaking, program participants will receive match funds of 1:1 for homeownership accounts and depending upon available resources up to 3:1 match funds for educational accounts. The funding source for the AFI fund will be both HHS and the Illinois Department of Human Services. This rulemaking also establishes that program participants will be eligible to withdraw money from an IDA for a first-time home purchase if they have participated in the program for 6 months and have fulfilled the financial education requirements. In addition, this rulemaking revises the definition of an eligible educational institution to mean an Illinois Public College or University or an Illinois Community College.

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? No

10) Are there any other proposed rulemakings pending on this Part? No

11) Statement of Statewide Policy Objectives: This rulemaking does not create or expand a State mandate.

12) Time, Place, and Manner in which interested persons may comment on this proposed rulemaking: Interested persons may present their comments concerning this rulemaking

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within 45 days after the date of this issue of the *Illinois Register*. All requests and comments should be submitted in writing to:

Tracie Drew, Chief
Bureau of Administrative Rules and Procedures
Department of Human Services
100 South Grand Avenue East
Harris Building, 3rd Floor
Springfield, Illinois 62762

217/785-9772

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not-for-profit corporations affected: None

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: None

14) Regulatory agenda on which this rulemaking was summarized: This rulemaking was not included on either of the two most recent regulatory agendas because: it was not anticipated by the Department with the two most recent regulatory agendas were published.

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

DEPARTMENT OF HUMAN SERVICES

NOTICE OF PROPOSED AMENDMENT

TITLE 89: SOCIAL SERVICES
CHAPTER IV: DEPARTMENT OF HUMAN SERVICES
SUBCHAPTER b: ASSISTANCE PROGRAMS

PART 112
TEMPORARY ASSISTANCE FOR NEEDY FAMILIES

SUBPART A: GENERAL PROVISIONS

Section
112.1 Description of the Assistance Program and Time Limit
112.2 Time Limit on Receipt of Benefits for Clients Enrolled in Post-Secondary Education
112.3 Receipt of Cash Benefits Beyond the 60 Month Lifetime Limit
112.5 Incorporation by Reference
112.6 The Family Violence Option

SUBPART B: NON-FINANCIAL FACTORS OF ELIGIBILITY

Section
112.8 Caretaker Relative
112.9 Client Cooperation
112.10 Citizenship
112.20 Residence
112.30 Age
112.40 Relationship
112.50 Living Arrangement
112.52 Social Security Numbers
112.54 Assignment of Medical Support Rights
112.60 Basis of Eligibility
112.61 Death of a Parent (Repealed)
112.62 Incapacity of a Parent (Repealed)
112.63 Continued Absence of a Parent (Repealed)
112.64 Unemployment of the Parent (Repealed)
112.65 Responsibility and Services Plan
112.66 Alcohol and Substance Abuse Treatment
112.67 Restriction in Payment to Households Headed by a Minor Parent
112.68 School Attendance Initiative
112.69 Felons and Violators of Parole or Probation

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SUBPART C: TANF EMPLOYMENT AND WORK ACTIVITY REQUIREMENTS

Section
112.70 Employment and Work Activity Requirements
112.71 Individuals Exempt from TANF Employment and Work Activity Requirements
112.72 Participation/Cooperation Requirements
112.73 Adolescent Parent Program (Repealed)
112.74 Responsibility and Services Plan
112.75 Teen Parent Personal Responsibility Plan (Repealed)
112.76 TANF Orientation
112.77 Reconciliation and Fair Hearings
112.78 TANF Employment and Work Activities
112.79 Sanctions
112.80 Good Cause for Failure to Comply with TANF Participation Requirements
112.81 Responsible Relative Eligibility for JOBS (Repealed)
112.82 Supportive Services
112.83 Teen Parent Services
112.84 Employment Retention and Advancement Project
112.85 Four Year College/Vocational Training Demonstration Project (Repealed)

SUBPART E: PROJECT ADVANCE

Section
112.86 Project Advance (Repealed)
112.87 Project Advance Experimental and Control Groups (Repealed)
112.88 Project Advance Participation Requirements of Experimental Group Members and Adjudicated Fathers (Repealed)
112.89 Project Advance Cooperation Requirements of Experimental Group Members and Adjudicated Fathers (Repealed)
112.90 Project Advance Sanctions (Repealed)
112.91 Good Cause for Failure to Comply with Project Advance (Repealed)
112.93 Individuals Exempt From Project Advance (Repealed)
112.95 Project Advance Supportive Services (Repealed)

SUBPART F: EXCHANGE PROGRAM

Section
112.98 Exchange Program (Repealed)

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SUBPART G: FINANCIAL FACTORS OF ELIGIBILITY

Section
112.100 Unearned Income
112.101 Unearned Income of Parent
112.105 Budgeting Unearned Income
112.106 Budgeting Unearned Income of Applicants
112.107 Initial Receipt of Unearned Income
112.108 Termination of Unearned Income
112.110 Exempt Unearned Income
112.115 Education Benefits
112.120 Incentive Allowances
112.125 Unearned Income In-Kind
112.126 Earmarked Income
112.127 Lump-Sum Payments
112.128 Protected Income (Repealed)
112.130 Earned Income
112.131 Earned Income Tax Credit
112.132 Budgeting Earned Income
112.133 Budgeting Earned Income of Employed Applicants
112.134 Initial Employment
112.135 Budgeting Earned Income For Contractual Employees
112.136 Budgeting Earned Income For Non-contractual School Employees
112.137 Termination of Employment
112.138 Transitional Payments (Repealed)
112.140 Exempt Earned Income
112.141 Earned Income Exemption
112.142 Exclusion from Earned Income Exemption
112.143 Recognized Employment Expenses
112.144 Income from Work-Study and Training Programs
112.145 Earned Income From Self-Employment
112.146 Earned Income From Roomer and Boarder
112.147 Income From Rental Property
112.148 Payments from the Illinois Department of Children and Family Services
112.149 Earned Income In-Kind
112.150 Assets
112.151 Exempt Assets
112.152 Asset Disregards

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112.153 Deferral of Consideration of Assets
112.154 Property Transfers (Repealed)
112.155 Income Limit
112.156 Assets~~Assests~~ for Independence Program

SUBPART H: PAYMENT AMOUNTS

Section
112.250 Grant Levels
112.251 Payment Levels
112.252 Payment Levels in Group I Counties
112.253 Payment Levels in Group II Counties
112.254 Payment Levels in Group III Counties
112.255 Limitation on Amount of TANF Assistance to Recipients from Other States (Repealed)

SUBPART I: OTHER PROVISIONS

Section
112.300 Persons Who May Be Included in the Assistance Unit
112.301 Presumptive Eligibility
112.302 Reporting Requirements for Clients with Earnings
112.303 Budgeting
112.304 Budgeting Schedule
112.305 Strikers
112.306 Foster Care Program
112.307 Responsibility of Sponsors of Non-Citizens Entering the Country Prior to 8/22/96
112.308 Responsibility of Sponsors of Non-Citizens Entering the Country On or After 8/22/96
112.309 Institutional Status
112.310 Child Care for Representative Payees
112.315 Young Parents Program (Renumbered)
112.320 Redetermination of Eligibility
112.330 Extension of Medical Assistance Due to Increased Income from Employment
112.331 Four Month Extension of Medical Assistance Due to Child Support Collections
112.332 Extension of Medical Assistance Due to Loss of Earned Income Disregard (Repealed)
112.340 New Start Payments to Individuals Released from Department of Corrections Facilities (Repealed)

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SUBPART J: CHILD CARE

Section
112.350 Child Care (Repealed)
112.352 Child Care Eligibility (Repealed)
112.354 Qualified Provider (Repealed)
112.356 Notification of Available Services (Repealed)
112.358 Participant Rights and Responsibilities (Repealed)
112.362 Additional Service to Secure or Maintain Child Care Arrangements (Repealed)
112.364 Rates of Payment for Child Care (Repealed)
112.366 Method of Providing Child Care (Repealed)
112.370 Non-JOBS Education and Training Program (Repealed)

SUBPART K: TRANSITIONAL CHILD CARE

Section
112.400 Transitional Child Care Eligibility (Repealed)
112.404 Duration of Eligibility for Transitional Child Care (Repealed)
112.406 Loss of Eligibility for Transitional Child Care (Repealed)
112.408 Qualified Child Care Providers (Repealed)
112.410 Notification of Available Services (Repealed)
112.412 Participant Rights and Responsibilities (Repealed)
112.414 Child Care Overpayments and Recoveries (Repealed)
112.416 Fees for Service for Transitional Child Care (Repealed)
112.418 Rates of Payment for Transitional Child Care (Repealed)

AUTHORITY: Implementing Article IV and authorized by Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Art. IV and 12-13].

SOURCE: Filed effective December 30, 1977; peremptory amendment at 2 Ill. Reg. 17, p. 117, effective February 1, 1978; amended at 2 Ill. Reg. 31, p. 134, effective August 5, 1978; emergency amendment at 2 Ill. Reg. 37, p. 4, effective August 30, 1978, for a maximum of 150 days; peremptory amendment at 2 Ill. Reg. 46, p. 44, effective November 1, 1978; peremptory amendment at 2 Ill. Reg. 46, p. 56, effective November 1, 1978; emergency amendment at 3 Ill. Reg. 16, p. 41, effective April 9, 1979, for a maximum of 150 days; emergency amendment at 3 Ill. Reg. 28, p. 182, effective July 1, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 33, p. 399, effective August 18, 1979; amendment at 3 Ill. Reg. 33, p. 415, effective August 18, 1979; amended at 3 Ill. Reg. 38, p. 243, effective September 21, 1979; peremptory amendment at

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3 Ill. Reg. 38, p. 321, effective September 7, 1979; amended at 3 Ill. Reg. 40, p. 140, effective October 6, 1979; amended at 3 Ill. Reg. 46, p. 36, effective November 2, 1979; amended at 3 Ill. Reg. 47, p. 96, effective November 13, 1979; amended at 3 Ill. Reg. 48, p. 1, effective November 15, 1979; peremptory amendment at 4 Ill. Reg. 9, p. 259, effective February 22, 1980; amended at 4 Ill. Reg. 10, p. 258, effective February 25, 1980; amended at 4 Ill. Reg. 12, p. 551, effective March 10, 1980; amended at 4 Ill. Reg. 27, p. 387, effective June 24, 1980; emergency amendment at 4 Ill. Reg. 29, p. 294, effective July 8, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 37, p. 797, effective September 2, 1980; amended at 4 Ill. Reg. 37, p. 800, effective September 2, 1980; amended at 4 Ill. Reg. 45, p. 134, effective October 27, 1980; amended at 5 Ill. Reg. 766, effective January 2, 1981; amended at 5 Ill. Reg. 1134, effective January 26, 1981; peremptory amendment at 5 Ill. Reg. 5722, effective June 1, 1981; amended at 5 Ill. Reg. 7071, effective June 23, 1981; amended at 5 Ill. Reg. 7104, effective June 23, 1981; amended at 5 Ill. Reg. 8041, effective July 27, 1981; amended at 5 Ill. Reg. 8052, effective July 24, 1981; peremptory amendment at 5 Ill. Reg. 8106, effective August 1, 1981; peremptory amendment at 5 Ill. Reg. 10062, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10079, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10095, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10113, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10124, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 10131, effective October 1, 1981; amended at 5 Ill. Reg. 10730, effective October 1, 1981; amended at 5 Ill. Reg. 10733, effective October 1, 1981; amended at 5 Ill. Reg. 10760, effective October 1, 1981; amended at 5 Ill. Reg. 10767, effective October 1, 1981; peremptory amendment at 5 Ill. Reg. 11647, effective October 16, 1981; peremptory amendment at 6 Ill. Reg. 611, effective January 1, 1982; amended at 6 Ill. Reg. 1216, effective January 14, 1982; emergency amendment at 6 Ill. Reg. 2447, effective March 1, 1982, for a maximum of 150 days; peremptory amendment at 6 Ill. Reg. 2452, effective February 11, 1982; peremptory amendment at 6 Ill. Reg. 6475, effective May 18, 1982; peremptory amendment at 6 Ill. Reg. 6912, effective May 20, 1982; emergency amendment at 6 Ill. Reg. 7299, effective June 2, 1982, for a maximum of 150 days; amended at 6 Ill. Reg. 8115, effective July 1, 1982; amended at 6 Ill. Reg. 8142, effective July 1, 1982; amended at 6 Ill. Reg. 8159, effective July 1, 1982; amended at 6 Ill. Reg. 10970, effective August 26, 1982; amended at 6 Ill. Reg. 11921, effective September 21, 1982; amended at 6 Ill. Reg. 12293, effective October 1, 1982; amended at 6 Ill. Reg. 12318, effective October 1, 1982; amended at 6 Ill. Reg. 13754, effective November 1, 1982; rules repealed, new rules adopted and codified at 7 Ill. Reg. 907, effective January 11, 1983; rules repealed and new rules adopted and codified at 7 Ill. Reg. 2720, effective February 28, 1983; amended (by adding Sections being codified with no substantive change) at 7 Ill. Reg. 5195; amended at 7 Ill. Reg. 11284, effective August 26, 1983; amended at 7 Ill. Reg. 13920, effective October 7, 1983; amended at 7 Ill. Reg. 15690, effective November 9, 1983; amended (by adding Sections being codified with no substantive change) at 7 Ill. Reg. 16105; amended at 7 Ill. Reg. 17344, effective December 21, 1983; amended at 8 Ill. Reg. 213, effective December 27, 1983; emergency

amendment at 8 Ill. Reg. 569, effective January 1, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 4176, effective March 19, 1984; amended at 8 Ill. Reg. 5207, effective April 9, 1984; amended at 8 Ill. Reg. 7226, effective May 16, 1984; amended at 8 Ill. Reg. 11391, effective June 27, 1984; amended at 8 Ill. Reg. 12333, effective June 29, 1984; amended (by adding Sections being codified with no substantive change) at 8 Ill. Reg. 17894; peremptory amendment at 8 Ill. Reg. 18127, effective October 1, 1984; peremptory amendment at 8 Ill. Reg. 19889, effective October 1, 1984; amended at 8 Ill. Reg. 19983, effective October 3, 1984; emergency amendment at 8 Ill. Reg. 21666, effective October 19, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 21621, effective October 23, 1984; amended at 8 Ill. Reg. 25023, effective December 19, 1984; amended at 9 Ill. Reg. 282, effective January 1, 1985; amended at 9 Ill. Reg. 4062, effective March 15, 1985; amended at 9 Ill. Reg. 8155, effective May 17, 1985; emergency amendment at 9 Ill. Reg. 10094, effective June 19, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 11317, effective July 5, 1985; amended at 9 Ill. Reg. 12795, effective August 9, 1985; amended at 9 Ill. Reg. 15887, effective October 4, 1985; amended at 9 Ill. Reg. 16277, effective October 11, 1985; amended at 9 Ill. Reg. 17827, effective November 18, 1985; emergency amendment at 10 Ill. Reg. 354, effective January 1, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 1172, effective January 10, 1986; amended at 10 Ill. Reg. 3641, effective January 30, 1986; amended at 10 Ill. Reg. 4885, effective March 7, 1986; amended at 10 Ill. Reg. 8118, effective May 1, 1986; amended at 10 Ill. Reg. 10628, effective June 1, 1986; amended at 10 Ill. Reg. 11017, effective June 6, 1986; Sections 112.78 through 112.86 and 112.88 recodified to 89 Ill. Adm. Code 160 at 10 Ill. Reg. 11928; emergency amendment at 10 Ill. Reg. 12107, effective July 1, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 12650, effective July 14, 1986; amended at 10 Ill. Reg. 14681, effective August 29, 1986; amended at 10 Ill. Reg. 15101, effective September 5, 1986; amended at 10 Ill. Reg. 15621, effective September 19, 1986; amended at 10 Ill. Reg. 21860, effective December 12, 1986; amended at 11 Ill. Reg. 2280, effective January 16, 1987; amended at 11 Ill. Reg. 3140, effective January 30, 1987; amended at 11 Ill. Reg. 4682, effective March 6, 1987; amended at 11 Ill. Reg. 5223, effective March 11, 1987; amended at 11 Ill. Reg. 6228, effective March 20, 1987; amended at 11 Ill. Reg. 9927, effective May 15, 1987; amended at 11 Ill. Reg. 12003, effective November 1, 1987; emergency amendment at 11 Ill. Reg. 12432, effective July 10, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 12908, effective July 30, 1987; emergency amendment at 11 Ill. Reg. 12935, effective August 1, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 13625, effective August 1, 1987; amended at 11 Ill. Reg. 14755, effective August 26, 1987; amended at 11 Ill. Reg. 18679, effective November 1, 1987; emergency amendment at 11 Ill. Reg. 18781, effective November 1, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 20114, effective December 4, 1987; Sections 112.90 and 112.95 recodified to Sections 112.52 and 112.54 at 11 Ill. Reg. 20610; amended at 11 Ill. Reg. 20889, effective December 14, 1987; amended at 12 Ill. Reg. 844, effective January 1, 1988; emergency amendment at 12 Ill. Reg. 1929, effective January 1, 1988, for a maximum of 150 days; amended

at 12 Ill. Reg. 2126, effective January 12, 1988; SUBPARTS C, D and E recodified to SUBPARTS G, H and I at 12 Ill. Reg. 2136; amended at 12 Ill. Reg. 3487, effective January 22, 1988; amended at 12 Ill. Reg. 6159, effective March 18, 1988; amended at 12 Ill. Reg. 6694, effective March 22, 1988; amended at 12 Ill. Reg. 7336, effective May 1, 1988; amended at 12 Ill. Reg. 7673, effective April 20, 1988; amended at 12 Ill. Reg. 9032, effective May 20, 1988; amended at 12 Ill. Reg. 10481, effective June 13, 1988; amended at 12 Ill. Reg. 14172, effective August 30, 1988; amended at 12 Ill. Reg. 14669, effective September 16, 1988; amended at 13 Ill. Reg. 70, effective January 1, 1989; amended at 13 Ill. Reg. 6017, effective April 14, 1989; amended at 13 Ill. Reg. 8567, effective May 22, 1989; amended at 13 Ill. Reg. 16006, effective October 6, 1989; emergency amendment at 13 Ill. Reg. 16142, effective October 2, 1989, for a maximum of 150 days; emergency expired March 1, 1990; amended at 14 Ill. Reg. 705, effective January 1, 1990; amended at 14 Ill. Reg. 3170, effective February 13, 1990; amended at 14 Ill. Reg. 3575, effective February 23, 1990; amended at 14 Ill. Reg. 6306, effective April 16, 1990; amended at 14 Ill. Reg. 10379, effective June 20, 1990; amended at 14 Ill. Reg. 13652, effective August 10, 1990; amended at 14 Ill. Reg. 14140, effective August 17, 1990; amended at 14 Ill. Reg. 16937, effective September 30, 1990; emergency amendment at 15 Ill. Reg. 338, effective January 1, 1991, for a maximum of 150 days; emergency amendment at 15 Ill. Reg. 2862, effective February 4, 1991, for a maximum of 150 days; emergency expired July 4, 1991; amended at 15 Ill. Reg. 5275, effective April 1, 1991; amended at 15 Ill. Reg. 5684, effective April 10, 1991; amended at 15 Ill. Reg. 11127, effective July 19, 1991; amended at 15 Ill. Reg. 11447, effective July 25, 1991; amended at 15 Ill. Reg. 14227, effective September 30, 1991; amended at 15 Ill. Reg. 17308, effective November 18, 1991; amended at 16 Ill. Reg. 9972, effective June 15, 1992; amended at 16 Ill. Reg. 11550, effective July 15, 1992; emergency amendment at 16 Ill. Reg. 11652, effective July 1, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 13629, effective September 1, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 17724, effective November 9, 1992; amended at 16 Ill. Reg. 20147, effective December 14, 1992; amended at 17 Ill. Reg. 357, effective December 24, 1992; amended at 17 Ill. Reg. 813, effective January 15, 1993; amended at 17 Ill. Reg. 2253, effective February 15, 1993; amended at 17 Ill. Reg. 4312, effective March 25, 1993; emergency amendment at 17 Ill. Reg. 6325, effective April 9, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 6792, effective April 21, 1993; amended at 17 Ill. Reg. 15017, effective September 3, 1993; amended at 17 Ill. Reg. 19156, effective October 25, 1993; emergency amendment at 17 Ill. Reg. 19696, effective November 1, 1993, for a maximum of 150 days; amended at 18 Ill. Reg. 5909, effective March 31, 1994; amended at 18 Ill. Reg. 6994, effective April 27, 1994; amended at 18 Ill. Reg. 8703, effective June 1, 1994; amended at 18 Ill. Reg. 10774, effective June 27, 1994; amended at 18 Ill. Reg. 12805, effective August 5, 1994; amended at 18 Ill. Reg. 15774, effective October 17, 1994; expedited correction at 19 Ill. Reg. 998, effective October 17, 1994; amended at 19 Ill. Reg. 2845, effective February 24, 1995; amended at 19 Ill. Reg. 5609, effective March 31, 1995; amended at 19 Ill. Reg. 7883, effective June 5, 1995; emergency

amendment at 19 Ill. Reg. 10206, effective July 1, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 12011, effective August 7, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 12664, effective September 1, 1995; emergency amendment at 19 Ill. Reg. 15244, effective November 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 15661, effective November 3, 1995; emergency amendment at 19 Ill. Reg. 15839, effective November 15, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 16295, effective December 1, 1995, for a maximum of 150 days; amended at 20 Ill. Reg. 845, effective January 1, 1996; amended at 20 Ill. Reg. 3538, effective February 15, 1996; amended at 20 Ill. Reg. 5648, effective March 30, 1996; amended at 20 Ill. Reg. 6018, effective April 12, 1996; amended at 20 Ill. Reg. 6498, effective April 29, 1996; amended at 20 Ill. Reg. 7892, effective June 1, 1996; emergency amendment at 20 Ill. Reg. 12499, effective September 1, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 14820, effective November 1, 1996; amendment at 20 Ill. Reg. 15983, effective December 9, 1996; emergency amendment at 21 Ill. Reg. 662, effective January 1, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 940, effective January 7, 1997; amended at 21 Ill. Reg. 1366, effective January 15, 1997; amended at 21 Ill. Reg. 2655, effective February 7, 1997; amended at 21 Ill. Reg. 7391, effective May 31, 1997; emergency amendment at 21 Ill. Reg. 8426, effective July 1, 1997, for a maximum of 150 days; recodified from the Department of Public Aid to the Department of Human Services at 21 Ill. Reg. 9322; amended at 21 Ill. Reg. 15597, effective November 26, 1997; emergency amendment at 22 Ill. Reg. 4466, effective February 24, 1998, for a maximum of 150 days; emergency amendment at 22 Ill. Reg. 12197, effective July 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 14420, effective July 24, 1998; amended at 22 Ill. Reg. 14744, effective August 1, 1998; amended at 22 Ill. Reg. 16256, effective September 1, 1998; emergency amendment at 22 Ill. Reg. 16365, effective September 1, 1998, for a maximum of 150 days; emergency amendment at 22 Ill. Reg. 18082, effective October 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 19840, effective November 1, 1998; emergency amendment at 23 Ill. Reg. 598, effective January 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 942, effective January 6, 1999; emergency amendment at 23 Ill. Reg. 1133, effective January 7, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 1682, effective January 20, 1999; emergency amendment at 23 Ill. Reg. 5881, effective May 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 6958, effective May 30, 1999; amended at 23 Ill. Reg. 7091, effective June 4, 1999; amended at 23 Ill. Reg. 7896, effective July 1, 1999; emergency amendment at 23 Ill. Reg. 8672, effective July 13, 1999, for a maximum of 150 days; emergency amendment at 23 Ill. Reg. 10530, effective August 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 12648, effective September 27, 1999; amended at 23 Ill. Reg. 13898, effective November 19, 1999; amended at 24 Ill. Reg. 289, effective December 28, 1999; amended at 24 Ill. Reg. 2348, effective February 1, 2000; amended at 25 Ill. Reg. 10336, effective August 3, 2001; emergency amendment at 25 Ill. Reg. 11584, effective September 1, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 14865, effective November 1, 2001; amended at 26 Ill. Reg. 138,

effective January 1, 2002; amended at 26 Ill. Reg. 924, effective January 15, 2002; emergency amendment at 26 Ill. Reg. 3329, effective February 19, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 9803, effective June 24, 2002; amended at 26 Ill. Reg. 10492, effective July 1, 2002; emergency amendment at 26 Ill. Reg. 10994, effective July 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 17182, effective November 15, 2002; amended at 27 Ill. Reg. 4545, effective February 28, 2003; amended at 27 Ill. Reg. 7240, effective April 7, 2003; amended at 27 Ill. Reg. 18417, effective November 20, 2003; amended at 28 Ill. Reg. 1090, effective December 31, 2003; amended at 28 Ill. Reg. 5655, effective March 22, 2004; amended at 29 Ill. Reg. 5473, effective April 1, 2005; amended at 29 Ill. Reg. 8161, effective May 18, 2005; emergency amendment at 29 Ill. Reg. 16008, effective October 4, 2005, for a maximum of 150 days; emergency expired March 2, 2006; amended at 30 Ill. Reg. 9331, effective May 8, 2006; amended at 30 Ill. Reg. 11202, effective June 12, 2006; amended at 31 Ill. Reg. 6968, effective April 30, 2007; amended at 31 Ill. Reg. 10462, effective July 6, 2007; amended at 31 Ill. Reg. 15080, effective October 24, 2007; amended at 32 Ill. Reg. 2767, effective February 7, 2008; amended at 32 Ill. Reg. _____, effective _____.

SUBPART G: FINANCIAL FACTORS OF ELIGIBILITY

Section 112.156 Assets for Independence Program

a) The Assets for Independence (AFI) Program is a federal grant program that enables agencies to implement and demonstrate an asset-based approach for giving low-income families help out of poverty. The AFI Program allows eligible low-income Illinois citizens currently residing in Illinois, subject to the availability of State and federal funds and authorization from DHS, to open and maintain an Individual Development Account (IDA) at a federally insured financial institution.

b) IDAs are matched savings accounts designed to help low-income and low-wealth families accumulate savings to purchase a first home, start a small business or continue their education. IDAs promote savings and enable participants to acquire a lasting asset after saving for a few years. The IDA program is open to all people within the State who meet the federal and State account holder eligibility guidelines and rules for income and assets.

c) An IDA is a trust created or organized exclusively for the purpose of paying the qualified expenses of an eligible individual, or enabling the eligible individual to make an emergency withdrawal, but only if the written governing instrument creating the trust contains the following requirements:

1) No contribution will be accepted unless the contribution is in cash (including electronic transfers) or by check.

2) The trustee is a federally insured financial institution or a State insured financial institution, if no federally insured financial institution is available.

3) The assets of the trust will be invested in accordance with the direction of the eligible individual after consultation with DHS~~the qualified entity~~ providing deposits for the individual.

4) The assets of the trust will not be commingled with other property except in a common trust fund or common investment fund.

5) Except as provided in subsection (c)(6) of this Section, any amount in the trust that is attributable to a deposit provided under section 410 of the Assets for Independence Act (AFIA) (PL 105-285) (42 USC 604 note) may be paid or distributed out of the trust only for the purpose of paying the qualified expenses of the eligible individual~~, or enabling the eligible individual to make an emergency withdrawal~~.

6) Any balance in the trust on the day after the date on which the individual for whose benefit the trust is established dies shall be distributed within 30 days after that date as directed by that individual to another IDA established for the benefit of an eligible individual.

d) For purposes of subsection (c) of this Section, a custodial account shall be treated as a trust if the assets of the custodial account are held by a bank (as defined in section 408(n) of the Internal Revenue Code of 1986 (26 USC 408(n)) or another person who demonstrates, to the satisfaction of the Secretary of Health and Human Services (HHS), that the manner in which that person will administer the custodial account will be consistent with the requirements of AFIA and if the custodial account would, except for the fact that it is not a trust, constitute an IDA described in subsection (c) of this Section. In the case of a custodial account treated as a trust by reason of the preceding sentence, the custodian of that custodial account shall be treated as the trustee of the account.

e) An individual may make deposits to his or her IDA only from earned income as

defined in section 911(d)(2) of the Internal Revenue Code of 1986.

f) The moneys in an IDA and match moneys from the AFI fund shall be used solely for qualified expenses, defined under section 404(8) of the AFIA, as follows:

1) Post-secondary education expenses, which means the following:

A) Tuition and fees required for the enrollment or attendance of a student at an eligible educational institution.

B) Fees, books, supplies, and equipment required for courses of instruction at an eligible educational institution.

C) An "eligible educational institution" means the following institutions classified by the Illinois Board of Higher Education:

i) An Illinois Public College or University; or~~institution of higher education as described in Section 101 or 102 of the Higher Education Act of 1965.~~

ii) An Illinois Community College~~Postsecondary vocational education school - An area vocational education school (as defined in section 521(4) (C) or (D) of the Carl D. Perkins Vocational and Applied Technology Education Act (20 USC 2471(4)(C) or (D)) that is in any state as defined in section 521(33) of that Act)~~.

2) First Home Purchase~~Qualified acquisition costs means:~~

A) Qualified acquisition costs with respect to a principal residence for a qualified first-time homebuyer if paid from an IDA directly to the persons to whom the amounts are due.

i) "Principal residence" means a main residence, the qualified acquisition costs of which do not exceed 120~~100~~ percent of the average area purchase price applicable to the residence.

ii) "Qualified acquisition costs" means the costs of acquiring, constructing, or reconstructing a residence. The term

includes any usual or reasonable settlement, financing, or other closing costs.

iii) "Qualified first-time homebuyer" means an individual participating in the project involved (and, if married, the individual's spouse) who has no present ownership interest in a principal residence during the three-year period ending on the date of acquisition of the principal residence to which this subsection (f)(2) applies.

iv) "Date of acquisition" means the date on which a binding contract to acquire, construct, or reconstruct the principal residence to which this subsection (f)(2) applies is entered into.

B) Program participants will be eligible to withdraw money from an IDA for a first-time home purchase if they have participated in the program for at least 6~~12~~ months.

3) Business capitalization expenses

A) "Qualified business capitalization expenses" means qualified expenditures for the capitalization of a qualified business pursuant to a qualified plan.

B) "Qualified expenditures" means expenditures included in a qualified plan, including capital, plant, equipment, working capital, and inventory expenses.

C) "Qualified business" means any business that does not contravene any law or public policy (as determined by the Secretary of HHS).

D) "Qualified plan" means a business plan, or a plan to use a business asset purchased, that:

i) Is approved by a financial institution, a microenterprise development organization, or a nonprofit loan fund having demonstrated fiduciary integrity;

ii) Includes a description of services or goods to be sold, a marketing plan, and projected financial statements; and

iii) May require the eligible individual to obtain the assistance of an experienced entrepreneurial adviser.

4~~g~~) Transfers to IDAs of family members are amounts paid from an IDA directly into another such account established for the benefit of an eligible individual who is:

A~~1~~) the individual's spouse; or

B~~2~~) any dependent of the individual with respect to whom the individual is allowed a deduction under section 151 of the Internal Revenue Code of 1986.

g~~h~~) Moneys in an IDA that are used for the qualified expenses listed in subsection (f) of this Section~~,~~ shall be matched ~~dollar-for-dollar~~ from the AFI Fund~~,~~ created as a fund to be held by the Secretary of DHS. Program participants will receive match funds of 1:1 for homeownership accounts. Program participants will receive match funds up to 3:1 for educational accounts, pursuant to funding availability. The AFI Fund is a source of funding from HHS and the Illinois Department of Human Services specifically designated to fund Individual Development Account Initiatives pursuant to provisions of AFIA.

h~~i~~) Not more than $4,500~~$2,000~~ of moneys from the AFI Fund shall be provided to any one individual.

i~~j~~) Not more than $9,000~~$4,000~~ of moneys from the AFI Fund shall be provided to any one household.

j~~k~~) Persons eligible to open an IDA and to receive AFI Fund moneys are individuals currently residing in Illinois who are:

1) Able to demonstrate, via the most recent federal tax return, that they are currently eligible for assistance under the TANF program; or

2) Able to demonstrate:

A) via the most recent federal tax return, that the adjusted gross income of their household in the calendar year preceding the determination of eligibility was equal to or less than 200% of the poverty line, as determined by the Federal Office of Management and Budget or the earned income credit, described in section 32 of the Internal Revenue Code of 1986 (taking into account the size of the household); and

B) that the net worth of their household, as of the end of the calendar year preceding the determination of eligibility, does not exceed $10,000, as determined by AFIA section 408(2)(B) and (C).

k~~l~~) Moneys in an IDA, including accrued interest and matching deposits, shall be disregarded for the purpose of determining the eligibility and benefit level for TANF in the case of the individual establishing the IDA with respect to any period during which the individual maintains or makes contributions into the IDA (see Section 112.151).

l~~m~~) To be considered fully enrolled in the IDA program, an individual must have:

1) Completed a program application;

2) Submitted a copy of the previous year's federal tax return;

3) Submitted a copy of a credit report issued to him or her during the previous three months;

4) Participated in the IDA orientation;

5) Completed and signed a participant account agreement; and

6) Opened an IDA account at an authorized financial institution.

m~~n~~) DHS reserves the right to deny applicants that state that their only asset goal is home ownership, if those applicants do not meet the following eligibility thresholds:

1) Earned income must exceed 100% of the federal~~county~~ poverty line as determined by the federal Office of Management and Budget; and

2) Credit scores must exceed a FICO (Fair Isaac and Company) score of 515.

n~~o~~) Those individuals who do not meet the credit or income threshold requirement for the IDA homeownership initiative will be provided with the following alternatives:

1) Participation in the IDA microenterprise or continuing education initiative; or

2) Participation in a credit-counseling program.

o~~p~~) IDA program participants shall complete basic financial management training to satisfy the federal requirement for this training. Financial education partners can provide either basic financial education or asset specific education to program participants. This training can be offered online, via teleconference, via self-study options, via partner agencies or through direct classroom training. DHS will create a menu of financial education providers that account holders may use to fulfill their financial education requirements. This education will be provided free of charge to program participants.

p~~q~~) IDAs shall only be opened with the permission of DHS. Accounts may be opened via the Internet, with DHS assistance or via a telephone call to a customer representative. DHS staff will provide those individuals who complete orientation with permission to open an account by calling and utilizing a Personal Identification Number.

q~~r~~) Emergency Withdrawals

1) Withdrawals for non-authorized expenses may not be taken from IDAs unless approved, in writing, by a representative from DHS for emergency purposes only. An emergency withdrawal is a withdrawal by an eligible individual that:

A) is a withdrawal of only those funds, or a portion of those funds, deposited by the individual in the IDA of the individual;

B) is permitted by a qualified entity on a case-by-case basis; and

C) is made for:

i) expenses for medical care, or necessary to obtain medical care, for the individual or a spouse or dependent of the individual;

ii) payments necessary to prevent the eviction of the individual from the residence of the individual or foreclosure on the mortgage for the principal residence of the individual; or

iii) payments necessary to enable the individual to meet necessary living expenses following loss of employment.

2) No other participant funds may be available for solving this emergency need. An individual shall reimburse an IDA for any funds withdrawn from the account for an emergency withdrawal, not later than 12 months after the date of the withdrawal. Participants that request more than one emergency withdrawal from their IDA in a calendar year will be removed from the IDA program. These participants will forfeit their right to participate in this program in the future. Program participants that make unauthorized withdrawals from their IDAs will be removed from the IDA program and will forfeit their right to participate in this program in the future. Under no circumstances, and at no time, shall an IDA holder lose the ability to withdraw moneys from his or her IDA.

r~~s~~) DHS will set up a sweep account to manage electronic withdrawals from participant checking and savings accounts to IDAs. These accounts will carry no balance and will serve solely as a facilitator of the electronic funds transfer process.

s~~t~~) IDAs will be set up to draft program participant's primary bank accounts on a date agreed upon by the account holder. This process will ensure timely deposits to accounts and decrease the need for social service intervention with account holders. All accounts will utilize this feature to gather participant deposits.

t~~u~~) Program participants will be eligible to withdraw moneys from an IDA for eligible post-secondary education expenses and business capitalization expenses if they have participated in the program for six months and have fulfilled the

financial education requirements listed in subsection (o~~p~~) of this Section. Program participants will be eligible to withdraw money from an IDA for a first-time home purchase if they have participated in the program for 6~~12~~ months and have fulfilled the financial education requirements listed in subsection (o~~p~~) of this Section. Program participants may then complete an approved Withdrawal Request Form and submit it to the DHS Project Director. Once approved by the Project Director, the Director will submit a request that can be used for making a purchase. The request for a transfer of funds from the AFI Fund must be signed by two representatives of DHS. One of these representatives must be the DHS Chief Financial Officer.

u~~v~~) All vendors will receive payment from a participant's IDA and the corresponding matching funds owed from the match funds pool. Match funds will be sent to the vendor from whom the participant is purchasing the asset. DHS will be responsible for keeping written records of funds transferred and assets purchased.

v~~w~~) Program participants will need to submit a separate request for each qualified asset purchase. The provisions of subsection (t~~u~~) of this Section shall apply when paying asset vendors for multiple qualified asset purchases. Purchase requests will be processed within five working days after receipt of a completed purchase requisition. A complete purchase requisition shall consist of a participant Withdrawal Request Form and a purchase order with a vendor clearly identified as the authorized payee.

w~~x~~) An IDA holder shall have a 36-month period, beginning on the date DHS authorizes the holder to open the IDA, within which to make a qualified purchase.

(Source: Amended at 32 Ill. Reg. _____, effective _____)

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF PROPOSED AMENDMENT

1) Heading of the Part: Raccoon, Opossum, Striped Skunk, Red Fox, Gray Fox, Coyote and Woodchuck (Groundhog) Hunting

2) Code Citation: 17 Ill. Adm. Code 550

3) Section Number: 550.30 — Proposed Action: Amendment

4) Statutory Authority: Implementing and authorized by Sections 1.3, 1.4, 1.13, 2.1, 2.2, 2.6, 2.7, 2.30, 2.33, 3.5, 3.27, 3.28 and 3.29 of the Wildlife Code [520 ILCS 5/1.3, 1.4, 1.13, 2.1, 2.2, 2.6, 2.7, 2.30, 2.33, 3.5, 3.27, 3.28 and 3.29].

5) A Complete Description of the Subjects and Issues Involved: This Part is being amended to update the list of State-owned or –managed sites open for hunting and to update site-specific regulations at these sites.

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? No

10) Are there any other proposed rulemakings pending on this Part? No

11) Statement of Statewide Policy Objective: This rulemaking does not affect units of local government.

12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Comments on the proposed rulemaking may be submitted in writing for a period of 45 days following publication of this Notice to:

Jack Price, Legal Counsel
Department of Natural Resources
One Natural Resources Way
Springfield IL 62702-1271

217/782-1809

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF PROPOSED AMENDMENT

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: None

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: None

14) Regulatory Agenda on which this rulemaking was summarized: January 2008

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

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF PROPOSED AMENDMENT

TITLE 17: CONSERVATION
CHAPTER I: DEPARTMENT OF NATURAL RESOURCES
SUBCHAPTER b: FISH AND WILDLIFE

PART 550
RACCOON, OPOSSUM, STRIPED SKUNK, RED FOX, GRAY FOX, COYOTE AND WOODCHUCK (GROUNDHOG) HUNTING

Section
550.10 General Regulations
550.20 Statewide Regulations
550.30 Raccoon, Opossum, Striped Skunk, Red Fox, Gray Fox, Coyote and Woodchuck (Groundhog) Hunting on Department-Owned, -Leased or -Managed Sites

AUTHORITY: Implementing and authorized by Sections 1.3, 1.4, 1.13, 2.1, 2.2, 2.6, 2.7, 2.30, 2.33, 3.5, 3.27, 3.28 and 3.29 of the Wildlife Code [520 ILCS 5/1.3, 1.4, 1.13, 2.1, 2.2, 2.6, 2.7, 2.30, 2.33, 3.5, 3.27, 3.28 and 3.29].

SOURCE: 5 Ill. Reg. 8833, effective August 25, 1981; codified at 5 Ill. Reg. 10636; emergency amendment at 5 Ill. Reg. 11593, effective October 20, 1981, for a maximum of 150 days; emergency expired March 17, 1982; amended at 6 Ill. Reg. 10714, effective August 20, 1982; amended at 7 Ill. Reg. 10782, effective August 24, 1983; amended at 7 Ill. Reg. 16098, effective November 22, 1983; amended at 8 Ill. Reg. 21593, effective October 23, 1984; amended at 9 Ill. Reg. 16204, effective October 9, 1985; emergency amendment at 9 Ill. Reg. 18151, effective November 12, 1985, for a maximum of 150 days; emergency expired April 11, 1986; amended at 10 Ill. Reg. 16649, effective September 22, 1986; amended at 11 Ill. Reg. 9540, effective May 5, 1987; amended at 12 Ill. Reg. 11730, effective June 30, 1988; amended at 13 Ill. Reg. 10598, effective June 19, 1989; amended at 14 Ill. Reg. 10798, effective June 20, 1990; amended at 15 Ill. Reg. 11598, effective August 2, 1991; amended at 16 Ill. Reg. 11078, effective June 30, 1992; amended at 17 Ill. Reg. 10795, effective July 1, 1993; amended at 18 Ill. Reg. 10090, effective June 21, 1994; amended at 19 Ill. Reg. 11787, effective August 3, 1995; amended at 20 Ill. Reg. 10874, effective August 5, 1996; amended at 21 Ill. Reg. 9077, effective June 26, 1997; amended at 22 Ill. Reg. 14836, effective August 3, 1998; amended at 23 Ill. Reg. 9066, effective July 28, 1999; amended at 24 Ill. Reg. 8938, effective June 19, 2000; amended at 25 Ill. Reg. 9895, effective July 17, 2001; amended at 26 Ill. Reg. 14680, effective September 20, 2002; amended at 28 Ill. Reg. 11873, effective July 27, 2004; amended at 29 Ill. Reg. 12471, effective July 28, 2005; amended at 30 Ill. Reg. 12133, effective June 28, 2006; amended at 31 Ill. Reg. 13106, effective August 30, 2007; amended at 32 Ill. Reg. _____, effective _____.

Section 550.30 Raccoon, Opossum, Striped Skunk, Red Fox, Gray Fox, Coyote and

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF PROPOSED AMENDMENT

Woodchuck (Groundhog) Hunting on Department-Owned, -Leased or -Managed Sites

a) All the regulations in 17 Ill. Adm. Code 510 – General Hunting and Trapping apply in this Section, unless this Section is more restrictive.

b) For sites where hunter quotas exist and permits are required a drawing shall be held prior to the opening of the season. The date of the drawing shall be announced by the Department by public announcement and the drawing shall be held at the site. The number of permits per site shall be determined pursuant to 17 Ill. Adm. Code 510.20.

c) .22 caliber or smaller rimfire firearms permitted from sunset to sunrise unless otherwise specified.

d) Coyote and striped skunk season shall coincide with the statewide fox season unless otherwise specified.

e) No woodchuck (groundhog) hunting allowed unless otherwise specified.

f) Statewide regulations as provided for in this rule apply at the following sites (exceptions are in parentheses):

Anderson Lake Conservation Area (all hunting to begin after the close of duck season)

Apple River Canyon State Park

Argyle Lake State Park

Banner Marsh State Fish and Wildlife Area (coyote only; coyotes can be taken with archery equipment when the site is open to archery deer hunting during archery shooting hours; coyotes can be taken with shotguns, no deer slugs allowed, on days when the site is open to upland hunting with upland shooting hours)

Big Bend State Fish and Wildlife Area

Big River State Forest

Cache River State Natural Area

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Campbell Pond Wildlife Management Area

Cape Bend State Fish and Wildlife Area

Carlyle Lake Lands and Waters – Corps of Engineers Management Lands

Carlyle Lake Wildlife Management Area (subimpoundment area closed 7 days prior to and during the southern zone waterfowl season)

Cypress Pond State Natural Area

Deer Pond State Natural Area

Devil's Island State Fish and Wildlife Area

Dog Island Wildlife Management Area

Eldon Hazlet State Park (north of Allen Branch and west of Peppenhorst Branch)

Falling Down Prairie

Ferne Clyffe State Park – Cedar Draper Bluffs Hunting Area

Fort de Chartres Historic Site (muzzleloading firearms or bow and arrow only)

Hanover Bluff State Natural Area

Horseshoe Lake Conservation Area – Alexander County (Public Hunting Area except Controlled Hunting Area)

Johnson Sauk Trail State Recreation Area (archery only; coyote and fox only; site coyote season runs concurrently with the site archery deer season; site fox season begins when the statewide fox season opens, runs concurrently with the site archery deer season, and closes the earlier of either the statewide fox season closing or the site archery deer season closing)

Kankakee River State Park (coyote, fox, skunk and opossum may be taken during their respective seasons that fall within the archery deer season by archery only; shotgun only hunting opens the day after the close of the site upland game season or archery deer season, whichever is later, and closes with the close of the statewide fox season; statewide hours; hunters must sign-in/sign-out and report harvest and effort at check station)

Kaskaskia River State Fish and Wildlife Area (Doza Creek Waterfowl Management Area closed 7 days prior to and during duck season; the defined Baldwin Lake Waterfowl Rest Area is closed)

Kinkaid Lake Fish and Wildlife Area

Marseilles State Fish and Wildlife Area (coyote and fox only; fox closes first Thursday after January 10; coyote open to hunting from August 1 until the first Thursday after January 10 and when other hunting seasons are open on the site; not open during spring turkey season; hunting hours are 30 minutes before sunrise until sunset; unauthorized personnel may not be on the site outside of the posted check station operating hours; hunters may only enter the site from designated parking lots)

Marshall County Fish and Wildlife Area (raccoon, opossum only; season opens day after duck season)

Mazonia State Fish and Wildlife Area (archery only; coyote, fox, raccoon, skunk and opossum may be taken during their respective seasons that fall within the archery deer hunting season; statewide hours; hunters must sign-in/sign-out and report harvest and effort at the check station)

Mermet Lake State Fish and Wildlife Area (hunting limited to upland game area; hunting hours ½ hour before sunrise to ½ hour after sunset)

Mississippi River Fish and Waterfowl Management Area (Pools 25 and 26)

Mississippi River Pools 16, 17, 18, 21, 22 and 24 (groundhog hunting allowed) (c)

Momence Wetlands State Natural Area (archery only; coyote, fox, raccoon, skunk and opossum may be taken during their respective seasons

that fall within the archery deer hunting season; statewide hours; hunters must sign-in/sign-out and report harvest and effort at check station)

Moraine View State Park (archery only; coyote only; season runs concurrently with site archery deer season)

Oakford Conservation Area

Peabody River King State Fish and Wildlife Area (West subunit only)

Randolph County Conservation Area

Ray Norbut State Fish and Wildlife Area

Rend Lake Project Lands and Waters

Sangamon County Conservation Area

Shawnee National Forest, Oakwood Bottoms and LaRue Scatters (season closes 7 days before opening of duck season and remains closed through the duck season; at Oakwood Bottoms non-toxic shot only)

Sielbeck Forest Natural Area

Siloam Springs State Park

Skinner Farm State Habitat Area

Spoon River State Forest (all hunters must sign-in/sign-out)

Tapley Woods State Natural Area (shotguns or muzzleloading rifles only may be used from sunset-sunrise)

Trail of Tears State Forest

Turkey Bluffs State Fish and Wildlife Area

Walnut Point State Park (sign-in/sign-out required; raccoon hunting only)

Washington County Conservation Area

Weinberg-King State Park (c) (d)

Weinberg-King State Park – Scripps Unit (use of dogs for hunting coyote is not allowed)

Weinberg-King State Park - Spunky Bottoms Unit

Wildcat Hollow State Forest

Witkowsky State Wildlife Area (coyote only; season shall coincide with archery and firearm deer season at this site; archery only during the archery deer season at this site)

Woodford County Fish and Wildlife Area (raccoon, opossum only; season opens after duck season)

g) Violation of a site-specific regulation is a Class B misdemeanor. Statewide regulations apply except that hunters must obtain a permit from the Department; where hunter quotas exist, permits are allocated as described in subsection (b); permits must be in possession while hunting; the permit must be returned by February 15 or hunter will forfeit hunting privileges at that site the following year (exceptions are in parentheses):

Beaver Dam State Park (bow and arrow only)

Chauncey Marsh (obtain permit at Red Hills State Park Headquarters)

Clinton Lake State Recreation Area

Coffeen Lake State Fish and Wildlife Area (coyote only, shotgun or bow and arrow)

Copperhead Hollow State Wildlife Area (raccoon and coyote only)

Crawford County Conservation Area

Des Plaines State Fish and Wildlife Area (coyote only, no dogs allowed; season opens the day after archery deer season closes and ends February 28; shotgun with shotshells only; site permit required)

Eagle Creek State Park (season opens day after second firearm deer season; closes December 20; hunting sunset to sunrise only; raccoon only)

Fox Ridge State Park

Green River State Wildlife Area (skunk and coyote close the last day of February; .22 rimfire firearms permitted from 30 minutes after sunset until 30 minutes before sunrise)

Hamilton County Conservation Area

Harry "Babe" Woodyard State Natural Area

Hennepin Canal State Trail (archery only; coyote and raccoon only; season open only when the site archery deer season is open)

Hidden Springs State Forest

Horseshoe Lake State Park (Madison County) (coyote only, bow and arrow only)

Horseshoe Lake State Park (Madison County) – Gabaret, Mosenthein, Chouteau Island Unit (shotgun and bow and arrow only)

Iroquois County Wildlife Management Area (season opens the day after Permit Pheasant Season)

Jim Edgar Panther Creek State Fish and Wildlife Area (statewide seasons for coyote and striped skunk)

Kankakee River State Park (no rifle or handgun hunting allowed; the furbearer hunting season opens the day after the last day of the site's upland hunting seasons through statewide close of respective seasons for furbearers except striped skunk and coyote close with fox season)

Kickapoo State Park

Lake Shelbyville – Kaskaskia and West Okaw Wildlife Management Areas

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Lincoln Trail State Park (season opens day after first~~second~~ firearm deer season; closes December 20; hunting hours sunset to sunrise only; raccoon only)

Matthiessen State Park (season closed during the site firearm or muzzleloader deer seasons; site permit may be obtained at the Starved Rock State Park office; hunting hours are from 30 minutes after sunset until 30 minutes before sunrise; raccoon or opossum only; hunting south of the Vermilion River Area only; no dogs allowed)

Mautino State Fish and Wildlife Area (archery only; coyote and raccoon only; season open only when the site archery deer season is open)

Meeker State Habitat Area (obtain permit at Sam Parr State Park headquarters)

Middle Fork Fish and Wildlife Management Area

Moraine View State Park (season opens the second Monday in December; night hunting only; raccoon only)

Pyramid State Park – Captain Unit (no hunting on waterfowl refuge)

Pyramid State Park – Denmark Unit (no hunting on waterfowl refuge)

Pyramid State Park – East Conant Unit

Pyramid State Park – Galum Unit

Ramsey Lake State Park

Sahara Woods State Fish and Wildlife Area

Saline County Fish and Wildlife Area

Sam Parr State Park

Sand Ridge State Forest (coyote and striped skunk seasons – opening of the statewide raccoon season until the day before opening of the statewide

spring turkey season)

Sanganois State Fish and Wildlife Area (statewide seasons for coyote and striped skunk)

Sangchris Lake State Park (fox, coyote and striped skunk hunting only; statewide seasons for fox, coyote and striped skunk except, during central zone duck and Canada goose season, hunters pursuing waterfowl or upland game may take fox, coyote and striped skunk with shotgun only in accordance with site-specific regulations set forth in 17 Ill. Adm. Code 530 and 590)

Stephen A. Forbes State Park

Ten Mile Creek State Fish and Wildlife Area (statewide coyote, striped skunk, and groundhog hunting allowed; .22 caliber or smaller rimfire firearms permitted 24 hours a day)

Wolf Creek State Park (season opens day after second firearm deer season; closes December 20; hunting sunset to sunrise only; raccoon only)

h) Violation of a site regulation is a Class B misdemeanor (see 520 ILCS 5/2.30).

(Source: Amended at 32 Ill. Reg. _____, effective _____)

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF PROPOSED AMENDMENT

1) Heading of the Part: Muskrat, Mink, Raccoon, Opossum, Striped Skunk, Weasel, Red Fox, Gray Fox, Coyote, Badger, Beaver and Woodchuck (Groundhog) Trapping

2) Code Citation: 17 Ill. Adm. Code 570

3) Section Number: 570.40 — Proposed Action: Amendment

4) Statutory Authority: Implementing and authorized by Sections 1.2, 1.3, 2.30, 2.33 and 3.5 of the Wildlife Code [520 ILCS 5/1.2, 1.3, 2.30, 2.33 and 3.5].

5) A Complete Description of the Subjects and Issues Involved: This Part is being amended to update the list of State-owned or –managed sites open for hunting and to update site-specific regulations at these sites.

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? No

10) Are there any other proposed rulemakings pending on this Part? No

11) Statement of Statewide Policy Objective: This rulemaking does not affect units of local government.

12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking: Comments on the proposed rulemaking may be submitted in writing for a period of 45 days following publication of this Notice to:

Jack Price, Legal Counsel
Department of Natural Resources
One Natural Resources Way
Springfield IL 62702-1271

217/782-1809

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF PROPOSED AMENDMENT

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profit corporations affected: None

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: None

14) Regulatory Agenda on which this rulemaking was summarized: January 2008

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

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF PROPOSED AMENDMENT

TITLE 17: CONSERVATION
CHAPTER I: DEPARTMENT OF NATURAL RESOURCES
SUBCHAPTER b: FISH AND WILDLIFE

PART 570
MUSKRAT, MINK, RACCOON, OPOSSUM, STRIPED SKUNK, WEASEL, RED FOX, GRAY FOX, COYOTE, BADGER, BEAVER AND WOODCHUCK (GROUNDHOG) TRAPPING

Section
570.10 Statewide Zones
570.20 Statewide Season Dates
570.30 Statewide Hours, Daily Limit and Possession Limit
570.35 Use of .22 Rimfire Rifles by Trappers During Deer Gun Season
570.40 Trapping Regulations on Department-Owned, -Leased or -Managed Sites

AUTHORITY: Implementing and authorized by Sections 1.2, 1.3, 2.30, 2.33 and 3.5 of the Wildlife Code [520 ILCS 5/1.2, 1.3, 2.30, 2.33 and 3.5].

SOURCE: Adopted at 5 Ill. Reg. 9767, effective September 17, 1981; codified at 5 Ill. Reg. 10637; amended at 6 Ill. Reg. 10709, effective August 20, 1982; amended at 7 Ill. Reg. 10778, effective August 24, 1983; amended at 8 Ill. Reg. 21589, effective October 23, 1984; amended at 9 Ill. Reg. 15864, effective October 7, 1985; amended at 10 Ill. Reg. 16644, effective September 24, 1986; amended at 12 Ill. Reg. 12034, effective July 7, 1988; emergency amendments at 12 Ill. Reg. 16261, effective September 23, 1988, for a maximum of 150 days; emergency expired February 20, 1989; amended at 13 Ill. Reg. 10589, effective June 15, 1989; amended at 14 Ill. Reg. 14775, effective September 4, 1990; amended at 14 Ill. Reg. 19854, effective December 3, 1990; amended at 15 Ill. Reg. 11586, effective August 2, 1991; amended at 16 Ill. Reg. 11069, effective June 30, 1992; amended at 17 Ill. Reg. 10785, effective July 1, 1993; amended at 17 Ill. Reg. 18796, effective October 19, 1993; amended at 18 Ill. Reg. 10077, effective June 21, 1994; amended at 19 Ill. Reg. 12640, effective August 29, 1995; amended at 20 Ill. Reg. 12351, effective August 30, 1996; amended at 21 Ill. Reg. 9070, effective June 26, 1997; amended at 22 Ill. Reg. 14809, effective August 3, 1998; amended at 23 Ill. Reg. 9055, effective July 28, 1999; amended at 24 Ill. Reg. 8929, effective June 19, 2000; amended at 25 Ill. Reg. 9887, effective July 17, 2001; amended at 26 Ill. Reg. 13809, effective September 5, 2002; amended at 27 Ill. Reg. 749, effective January 6, 2003; amended at 28 Ill. Reg. 11883, effective July 27, 2004; amended at 29 Ill. Reg. 9643, effective June 27, 2005; amended at 30 Ill. Reg. 12143, effective June 28, 2006; amended at 31 Ill. Reg. 13117, effective August 30, 2007; amended at 32 Ill. Reg. _____, effective _____.

DEPARTMENT OF NATURAL RESOURCES

NOTICE OF PROPOSED AMENDMENT

Section 570.40 Trapping Regulations on Department-Owned, -Leased or -Managed Sites

a) General Regulations

1) All the regulations in 17 Ill. Adm. Code 510 – General Hunting and Trapping apply in this Section, unless this Section is more restrictive.

2) On areas where special Department tags are required for trappers, traps without tags attached will be subject to confiscation.

3) Trappers must stay within assigned areas.

4) For sites where permits are required a drawing shall be held prior to the opening of the season. The date of the drawing shall be announced by the Department by public announcement (publicly announced means that the information referred to will be included on the Department's Internet Home Page at http://dnr.state.il.us, published in Outdoor Illinois, provided to outdoor writers for newspapers, and placed on the Department's Toll Free Hotline) and the drawing shall be held at the site. Persons participating in the drawing must have either a current or previous year trapping license. The number of permits per site shall be determined pursuant to 17 Ill. Adm. Code 510.20. Permit applicants must submit name and address to the site prior to drawing. Permits must be in possession while trapping on the area.

5) All sites except Blanding Wildlife Area, Kinkaid Lake Fish and Wildlife Area, Mississippi River Pools 16, 17, 18, 21, 22, 24, and Rend Lake Wildlife Management Area require trappers to submit a harvest report to the site superintendent within 20 days following the close of the trapping season. Failure to report shall result in the trapper being ineligible to trap at that site for the following year.

6) Body-gripping traps with a 10-inch jaw spread or larger must be totally submerged in water when set.

7) Any person who violates the site specific regulations shall be guilty of a Class B Misdemeanor.

8) No trapping is permitted in subimpoundments or designated waterfowl management units during duck season.

9) .22 caliber or smaller rimfire firearms permitted unless otherwise specified.

b) Statewide regulations as provided for in this Part apply at the following sites (exceptions in parentheses):

Beall Woods State Park (water sets only, site permit required)

Blanding Wildlife Area (trapping area includes the islands and associated backwater sloughs immediately upstream from Lock and Dam 12; no trapping on mainland)

Chauncey Marsh State Natural Area (obtain permit at Red Hills State Park headquarters)

Copperhead Hollow State Wildlife Area (site permit required)

Kinkaid Lake Fish and Wildlife Area

Mississippi River Pools 16, 17, 18, 21, 22, 24 (no trapping on U.S. Fish and Wildlife Service National Wildlife Refuges in Pools 21, 22 and 24)

Pyramid State Park (water sets only)

Ray Norbut State Fish and Wildlife Area

Red Hills State Park (site permit required)

Rend Lake Project Lands and Waters (water sets only)

Sam Parr State Park (water sets only, site permit required)

Sielbeck Forest Natural Area (water sets only)

Siloam Springs State Park

DEPARTMENT OF NATURAL RESOURCES

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Weinberg-King State Park - Scripps Unit (site permit required)

Weinberg-King State Park - Spunky Bottoms Unit (site permit required)

c) Statewide regulations as provided for in this Part apply at the following sites; in addition, a permit is required; only Egg Traps®, D-P (Dog-Proof) Traps®, box traps, cage traps, and traps of similar design may be used for land sets (exceptions in parentheses):

Cache River State Natural Area

Cape Bend State Fish and Wildlife Area

Carlyle Lake Lands and Waters – Corps of Engineers Managed Lands

Carlyle Lake Wildlife Management Area

Clinton Lake Recreation Area

Cypress Pond State Natural Area

Deer Pond State Natural Area

Devil's Island State Fish and Wildlife Area

Eldon Hazlet State Park – north of Allen Branch and west of Peppenhorst Branch only

Ferne Clyffe State Park – Cedar Draper Bluffs Hunting Area

Fort de Chartres Historic Site

Harry "Babe" Woodyard State Natural Area

Horseshoe Lake Conservation Area

I & M Canal State Park

Kaskaskia River Fish and Wildlife Area (Doza Creek Waterfowl

Management Area closed 7 days prior to duck season; the defined Baldwin Lake Waterfowl Rest Area is closed)

Kickapoo State Recreation Area

Kidd Lake State Natural Area

Lake Murphysboro State Park

Lake Shelbyville - Kaskaskia and West Okaw Management Areas (no more than 50 traps may be used per permit)

Lowden State Park - Kilbuck Creek Habitat Area

Meeker State Habitat Area (obtain permit at Sam Parr State Park headquarters)

Mermet Lake Fish and Wildlife Area

Middle Fork State Fish and Wildlife Area

Mississippi River Fish and Waterfowl Area (Pools 25, 26) (land sets accessed by land only allowed during duck season; water sets allowed after duck season closes)

Moraine Hills State Park (water sets only; only body-gripping traps with a jaw spread of 5 inches or less may be used; no more than two persons may enter drawing on a single card)

Moraine View State Park (no more than 2 persons may enter drawing on a single card)

Peabody River King Fish and Wildlife Area (east, west, and south subunits only)

Pyramid State Park – East Conant Unit

Pyramid State Park – Galum Unit

DEPARTMENT OF NATURAL RESOURCES

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Randolph County Conservation Area

Sanganois Fish and Wildlife Area

Ten Mile Creek State Fish and Wildlife Area

Turkey Bluffs Fish and Wildlife Area

Washington County Conservation Area

d) Statewide regulations as provided for in this Part apply at the following sites (exceptions in parentheses); in addition, a permit is required; only Egg Traps®, D-P (Dog-Proof) Traps®, box traps, cage traps, and traps of similar design may be used for land sets; only body-gripping traps with a jaw spread of 5 inches or less, foothold traps with a jaw spread of 4½ inches or less and square body-gripping traps with a 10 inch jaw spread may be used for water sets; snares may be used for water sets:

Anderson Lake Conservation Area

Argyle Lake State Park

~~Banner Marsh State Fish and Wildlife Area~~

Beaver Dam State Park

Big Bend Fish and Wildlife Area (after the close of rabbit season foothold traps with a jaw spread of 7½ inches or less may be used for water sets)

Coffeen Lake State Fish and Wildlife Area

Coleta Ponds

Dog Island Wildlife Management Area

Giant City State Park

Hanover Bluff State Natural Area (water sets only)

DEPARTMENT OF NATURAL RESOURCES

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Hennepin Canal Parkway including Sinnissippi Lake (trappers must register at park office; no floats may be set more than 14 days prior to the season and must be removed at the conclusion of the season; no land sets)

Hidden Springs State Forest

Horseshoe Lake State Park – Madison County

Horseshoe Lake State Park (Gabaret, Mosenthein and Chouteau Island Units (Madison County))

Jim Edgar Panther Creek State Fish and Wildlife Area (only Egg Traps®, D-P (Dog-Proof) Traps®, box traps, cage traps, traps of similar design, and homemade dog-proof traps; homemade dog-proof traps must be designed with a leg hold trap no larger than a number two size in an enclosed wood, metal or durable plastic container with a single access opening of no larger than 1½ inch diameter, and body-gripping traps must be completely submerged)

Johnson-Sauk Trail State Park (no foothold water sets)

Jubilee College State Park

Kankakee River State Park (trappers must wear blaze orange while checking traps; no trapping adjacent to bike or horse trails; south of the Kankakee River, only dog proof type traps may be used until the close of the upland hunting season; no trapping on campground areas until closed)

Kishwaukee River State Fish and Wildlife Area (site trapping season ends on the last day of archery deer season)

Lake Le-Aqua-Na State Park

Little Rock Creek State Habitat Area

Mackinaw River State Fish and Wildlife Area (water sets only)

Marshall County Fish and Wildlife Area

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Mautino State Fish and Wildlife Area (trappers must register at the Hennepin Canal office; no floats may be set more than 14 days prior to the season and must be removed at the conclusion of the season; no land sets)

Morrison Rockwood State Park

Pekin Lake State Fish and Wildlife Area (water sets only)

Pyramid State Park – Captain Unit (no trapping on waterfowl refuge during waterfowl season; no foothold traps; body-gripping traps must be submerged)

Pyramid State Park – Denmark Unit (no trapping on waterfowl refuge during waterfowl season; no foothold traps; body-gripping traps must be submerged)

Ramsey Lake State Park

~~Red Hills State Park~~

~~Rice Lake Fish and Wildlife Area~~

Rock Cut State Park

Saline County State Fish and Wildlife Area

Sam Dale Lake Conservation Area

Sahara Woods State Fish and Wildlife Area

Sangchris Lake State Park

Shabbona Lake State Park

Sparland Fish and Wildlife Area

Spoon River State Forest

Spring Lake Conservation Area (water sets only)

DEPARTMENT OF NATURAL RESOURCES

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Starved Rock/Matthiessen State Park

Stephen A. Forbes State Park

Trail of Tears State Forest

Union County Conservation Area

Weldon Springs State Park (permit required by site drawing)

e) Trapping is prohibited on all other Department-owned, -leased or -managed sites except by special permit which shall be issued by the Department when it is determined that the harvest of a species would enhance the biological balance of the resource.

1) All regulations shall be according to species regulations as provided for in this Part.

2) Permit application information and site specific regulations shall be announced publicly by the Department through the news media by September 1 of each year.

3) Site specific regulations shall be listed on the application and permit and posted at the site.

f) Violation of site specific regulations is a Class B misdemeanor (see 520 ILCS 5/2.30).

(Source: Amended at 32 Ill. Reg. _____, effective _____)

SECRETARY OF STATE

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: The Illinois Library System Act

2) Code Citation: 23 Ill. Adm. Code 3030

3)

Section Numbers:	Proposed Action:
3030.50	Amend
3030.90	Amend

4) Statutory Authority: Implementing and authorized by the Illinois Library System Act [75 ILCS 10].

5) A Complete Description of the Subjects and Issues Involved: Section 3030.50 is being amended to remove outdated language. Section 3060.90 is being amended to list the major line items that library systems are required to include in their annual financial reports submitted to the Illinois State Library.

6) Published studies or reports, and sources of underlying date, used to compose this rulemaking: No

7) Will this rulemaking replace any emergency rulemaking currently in effect? No

8) Does this rulemaking contain any automatic repeal date? No

9) Does this rulemaking contain incorporations by reference? No

10) Are there any other proposed rulemakings pending on this Part? No

11) Statement of Statewide Policy Objective: This rulemaking does not create or expand a State mandate under the State Mandates Act [30 ILCS 805].

12) Time, Place and Manner in which interested persons may comment on these proposed amendments:

Joseph Natale
Rules Coordinator
Illinois State Library
Gwendolyn Brooks Building
Springfield, IL 62701-1796

SECRETARY OF STATE

NOTICE OF PROPOSED AMENDMENTS

217/558-4185; jnatale@ilsos.net

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profits corporations affected: The rules impact the Illinois Regional Library Systems.

B) Reporting, Bookkeeping or other procedures required for compliance: Compliance requirements are stipulated in Section 3030.90.

C) Types of Professional Skills necessary for compliance: Illinois Regional Library systems employ a fiscal officer or business manager to handle compliance requirements.

14) Regulatory Agenda on which this rulemaking was summarized: January 2008

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

SECRETARY OF STATE

NOTICE OF PROPOSED AMENDMENTS

TITLE 23: EDUCATION AND CULTURAL RESOURCES
SUBTITLE B: CULTURAL RESOURCES
CHAPTER I: SECRETARY OF STATE

PART 3030
THE ILLINOIS LIBRARY SYSTEM ACT

Section
3030.10 Definitions
3030.15 Forms
3030.20 Administration of the Act: Hearings
3030.25 Establishment of Systems
3030.30 Geographic Boundaries
3030.35 Membership in a Library System
3030.40 Contracting Libraries
3030.45 Accessing Resources and Services (Repealed)
3030.50 Service Standards
3030.55 Service to State Institutions (Repealed)
3030.60 Services to the Physically Disabled (Repealed)
3030.65 Plan of Service for a Cooperative or Multitype Library System
3030.70 Plan of Service for a Public Library System (Repealed)
3030.75 Conversion of a Cooperative Public Library System or a Public Library System to a Multitype Library System
3030.80 Liquidation
3030.85 Merger
3030.90 Finances and Records
3030.95 Governing Board
3030.100 Rules
3030.105 State Grants (Repealed)
3030.106 Educate & Automate Automation/Technology Grants (Repealed)
3030.110 Revocation of Approval
3030.115 Suspension of a Library from Membership
3030.120 Adjustment of the Geographic Boundaries of Library Systems
3030.121 Administrative Review of State Librarian's Decision in Contested Cases
3030.122 Notice of Hearing
3030.123 Conduct of Hearing
3030.124 Motions
3030.125 Order of the Hearing
3030.126 Authority of Administrative Law Judge

3030.127 Record of the Hearing
3030.128 Rules of Evidence; Official Notice
3030.129 Decisions and Orders
3030.130 Annual System Reports
3030.135 Withdrawal of Membership

AUTHORITY: Implementing and authorized by the Illinois Library System Act [75 ILCS 10].

SOURCE: Rules and Regulations for Library Systems and State Aid, November 8, 1965; rules repealed, new rules adopted and codified at 8 Ill. Reg. 16914, effective September 4, 1984; amended at 13 Ill. Reg. 1244, effective January 15, 1989; amended at 14 Ill. Reg. 20066, effective December 1, 1990; amended at 16 Ill. Reg. 10329, effective June 12, 1992; emergency amendment at 17 Ill. Reg. 9725, effective June 11, 1993, for a maximum of 150 days; emergency amendment at 17 Ill. Reg. 12449, effective July 15, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 21187, effective November 23, 1993; amended at 17 Ill. Reg. 22048, effective December 14, 1993; amended at 18 Ill. Reg. 7452, effective May 3, 1994; expedited correction at 18 Ill. Reg. 13154, effective May 3, 1994; amended at 20 Ill. Reg. 3909, effective February 16, 1996; emergency amendment at 21 Ill. Reg. 4853, effective March 26, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 11774, effective August 11, 1997; amended at 26 Ill. Reg. 5969, effective July 1, 2002; amended at 28 Ill. Reg. 7666, effective June 1, 2004; amended at 31 Ill. Reg. 16273, effective November 20, 2007; amended at 32 Ill. Reg. _____, effective _____.

Section 3030.50 Service Standards

a) System agencies are expected to have met all the standards in this Part, or the system agency must have submitted a plan, accepted by the State Librarian, that explains how the remaining unmet standards will be met.

~~Each System shall implement the following service standards:~~

~~a) Implementation of Standards for System Agencies~~

~~1) FY92-93 - System agencies are expected to meet standards designated by the State Librarian in 1991 by June 30, 1993. System agencies must continue to meet these standards in subsequent years. If they cannot meet these designated standards they must have submitted a plan, accepted by the State Librarian, that explains how the standards will be met.~~

~~2) FY93 - System agencies must submit to the State Librarian a report outlining implementation plans for the remaining standards by June 30, 1993.~~

~~3) FY95 - System agencies must annually report progress toward meeting the agreed upon standards to the State Librarian.~~

~~4) FY96 - System agencies are expected to have met all the standards by June 30, 1996, or the system agency must have submitted a plan, accepted by the State Librarian, that explains how the remaining standards will be met.~~

b) The staffing levels outlined in the standards do not demand that every staffing requirement be addressed by employing a full-time person. As an example, the same staff member may be responsible for bibliographic access in subsection (f)(2)(A) and reciprocal access in subsection (k)(2) of this Section.

~~b) Addressing Standards~~

~~1) Existing system agency staff as of July 1, 1991 are grandfathered in for purposes of experience and educational background requirements. The staffing levels outlined in the standards do not demand that every staffing requirement be addressed by employing a full-time person. As an example, the same staff member may be responsible for bibliographic access in subsection (f)(2)(A) and reciprocal access in subsection (k)(2) of this Section.~~

~~2) The Illinois State Library will work closely with the library systems in addressing the staffing needs and recognize that plans may need to be developed in FY96 to outline how any remaining staffing standards will be addressed.~~

c) System member libraries should provide, as determined by the library systems of which they are a member, the library services that either meet or make progress toward meeting the membership responsibilities defined in this Part.

~~c) Implementation for Member Libraries~~

~~1) System member libraries should provide, as determined by the library~~

~~systems of which they are a member, the library services that either meet or make progress toward meeting the membership responsibilities defined in this Part.~~

~~2)~~ ~~Each library system shall submit to the State Librarian by July 1, 1992 a plan for implementation of these responsibilities by member libraries. This plan will designate priorities among listed responsibilities. The plan shall provide that individual libraries that cannot meet the system priorities within the timeframe set by the system can adopt a plan, accepted by the library system, to meet the responsibilities within a longer timeframe.~~

d) General Administrative Standards

1) Library System Board of Directors

A) The system board of directors shall represent the system members as a whole and not individual libraries or type of library.

B) The system board shall annually review the proportion of the library interests represented on the library board.

C) The system board and staff shall conduct an orientation program for new system board members.

D) The system board members shall participate in continuing education events such as system and regional workshops and State and national conferences.

E) The system board shall meet a minimum of nine times per year, consistent with the Open Meetings Act [5 ILCS 120].

F) Board meetings and committee meetings shall be publicized to members so that members and systems staff shall have opportunity to attend. Written records shall be maintained of board meetings.

G) The board shall adopt rules and policies in accordance with this Part and shall codify and disseminate them.

H) The board shall annually review the by-laws, rules and policies and

revise them as needed.

I) The board shall annually review the membership eligibility criteria to ensure that they are equitable, nondiscriminatory and within the control of the library.

J) The board shall be an advocate for libraries, uphold intellectual freedom and promote legislation of benefit to libraries.

2) Staff and Resources

A) The system board shall employ an executive director, reporting to and accountable to the system board, who shall have a master's degree from an American Library Association-accredited library education program and who has a minimum of five years postgraduate employment that includes a minimum of two that were in library administrative experience.

B) The executive director shall hire enough technical and professional personnel as are required to operate the system and provide required training when appropriate.

C) The system agency shall have a compensation plan for the staff.

D) The system agency shall provide facilities and equipment appropriate for the program and supporting services.

E) The staff of the system agency shall be evaluated annually in writing.

3) Communications

A) The executive director shall provide the system board of directors with information needed for policy decisions.

B) The system agency staff shall ensure publication of information that affects all types of libraries.

4) Planning and Evaluation

A) The system agency shall ensure that all system members have opportunities for input into or comment on planning and evaluation activities, such as system plans of service, plans of cooperation, long-range plans, and program designs, including budgetary information, before such plans are finally adopted.

B) The system agency shall utilize these standards to evaluate core system services and administrative services.

C) The system agency shall keep statistics measuring its services.

D) The system agency should annually review the progress being made toward providing library service to all the residents of its geographic area.

5) Interagency Relations

A) The system agency shall maintain communications with other system agencies and the Illinois State Library, sharing information on matters relating to system operations.

B) The system agency shall cooperate with other library and non-library agencies on matters of mutual interest and benefit, especially in areas in which contracts or programs of service are effective means of using limited financial resources. An example of a cooperative activity for consideration is contracting for services when contracting offers a more cost-effective means of providing a service to members and such service is of higher quality than can be offered by the individual system agency.

6) Management

A) The system agency shall foster awareness of current library developments and management trends. Newsletters, conducting or sponsoring of programs or workshops are examples.

B) The system agency shall regularly explore the most cost-effective approaches to services and administration. It shall adopt

management procedures that ensure that it gets the best results for reasonable costs.

C) The system agency shall ensure that non-member libraries are aware of the advantages of system membership and encourage them to become members.

D) System financial resources shall be most concerned with benefit to members and shall not be used to reimburse libraries for services provided as a membership obligation to their primary clientele.

7) Member Library Responsibilities

A) Member libraries should participate in the system representation plan and provide the name of a representative for selection of the system board when expected to do so according to the plan.

B) Member libraries should fulfill their responsibilities under the system plan of service or make measurable acceptable progress toward fulfilling them.

C) Member libraries should assess possibilities for library service to the unserved.

D) Member libraries should participate in the system decision-making process through attending meetings, responding to surveys and serving on committees.

E) Member libraries should continue local support for their own library services and not reduce such support as a result of membership in the system.

e) Automation/Technology

1) Automation Technology - Administration and Service

A) The system agency shall have an operational automation plan that complements a statewide automation plan. The operational plan, as a minimum, shall:

i) identify areas of responsibility of the system agency and member libraries;

ii) identify consultant services by type of assistance and individual consultants;

iii) address the goal of universal interface;

iv) outline criteria for testing and implementing new technologies;

v) include an automation technology disaster and security plan.

B) The system agency shall facilitate opportunities for members to participate in a shared automation system.

C) The system agency shall provide for demonstrations of appropriate technological advances for member libraries in convenient locations at least once per year.

2) Automation Technology - Staff and Resources

A) The system agency shall provide for one or more consultants to advise member libraries on evaluating the use of automation/technology in improving library services and in addressing the system automation plan.

B) System automation consultants who specialize in automation/technology consulting shall meet the following minimum qualifications:

i) a master's degree in a pertinent subject area: for example, American Library Association-accredited Master of Library Science or Master of Science in computer science or information technology.

ii) at least three years of professional experience in an

automation/technology field.

C) System consultants shall have at least 30 contact hours of continuing education each year, excluding attendance at general library conferences.

3) Automation Technology - Membership Responsibilities
Member libraries should fulfill their responsibilities as identified in the system automation plan.

f) Bibliographic Access

1) Bibliographic Access - Administration and Service

A) The system agency, as a minimum, shall have an operational plan for maximizing bibliographic access to member libraries. The operation plan shall:

i) state the system agency goals and objectives in its provisions for bibliographic access (including the priorities of the various subjects and of resources);

ii) indicate the means of achieving these goals and objectives, the priorities and a schedule for their achievement;

iii) assign responsibilities for the implementation, evaluation and annual review and revision of the plan;

iv) identify how automated online access to unique holdings can be provided, including a timetable for achieving access.

B) The system agency shall have an operational cooperative collection management plan that complements the statewide plan. The operational plan shall:

i) describe the means of continuously identifying desired bibliographic resources not currently available in the collection of system members;

ii) identify existing resources to be preserved/retained;

iii) set up a system-wide collection management framework.

C) The system agency shall have ready electronic access to the automated library resources of the agency and member libraries.

D) The system agency shall participate in the computerized linking of bibliographic databases.

E) The system agency shall coordinate the development of protocols for use of the members' bibliographic databases.

F) The system agency shall promote and encourage computerized public access to the system's bibliographic databases.

2) Bibliographic Access - Staff and Resources

A) The system agency shall assign a professional staff member to be responsible for the system's bibliographic access activities under the plan.

B) The system agency shall provide a directory of the bibliographic databases accessible within the system.

C) The system agency will work with member libraries in promoting the cataloging of library materials in MARC (Machine readable cataloging) format when entered into bibliographic databases.

D) The system agency shall have online access to national and international bibliographic databases.

3) Bibliographic Access - Membership Responsibilities

A) Member libraries should have bibliographically organized collections of library materials, cataloged in accordance with national standards such as MARC format, if automated, in order to facilitate access by other members.

B) Member libraries' computerized bibliographic records should be input according to the standards specified in a statewide automation plan.

i) Bibliographic control for the Illinois library automation network must be based upon standardized cataloging rules.

ii) The following data fields should also be used when entering new holdings into local, library system and State databases: International Standard Book Number/International Standard Serial Number (ISBN/ISSN), Library of Congress Card Number (LCCN) and Online Computer Library Center (OCLC) Number, if available. The entry of these specific elements in the database records will facilitate resource sharing throughout the State.

C) Member libraries should participate in the system bibliographic access and cooperative collection management plans.

g) Consulting

1) Consulting - Administration and Service

A) The system agency shall have an operational plan that describes consulting services offered to member libraries. The operational plan, as a minimum, shall:

i) identify the consulting services provided;

ii) identify the individuals of the system staff or as otherwise designated by the system as the provider of the consulting service in each of the core service and general consulting areas;

iii) describe the means that the system has chosen to deliver the service, including shared consulting services with other systems;

iv) state the level of consulting assistance that can be expected.

B) The system agency shall provide consulting service in each of the core service areas and the following general areas: Collection Management, Establishment, Expansion and Development of Library Service, Grants Development, Interlibrary Cooperation Activities, Legislation/Law, Library and Personnel Administration, Marketing of Library Service, and Planning and Budgeting, and in such areas as the respective system needs assessment may indicate.

C) System consultants shall acknowledge requests for consulting within two working days.

D) System consulting service shall satisfy at least 90 percent of consulting requests in the core and general consulting areas listed in subsection (g)(1)(B) and in other areas as outlined in the system plan of consulting service.

E) System consulting service shall satisfy the percentage indicated in subsection (g)(1)(D) of requests for consulting within five working days or negotiate a different time limit with the person making the request.

2) Consulting - Staff and Resources

A) System consultants or other persons designated by the system to consult in the general consulting areas, as specified in subsection (g)(1)(B) of this Section, shall possess the following minimum qualifications:

i) a fifth-year degree from an American Library Association-accredited library program or, if the consultant is not a librarian, the degree or other formal educational qualification generally accepted by the practitioners of that profession or occupational specialty as the minimum acceptable for such practitioner;

ii) at least three years' relevant experience in the consultant's designated areas of expertise;

iii) demonstrated experience in effective written and oral communication, as well as group process techniques.

B) Each system having 100 or fewer members shall employ, contract for, or otherwise provide a minimum of three full-time equivalent (FTE) consultants, excluding the executive director. Each system having more than 100 members shall employ or contract for at least three FTE consultants, excluding the executive director, for the first 100 members and at least one additional consultant for each additional 50 members or any fraction of that number.

C) Each full-time consultant shall spend at least 30 contact hours, and each part-time consultant shall spend at least the proportional amount of contact hours, in each calendar year attending workshops, seminars, classes, etc., to improve specific skills relevant to the consulting assignment.

D) Each consultant on the system's staff shall spend at least five days annually at system expense in attendance at regional, state, national or international professional meetings relevant to the consultant's profession.

3) Consulting - Membership Responsibilities

A) Personnel in member libraries should be willing to share expertise with other member libraries.

B) Member libraries should be cognizant of the scope of the consulting services available through the system agency.

C) Member libraries should provide input on consulting needs to be addressed so that they may be included in the system plan.

h) Continuing Education (CE)

1) Continuing Education - Administration and Service

A) The system agency shall have a continuing education operational

plan of service. The operational plan, as a minimum, shall:

i) describe the levels of continuing education for staff of all types of libraries;

ii) include programs convenient in time and place for target audience;

iii) provide opportunities for cosponsorship of events;

iv) identify a mechanism for determining priorities for continuing education;

v) provide for a method for annual review of programming needs;

vi) provide a mechanism for keeping track of continuing education credit.

B) The system agency shall maintain a continuing education calendar.

C) The system agency shall annually assess continuing education needs of members and design continuing education events to meet those needs on a timely basis.

D) The system agency shall annually provide or cosponsor at least 50 contact hours of continuing education for staff and governing officials of member libraries.

E) The system agency shall annually provide or cosponsor at least one continuing education event of each of the following types:

i) An orientation program for staff, trustees, and governing officials of member libraries;

ii) A workshop for governing officials in addition to the orientation program as outlined in subsection (d)(1)(C) of this Section;

iii) A program of new developments in areas such as technology, legislation, and new approaches to problem solving.

2) Continuing Education - Staff and Resources

A) The system agency shall designate a continuing education coordinator to guide the planning and implementation of continuing education programs.

B) The system agency shall provide access to adequate facilities/meeting rooms and equipment for presenting continuing education programs.

3) Continuing Education - Membership Responsibilities

A) Member libraries should provide paid release time for their professional staff to attend at least 10 contact hours, and for support staff to attend at least five contact hours, of system-sponsored or system-endorsed continuing education events annually.

B) The staff of member libraries should be willing to serve as resource people for continuing education events.

C) Member libraries should send appropriate persons to the orientation programs cited in subsection (h)(1)(E) of this Section.

i) Delivery

1) Delivery - Administration and Service

A) The system agency shall have an operational delivery plan for delivery service to member libraries. The operational plan, as a minimum, shall:

i) identify delivery methods available and when to use each;

ii) describe delivery schedules and subschedules;

iii) identify fixed points for picking up and receiving materials;

iv) describe the mechanism for determining van delivery and locations and deliveries. For example: poundage, items;

v) provide for a mechanism for annual review;

vi) describe how the system delivery service interfaces with other systems through the Illinois Library Delivery Service (ILDS).

B) The system agency shall establish uniform procedures to govern problems related to delivery service. The uniform procedures, for example, should include:

i) packaging standards and indemnification of suppliers for loss or damage in delivery;

ii) uniform format for schedules so that they can be shared between systems;

iii) statewide uniform statistical data-gathering methods;

iv) guarantees on payment for materials lost in transit.

C) The system shall provide a vehicular delivery service to deliver materials to and from member libraries.

D) Each member library shall receive direct delivery a minimum of two times per week when it needs and requests such delivery.

E) Delivery points shall be determined on criteria including but not limited to volume of use, collection strengths and convenience of member libraries.

F) The system agency shall ensure that each member library has an option for delivery up to five days per week to a drop-off point.

G) The system agency shall have procedures for members that identify the means of delivery to be used in particular circumstances.

2) Delivery - Staff and Resources

A) The system agency shall have staff to carry out the day-to-day operations of the delivery service.

B) The system agency shall ensure that its delivery service shall complete the delivery schedule a minimum of 98 percent of the time.

3) Delivery - Membership Responsibilities

A) Member libraries should have designated staff to oversee delivery at their libraries.

B) Member libraries should provide for delivery in accordance with the system delivery schedule.

C) Member libraries should have access to facilities for receiving electronic transmission of library materials 24 hours per day.

D) Member libraries should package materials for delivery in accordance with the system delivery plan.

E) Member libraries should utilize the system and statewide delivery services unless a more cost-effective method is available to them.

j) Interlibrary Loan (ILL)

1) Interlibrary Loan - Administration and Service

A) The system agency shall have an operational plan for interlibrary loan, including interlibrary loan policy, a system ILL code, and ILL procedures, that encourage library to library interlibrary loan. The operational plan, as a minimum, shall:

i) describe procedures for monitoring compliance with the Illinois Library and Information Network (ILLINET) and system interlibrary codes;

ii) describe the complaint procedure;

iii) define responsibilities of the local library, along with procedures for submitting ILL requests to the system headquarters;

iv) specify intrastate, interstate and international ILL;

v) describe the system agency responsibilities for ILL;

vi) publish the list of authorized charges for those interlibrary loan transactions allowed according to the Illinois Interlibrary Loan Code;

vii) provide for a method for regular monitoring and evaluation of interlibrary loan service, including the collection and publication of ILL statistics.

B) The system agency shall work with member libraries to improve local interlibrary loan service.

C) The system agency shall accept requests for ILL as specified in the ILL codes and system procedures.

D) The system agency staff shall initiate processing of ILL requests within one working day after receipt.

E) The system agency staff shall verify, locate, request, refer or cancel ILL requests received at system headquarters within three system working days.

F) The system agency shall ensure that sources are immediately available to verify at least 85 percent of the ILL requests received from member libraries.

G) The system agency shall distribute interlibrary loan public relations materials to member libraries.

2) Interlibrary Loan - Staff and Resources

A) The system agency shall provide identified staff assigned to the ILL service for a minimum of 40 hours per week.

B) The system agency shall offer ILL training programs for staff of member libraries at least semiannually.

C) The system agency shall hold an annual interlibrary loan performance assessment for ILL staff from the system and member libraries to identify and discuss areas needing improvement.

D) The system agency shall have a telefacsimile machine (or a later state-of-the-art equivalent) with an automatic answering device available for ILL purposes 24 hours per day.

E) The system agency staff shall have direct access to local, regional, national and international bibliographic databases.

3) Interlibrary Loan - Membership Responsibilities

A) Member libraries should offer and promote interlibrary loan service to their primary clientele.

B) Member libraries are responsible for training staff to handle ILL transactions and statistics-gathering and statistics gathered in accordance with system policies and procedures.

C) Member libraries should send staff to system ILL training sessions and participate in the annual assessment of ILL services.

D) Member libraries should attempt to verify requests from bibliographic resources, and should verify at least 75 percent of the requests.

E) The member libraries should submit interlibrary loan requests

directly to other libraries whenever possible.

k) Reciprocal Access

1) Reciprocal Access - Administration and Service

A) The system agency shall adopt a reciprocal access plan. The reciprocal access operational plan, as a minimum, shall include:

i) how member libraries in the system shall provide reciprocal access;

ii) who is eligible for reciprocal access;

iii) limitations individual member libraries may establish for reciprocal access;

iv) the scope of reciprocal borrowing within the system, including how public libraries shall participate in the program and other libraries can participate in the program;

v) the definition of a library card valid for purposes of reciprocal borrowing. As a minimum the card should include name, address, expiration date and name and address of issuing library;

vi) the charge for a minimum nonresident fee in order for nonresidents to be eligible for reciprocal borrowing.

B) The system agency shall be responsible for coordinating aspects of the reciprocal borrowing program.

C) The system agency shall adopt protocols to govern problems arising from reciprocal borrowing.

D) The system agency shall conduct an assessment of reciprocal access within the system every two years to determine the extent of reciprocal access and its impact on system-wide library service.

2) Reciprocal Access - Staff and Resources
The system agency shall designate a reciprocal access coordinator to monitor and guide the reciprocal access program.

3) Reciprocal Access - Member Library Responsibilities

A) Member public libraries should provide reciprocal borrowing to persons holding a valid library card from a public library in Illinois.

B) Libraries issuing a valid library card are responsible for materials lost by patrons when using reciprocal borrowing.

C) Member public libraries should circulate materials to eligible reciprocal borrowers under the same conditions that they circulate those materials to their own patrons.

D) All member libraries should provide for reciprocal access to other member libraries.

l) Reference Service

1) Reference - Administration and Service

A) The system agency shall have an operational plan for reference services. The reference operational plan, as a minimum, shall:

i) define responsibilities of the local library, along with procedures for submitting reference requests to system headquarters;

ii) describe complaint procedure;

iii) describe system agency responsibilities and identify individuals responsible for providing reference service;

iv) provide for a method of regular monitoring and evaluation of reference service at all levels within the system;

v) provide for the collection and publication of appropriate statistics.

B) The system agency shall have written policies and procedures for filling the reference queries of its member libraries.

C) The system agency shall assist member libraries in meeting their responsibilities under the reference plan through consultant services and a continuing education program.

D) The system agency shall fill, respond to, return or refer 90 percent of information or subject requests within two working days, and all requests within five working days.

E) Library systems shall provide for reference service to their member libraries for the full range of hours that member library reference service is available.

2) Reference - Staff and Resources

A) The system agency shall designate a reference coordinator for the drafting and the implementation of the reference plan.

B) The system agency shall provide enough staff performing system reference work.

C) The person coordinating reference work shall meet the following minimum qualifications:

i) a fifth-year degree from an American Library Association-accredited library education program;

ii) two years of full-time professional experience working in libraries;

iii) at least one year of experience in reference work, with demonstrated competence in the provision of reference service. Other staff members providing high-level reference service should also meet these qualifications.

D) The system agency shall have access to or maintain reference resources that will enable the reference staff to answer at least 80 percent of the requests received.

E) The system agency shall provide members with lists of reference materials and sources of information, incorporating procedures for cooperative collection development when applicable.

3) Reference - Membership Responsibilities

A) Member libraries should meet minimum levels of reference service as defined in the system reference plan.

B) Member libraries should promote system-wide reference services by referring or offering to refer all unfilled requests to other libraries within the system.

C) Each member library should ensure that the staff members working on reference requests are skilled in basic reference sources and interviewing techniques. Such staff should have a clear understanding of the system reference plan.

m) Development of Additional System Services

1) The system agency shall develop service programs that are necessary to meet the objectives of the Illinois Library Systems Act and members' needs.

2) Services provided by the system agency shall address the needs of member libraries.

3) The services shall include both qualitative and quantitative measures and written descriptions of standards for them shall include the same sections as the core services: Definition, Administration and Service, Staff and Resources, and Membership Responsibilities.

4) The system agency shall gather input from member libraries when developing service programs and the accompanying qualitative and

quantitative measures.

5) The system agency shall develop service programs that further the system's Plan of Service.

6) The system agency shall have a process to evaluate the system's services.

7) The system agency shall identify service programs provided by other system agencies that are the same or similar throughout the State and jointly develop these programs so as to avoid duplication and ensure a standard level of service.

8) The system agency shall initiate a service when financial resources are available to provide a quality service.

(Source: Amended at 32 Ill. Reg. _____, effective _____)

Section 3030.90 Finances and Records

a) The fiscal year for each system shall begin July 1 and end on June 30 of each year.

b) The board of directors of each library system shall:

1) Maintain all financial records at the system administrative headquarters.

2) Cause an annual audit of the records of the system for the preceding fiscal year and those maintained by the Treasurer to be made by an independent certified public accountant. The certified public accountant shall be guided by ~~and cause copies of the audit to be filed with each participating library and with the State Librarian on or before September 30 following the end of the fiscal year. Audits shall be conducted in accordance with~~ "Government Auditing Standards, 2007~~2003~~ Revisions", published by the Comptroller General of the United States, U.S. General Accounting Office, 441 G. Street, NW, Washington, DC 20548. The material incorporated by reference includes no later amendments or editions.

3) Account for all funds of the library system by expenditure, encumbrance or reserves at June 30 of each year.~~Submit a management letter prepared~~

~~by the system's auditor as part of the annual audit.~~

4) Adopt, prior to July 1 of each year, an annual budget for the ensuing fiscal year in a form prescribed by the Illinois State Library. The annual budget shall be submitted to the State Librarian as part of the annual Plan of Service for a Cooperative or Multitype Library System cited in 23 Ill. Adm. Code 3030.65.~~Account for all funds of the system by expenditure, encumbrance, or reserves on or before June 30 of each year.~~

5) Maintain an inventory of all equipment purchased.~~Submit, prior to July 1 of each year, an estimated budget for the ensuing fiscal year according to the requirements cited in 23 Ill. Adm. Code 3035.105.~~

6) Ensure that all accounts for the library system are organized on the basis of funds (Governmental Funds, Proprietary Funds and Fiduciary Funds). The adopted budget and revenue-expenditure reports of the library system shall be created on this same basis of account/fund structure.~~Maintain an inventory of all library materials and equipment purchased with system funds. The inventory shall be attested to by the system auditor.~~

7) Ensure that financial reports are submitted to the State Librarian twice a year. A six-month cumulative revenue-expenditure report is due to the State Librarian on February 15 of each year for the period of July 1 through December 31. The annual audit of the library system shall be filed with the State Librarian on or before September 30 following the end of the fiscal year.~~Maintain financial records and submit reports in compliance with the Uniform Accounting and Reporting Manual for the Illinois Library System Headquarters (available from the Office of the Secretary of State, Illinois State Library, Room 505, 300 S. Second Street, Springfield IL 62701-1796) or at the direction of the State Librarian.~~

(Source: Amended at 32 Ill. Reg. _____, effective _____)

SECRETARY OF STATE

NOTICE OF PROPOSED AMENDMENTS

1) Heading of the Part: Illinois State Library Grant Programs

2) Code Citation: 23 Ill. Adm. Code 3035

3)

Section Numbers:	Proposed Action:
3035.140	Amend
3035.150	New
3035.240	Amend
3035.260	Amend
3035.320	Amend
3035.400	New
3035.410	New
3035.420	New
3035.430	New
3035.435	New
3035.440	New
3035.450	New
3035.460	New
3035.470	New
3035.480	New
3035.490	New

4) Statutory Authority: Implementing and authorized by the Illinois Library System Act [75 ILCS 10], the State Library Act [15 ILCS 320], the Illinois Literacy Act [15 ILCS 322], the federal Library Services and Technology Act (20 USC 9121), and Section 3 of the Capital Development Bond Act of 1972 [30 ILCS 420/3].

5) A Complete Description of the Subjects and Issues Involved: The Public Library Construction Grants (23 Ill. Adm. Code 3060) are being repealed and are being incorporated as Subpart D in this Part. Section 3035.140(e) requires an audit of a grant if a State funded grantee receives a combined cumulative total of $175,000 or more in Secretary of State grant awards. Section 3035.150 is being added to provide hearing procedures for all Illinois State Library Grant programs. Sections 3035.240 and 3035.320 are being amended to provide lump sum payments to Literacy Grants grantees and Training Grant recipients.

6) Published studies or reports, and sources of underlying date, used to compose this rulemaking: None

7) Will this rulemaking replace any emergency rulemaking currently in effect? No

8) Does this rulemaking contain any 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: The new Sections affect all public libraries that apply for and receive public library construction grants.

12) Time, Place and Manner in which interested persons may comment on this proposed rulemaking:

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Rules Coordinator
Illinois State Library
Gwendolyn Brooks Building
Springfield, IL 62701-1796

217/558-4185; jnatale@ilsos.net

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profits corporations affected: Compliance with Subpart D will impact public libraries that apply and receive a construction grant.

B) Reporting, bookkeeping or other procedures required for compliance: Compliance with Subpart D requires public libraries to submit quarterly financial and narrative reports to the Illinois State Library. Other documentation that must be submitted include copies of the published advertisement for bids; building permit; work change orders; 50% and 100% completion letters; revised budgets; close-out reports; and project audit.

C) Types of professional skills necessary for compliance: Projects with a total cost equal to or greater than $75,000 a architect or engineer or engineer licensed to practice in Illinois is required. Projects over $150,000 require a building consultant.

14) Regulatory Agenda on which this rulemaking was summarized: January 2008

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

SECRETARY OF STATE

NOTICE OF PROPOSED AMENDMENTS

TITLE 23: EDUCATION AND CULTURAL RESOURCES
SUBTITLE B: CULTURAL RESOURCES
CHAPTER I: SECRETARY OF STATE

PART 3035
ILLINOIS STATE LIBRARY GRANT PROGRAMS

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3035.100 System Area and Per Capita Grants
3035.105 Library System Technology Grants
3035.110 Special Library Services to the Blind and Physically Handicapped
3035.115 Public Library Per Capita and Equalization Grants
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3035.135 Requirements, Denial and Revocation of Approval
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Section

SECRETARY OF STATE

NOTICE OF PROPOSED AMENDMENTS

3035.300 Purpose
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SUBPART D: PUBLIC LIBRARY CONSTRUCTION GRANTS

Section
3035.400 Program Purpose
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3035.435 Grant Funding Limitations
3035.440 The Chicago Public Library Branches
3035.450 Grant Application Procedure
3035.460 Requirements and Conditions of Grant Funds
3035.470 Remodeling for Accessibility
3035.480 Shared Use Facilities
3035.490 Disbursement of Grant Funds

3035~~3040~~.EXHIBIT A Differences Among the Three Types of Literacy Grant Programs

AUTHORITY: Implementing and authorized by the Illinois Library System Act [75 ILCS 10], the State Library Act [15 ILCS 320], the Illinois Literacy Act [15 ILCS 322], the federal Library Services and Technology Act (20 USC 9121-9163), and Section 3 of the Capital Development Bond Act of 1972 [30 ILCS 420/3].

SOURCE: Adopted at 31 Ill. Reg. 16309, effective November 20, 2007; amended at 32 Ill. Reg. _____, effective _____)

SUBPART A: STATE GRANTS

Section 3035. 140 Grants, ~~and~~ Expenditures and Audits

a) The Illinois State Library staff shall review grant applications and the decision of the State Librarian is final.

b) The Illinois State Library will notify the grant applicant when the application is approved for contractual purposes.

c) Any change in the use of funds from that stated in the approved grant application shall have prior approval of the State Librarian.

d) Failure to spend funds in accordance with the application or approved amendment shall result in ineligibility for future grants for a period of one year.

e) All state funded grantees receiving grants in Subparts A, B and D at a combined cumulative total of $175,000 or more in Secretary of State grant awards in the same fiscal year shall submit an agency-wide audit upon completion of the grant activity.

1) All governmental unit audits shall comply with "Government Auditing Standards: 2007 Revision", published by the Comptroller General of the United States, U.S. General Accounting Office, 441 G. Street, NW, Washington, DC 20548. No later amendments to these standards are incorporated in this Section.

2) All not-for-profit agency audits will comply with "Not-for-Profit Organizations AICPA Audit and Accounting Guide: 2007", published by the American Institute of Certified Public Accountants, 1211 Avenue of the Americas, New York, NY 10036. No later amendments to these standards are incorporated in the Section.

(Source: Amended at 32 Ill. Reg. _____, effective _____)

Section 3035.150 Appeal Procedure

a) Whenever the Illinois State Library rejects a completed and reviewed grant application under this Part, it shall so notify the applicant in writing within 7 days after the decision. The notice shall state with specificity the grounds for rejection. If a provision of this Part is used to reject the application, a copy of the rule shall be included in the notice.

b) Applicants may appeal the decision of the Illinois State Library by requesting a hearing within 30 days after receipt of the notice rejecting the application. The request shall be in writing and shall specify the grounds for the applicant's position that the application was rejected erroneously. The Illinois State Library shall notify the Secretary of State of the requests for hearings.

c) Grounds for Appeal

1) Grounds for appeal shall include the following:

The rules governing review of grant applications were not applied or were applied incorrectly by the Illinois State Library.

2) Grounds for appeal shall not include the following:

A) The applicant's intention to submit additional or clarifying information beyond the application deadline.

B) Funds appropriated to fund the grant program remain unobligated after successful applicants were awarded grants.

d) Hearing Arrangements

1) Upon receipt of a request for review, the State Librarian shall appoint an administrative law judge to officiate at the review hearing. The administrative law judge shall be an attorney licensed to practice law in Illinois or shall have experience in interpreting and applying Illinois administrative law. No person who has a bias or conflict of interest regarding the contested matter shall be appointed administrative law judge.

2) The hearing shall be held within 30 days after the date of the request for an appeal. The date and time shall be at the mutual convenience of the applicant and the Illinois State Library. The hearing shall be held at the Illinois State Library in Springfield, Illinois.

e) The Illinois State Library shall serve notice either personally or by certified or registered mail upon the applicant. The notice shall include the following:

1) A statement of the time, place and nature of the hearing;

2) A statement of the legal authority and jurisdiction under which a hearing is to be held;

3) A reference to the particular Sections of the substantive and procedural statutes and rules involved;

4) A short and plain statement of the matter in controversy and the consequences of a party's failure to participate in the hearing;

5) The names and mailing addresses of the administrative law judge and all parties that have been given notice of the hearing.

f) Rules Governing Conduct of the Hearing

1) All parties may be represented by legal counsel and shall be afforded an opportunity to respond and present evidence and argument. Parties may agree by stipulation upon any facts involved in the hearing.

2) Disposition of the case may be made by stipulation, agreed settlement, consent order or default.

3) The record of the hearing shall include the following:

A) All pleadings (including all notices and responses), motions and rulings;

B) All evidence received;

C) A statement of matters officially noticed;

D) Any offers of proof, objections and rulings;

E) Any proposed findings and exceptions;

F) Any decision, opinion or report by the administrative law judge;

G) All staff memoranda and data submitted to the administrative law judge or the Illinois State Library in connection with the matter;

H) Any ex parte communication by the Illinois State Library or the administrative law judge. No such communication shall form the basis of any finding of fact.

4) Oral proceedings or any part of oral proceedings shall be recorded stenographically or by other means that will adequately ensure the preservation of the proceeding and shall be transcribed at the request of any party and at that party's expense.

5) Findings of fact shall be based exclusively on the evidence and on matters officially noticed.

6) Irrelevant, immaterial or unduly repetitious evidence shall be excluded. The rules of evidence and privilege as applied in civil cases in the circuit courts of this State shall be followed. Evidence not admissible under those rules of evidence may be admitted, however, if it is of a type commonly relied upon by reasonably prudent persons in the conduct of their affairs. Objections to evidentiary offers may be made and shall be noted in the record. Subject to these requirements, when a hearing will be expedited and the interests of the parties will not be prejudiced, any part of the evidence may be received in written form.

7) The grant applicant bears the burden of showing by clear and convincing evidence that the application should have been approved for funding.

g) Within 30 days after the hearing, the administrative law judge shall report to the Director of the Illinois State Library whether the rejection of the application for a grant was appropriate or inappropriate under the terms of this Part and the application materials submitted. The administrative law judge shall enumerate the rationale for the decision. The Director of the Illinois State Library shall review the report of the administrative law judge and prepare a recommendation to the Secretary of State approving or denying the appeal based on the application materials, report of the administrative law judge, and terms of this Part. If the Secretary of State finds, upon review of the recommendations of the administrative law judge and the Director of the Illinois State Library, that an application was erroneously denied, and if the applicant's project is higher in

priority under Section 3035.430 than other projects recommended for a grant, the applicant's project will be funded during the fiscal year if sufficient funds are available, or the next fiscal year subject to an appropriation by the General Assembly. All applicants will be notified in writing of the Secretary's final decision personally or by registered or certified mail within 30 days after the Appeals Board meeting. The final decision shall include findings of fact and conclusions of law separately stated. Findings of fact, if set forth in statutory language, shall include a concise and explicit statement of the underlying facts supporting the findings. The decision shall specify that it is final and subject to the Administrative Review Law [735 ILCS 5/Art. III].

(Source: Added at 32 Ill. Reg. _____, effective _____)

SUBPART B: LITERACY GRANT PROGRAM

Section 3035.240 Award of Grants, Accountability and Recordkeeping

a) The LAB will make a recommendation to the Secretary of State as to which grant applications shall be approved, based upon the criteria in Section 3035.230.

b) Grant awards will be made upon appropriation of funds. For grants under this Subpart, the State Library shall make a lump sum payment upon the signing of the grant contract with the Secretary of State.

c) The Secretary of State shall make his or her final decision upon each recommendation as soon as possible within 60 days after the recommendation is presented to the Secretary.

d) The final approved grant applications and the funding determination shall constitute the Adult Literacy Grant Program, which shall be a public record, as shall be the grant applications, whether approved or not, and shall be subject to disclosure pursuant to the Freedom of Information Act [5 ILCS 140] and the rules of the Secretary of State found at 2 Ill. Adm. Code 551.

e) Approved grant applicants shall submit to the State Library, Office of the Secretary of State, such reports as deemed necessary by the Illinois State Library staff to assure project accountability. Reports to be submitted include:

1) Mid-term reports due January 15 stating the progress of the project; accomplishments to date; problems encountered; objectives met and unmet; changes implemented; and percentage of completion of the project to date.

2) Quarterly financial reports showing expenditures made from grant funds by line item due October 15, January 15 and April 15.

3) Mid-term statistical reports due January 15.

4) Final financial report and final statistical and narrative report due July 15 evaluating the degree to which the grantee achieved the goals and objectives of the project.

f) The decision of the Secretary of State upon any grant application shall be a final decision for the purpose of the Administrative Review Law [735 ILCS 5/Art. III].

(Source: Amended at 32 Ill. Reg. _____, effective _____)

Section 3035.260 Fiscal Procedures

a) The literacy grant recipient may be asked by the State Library to present copies of past audits or require that an audit of grant funds be performed on individual programs in accordance with Section 3035.140(e) of this Part.

b) Audits may be requested for such reasons as poor recordkeeping, fiscal irregularities, or staff's request after viewing narrative reports or after viewing files at the program site.

(Source: Amended at 32 Ill. Reg. _____, effective _____)

SUBPART C: TRAINING PROGRAM GRANTS

Section 3035.320 Number and Amount of Training Program Grants

a) The State Library shall award no more than 15 Library Training Program Grants each academic year, depending on the availability of funds. The final number of grants awarded shall be determined by the amount of grant money available and the number of qualified applicants.

b) The maximum grant to be awarded shall be $7,500 for the master of library and information science program in which the successful applicant is enrolled. For grants under this Subpart, the State Library shall make a lump sum payment upon the signing of the grant contract with the Secretary of State.~~A full-time training grant shall be paid in three installments of $2,500, at the beginning of the three graduate semesters or as required by the graduate school's tuition payment schedule. A part-time training grant will be paid in six installments of $1,250, at the beginning of the six graduate semesters or as required by the graduate school's tuition payment schedule.~~

(Source: Amended at 32 Ill. Reg. _____, effective _____)

SUBPART D: PUBLIC LIBRARY CONSTRUCTION GRANTS

Section 3035.400 Program Purpose

To establish a program of matching State grants to aid in paying for the construction costs of public libraries and facilities for library systems within Illinois. Local money, except as provided in subsection (c), will be matched by State grants based on the category of grant as follows:

a) Remodeling for Accessibility. Special projects where 70%-100% of total project funds are to be used specifically for remodeling an existing building as outlined in Section 3035.470. The State's share shall be a maximum of 50% of the project's total cost, subject to the restrictions in Section 3035.435(c).

b) Projects involving new construction, additions to and/or remodeling of existing buildings, conversion of buildings not currently used for library services, energy conservation projects, security systems, technology wiring and renovation projects, including projects involving shared use of public facilities. The State's share shall be a maximum of 50% of the project's total cost, subject to the restrictions in Section 3035.435(c). For shared use public facilities, the costs allocated to the public library portion of the building are the only costs eligible for reimbursement under this grant program, as stipulated in Section 3035.480.

c) Mini-grants. These projects include, but are not limited to, new carpeting, new furnishings, remodeling, energy conservation, security systems, technology wiring and interior or exterior painting. Libraries receiving mini-grants must

address legal requirements for making the building accessible to the handicapped. There is no local match required for mini-grants.

(Source: Added at 32 Ill. Reg. _____, effective _____)

Section 3035.410 Definitions

For the purposes of this Subpart:

"Act" means the Illinois Library System Act [75 ILCS 10].

"Application round" means the period in which applications for grants are available to prospective applicants and completed applications are reviewed and grants awarded as indicated in Section 3035.400.

"Appropriation" means the amount of funds actually approved by the General Assembly for a particular fiscal year and allocated to fund the construction grant program under Section 8 of the Illinois Library System Act.

"Audit" means a report of financial compliance of a construction grant project by a certified public accountant.

"Construction" includes, but is not limited to:

The construction of new public library and library systems buildings.

The acquisition, expansion, remodeling and/or alteration of existing buildings.

The purchase of initial equipment for new buildings or existing buildings that are being expanded, remodeled or altered under this grant.

Any combination of these activities (including architect's fees and the cost of the site if acquired in the last 2 years).

"Conversion" means converting a building currently not used as a library into a public library facility.

"Equipment" includes machinery, utilities and built-in equipment and any necessary enclosures or structures to house them, and all other items necessary for the functioning of a particular facility as a library or as a library system facility. By way of illustration, "equipment" includes fixtures, furnishings and carpeting. Shelving is acceptable in new construction, within new building additions or for accessibility projects. "Equipment" does not include, for example, books, periodicals, films, recordings, computers, computer equipment, projection equipment or wireless Internet components.

"Intersystem reciprocal borrowing" means reciprocal borrowing transactions involving a lending library and a patron registered as a borrower at a library in another system.

"Library" means a tax-supported public library within an Illinois Library System. "Library" also means a main library facility and its branches.

"Library building consultant" refers to an individual, chosen by the applicant library, with a Master's degree in library science from a library school accredited by the American Library Association with prior experience in at least one library construction project. An architect licensed to practice in Illinois or a structural or other type of engineer, depending on the scope of work, licensed to practice in Illinois, with prior experience in at least one library construction project, may also be a library building consultant. The architect or engineer may be retained for other services by the applicant library.

"Library system" means an organization defined at Section 2 of the Library System Act.

"Local matching funds" means general funds, securities, general revenue bonds, tax levies, mortgages and locally generated monies. Local matching funds do not include any pledges as defined in this Section; any funds from the State of Illinois or the federal government; any funds from collateralized pledges; or pending referendum to authorize funds for the construction project.

"Mini-grants" means projects to enable public libraries with limited funds, as defined in this Section, to remodel or refurbish the library.

"Pledge" means a non-collateralized offer or guarantee in writing of a specified dollar amount as part of the local matching funds for a construction project.

"Political unit" refers to the local governing authority.

"Public libraries with limited funds" refers to public libraries that would have received an income of less than $12 per capita in the preceding fiscal year by using a formula in which the library's equalized assessed valuation is multiplied by .13% and divided by the population of the library's service area.

"Security system" means an electronic system designed to protect the library property, facility and contents and individuals on the premises.

"Shared use facility" means a building occupied by a public library and a school or another entity that is open to the public and complements the concept of public library service.

"State fiscal year" means the period from July 1 through June 30.

"State Librarian" means the Illinois Secretary of State.

"Technology wiring" means the installation of wiring to allow for the transmission of electronic data.

(Source: Added at 32 Ill. Reg. _____, effective _____)

Section 3035.420 Duty to Administer

a) It shall be the duty of the Illinois Secretary of State, in his or her capacity as the Illinois State Librarian, to administer the provisions of this Part and to award any grants, when appropriate, on an annual basis from funds appropriated by the Illinois General Assembly.

b) The State Librarian shall add to, delete from, or modify this Part in accordance with the provisions of the Illinois Library System Act [75 ILCS 10], as necessary for the administration of these construction grants.

c) The Director of the Illinois State Library shall appoint a committee that will review applications for grants. The committee shall make recommendations on the program to the State Librarian. One committee member shall be an architect or an engineer licensed to practice in the State of Illinois. The Director of the

Illinois State Library shall apprise the Illinois State Library Advisory Committee of the recommendations and program status.

d) Committee members shall recuse themselves from making recommendations on any grant application in which they have a financial interest.

(Source: Added at 32 Ill. Reg. _____, effective _____)

Section 3035.430 Priorities in Library Grant Construction Proposals

a) Library grant funds for library building construction in any one application round will be awarded according to the following priorities:

1) Remodeling for accessibility, with conditions as stated in subsection (b) of this Section.

2) A maximum of $1 million and no less than 10% of available funding in a fiscal year will be allocated for mini-grants for public libraries.

3) Projects involving new construction, additions to and/or remodeling of existing buildings, energy conservation projects, conversions, technology wiring and renovation projects, including projects involving shared use of public facilities.

b) The cost of a parking lot can be included in the total project cost funded for remodeling for accessibility projects, but grant funds will not be allocated solely for a parking lot project unless it is for accessibility for the disabled (ramps, curbs, doors, etc.).

(Source: Added at 32 Ill. Reg. _____, effective _____)

Section 3035.435 Grant Funding Limitations

Fiscal limitations on library building construction grants under Section 8 of the Illinois Library System Act shall include the following:

a) The public libraries in any one county shall not receive more than 50% of the funding in each application round unless there are insufficient applications from

libraries in other counties to expend the entire appropriation. Grants to library systems shall not be included in calculating this 50% limitation.

b) The maximum grant for each library political unit shall be $125,000 per annual funding cycle, unless there are insufficient applications from other political units to expend the entire appropriation. This subsection (b) shall not be used to award grants in excess of the maximum grants per project specified in subsection (c).

c) The minimum grant awarded for mini-grants shall be $2,500. The minimum grant awarded for projects other than mini-grants and remodeling for accessibility shall be $25,000. The maximum grant awarded for mini-grants shall not exceed $25,000; the maximum grant awarded for remodeling for accessibility projects shall not exceed $50,000; and the maximum grant awarded for other projects shall not exceed $125,000.

d) Priority will be given to a library that has not received any construction funding, whether under a library construction grant program or a specific appropriation from the Secretary of State, during the three prior State fiscal years, including the current State fiscal year.

e) For projects of a unique nature or resulting from a disaster, the Secretary of State, on the advice of the Illinois State Library, may raise the ceiling, award less than the minimum grant amount, make a special grant award and/or allow for consecutive years of funding.

f) Competitive bids for construction projects shall not be let until after the grant contract with the Secretary of State has been signed.

g) Grant contracts awarded under this Part must be signed within 90 days after the grant award notification.

(Source: Added at 32 Ill. Reg. _____, effective _____)

Section 3035.440 The Chicago Public Library Branches

Additional grant funds for branches of the Chicago Public Library may be made in accordance with the provisions of Sections 3035.430 and 3035.435.

(Source: Added at 32 Ill. Reg. _____, effective _____)

Section 3035.450 Grant Application Procedure

The following application procedures shall apply:

a) The Illinois State Library shall issue application forms for library construction grants under this program.

b) Applying libraries and library systems shall submit a signed, completed current library construction grant application, together with the following documents or written assurances, to be eligible for library construction grants:

1) Application Phase

A) To be eligible for a Live & Learn construction grant, a public library must comply with the assurances contained in this Section, as listed in the Construction Grant Application Form, as most recently adopted by the Subcommittee for Public Library Construction, a subcommittee of the Illinois State Library Advisory Committee.

B) A statement describing the necessity for the proposed project.

C) A statement of plans to meet existing library standards of service, "Serving Our Public: Standards for Illinois Public Libraries, 1997" (produced by the Illinois Library Association, 33 West Grand Avenue, Chicago IL 60610-4306). The material incorporated by reference includes no later amendments or editions. This subsection (b)(1)(C) shall not apply to library systems.

D) A description of the project's potential contribution to the improvement of library services within the library's area of service and in any other portions of the State.

E) A Library Building Program. For projects with a total cost of over $150,000, a library building consultant must work with the library in developing the building program. The library board shall select a building consultant in accordance with the Illinois Local Library

Act [75 ILCS 5/4-7] and the Illinois Library District Act [75 ILCS 16/30-55.40].

F) For projects with a total cost equal to or greater than $75,000, an architect or engineer licensed to practice in Illinois is required.

G) Preliminary construction plans with a site plan for all projects and an estimated cost per square foot.

H) A letter from the Illinois Historic Preservation Agency evidencing compliance with the Illinois State Agency Historic Resources Preservation Act [20 ILCS 3420].

I) The following conditions apply in new construction, additions and projects involving evacuation of soil:

i) A letter from the Illinois State Water Survey of the Illinois Department of Natural Resources stating that the project site is not located in a Special Flood Hazard Area. If the project site is located in a Special Flood Hazard Area, the applicant shall submit an assurance letter from the Division of Water Resources of the Department of Natural Resources stating that the project meets the requirements of Executive Order 79-4 regarding flood damages.

ii) A subsurface soil analysis by a soils engineer.

iii) A site assessment by a licensed environmental/hazardous materials consultant to determine the existence of asbestos and/or lead paint. This assurance does not apply to new buildings unless demolition of existing buildings (other than residences) is necessary.

J) The real estate affected by the proposed construction is available to the library or library system, as is the legal description of the affected real estate. A deed of ownership or proof of long-term (20 years minimum) occupancy, except for mini-grants. The building will remain in use as a public library or library system facility for

not less than 20 years after its construction unless other use is approved by the Director of the Illinois State Library.

K) A letter from the Director of the Regional Library System that serves the applicant library acknowledging that the System is aware of the proposed project.

L) A listing of all applicable authorities having jurisdiction over the applying facility.

M) The library will submit with the grant application an Americans With Disabilities Act Self-Evaluation, except for new construction projects.

N) Other funds designated for construction that are immediately available to the library upon application. Funds may include a mortgage commitment letter from a financial institution licensed by a state or the federal government. Assurances from the applicant that a referendum is pending or various fundraising activities will be undertaken in the future, with the amount to be raised remaining uncertain, shall not be counted as part of the local matching funds for the purposes of Section 3035.400.

2) Construction Phase

A) The grantee library will expend 100% of Secretary of State library construction grant funds within 12 months after the execution of the grant agreement. If the grantee fails to submit a final report, or an audit, if applicable, within 24 months after the execution of the contract, the grant shall be forfeited unless an extension is granted by the Director of the Illinois State Library.

B) Construction work will be performed under the lump sum (fixed price) contract method.

C) The library will publicly announce all requirements for architectural, engineering and land surveying services and procure these services on the basis of demonstrated competence and qualifications and negotiate contracts at fair and reasonable prices,

in accordance with the Illinois Local Library Act [75 ILCS 5/5-5] and the Illinois Library District Act [75 ILCS 16/40-45].

D) Architectural, engineering and land surveying contracts will be made in accordance with the Local Government Professional Services Selection Act [50 ILCS 510].

E) Adequate methods of obtaining competitive bidding will be employed prior to awarding the construction contract by public advertising in a newspaper of general circulation in the area, and the award of the contract will be made to the responsible bidder submitting the lowest acceptable bid, in accordance with the Illinois Local Library Act and the Illinois Library District Act. A copy of the advertisement, with verification of the date of publication and name of the newspaper, shall be submitted to the Illinois State Library within 10 days after publication.

F) All laborers and mechanics employed by the contractor or subcontractors on all construction projects shall be paid wages at rates not less than those prevailing on similar construction in the locality, as determined by the Illinois Department of Labor in accordance with the Prevailing Wage Act [820 ILCS 130].

G) A copy of the building permit shall be supplied to the Illinois State Library prior to the actual construction and the permit shall be posted in a prominent place on the construction site.

H) Any change in the Plans and Specifications requiring a work change order shall be submitted to the Illinois State Library. All change orders shall be subject to the Illinois Public Works Contract Change Order Act [50 ILCS 525]. The Illinois State Library shall be notified of and approve any change orders of $10,000 or more and the modification of any public areas of the grantee library from the proposed original plans of the approved grant application. The change order will be accompanied by a letter approved by the library board stating that there is no adverse impact on library services. Change orders do not affect the grant award amount.

I) Contractors and subcontractors shall comply with all applicable provisions of the Illinois Human Rights Act [775 ILCS 5] and all federal and State laws, rules and regulations that prohibit discrimination because of race, color, religion, sex, marital status, national origin, ancestry, age and physical or mental handicap.

J) Construction contracts signed by both the library board (or library system board) and contractors that is, or comparable, to the "Standard Form of Agreement Between Owner & Contractor A-101-1997" published by the American Institute of Architecture, 1735 New York Ave., NW, Washington, DC 20006-5292. No later amendments to this form are incorporated in this Section. Contracts are to be submitted to the Illinois State Library prior to the start of construction; also, all subcontractors are to perform work in accordance with the conditions and standards contained in the contracts signed by the board and the Illinois State Library. The Illinois State Library shall have the right to disapprove any contracts between the library board or library system board and contractors if:

i) The bidding procedure outlined in subsection (b)(2)(E) was not followed.

ii) The conditions and standards specified in the contract between the Illinois State Library and the library board are not incorporated into the contracts between the library board or library system board and the contractors.

K) A revised budget shall be prepared after bids have been accepted and shall be submitted to the Illinois State Library for approval prior to actual construction. Approval will be based on the reduction in the contingency line item from 5% in the original budget to 2% of total project cost in the revised budget. Grant monies awarded are based on the amount specified in the original budget; grant awards will not be increased because of subsequent increases in revised budgets. Decisions shall not affect the time frame imposed unless approved by the Director of the Illinois State Library.

L) A sign will be displayed on the construction site stating that State funds administered by the State Librarian are being used for the construction; and a plaque will be placed in the completed building stating that State funds administered by the State Librarian were used for the building's construction.

M) Projects receiving over $200,000 must use .5% of the grant award for the purchase and placement of suitable works of art. The purchase of the artwork will be done in conjunction with the Capital Development Board (see 20 ILCS 3105/14).

N) Any agent authorized by the Illinois State Library, upon presentation of credentials and in accordance with the constitutional limitation on administrative searches, shall have full access to, and the right to examine, any records, books, papers or documents of the grantee involving transactions related to the grant.

O) Construction will commence within 140 days after the effective date of the grant contract, according to Section 3035.435(f).

P) The following reports and records will be completed and transmitted to the Illinois State Library: quarterly narrative and financial reports; notification within 15 days after completion of the project; a close-out report that is a final financial and narrative report within 24 months after the execution of the contract, unless an extension is granted by the Director of the Illinois State Library; and other reports and documents, such as prevailing wage rates and receipts to verify vouchers, as reasonably may be required by the State Library. The final financial report shall be signed by the president of the library's board of directors.

i) Financial reports shall show: the amount of authorized State and local funds; interest earned on grant funds; expenditures made from grant funds and from interest earned on grant funds; obligated funds, by amount of line item remaining compared to the original budget.

ii) Narrative reports shall state: the progress of the project; accomplishments to date; problems encountered; objectives met and unmet; changes implemented; and the percentage of completion of the project to date.

iii) The close-out report shall evaluate the degree to which the grantee achieved the goals and objectives of the project. The close-out report shall include a project audit according to Section 3035.140(e) of this Part.

iv) For a project that requires an architect or engineer, the architect or engineer shall certify to the Illinois State Library when the project reaches the 50% and 100% stage of completion.

Q) When construction is complete, sufficient funds will be available for effective operation and maintenance of the facilities, in accordance with applicable federal, State and local requirements.

R) The library shall establish a separate account for construction grant funds with a federally or Illinois regulated financial institution that is insured by the Federal Deposit Insurance Corporation.

S) Any interest earned on the grant funds will be expended, without limitation or exception, exclusively on the subject construction project.

c) Some of the documentation and written assurances may be waived in the application for mini-grants described in Section 3035.400(c), upon approval of the Illinois State Library construction consultant. Documentation and written assurances may be waived if they are not relevant to the specific mini-grant. As an example, a legal description of the affected real estate may not be required for a mini-grant project to install carpeting in the existing library building.

d) Applications will be considered in accordance with Section 3035.420(c).

e) Grant applications are subject to the conditions stipulated in Section 3035.135.

(Source: Added at 32 Ill. Reg. _____, effective _____)

Section 3035.460 Requirements and Conditions of Grant Funds

a) Building Construction Plans

1) Library buildings are to be planned for 20 year population projection (for new construction, conversions and additions to buildings).

2) A library building consultant shall be retained by the grantee throughout the planning and construction if the total cost of the project exceeds $150,000.

3) An architect and/or engineer licensed to practice in Illinois shall be retained by the grantee throughout the design and construction if the total cost of the project is equal to or greater than $75,000.

4) The library must meet the eligibility criteria to qualify for per capita grants provided in Section 8.1 of the Illinois Library System Act, and submit an application for those grants. This subsection (a)(4) shall not apply to library systems.

5) The library or library system facility shall provide access for the physically handicapped as required in the Illinois Accessibility Code (71 Ill. Adm. Code 400), published by the Illinois Capital Development Board, and shall display the symbol of accessibility.

b) No grant shall be awarded to any public library or regional library system unless the building and the property is owned fee simple by the municipality, library district or library system, as applicable, or proof of long term (20 year) occupancy exists. The State Librarian may grant an exception for any property or building owned in fee simple by a non-profit community organization that is incorporated in Illinois, has federal Internal Revenue Service 501(c)(3) status and has a charter specifying that the ownership of the property or building shall revert to the public library upon the dissolution of the organization. No such exception shall be granted for a regional library system.

c) A letter of certification from the project architect or engineer, stating that the drawings represent the project as presented with the grant application, must be submitted to the Illinois State Library for approval prior to going out to bid.

d) All contracts for library construction shall be awarded to the lowest qualified bidder on the basis of open competitive bidding; however, if one or more items of construction are covered by an established alternative procedure used by a unit of local government and approved by the Illinois State Library as designed to assure construction in an economical manner consistent with sound business practices, the alternative procedure may be followed, to the extent consistent with State statutes and local ordinances.

e) The library system of which the applicant is a member shall be notified of the proposed project; a copy of the completed application shall be sent to the library system director by the applicant prior to the time that the paperwork is submitted to the Illinois State Library. This subsection shall not apply if the library system is the applicant.

f) The library board shall establish and maintain records and accounts as will permit accurate and expeditious audits at any time before, during and after completion of construction. The records shall be retained for not less than the time provided for by the Local Records Act [50 ILCS 205].

g) The library board shall comply with all applicable provisions in local bidding ordinances.

h) The library must permit intersystem reciprocal borrowing.

i) Grants made under this Section are subject to the provisions of the Illinois Grant Funds Recovery Act [30 ILCS 705]. If a provision of this Subpart conflicts with a provision of the Illinois Grant Funds Recovery Act, then the provision of the Illinois Grant Funds Recovery Act controls.

(Source: Added at 32 Ill. Reg. _____, effective _____)

Section 3035.470 Remodeling for Accessibility

Applications for special grants for Remodeling for Accessibility projects shall include:

a) A statement of need to meet the Illinois Accessibility Code.

b) A supplemental detailed project budget showing costs for:

1) Elevators or lifts

2) Remodeling restrooms

3) Ramps

4) Entrances

5) Remodeling stairways

6) Telephones

7) Drinking fountains

8) Accessibility signs

9) Shifting of book stacks for 3 foot clear aisles

10) Circulation desk and study carrels

11) Total (1-10)

(Source: Added at 32 Ill. Reg. _____, effective _____)

Section 3035.480 Shared Use Facilities

A public library construction project that is intended to be housed in the same building with a school or any other unit of local government, including the offices of the municipality if the library is a municipal library, in addition to any other requirements of this Part, shall submit the following with any application for grant funds:

a) For shared use facilities with a school:

1) The collection development policy of the library;

2) The personnel management plan for the operation of the library indicating who the library personnel will report to and be paid by;

3) The intended operational hours of the library upon completion of the project, including the hours of operation during the time periods when the school is not in session;

4) An indication on any architectural drawings of the entrances for the library and the school;

5) The plans for sharing utility and upkeep costs associated with the building;

6) A signed agreement between the school board and the library board that delineates responsibilities of each to the library;

7) A contingency plan in the event the school portion of the building is closed or no longer used as a school.

b) For shared use facilities other than a school:

1) The personnel management plan for the operation of the library, indicating who the library personnel will report to and be paid by and if the library personnel will have any duties not associated with the library;

2) The intended operational hours of the library upon completion of the project, including the hours of operation during the time periods when the facility partner is not open to the public;

3) An indication on any architectural drawings of the entrances for the library and the other public part of the building;

4) If a district library, the plans for sharing utility and upkeep costs associated with the building;

5) If a district library, a signed agreement between the library board and the facility partner that delineates the responsibilities of each to the library;

6) A contingency plan in the event the facility partner's portion of the building is closed or no longer used.

(Source: Added at 32 Ill. Reg. _____, effective _____)

Section 3035.490 Disbursement of Grant Funds

a) For grants under this Subpart, the State Library shall make a lump sum payment upon the signing of the grant contract with the Secretary of State.

b) Throughout the course of the project, the grantee shall submit the following:

1) A copy of all applicable local bidding ordinances;

2) A revised project budget after bids have been accepted;

3) A revised construction schedule after bids have been accepted;

4) A copy of the building permit issued by the appropriate corporate authority;

5) Copies of each contract signed, including:

A) general contractor;

B) prime contractor;

C) any contracts for which separate bids were advertised and received (e.g., carpeting, equipment);

D) subcontractors (if contracts are to be signed later, copies can be sent as signed but prior to the start of the subcontractor's work);

6) Notification of the erection on the construction site of a sign stating that library construction funds administered by the Secretary of State are being used for the construction;

7) Quarterly narrative and financial reports to date;

8) Letter of notification as to the official date of actual construction start. Construction should begin within 140 days after the effective date of the contract with the Illinois State Library, according to Section 3035.435(f);

9) Submission of any projected project expenditure changes, including identification in detail of how the grant is to be spent.

c) Upon completion of the project, the grantee shall submit for approval the close-out reports and audit to the Illinois State Library as specified in Section 3035.450(b)(2)(P).

(Source: Added at 32 Ill. Reg. _____, effective _____)

SECRETARY OF STATE

NOTICE OF PROPOSED REPEALER

1) Heading of the Part: Public Library Construction Grants

2) Code Citation: 23 Ill. Adm. Code 3060

3)

Section Numbers:	Proposed Action:
3060.100	Repeal
3060.200	Repeal
3060.400	Repeal
3060.500	Repeal
3060.600	Repeal
3060.700	Repeal
3060.800	Repeal
3060.900	Repeal
3060.1000	Repeal
3060.1050	Repeal
3060.1100	Repeal
3060.1110	Repeal
3060.2000	Repeal
3060.APPENDIX A	Repeal

4) Statutory Authority: Implementing Section 3 of the Capital Development Bond Act of 1972 [30 ILCS 420/3] and authorized by Sections 3 and 8 of the Illinois Library System Act [75 ILCS 10/3 and 8].

5) A Complete Description of the Subjects and Issues Involved: This Part is being repealed and will be incorporated as Subpart D in Illinois State Library Grant Programs (23 Ill. Adm. Code 3035).

6) Published studies or reports, and sources of underlying date, used to compose this rulemaking: None

7) Will this repealer replace any emergency rulemaking currently in effect? No

8) Does this repealer contain an automatic repeal date? No

9) Does this repealer contain incorporations by reference? No

10) Are there any other proposed rulemakings pending on this Part? No

SECRETARY OF STATE

NOTICE OF PROPOSED REPEALER

11) Statement of Statewide Policy Objectives: This repealer has no impact on local governments.

12) Time, Place and Manner in which interested persons may comment on this proposed repealer:

Joseph Natale
Rules Coordinator
Illinois State Library
Gwendolyn Brooks Building
Springfield, IL 62701-1796

217/558-4185; jnatale@ilsos.net

13) Initial Regulatory Flexibility Analysis:

A) Types of small businesses, small municipalities and not for profits corporations affected: None

B) Reporting, bookkeeping or other procedures required for compliance: None

C) Types of professional skills necessary for compliance: None

14) Regulatory Agenda on which this rulemaking was were summarized: January 2008

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

SECRETARY OF STATE

NOTICE OF PROPOSED REPEALER

TITLE 23: EDUCATION AND CULTURAL RESOURCES
SUBTITLE B: CULTURAL RESOURCES
CHAPTER I: SECRETARY OF STATE

PART 3060
PUBLIC LIBRARY CONSTRUCTION GRANTS (REPEALED)

SUBPART A: INTRODUCTION

Section
3060.100 Program Purpose
3060.200 Duty to Administer
3060.400 Definitions

SUBPART B: GRANT APPLICATION

Section
3060.500 Priorities in Library Grant Construction Proposals
3060.600 Grant Funding Limitations
3060.700 The Chicago Public Library Branches
3060.800 Grant Application Procedure
3060.900 Requirements and Conditions of Grant Funds
3060.1000 Remodeling for Accessibility
3060.1050 Shared Use Facilities
3060.1100 Disbursement of Grant Funds of $50,000 or More (Repealed)
3060.1110 Disbursement of Grant Funds

SUBPART C: APPEAL PROCEDURE

Section
3060.2000 Appeal Procedure

3060.APPENDIX A EDA Qualified Areas (Repealed)

AUTHORITY: Implementing Section 3 of the Capital Development Bond Act of 1972 [30 ILCS 420/3] and authorized by Sections 3 and 8 of the Illinois Library System Act [75 ILCS 10/3 and 8].

SECRETARY OF STATE

NOTICE OF PROPOSED REPEALER

SOURCE: Emergency rules adopted and codified at 7 Ill. Reg. 2017, effective January 28, 1983, for a maximum of 150 days; emergency expired June 27, 1983; adopted at 8 Ill. Reg. 2510, effective February 10, 1984; Part repealed, new Part adopted by emergency action at 9 Ill. Reg. 4560, effective March 20, 1985, for a maximum of 150 days; emergency expired August 17, 1985; Part repealed, new Part adopted at 9 Ill. Reg. 15004, effective September 25, 1985; emergency amendment at 9 Ill. Reg. 17885, effective November 4, 1985, for a maximum of 150 days; emergency expired April 3, 1986; amended at 10 Ill. Reg. 20002, effective November 19, 1986; amended at 12 Ill. Reg. 11264, effective July 1, 1988; emergency amendment at 17 Ill. Reg. 18687, effective October 12, 1993, for a maximum of 150 days; amended at 18 Ill. Reg. 4996, effective March 14, 1994; amended at 19 Ill. Reg. 12493, effective August 22, 1995; amended at 20 Ill. Reg. 13078, effective September 20, 1996; emergency amendment at 20 Ill. Reg. 15081, effective November 7, 1996, for a maximum of 150 days; amended at 21 Ill. Reg. 4981, effective April 3, 1997; amended at 23 Ill. Reg. 12717, effective October 4, 1999; amended at 25 Ill. Reg. 8352, effective July 1, 2001; amended at 26 Ill. Reg. 12014, effective August 1, 2002; amended at 27 Ill. Reg. 17089, effective November 1, 2003; amended at 28 Ill. Reg. 15607, effective December 1, 2004; amended at 29 Ill. Reg. 13885, effective September 1, 2005; emergency amendment at 30 Ill. Reg. 9917, effective May 15, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 10492, effective May 25, 2006; amended at 30 Ill. Reg. 16332, effective October 2, 2006; amended at 31 Ill. Reg. 16341, effective November 20, 2007; repealed at 32 Ill. Reg. _____, effective _____.

SUBPART A: INTRODUCTION

Section 3060.100 Program Purpose

To establish a program of matching State grants to aid in paying for the construction costs of public libraries and facilities for library systems within Illinois. Local money, except as provided in subsection (c), will be matched by State grants based on the category of grant as follows:

a) Remodeling for Accessibility. Special projects where 70%-100% of total project funds are to be used specifically for remodeling an existing building as outlined in Section 3060.1000. The State's share shall be 50% of the project's total cost, subject to the restrictions in Section 3060.600(c) of this Part.

b) Projects involving new construction, additions to and/or remodeling of existing buildings, conversion of buildings not currently used for library services, energy conservation projects, security systems, technology wiring and renovation projects, including projects involving shared use of public facilities. The State's

share shall be a maximum of 50% of the project's total cost, subject to the restrictions in Section 3060.600(c) of this Part. For shared use public facilities, the costs allocated to the public library portion of the building are the only costs eligible for reimbursement under this grant program, as stipulated in Section 3060.1050 of this Part.

c) Mini-grants. These projects include (but are not limited to) new carpeting, new furnishings, remodeling, energy conservation, security systems, technology wiring and interior or exterior painting. Libraries receiving mini-grants must address legal requirements for making the building accessible to the handicapped. There is no local match required for mini-grants.

Section 3060.200 Duty to Administer

a) It shall be the duty of the Illinois Secretary of State, in his or her capacity as the Illinois State Librarian, to administer the provisions of this Part and to award any such grants, where appropriate, on an annual basis from funds appropriated by the Illinois General Assembly.

b) The State Librarian shall add to, delete from, or modify this Part in accordance with the provisions of the Illinois Library System Act [75 ILCS 10], as necessary for the administration of these construction grants.

c) The Director of the Illinois State Library shall appoint a committee that will review applications for grants. The committee shall make recommendations on the program to the State Librarian. One committee member shall be an architect or an engineer licensed to practice in the State of Illinois. The Director of the Illinois State Library shall apprise the Illinois State Library Advisory Committee of the recommendations and program status.

d) Committee members shall recuse themselves from making recommendations on any grant application in which they have a financial interest.

Section 3060.400 Definitions

For the purposes of this Part:

"Act" means the Illinois Library System Act [75 ILCS 10].

"Application round" means the period in which applications for grants are available to prospective applicants and completed applications are reviewed and grants awarded as indicated in Section 3060.100 of this Part.

"Appropriation" means the amount of funds actually approved by the General Assembly for a particular fiscal year and allocated to fund the construction grant program under Section 8 of the Illinois Library System Act.

"Audit" means a report of financial compliance of a construction grant project by a certified public accountant.

"Construction" includes, but is not limited to:

The construction of new public library and library systems buildings.

The acquisition, expansion, remodeling and/or alteration of existing buildings.

The purchase of initial equipment for new buildings or existing buildings that are being expanded, remodeled, or altered under this grant.

Any combination of such activities (including architect's fees and the cost of the site if acquired in the last 2 years).

"Conversion" means converting a building currently not used as a library into a public library facility.

"Equipment" includes machinery, utilities and built-in equipment and any necessary enclosures or structures to house them, and all other items necessary for the functioning of a particular facility as a library or as a library system facility. By way of illustration, "equipment" includes fixtures, furnishings, shelving, and carpeting. "Equipment" does not include, for example, books, periodicals, films, or recordings.

"Intersystem reciprocal borrowing" means reciprocal borrowing transactions involving a lending library and a patron registered as a borrower at a library in another system.

"Library" means a tax-supported public library within an Illinois Library System.

"Library" also means a branch library of a main library facility.

"Library building consultant" refers to an individual, chosen by the applicant library, with a Master's degree in library science from a library school accredited by the American Library Association with prior experience in at least one library construction project. An architect licensed to practice in Illinois or a structural or other type of engineer, depending on the scope of work, licensed to practice in Illinois, with prior experience in at least one library construction project, may also be a library building consultant. The architect or engineer may be retained for other services by the applicant library.

"Library system" means an organization defined at Section 2 of the Library System Act.

"Local matching funds" means general funds, securities, general revenue bonds, tax levies, mortgages and locally generated monies. Local matching funds do not include any pledges as defined in this Section; any funds from the State of Illinois or the federal government; any funds from collateralized pledges; or pending referendum to authorize funds for the construction project.

"Mini-grants" means projects to enable public libraries with limited funds, as defined in this Section, to remodel or refurbish the library.

"Pledge" means a non-collateralized offer or guarantee in writing of a specified dollar amount as part of the local matching funds for a construction project.

"Political unit" refers to the local governing authority.

"Public libraries with limited funds" refers to public libraries that would have received an income of less than $12 per capita in the preceding fiscal year by using a formula in which the library's equalized assessed valuation is multiplied by .13% and divided by the population of the library's service area.

"Security system" means an electronic system designed to protect the library property, facility and contents and individuals on the premises.

"Shared use facility" means a building occupied by a public library and a school or another entity that is open to the public and complements the concept of public library service.

"State fiscal year" means the period from July 1 through June 30.

"State Librarian" means the Illinois Secretary of State.

"Technology wiring" means the installation of wiring to allow for the transmission of electronic data.

SUBPART B: GRANT APPLICATION

Section 3060.500 Priorities in Library Grant Construction Proposals

a) Library grant funds for library building construction in any one application round will be awarded according to the following priorities:

1) Remodeling for accessibility, with conditions as stated in subsection (b) of this Section.

2) A maximum of $1 million and no less than 10% of available funding in a fiscal year will be allocated for mini-grants for public libraries.

3) Projects involving new construction, additions to and/or remodeling of existing buildings, energy conservation projects, conversions, technology wiring and renovation projects, including projects involving shared use of public facilities.

b) The cost of a parking lot can be included in the total project cost funded for remodeling for accessibility projects, but grant funds will not be allocated solely for a parking lot project, unless it is for accessibility for the disabled (ramps, curbs, doors, etc.).

Section 3060.600 Grant Funding Limitations

Fiscal limitations on library building construction grants under Section 8 of the Illinois Library System Act shall include the following:

a) The public libraries in any one county shall not receive more than 50% of the funding in each application round unless there are insufficient applications from

libraries in other counties to expend the entire appropriation. Grants to library systems shall not be included in calculating this 50% limitation.

b) The maximum grant for each library political unit shall be $125,000 per annual funding cycle, unless there are insufficient applications from other political units to expend the entire appropriation. This subsection (b) shall not be used to award grants in excess of the maximum grants per project specified in subsection (c).

c) The minimum grant awarded for mini-grants shall be $2,500. The minimum grant awarded for projects other than mini-grants and remodeling for accessibility shall be $25,000. The maximum grant awarded for mini-grants shall not exceed $25,000; the maximum grant awarded for remodeling for accessibility projects shall not exceed $50,000; and the maximum grant awarded for other projects shall not exceed $125,000.

d) Library buildings that received any State or federal construction funding, whether under a library construction grant program or a specific appropriation, during the three prior State fiscal years, including the current State fiscal year, are not eligible for any construction grant funding under this Part.

e) For projects of a unique nature or resulting from a disaster, the Secretary of State, on the advice of the Illinois State Library, may raise the ceiling, award less than the minimum grant amount, make a special grant award and/or allow for consecutive years of funding.

f) Competitive bids for construction projects shall not be let until after the grant contract with the Secretary of State has been signed.

g) Grant contracts awarded under this Part must be signed within 90 days after the grant award notification.

Section 3060.700 The Chicago Public Library Branches

Additional grant funds for branches of the Chicago Public Library may be made in accordance with the provisions of Sections 3060.500 and 3060.600 of this Part.

Section 3060.800 Grant Application Procedure

The following application procedures shall apply:

NOTICE OF PROPOSED REPEALER

a) The Illinois State Library shall issue application forms for library construction grants under this program.

b) Applying libraries and library systems shall submit the completed library construction grant application, together with the following documents or written assurances, to be eligible for library construction grants:

1) Application phase:

A) To be eligible for a Live & Learn construction grant, a public library must comply with the assurances contained in this Section, as listed in the Construction Grant Application Form, as most recently adopted by the Subcommittee for Public Library Construction, a subcommittee of the Illinois State Library Advisory Committee.

B) A statement describing the necessity for the proposed project.

C) A statement of plans to meet existing library standards of service, "Serving Our Public: Standards for Illinois Public Libraries, 1997" (produced by the Illinois Library Association, 33 West Grand Avenue, Chicago IL 60610-4306). The material incorporated by reference includes no later amendments or editions. This subsection (b)(1)(C) shall not apply to library systems.

D) A description of the project's potential contribution to the improvement of library services within the library's area of service and in any other portions of the State.

E) A library building program. For projects with a total cost of over $150,000, a library building consultant must work with the library in developing the building program. The library board shall select a building consultant in accordance with the Illinois Local Library Act [75 ILCS 5/4-7] and the Illinois Library District Act [75 ILCS 16/30-55.40].

F) Preliminary construction plans with a site plan of the proposed building.

G) An estimated cost per square foot (for all projects).

H) A letter from the Illinois Historic Preservation Agency evidencing compliance with the Illinois State Agency Historic Resources Preservation Act [20 ILCS 3420].

I) The following conditions apply in new construction, additions and projects involving evacuation of soil:

i) A letter from the Illinois State Water Survey of the Illinois Department of Natural Resources stating that the project site is not located in a Special Flood Hazard Area. If the project site is located in a Special Flood Hazard Area, the applicant shall submit an assurance letter from the Division of Water Resources of the Department of Natural Resources stating that the project meets the requirements of Executive Order 79-4 regarding flood damages.

ii) A subsurface soil analysis by a soils engineer.

iii) A site assessment by a licensed environmental/hazardous materials consultant to determine the existence of asbestos and/or lead paint. This assurance does not apply to new buildings unless demolition of existing buildings (other than residences) is necessary.

J) The real estate affected by the proposed construction is available to the library or library system, and the legal description of the affected real estate. A deed of ownership or proof of long-term (20 years minimum) occupancy, except for mini-grants. The building will remain in use as a public library or library system facility for not less than 20 years after its construction unless other use is approved by the director of the Illinois State Library.

K) A letter from the Director of the Regional Library System that serves the applicant library acknowledging that the System is aware of the proposed project.

L) A listing of all applicable authorities having jurisdiction over the applying facility.

M) The library will submit with the grant application the Americans With Disabilities Act Self-Evaluation form prepared by the Illinois State Library, except for new construction projects.

N) Other funds designated for construction that are immediately available to the library upon application. Funds may include a mortgage commitment letter from a financial institution licensed by a state or the federal government. Assurances from the applicant pending referendum or various fundraising activities will be undertaken in the future, with the amount to be raised remaining uncertain, shall not be counted as part of the local matching funds for the purposes of Section 3060.100.

2) Construction phase:

A) The grantee library will expend 100% of Secretary of State library construction grant funds within 12 months after the execution of the grant agreement. If the grantee fails to submit a final report, or an audit, if applicable, within 24 months after the execution of the contract, the grant shall be forfeited unless an extension is granted by the Director of the Illinois State Library.

B) Construction work will be performed by the lump sum (fixed price) contract method.

C) The library will publicly announce all requirements for architectural, engineering, and land surveying services and procure these services on the basis of demonstrated competence and qualifications and negotiate contracts at fair and reasonable prices, in accordance with the Illinois Local Library Act [75 ILCS 5/5-5] and the Illinois Library District Act [75 ILCS 16/40-45].

D) Architectural, engineering and land surveying contracts will be made in accordance with the Local Government Professional Services Selection Act [50 ILCS 510].

E) Adequate methods of obtaining competitive bidding will be employed prior to awarding the construction contract by public advertising in a newspaper of general circulation in the area, and that the award of the contract will be made to the responsible bidder submitting the lowest acceptable bid, in accordance with the Illinois Local Library Act [75 ILCS 5/5-5] and the Illinois Library District Act [75 ILCS 16/40-45]. A copy of the advertisement, with verification of the date of publication and name of the newspaper, shall be submitted to the Illinois State Library within 10 days after publication.

F) All laborers and mechanics employed by the contractor or subcontractors on all construction projects shall be paid wages at rates not less than those prevailing on similar construction in the locality, as determined by the Illinois Department of Labor in accordance with the Prevailing Wage Act [820 ILCS 130].

G) A copy of the building permit shall be supplied to the Illinois State Library prior to the actual construction and the permit shall be posted in a prominent place on the construction site.

H) Any change in the Plans and Specifications requiring a work change order will be submitted to the Illinois State Library. All change orders shall be subject to the Illinois Public Works Contract Change Order Act [50 ILCS 525]. The Illinois State Library shall be notified of and approve any change orders of $10,000 or more and the modification of any public areas of the grantee library from the proposed original plans of the approved grant application. The change order will be accompanied by a letter approved by the library board stating that there is no adverse impact on library services. Change orders do not affect the grant award amount.

I) All contractors and subcontractors shall comply with the provisions of the Copeland Anti-Kick Back Act (40 USC 276c) supplemented in U.S. Department of Labor regulations (29 CFR 3 (1985)). The material incorporated by reference includes no later amendments or editions.

J) Contractors and subcontractors shall comply with all applicable

provisions of the Illinois Human Rights Act [775 ILCS 5] and all federal and State laws, rules, and regulations that prohibit discrimination because of race, color, religion, sex, marital status, national origin, ancestry, age, and physical or mental handicap.

K) Construction contracts signed by both the library board (or library system board) and contractors will be prepared on standard American Institute of Architecture (AIA) forms that are submitted to the Illinois State Library prior to the start of construction; also, all subcontractors are to perform work in accordance with the conditions and standards contained in the contracts signed by the board and the Illinois State Library. The Illinois State Library shall have the right to disapprove any such contracts between the library board or library system board and contractors if:

i) The bidding procedure outlined in subsection (b)(2)(E) was not followed.

ii) The conditions and standards specified in the contract between the Illinois State Library and the library board are not incorporated into the contracts between the library board or library system board and the contractors.

L) A revised budget will be prepared after bids have been accepted and will be submitted to the Illinois State Library for approval prior to actual construction. Approval will be based on the reduction in the contingency line item from 5% in the original budget to 2% of total project cost in the revised budget. Grant monies awarded are based on the amount specified in the original budget; grant awards will not be increased because of subsequent increases in revised budgets. Decisions shall not affect the time frame imposed unless approved by the Director of the Illinois State Library.

M) A sign will be displayed on the construction site stating that State funds administered by the State Librarian are being used for the construction; and a plaque will be placed in the completed building stating that State funds administered by the State Librarian were used for the building's construction.

N) Projects receiving over $200,000 must use .5% of the grant award for the purchase and placement of suitable works of art. The purchase of the artwork will be done in conjunction with the Capital Development Board [20 ILCS 3105/14].

O) Any agent authorized by the Illinois State Library, upon presentation of credentials and in accordance with the constitutional limitation on administrative searches, shall have full access to, and the right to examine, any records, books, papers, or documents of the grantee involving transactions related to the grant.

P) Construction will commence within 140 days after the effective date of the grant contract, according to Section 3060.600(f) of this Part.

Q) The following reports and records will be completed and transmitted to the Illinois State Library: quarterly narrative and financial reports; notification within 15 days after completion of the project; a close-out report that is a final financial and narrative report within 24 months after the execution of the contract, unless an extension is granted by the Director of the Illinois State Library; and other reports and documents, such as prevailing wage rates and receipts to verify vouchers, as reasonably may be required by the State Library. The final financial report shall be signed by the president of the library's board of directors.

i) Financial reports shall show: the amount of authorized State and local funds; interest earned on grant funds; expenditures made from grant funds and from interest earned on grant funds; obligated funds, by amount of line item remaining compared to the original budget.

ii) Narrative reports shall state: the progress of the project; accomplishments to date; problems encountered; objectives met and unmet; changes implemented; and the percentage of completion of the project to date.

iii) The close-out report shall evaluate the degree to which the grantee achieved the goals and objectives of the project. The close-out report shall include a project audit report that shall be completed by an independent certified public accountant in accordance with the "Government Auditing Standards: 1994 Revision", published by the Comptroller General of the United States, U.S. General Accounting Office, 441 G. Street, NW, Washington, DC 20548. No later amendments to these standards are incorporated in this Section. The project audit report shall include financial statements and compliance statements (which indicate that grant monies have been obligated in compliance with applicable laws and regulations of the State of Illinois and this Part).

iv) For a project that requires an architect or engineer, the architect or engineer shall certify to the Illinois State Library when the project reaches the 50% and 100% state of completion.

R) When construction is complete, sufficient funds will be available for effective operation and maintenance of the facilities, in accordance with applicable federal, State and local requirements.

S) The library will establish a separate account for construction grant funds with a federally or Illinois regulated financial institution that is insured by the Federal Deposit Insurance Corporation.

T) Any interest earned on the grant funds will be expended, without limitation or exception, exclusively on the subject construction project.

c) Some of the documentation and written assurances may be waived in the application for mini-grants described in Section 3060.100(c) of this Part, upon approval of the Illinois State Library construction consultant. Documentation and written assurances may be waived if they are not relevant to the specific mini-grant. As an example, a legal description of the affected real estate may not be required for a mini-grant project to install carpeting in the existing library building.

d) Applications will be considered in accordance with Section 3060.200(c) of this Part.

e) Grant applications are subject to the conditions stipulated in 23 Ill. Adm. Code 3035.135.

Section 3060.900 Requirements and Conditions of Grant Funds

a) Building Construction Plans

1) Library buildings are to be planned for 20 year population projection (for new construction, conversions and additions to buildings).

2) A library building consultant shall be retained by the grantee throughout the planning and construction if the total cost of the project exceeds $150,000.

3) The architects and/or engineers employed in the design and construction of the project must be registered to practice in the State of Illinois.

4) The library must meet the eligibility criteria to qualify for per capita grants provided in Section 8.1 of the Illinois Library System Act, and submit an application for such grants. This subsection (a)(4) shall not apply to library systems.

5) The library or library system facility shall provide access for the physically handicapped as required in the Illinois Accessibility Code (71 Ill. Adm. Code 400), published by the Illinois Capital Development Board, and shall display the symbol of accessibility.

b) No grant shall be awarded to any public library or regional library system unless the building and the property is owned fee simple by the municipality, library district or library system, as applicable. The State Librarian may grant an exception for any property or building owned in fee simple by a non-profit community organization that is incorporated in Illinois, has federal Internal Revenue Service 501(c)(3) status and has a charter specifying that the ownership of the property or building shall revert to the public library upon the dissolution of the organization. No such exception shall be granted for a regional library

system.

c) A letter of certification from the project architect or engineer, stating that the drawings represent the project as presented with the grant application, must be submitted to the Illinois State Library for approval prior to going out to bid.

d) All contracts for library construction shall be awarded to the lowest qualified bidder on the basis of open competitive bidding; however, if one or more items of construction are covered by an established alternative procedure used by a unit of local government, consistent with State and local laws and regulations, and approved by the Illinois State Library as designed to assure construction in an economical manner consistent with sound business practices, the alternative procedure may be followed, as is consistent with State statutes and local ordinances.

e) Contractors and subcontractors shall submit with each request for payment the weekly payroll forms required by the Davis-Bacon Act (40 USC 327).

f) The library system of which the applicant is a member shall be notified of the proposed project; a copy of the completed application shall be sent to the library system director by the applicant prior to the time that the paperwork is submitted to the Illinois State Library. This subsection shall not apply if the library system is the applicant.

g) The library board shall establish and maintain records and accounts as will permit accurate and expeditious audits at any time before, during, and after completion of construction; the records shall be retained for not less than the time provided for by the Local Records Act [50 ILCS 205].

h) The library board shall comply with all applicable provisions of the Illinois Procurement Code [30 ILCS 500].

i) The library must permit intersystem reciprocal borrowing.

j) Grants made under this Section are subject to the provisions of the Illinois Grant Funds Recovery Act [30 ILCS 705]. If a provision of this Subpart conflicts with a provision of the Illinois Grant Funds Recovery Act, then the provision of the Illinois Grant Funds Recovery Act controls.

NOTICE OF PROPOSED REPEALER

Section 3060.1000 Remodeling for Accessibility

Applications for special grants for Remodeling for Accessibility projects shall include:

a) A statement of need to meet the Illinois Accessibility Code.

b) A supplemental detailed project budget showing costs for:

1) Elevators or lifts

2) Remodeling restrooms

3) Ramps

4) Entrances

5) Remodeling stairways

6) Telephones

7) Drinking fountains

8) Accessibility signs

9) Shifting of book stacks for 3 foot clear aisles

10) Circulation desk and study carrels

11) Total (1-10)

Section 3060.1050 Shared Use Facilities

A public library construction project that is intended to be housed in the same building with a school or any other unit of local government, including the offices of the municipality if the library is a municipal library, in addition to any other requirements of this Part, shall submit the following with any application for grant funds:

a) For shared use facilities with a school:

1) The collection development policy of the library;

2) The personnel management plan for the operation of the library indicating who the library personnel will report to and be paid by;

3) The intended operational hours of the library upon completion of the project, including the hours of operation during the time periods when the school is not in session;

4) An indication on any architectural drawings of the entrances for the library and the school;

5) The plans for sharing utility and upkeep costs associated with the building;

6) A signed agreement with the school board and the library board that delineates responsibilities of each to the library;

7) A contingency plan in the event the school portion of the building is closed or no longer used as a school.

b) For shared use facilities other than a school:

1) The personnel management plan for the operation of the library, indicating who the library personnel will report to and be paid by and if the library personnel will have any duties not associated with the library;

2) The intended operational hours of the library upon completion of the project, including the hours of operation during the time periods when the facility partner is not open to the public;

3) An indication on any architectural drawings of the entrances for the library and the other public part of the building;

4) If a district library, the plans for sharing utility and upkeep costs associated with the building;

5) If a district library, a signed agreement with the library board and the facility partner that delineates the responsibilities of each to the library;

6) A contingency plan in the event the facility partner's portion of the building is closed or no longer used.

Section 3060.1100 Disbursement of Grant Funds of $50,000 or More (Repealed)

Section 3060.1110 Disbursement of Grant Funds

a) For grants under this Part, the State Library shall make a lump sum payment upon the signing of the grant contract with the Secretary of State.

b) Throughout the course of the project, the grantee shall submit the following:

1) A list of bids submitted and bids accepted;

2) A revised project budget after bids have been accepted;

3) A revised construction schedule after bids have been accepted;

4) A copy of the building permit issued by the appropriate corporate authority;

5) Copies of each contract signed, including:

A) general contractor;

B) prime contractor;

C) any contracts for which separate bids were advertised and received (e.g., carpeting, equipment);

D) subcontractors (if contracts are to be signed later, copies can be sent as signed but prior to the start of the subcontractor's work);

6) Notification of the erection on the construction site of a sign stating that library construction funds administered by the Secretary of State are being used for the construction;

7) Quarterly narrative and financial reports to date;

8) Letter of notification as to the official date of actual construction start. Construction should begin within 140 days after the effective date of the contract with the Illinois State Library, according to Section 3060.600(f) of this Part;

9) Submission of any projected project expenditure changes, including identification in detail of how the grant is to be spent.

c) Upon completion of the project, submit for approval the close-out reports and audit by the Illinois State Library as specified in Section 3060.800(b)(2)(Q) of this Part.

SUBPART C: APPEAL PROCEDURE

Section 3060.2000 Appeal Procedure

a) Whenever the Illinois State Library rejects a construction grant application, it shall so notify the applicant in writing within 7 days after the decision. The notice shall state with specificity the grounds for rejection. If a provision of this Part is used to reject the application, a copy of the rule shall be included in the notice.

b) Applicants may appeal the decision of the Illinois State Library by requesting a hearing within 30 days after receipt of the notice rejecting the application. The request shall be in writing and shall specify the grounds for the applicant's position that the application was rejected erroneously. The Illinois State Library shall notify the Secretary of State of the requests for hearings.

c) Grounds for appeal

1) Grounds for appeal shall include the following:

The rules governing review of construction grant applications were not applied or were applied incorrectly by the Illinois State Library.

2) Grounds for appeal shall not include the following:

A) The applicant's intention to submit additional or clarifying information beyond the application deadline.

B) Funds appropriated to fund the construction grant program remain unobligated after successful applicants were awarded grants.

d) Hearing arrangements

1) Upon receipt of a request for review, the State Librarian shall appoint an administrative law judge to officiate at the review hearing. The administrative law judge shall be an attorney licensed to practice law in Illinois or shall have experience in interpreting and applying Illinois administrative law. No person who has a bias or conflict of interest regarding the contested matter shall be appointed administrative law judge.

2) The hearing shall be held within 30 days after the date of the request for an appeal. The date and time shall be at the mutual convenience of the applicant and the Illinois State Library. The hearing shall be held at the Illinois State Library in Springfield, Illinois.

e) The Illinois State Library shall serve notice either personally or by certified or registered mail upon the applicant. The notice shall include the following:

1) A statement of the time, place and nature of the hearing;

2) A statement of the legal authority and jurisdiction under which a hearing is to be held;

3) A reference to the particular Sections of the substantive and procedural statutes and rules involved;

4) A short and plain statement of the matter in controversy and the consequences of a party's failure to participate in the hearing;

5) The names and mailing addresses of the administrative law judge and all parties that have been given notice of the hearing.

f) Rules governing conduct of the hearing

1) All parties may be represented by legal counsel and shall be afforded an opportunity to respond and present evidence and argument. Parties may

agree by stipulation upon any facts involved in the hearing.

2) Disposition of the case may be made by stipulation, agreed settlement, consent order or default.

3) The record of the hearing shall include the following:

A) All pleadings (including all notices and responses), motions, and rulings;

B) All evidence received;

C) A statement of matters officially noticed;

D) Any offers of proof, objections and rulings;

E) Any proposed findings and exceptions;

F) Any decision, opinion or report by the administrative law judge;

G) All staff memoranda and data submitted to the administrative law judge or the Illinois State Library in connection with the matter;

H) Any ex parte communication by the Illinois State Library or the administrative law judge. No such communication shall form the basis of any finding of fact.

4) Oral proceedings or any part of oral proceedings shall be recorded stenographically or by other means that will adequately ensure the preservation of the proceeding and shall be transcribed at the request of any party and at that party's expense.

5) Findings of fact shall be based exclusively on the evidence and no matters officially noticed.

6) Irrelevant, immaterial, or unduly repetitious evidence shall be excluded. The rules of evidence and privilege as applied in civil cases in the circuit courts of this state shall be followed. Evidence not admissible under those rules of evidence may be admitted, however, if it is of a type commonly

relied upon by reasonably prudent persons in the conduct of their affairs. Objections to evidentiary offers may be made and shall be noted in the record. Subject to these requirements, when a hearing will be expedited and the interests of the parties will not be prejudiced, any part of the evidence may be received in written form.

7) The grant applicant bears the burden of showing by clear and convincing evidence that the application should have been approved for funding.

g) Within 30 days after the hearing, the administrative law judge shall report to the Director of the Illinois State Library whether the rejection of the application for a grant was appropriate or inappropriate under the terms of this Part and the application materials submitted. The administrative law judge shall enumerate the rationale for the decision. The Director of the Illinois State Library shall review the report of the administrative law judge and prepare a recommendation to the Secretary of State approving or denying the appeal based on the application materials, report of the administrative law judge, and terms of this Part. If the Secretary of State finds, upon review of the recommendations of the administrative law judge and the Director of the Illinois State Library, that an application was erroneously denied, and if the applicant's project is higher in priority under Section 3060.500 than other projects recommended for a grant, the applicant's project will be funded during the fiscal year if sufficient funds are available or the next fiscal year subject to an appropriation by the General Assembly. All applicants will be notified in writing of the Secretary's final decision personally or by registered or certified mail within 30 days after the Appeals Board meeting. The final decision shall include findings of fact and conclusions of law separately stated. Findings of fact, if set forth in statutory language, shall include a concise and explicit statement of the underlying fact supporting the findings. The decision shall specify that it is final and subject to the Administrative Review Law [735 ILCS 5/Art. III].

SECRETARY OF STATE

NOTICE OF PROPOSED REPEALER

Section 3060.APPENDIX A EDA Qualified Areas (Repealed)

ILLINOIS EMERGENCY MANAGEMENT AGENCY

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Use of X-Rays in the Healing Arts including Medical, Dental, Podiatry and Veterinary Medicine

2) Code Citation: 32 Ill. Adm. Code 360

3)

Section Numbers:	Adopted Action:
360.20	Amendment
360.30	Amendment
360.40	Amendment
360.50	Amendment
360.75	Amendment
360.110	Amendment
360.120	Amendment
360.APPENDIX A	Amendment

4) Statutory Authority: Implementing and authorized by the Radiation Protection Act of 1990 [420 ILCS 40].

5) Effective Date of Rulemaking: February 29, 2008

6) Does this rulemaking contain an automatic repeal date? No

7) Does this rulemaking contain incorporations by reference? No

8) A copy of the adopted amendments, including any material incorporated by reference, is on file at the Agency's headquarters located at 1035 Outer Park Drive, Springfield, Illinois and is available for public inspection.

9) Notice of Proposal Published in the Illinois Register: 31 Ill. Reg. 10742; August 3, 2007

10) Has JCAR issued a Statement of Objection to these Amendments? No

11) Differences between proposal and final version:

In Section 30(e)(1), delete ",or by a" and change ", or by a physician assistant, or by an advanced practice nurse" to "A physician assistant or an advanced practice nurse may give authorization as long as he or she is acting under the supervision or direction of a licensed physician."

ILLINOIS EMERGENCY MANAGEMENT AGENCY

NOTICE OF ADOPTED AMENDMENTS

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreement letter issued by JCAR? Yes

13) Will this rulemaking replace any emergency rulemaking currently in effect? No

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of Rulemaking: Changing all references to "Department" or the "Illinois Department of Nuclear Safety" to "Agency" or "Illinois Emergency Management Agency" pursuant to Executive Order #12, effective July 1, 2003. The Agency is proposing this amendment to: (1) define the term Radiologist Assistant; (2) clarify that human exposure to x-rays is prohibited unless authorized by a practitioner of the healing arts, or by a physician assistant, or by an advanced practice nurse; (3) provide for operation of fluoroscopic x-ray equipment by a Radiologist Assistant under the supervision of a licensed practitioner certified by the American Board of Radiology or the American Osteopathic Board of Radiology; (4) require registrants using linear accelerators to institute a quality management program to require a physician's written directive for patient treatments, and to implement procedures to ensure that patient treatments are delivered as prescribed.

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

Louise Michels
Staff Attorney
Illinois Emergency Management Agency
1035 Outer Park Drive
Springfield, Illinois 62704

217/785-9876

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

ILLINOIS EMERGENCY MANAGEMENT AGENCY

NOTICE OF ADOPTED AMENDMENTS

TITLE 32: ENERGY
CHAPTER II: ILLINOIS EMERGENCY MANAGEMENT AGENCY
SUBCHAPTER b: RADIATION PROTECTION

PART 360
USE OF X-RAYS IN THE HEALING ARTS INCLUDING MEDICAL, DENTAL, PODIATRY, AND VETERINARY MEDICINE

Section
360.10 Scope
360.20 Definitions
360.30 General Requirements and Administrative Controls
360.40 General Equipment and Operation Requirements for Diagnostic X-Ray Systems
360.41 Additional Requirements for Use of Diagnostic X-Ray Systems in the Healing Arts of Medicine, Podiatry and Chiropractic
360.50 Fluoroscopic Systems
360.60 Radiographic Systems Other Than Fluoroscopic, Dental, Veterinary or Computed Tomography Systems
360.70 Mobile/Portable Radiographic Systems Other Than Systems Used Solely for Mammography (Repealed)
360.71 Additional Requirements for Facilities Performing Mammography (Repealed)
360.75 Computed Tomography (CT) Systems
360.80 Photofluorographic Systems (Repealed)
360.90 Dental Radiographic Systems
360.100 Veterinary Radiographic Systems
360.110 Therapy Systems Operating Below 1 MeV
360.120 Therapy Systems Operating at 1 MeV or Greater
360.APPENDIX A Medical Radiographic Entrance Exposure Measurement Protocol
360.APPENDIX B Mammography Dose Measurement Protocol (Repealed)
360.APPENDIX C Mammography Phantom Image Evaluation (Repealed)
360.APPENDIX D Computed Tomography Dose Measurement Protocol
360.APPENDIX E Minimum Quality Control Program for Medical Accelerators
360.ILLUSTRATION A Thimble and Pancake Chamber-Radiation Measuring Devices (Repealed)
360.ILLUSTRATION B Mammography Dose Evaluation Graph (Repealed)
360.TABLE A Mammography Dose Evaluation Table (Repealed)
360.TABLE B Half-Value Layer as a Function of Tube Potential
360.TABLE C Entrance Exposure Limits Per Intraoral Bitewing Film (Repealed)

AUTHORITY: Implementing and authorized by the Radiation Protection Act of 1990 [420

ILCS 40].

SOURCE: Filed April 20, 1974 by the Department of Public Health; old rules repealed, new rules adopted at 4 Ill. Reg. 25, p. 157, effective July 1, 1980; transferred to the Department of Nuclear Safety by P.A. 81-1516, effective December 3, 1980; codified at 7 Ill. Reg. 16406; amended at 10 Ill. Reg. 13271, effective July 28, 1986; amended at 13 Ill. Reg. 803, effective April 1, 1989; amended at 15 Ill. Reg. 6180, effective April 16, 1991; amended at 17 Ill. Reg. 17972, effective October 15, 1993; amended at 18 Ill. Reg. 11524, effective July 11, 1994; emergency amendment adopted at 19 Ill. Reg. 273, effective December 30, 1994, for a maximum of 150 days; emergency expired May 30, 1995; amended at 19 Ill. Reg. 8284, effective June 12, 1995; amended at 22 Ill. Reg. 5904, effective March 13, 1998; amended at 23 Ill. Reg. 14516, effective January 1, 2000; recodified to the Illinois Emergency Management Agency by Executive Order #12, effective July 1, 2003; amended at 32 Ill. Reg. 3693, effective February 29, 2008.

Section 360.20 Definitions

As used in this Part, the following definitions apply:

"Accelerator" (also "particle accelerator") means any therapeutic machine capable of producing a useful beam of x-rays or charged particles with energies of 1 MeV or greater. Accelerators include cyclotrons, betatrons and linear accelerators.

"Accelerator facility" means the location at which one or more particle accelerators are installed and are operated under the same administrative control.

"Agency" means the Illinois Emergency Management Agency.

"Aluminum equivalent" means the thickness of type 1100 aluminum alloy affording the same attenuation, under specified conditions, as the material in question. The nominal chemical composition of type 1100 aluminum alloy is 99.00 percent minimum aluminum, 0.12 percent copper.

"Applicator" means a structure which determines the extent of the treatment field at a given distance from the source of the beam.

"Attenuation block" means a block or stack, having dimensions 20 centimeters by 20 centimeters by 3.8 centimeters, of aluminum equivalent. Copper may be substituted for aluminum if an appropriate thickness is used for the kVp selected,

ILLINOIS EMERGENCY MANAGEMENT AGENCY

NOTICE OF ADOPTED AMENDMENTS

as indicated below:

kVp	Millimeters of Copper Equivalent to 3.8 centimeters of aluminum
99 or less	2.0
100 to 125	2.5
greater than 125	3.0

"Automatic exposure control" means a device which automatically controls one or more technique factors in order to obtain at a preselected location(s) a required quantity of radiation (see "Phototimer").

"Barrier" (see "Protective barrier").

"Beam" means a flow of electromagnetic or particulate radiation which passes through the opening in the beam limiting device and which is used for diagnosis or treatment.

"Beam axis" (see "Central axis of the beam").

"Beam-limiting device" means a device which provides a means to restrict the dimensions of the x-ray field (see "Collimator", "Diaphragm" and "Shutter").

"Beam monitoring system" means a system of devices that will monitor the useful beam during irradiation and will terminate irradiation when a preselected number of monitor units has been accumulated.

"Beam scattering filter" means a filter placed in an electron beam in order to scatter the beam and provide a more uniform distribution of electrons in the beam.

"Central axis of the beam" means the line passing through the source of the beam and the center of the plane formed by the edge of the first beam-limiting device.

"Charged particle beam" (see "Beam").

"Coefficient of variation" means the ratio of the standard deviation to the mean value of a population of observations.

"Collimator" means a device or mechanism by which the x-ray beam is restricted

in size (see "Beam-limiting device").

"Computed tomography" or "~~(~~CT~~)~~" means the production of a tomogram by the acquisition and computer processing of x-ray transmission data.

"Computed tomography dose index" or "~~(~~CTDI~~)~~" means the integral of the dose profile along a line perpendicular to the tomographic plane divided by the product of the nominal tomographic section thickness and the number of tomograms produced in a single scan.

"Contact therapy system" means an x-ray system used for therapy which is designed for very short treatment distances (5 centimeters or less), usually employing peak tube potentials in the range of 20 to 50 kVp.

"Control panel" means that part or parts of the x-ray system upon which are mounted the switches, knobs, pushbuttons and other hardware necessary for setting the technique factors prior to initiating an x-ray exposure.

"CT gantry" means the tube housing assemblies, beam-limiting devices, detectors and the supporting structures and frames which hold these components.

"Dead-man switch" means a switch constructed so that a circuit-closing contact can be maintained only by continuous pressure on the switch by the operator.

"Diagnostic imaging specialist" means a person who possesses the knowledge, training and experience to apply the principles of radiological physics to diagnostic x-ray applications. The diagnostic imaging specialist shall be approved and registered by the Agency~~Department~~ pursuant to 32 Ill. Adm. Code 410.

"Diagnostic source assembly" means an x-ray tube housing assembly, designed for use in diagnostic x-ray applications, with a beam-limiting device attached.

"Diaphragm" means a device or mechanism by which the x-ray beam is restricted in size (see "Beam-limiting device").

"Direct supervision" means an individual is in the physical presence of a licensed practitioner who assists, evaluates and approves of the individual's performance of the various tasks involved in the application of ionizing radiation.

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"Field flattening filter" means a filter used to provide dose uniformity over the area of a useful beam of x-rays at a specified depth.

"Filter" means material placed in the useful beam to absorb, preferentially, radiations based on energy level or to modify the spatial distribution of the beam.

"Gantry" means that part of the system supporting and allowing possible movements of the radiation head.

"General purpose x-ray system" means any radiographic x-ray system which, by design, is not limited to radiographic examination of specific anatomical regions.

"Gonad shield" means a protective device for the testes or ovaries which provides a minimum of 0.5 millimeter lead equivalent protection.

"Half-value layer" or "~~(~~HVL~~)~~" means the thickness of a specified material that attenuates the beam of radiation to an extent such that the exposure rate is reduced to one-half of its original value.

AGENCY NOTE: The contribution of all scattered radiation, other than any that might be present initially in the beam concerned, should be minimized.

"Healing arts screening" means the examination of human beings using x-ray machines for the detection or evaluation of potential diseases when such examinations are not specifically ordered by a licensed practitioner of the healing arts legally authorized to prescribe such x-ray examinations for the purpose of diagnosis or treatment. However, healing arts screening does not include mammography on self-referred patients.

"Image intensifier" means a device, installed in a housing, which converts an x-ray pattern into a corresponding light image, usually by electronic means.

"Image receptor" means any device, such as a fluorescent screen or radiographic film, which transforms incident x-ray photons either into a visible image or into another form which can be made into a visible image by further transformations.

"Interlock" means a device arranged or connected such that the occurrence of an event or condition is required before a second event or condition can occur or

continue to occur.

"Isocenter" means a fixed point in space located at the center of the smallest sphere through which the central axis of the useful beam passes at any beam orientation.

"Kilovolts peak" or "(kVp)" means the crest value, in kilovolts, of the electric potential applied to the x-ray tube between the cathode and anode of a pulsating electric potential generator.

"Lead equivalent" means the thickness of lead affording the same attenuation, under specified conditions, as the material in question.

"Leakage radiation" means all radiation emanating from the diagnostic source assembly except for:

The useful beam; and

The radiation produced when the exposure switch or timer is not activated.

"Leakage technique factors" means the technique factors used to measure leakage radiation from the diagnostic source assembly. They are defined as follows:

For capacitor energy storage equipment, the maximum-rated peak tube potential and the maximum-rated number of exposures in 1 hour for operation at the maximum-rated peak tube potential with the quantity of charge per exposure being 10 millicoulombs, i.e., 10 milliampere-seconds, or the minimum obtainable from the unit, whichever is larger.

For field emission equipment rated for pulsed operation, the maximum-rated peak tube potential and the maximum-rated number of x-ray pulses in 1 hour for operation at the maximum-rated peak tube potential.

For all other equipment, the maximum-rated peak tube potential and the maximum-rated continuous tube current for the maximum-rated peak tube potential.

"Light field" means that area of the intersection of the light beam from the beam-limiting device and any one of the sets of planes parallel to and including the

plane of the image receptor. The edge of the light field is defined as the locus of points at which the illumination is 25 percent of that at the center of the light field.

"Medical radiographer" means a person other than a licensed practitioner, accredited in accordance with the provisions of 32 Ill. Adm. Code 401, or an individual exempt from the provisions of 32 Ill. Adm. Code 401, who performs medical radiation procedures and applies x-radiation, to any part of the human body, for diagnostic purposes while under the supervision of a licensed practitioner.

"Mobile equipment" (see "X-ray equipment").

"Monitor unit" means a unit response from the beam monitoring system from which the absorbed dose can be calculated.

"Moving beam therapy" means radiation therapy in which there is displacement of the useful beam relative to the patient. Moving beam therapy includes arc therapy, skip therapy and rotational beam therapy.

"Multiple scan average dose" or "~~(~~MSAD~~)~~" means the average dose at the center of a series of scans, specified at the center of the axis of rotation of a computed tomography system.

"Operator" means an individual who applies ionizing radiation for diagnostic or therapeutic purposes.

"Phototimer" means a method for controlling radiation exposures to image receptors by the amount of radiation which reaches a radiation monitoring devices~~device(s)~~. The radiation monitoring devices~~device(s)~~ is part of an electronic circuit which controls the duration of time the tube is activated (see "Automatic exposure control").

"Portable equipment" (see "X-ray equipment").

"Position indicating device" means a device on intraoral dental x-ray equipment used to indicate the beam position and to establish a definite source-skin distance.

"Primary protective barrier" (see "Protective barrier").

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"Protective apron" means an apron of radiation absorbing materials, at least 0.25 millimeter lead equivalent, used to reduce exposure from leakage and scatter radiation.

"Protective barrier" means a barrier of radiation absorbing materials ~~material(s)~~ used to reduce radiation dose. The types of protective barriers are as follows:

"Primary protective barrier" means the material, excluding filters, placed in the useful beam to reduce the radiation dose.

"Secondary protective barrier" means a barrier sufficient to attenuate the leakage and scatter radiation to the required degree.

"Protective glove" means a glove made of radiation absorbing materials, at least 0.25 millimeter lead equivalent, used to reduce dose from leakage and scatter radiation.

"Radiation beam" (see "Beam").

"Radiation therapy simulation system" means a radiographic/ fluoroscopic x-ray system used exclusively for localizing the volume to be exposed during radiation therapy and confirming the position and size of the therapeutic irradiation field.

"Radiologist assistant" means a person, other than a licensed practitioner, who, as a medical radiographer with advanced-level training and certification, performs a variety of activities under the supervision of a radiologist certified by the American Board of Radiology or the American Osteopathic Board of Radiology, in the areas of patient care, patient management, clinical imaging and interventional procedures. The radiologist assistant may not interpret images, make diagnoses or prescribe medications or therapies.

"Reference plane" means a plane that ~~which~~ is displaced from and parallel to the tomographic plane.

"Scan" means the complete process of collecting x-ray transmission data for the production of a tomogram. Data can be collected simultaneously during a single scan for the production of one or more tomograms.

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"Scan increment" means the amount of relative displacement of the patient support device with respect to the CT x-ray system between successive scans measured along the direction of such displacement.

"Scatter radiation" means radiation that, during passage through matter, has been deviated in direction.

"Secondary protective barrier" (see "Protective barrier").

"Shadow tray" means a device attached to the radiation head to support auxiliary beam-limiting material.

"Shutter" means an adjustable beam-limiting or attenuating device, usually made of lead, fixed to an x-ray tube housing to intercept or collimate the useful beam (see "Beam-limiting device").

"SID" means source-image receptor distance (see "Source-image receptor distance").

"Source" means the focal spot of the x-ray tube.

"Source-image receptor distance" means the distance from the source to the center of the input surface of the image receptor.

"Source to skin distance" or "(SSD)" means the distance measured along the central ray from the center of the front surface of the x-ray focal spot to the surface of the irradiated object.

"Special purpose x-ray system" means any radiographic x-ray system which, by design, is limited to radiographic examination of a specific anatomical region, or to the extremities collectively.

"Spot film" means a radiograph which is made during a fluoroscopic examination to permanently record conditions which exist during that fluoroscopic procedure.

"Stationary beam therapy" means radiation therapy in which there is no displacement of the useful beam relative to the patient during irradiation.

"Stationary equipment" (see "X-ray equipment").

"Supervision" means responsibility for and control of quality, radiation safety and protection, and technical aspects of the application of ionizing radiation to human beings for diagnostic and/or therapeutic purposes.

"Technique factors" means the electrical potential (kilovolts), current (milliamperes), exposure time parameters (seconds or pulses) or a combination thereof, selectable at the control panel of an x-ray system (see "Control panel").

"Therapeutic radiological physicist" means an individual who has the knowledge, training and experience to measure ionizing radiation, evaluate safety techniques, advise regarding radiation protection needs and apply the principles of radiological physics to clinical radiation therapy. The therapeutic radiological physicist shall be approved and registered by the Agency~~Department~~ pursuant to 32 Ill. Adm. Code 410.

"Tomogram" means the depiction of the x-ray attenuation properties of a section through the body.

"Tomographic plane" means that geometric plane which is identified as corresponding to the output tomogram.

"Tomographic section" means the volume of an object whose x-ray attenuation properties are imaged in a tomogram.

"Useful beam" (see "Beam").

"X-ray equipment" means an x-ray system, sub-system or component thereof. Types of x-ray equipment are as follows:

"Mobile x-ray equipment" means x-ray equipment mounted on a permanent base with wheels and/or casters for moving while completely assembled. Mobile x-ray equipment includes x-ray equipment permanently mounted in vehicles.

"Portable x-ray equipment" means x-ray equipment designed to be hand-carried.

"Stationary x-ray equipment" means x-ray equipment that~~which~~ is

installed in a fixed location.

"X-ray field" means, for diagnostic purposes, that area of the intersection of the useful beam and any one of the set of planes parallel to and including the plane of the image receptor. The edge of the x-ray field is defined as the locus of points at which the exposure is 25 percent of that at the center of the x-ray field.

"X-ray system" means an assemblage of components for the controlled production of x-rays. It includes minimally an x-ray high-voltage generator, an x-ray control panel, an x-ray tube housing assembly, a beam-limiting device and the necessary supporting structures. Additional components that~~which~~ function with the system are considered integral parts of the system. X-ray systems include diagnostic systems, therapeutic systems and accelerator systems.

(Source: Amended at 32 Ill. Reg. 3693, effective February 29, 2008)

Section 360.30 General Requirements and Administrative Controls

The requirements in this Section apply to all uses of x-rays in veterinary medicine and to all uses of x-rays in the healing arts including the use of x-rays for both diagnostic and therapeutic purposes. Additional requirements for all diagnostic x-ray systems are in Section 360.40 of this Part and specific equipment application classes are contained in Sections 360.41 through 360.100 of this Part. For therapeutic x-ray systems also see Sections 360.110 and 360.120 of this Part.

a) Registrant. The registrant shall:

1) Direct the operation of the x-ray systems~~system(s)~~;

2) Register with the Agency~~Department~~, in accordance with the provisions of 32 Ill. Adm. Code 320, all x-ray equipment which is used at the facility and all portable or mobile x-ray equipment used by the registrant;

3) Verify that each individual required to be accredited by 32 Ill. Adm. Code 401 to apply x-rays for either diagnostic or therapeutic purposes is properly accredited with the Agency~~Department~~ prior to allowing the individual to apply medical radiation procedures on human beings;

4) Permit operation of the x-ray systems~~system(s)~~ only by individuals who are licensed in accordance with State law (see Section 360.10(a) of this

Part), or who are accredited by the Agency~~Department~~ pursuant to 32 Ill. Adm. Code 401 or who are exempt from such requirements in accordance with the provisions of 32 Ill. Adm. Code 401.

b) Shielding. Each installation shall be provided with such primary barriers and/or secondary barriers as are necessary to assure compliance with the provisions of 32 Ill. Adm. Code 340.210, 340.270, 340.280 and 340.310.

c) An x-ray system which does not meet the provisions of this Part shall not be operated for diagnostic or therapeutic purposes.

d) If an x-ray system is identified as not being in compliance with the provisions of this Part and if that system is accessible for use, it shall be rendered inoperable (i.e., dismantle the x-ray source from the source support assembly) if so ordered by the Director.

e) Prohibitions

1) Unauthorized Exposure. Individuals shall not be exposed to the useful beam except for healing arts purposes and only when such exposure has been authorized by a licensed practitioner of the healing arts. A physician assistant or an advanced practice nurse may give authorization as long as he or she is acting under the supervision or direction of a licensed physician. This provision specifically prohibits deliberate exposure for the following purposes:

A) Exposure of individuals for training, demonstration or other non-healing arts purposes.

B) Exposure of individuals for the purpose of "healing arts screening" (see Section 360.20 of this Part).

2) Fluoroscopy shall not be used as a substitute for radiography or in lieu of proper anatomical positioning/centering procedures prior to radiographic studies.

3) Fluoroscopic equipment using phosphorescent screens shall not be used. Image intensification shall be utilized on all fluoroscopic equipment.

4) The use of direct exposure x-ray film (without intensifying screens) for routine diagnostic radiological imaging procedures, other than intraoral dental radiography and therapeutic portal imaging, is prohibited.

AGENCY NOTE: Therapeutic portal imaging is a technique used in radiation therapy to verify correct alignment of therapy beams with the patient's anatomy.

5) The use of photofluorographic systems is prohibited.

AGENCY NOTE: Photofluorography is frequently called mass miniature radiography. In this technique the image of a fluorescent screen is recorded on film by means of a camera.

f) Individual Monitoring and Reporting Requirements. All persons who are associated with the operation of an x-ray system are subject to the radiation dose standards, requirements for the determination of the doses, requirements for individual monitoring and requirements for reporting of radiation doses which are contained in 32 Ill. Adm. Code 340.

g) The registrant shall comply with the requirements of the Agency's~~Department's~~ rules entitled, Notices, Instructions and Reports to Workers; Inspections, 32 Ill. Adm. Code 400.

h) Records and Associated Information. The registrant shall maintain at the facility, for a period of at least one inspection cycle (see 32 Ill. Adm. Code 320.10(c)), records showing the receipt, transfer, storage and disposal of all sources of radiation in accordance with the provisions of 32 Ill. Adm. Code 310 and 320.

i) Staff Qualifications. The registrant shall maintain at the facility, for review by the Agency~~Department~~, current certificates of accreditation (clear, legible copies are acceptable), issued by the Agency~~Department~~ in accordance with the provisions of 32 Ill. Adm. Code 401, for all individuals who are required to be so accredited.

j) Radiation Safety Procedures. The registrant shall provide to each individual who operates x-ray equipment at the facility written operating and safety procedures. These procedures shall include restrictions required for the safe operation of each radiation machine and shall include the topics listed in the radiation safety program of subsection (k) of this Section.

k) Radiation Safety Program. The registrant shall provide for initial and annual in-service training in radiation safety for individuals (excluding licensed practitioners) that apply ionizing radiation at the facility, to ensure their awareness of the registrant's radiation safety practices and policies. The in-service training shall include the following topics:

1) Operating and emergency procedures for the radiation machines~~machine(s)~~;

2) Use of personnel and patient protective devices;

3) Procedures to minimize patient and occupational doses, including procedures for selecting personnel to support patients or film, as required by Section 360.40 of this Part;

4) Use of individual monitoring devices (if such devices are used at the facility);

5) Film processing procedures; and

6) Prohibited uses of x-ray machines, as described in subsection (e) of this Section.

l) Operator Training. Individuals who operate radiation machines shall be instructed in and able to demonstrate competence with the registrant's operating and safety procedures.

(Source: Amended at 32 Ill. Reg. 3693, effective February 29, 2008)

Section 360.40 General Equipment and Operation Requirements for Diagnostic X-Ray Systems

The requirements of this Section apply to all diagnostic x-ray systems. Additional requirements for specific equipment application classes are in Sections 360.41 through 360.100 of this Part.

a) Half-Value Layer

1) The half-value layer of the useful beam for a given x-ray tube potential

shall not be less than the values shown in Section 360. Table B of this Part.

2) For capacitor energy storage equipment, compliance with the requirements of this subsection (a) shall be determined with the system fully charged and a setting of 10 mAs for each exposure.

b) Beam-On Indicators

1) The control panel shall include a device (usually a milliammeter or labeled indicator lamp) which will give positive indication of the production of x-rays whenever the x-ray tube is energized.

2) Where two or more radiographic tubes are controlled by one exposure switch, the tube or tubes which have been selected shall be clearly indicated prior to initiation of the exposure. This indication shall be both on the x-ray control panel and at or near the tube housing assembly which has been selected.

c) Mechanical Support of Tube Head. The tube housing assembly supports shall be adjusted such that the tube housing assembly will remain stable during an exposure unless tube housing movement is a designed function of the x-ray system. The tube housing assembly supports shall not be hand-held unless the manufacturer has specifically designed the system to be operated while hand-held.

d) Diagnostic Source Assembly Leakage Radiation Limits. The leakage radiation measured at a distance of 1 meter from the source shall not exceed 25.8 microC/kg (100mR) in 1 hour when the tube is operated at its leakage technique factors.

e) Radiation From Capacitor Energy Storage X-ray Equipment in Standby Status. Radiation emitted from the x-ray tube when the exposure switch or timer is not activated shall not exceed a rate of 0.516 microC/kg (2mR) per hour at 5 centimeters from any accessible surface of the diagnostic source assembly, with the beam-limiting device fully open.

f) Technique Indicators

1) The technique factors to be used during an exposure shall be indicated at

the control panel before the exposure begins. If automatic exposure controls are used, the technique factors which are set prior to the exposure shall be indicated at the control panel.

2) The requirement of subsection (f)(1) of this Section may be met by permanent markings on equipment having fixed technique factors. Indication of technique factors shall be visible from the operator's position except in the case of spot films.

3) The indicated technique factors of exposure time and kilovolts peak (kVp) shall correspond to the actual exposure factors within ten percent of the indicated values.

g) Reproducibility of Exposures

1) For any specific combination of selected technique factors utilized, the coefficient of variation of radiation exposures shall not exceed 0.05 for any specific combination of selected technique factors.

AGENCY NOTE: It will not be necessary to calculate the coefficient of variation if for the first four measurements the value of the average exposure (Eavg) is greater than or equal to ten times the maximum exposure (Emax) minus the minimum exposure (Emin). This requirement is mathematically represented by the following:

$$Eavg = 10 (Emax - Emin)$$

2) For systems using automatic exposure control (AEC) (i.e., systems employing photo-multiplier tubes, or ionization chambers to terminate the x-ray exposure), compliance measurements shall be performed with the system operating in the AEC mode. Attenuating material shall be placed in the beam to provide exposure times in the range of those used clinically.

AGENCY NOTE: The intent of this subsection (g) is to require testing of the system in a manner that is clinically relevant. Reproducibility of exposures should be measured at technique factors that are commonly used and are subject to variation. For AEC systems, commonly used settings in combination with an appropriate thickness of attenuating

material should be used to provide exposure times in the clinical range.

h) Patient or Film Support

1) When a patient or film must be provided with auxiliary support during a radiation exposure:

A) No person shall be used routinely to hold film or patients; and

B) Unless the procedure precludes their use, mechanical holding devices shall be used to restrain patients. For example, mechanical holding devices could not be used if the devices would preclude clear visualization of the tissue being examined.

2) When a patient or film must be held by an individual, written safety procedures, as required by Section 360.30(j) of this Part, shall indicate the criteria for selecting a holder and the procedure the holder shall follow.

AGENCY NOTE: The radiation dose received by radiation workers, patients and the general public can be reduced if mechanical patient and film support devices are used for radiographic and fluoroscopic procedures. In the event that an individual must be used in lieu of mechanical patient or film support devices to hold patients or films, every effort should be made to limit the individual's radiation dose. This can be accomplished by not assigning to a single individual the task of supporting patients and films during radiographic and fluoroscopic examinations. Rather, a number of individuals may be rotated through the assignment, thereby reducing the radiation dose to one individual.

i) Personnel Protection

1) Except for patients who cannot be moved out of the room, only the individuals required for the medical procedure or training shall be in the room during the radiographic/flouroscopic exposure.

2) Individuals who must be in the room with the patient being radiographed or fluoroscoped shall be protected by 0.25 millimeter lead equivalent apparel or device or shall be positioned at a distance such that the individual does not receive a radiation dose in excess of the limits

specified in 32 Ill. Adm. Code 340.310.

j) Technique Guides

1) In the vicinity of each radiographic x-ray system's control panel, a technique guide shall be provided which specifies for routine examinations performed with that system, the following information:

A) Patient's anatomical size versus technique factors to be utilized;

B) Type of screen-film combination utilized, if more than one; and

C) SID to be used.

2) For automatic exposure control (AEC) systems with selectable exposure detectors and density settings, the technique guide shall also specify the appropriate exposure detectors~~detector(s)~~ and density setting to be utilized for each radiographic examination listed.

3) For AEC systems, if operated in a non-automatic mode, the technique guide shall specify the requirements of subsections (j)(1)(A) through (C) of this Section to be followed.

AGENCY NOTE: The Agency~~Department~~ recognizes that alternate means may be available at the control panel to indicate technique factors for computerized imaging systems.

k) Patient Dose Criteria. Procedures and auxiliary equipment designed to minimize patient and occupational dose commensurate with needed diagnostic information shall be used.

AGENCY NOTE: It is the intent of this subsection (k) to provide for the optimum optical density, resolution and contrast on the film while minimizing patient dose. X-ray films, intensifying screens and other image recording devices should be as sensitive as is consistent with the requirements of the examination.

l) X-ray Film Processing Systems. The darkroom safe light illumination shall be adequate for the film speeds~~speed(s)~~ and the darkroom operating procedures used to prevent fogging of unprocessed film. The following additional requirements

apply to film processing systems:

1) Manual film processing systems shall be monitored by the registrant to assure:

A) The use of a dedicated darkroom timer with an adjustable preset function. The timer shall be used to adjust film processing time according to solution temperature.

B) The use of a dedicated darkroom thermometer. The thermometer shall be used to adjust the film processing time according to solution temperature.

C) The use of a film processing guide. The guide shall contain, at a minimum, information regarding times~~time(s)~~ and temperatures~~temperature(s)~~ (as recommended by the film manufacturer) used by the registrant to develop radiographs.

D) The frequency at which film processing chemicals are changed is appropriate for the conditions of use.

2) Automated film processing shall be monitored by the registrant to assure:

A) The temperature of film processing chemicals and the film transport speed is appropriate for the type of films~~film(s)~~ being utilized.

B) The film processing chemicals used and their replenishing rate (if applicable) are appropriate for the type of films~~film(s)~~ and quantity processed.

m) Gonadal Shielding. Except for cases in which it would interfere with the diagnostic procedure, gonadal shielding of not less than 0.5 millimeter of lead equivalent shall be used for patients (who have not passed the reproductive age) during those radiographic procedures in which the gonads are in the useful beam.

AGENCY NOTE: Protection of the embryo or fetus from radiation dose during radiological examination or treatment of a woman of childbearing age (potentially pregnant) should be given special consideration.

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(Source: Amended at 32 Ill. Reg. 3693, effective February 29, 2008)

Section 360.50 Fluoroscopic Systems

In addition to the provisions of Sections 360.10, 360.30, 360.40 and 360.41 of this Part, the requirements of this Section apply to x-ray equipment and associated facilities used for fluoroscopy.

a) Beam Limitation. The x-ray field shall be limited by stepless adjustable shutters. In addition:

1) The minimum field size at the greatest SID shall be no greater than 5 centimeters by 5 centimeters.

2) The mechanisms~~mechanism(s)~~ (manual/automatic mode selectors~~selector(s)~~) provided for activating and positioning the beam-limiting shutters shall function properly. This requirement applies to shutters used in fluoroscopic procedures or spot filming procedures or both fluoroscopic and spot filming procedures.

3) Neither the length nor the width of the x-ray field in the plane of the image receptor shall exceed that of the visible area of the image receptor by more than three percent of the SID. The sum of the excess length and the excess width shall be no greater than four percent of the SID. This requirement applies to field sizes for fluoroscopic procedures or spot filming procedures or both fluoroscopic and spot filming procedures.

4) For fluoroscopic equipment with only a manual mode of beam limitation, the x-ray field produced shall be limited to the area of the spot film cassette at 40.6 centimeters (16 inches) above the tabletop. Additionally, during fluoroscopy, the operator shall restrict the beam to the area of the input phosphor.

5) Spot film devices shall meet the following additional requirements:

A) Means shall be provided between the source and the patient for adjustment of the x-ray field size in the plane of the image receptor to the size which has been selected on the spot film selector. Such

adjustment shall be accomplished automatically except when the x-ray field size in the plane of the image receptor is smaller than that selected;

B) The center of the x-ray field in the plane of the image receptor shall be aligned with the center of the selected portion of the film to within two percent of the SID; and

C) If the angle between the plane of the image receptor and beam axis is variable, a device shall be provided to visually indicate when the axis of the x-ray beam is perpendicular to the plane of the image receptor.

6) The beam limitation requirements of this subsection shall not apply to fluoroscopic systems specifically designed for examination of extremities only and meeting the requirement of subsection (l) of this Section.

b) Fluoroscopic Timer. A manual reset, cumulative timing device shall be used which will either indicate elapsed on-time by an audible signal or turn off the system when the total exposure time exceeds a predetermined limit not exceeding 5 minutes in one or a series of exposures.

c) Primary Barrier/Interlock. These devices shall be provided and shall function so that:

1) The entire cross section of the useful beam is intercepted by the primary protective barrier of the fluoroscopic image assembly at any SID; and

2) The fluoroscopic tube is interlocked to prevent the unit from producing x-rays unless the primary barrier is in position to intercept the useful beam, as specified in subsection (1) of this Section, at all times.

d) Source-Skin Distance. The SSD shall not be less than:

1) 38 centimeters (15 inches) on all stationary fluoroscopes;

2) 20 centimeters (8 inches) on all mobile fluoroscopes; and

3) 9 centimeters (3.5 inches) for fluoroscopes specifically designed for

examination of extremities only and meeting the requirements of subsection (l) of this Section.

e) Indication of Potential and Current. During fluoroscopy and recording of fluoroscopic images, the kVp and the mA shall be continuously indicated at the control panel and/or the operator's position.

f) Activation of the Fluoroscopic Tube. X-ray production in the fluoroscopic mode shall be controlled by a device which requires continuous pressure by the operator for the entire time of any exposure. When recording serial fluoroscopic images, the operator shall be able to terminate the x-ray exposures~~exposure(s)~~ at any time, but means may be provided to permit completion of any single exposure of the series in process.

g) Entrance Exposure Requirements

1) Maximum Exposure Rate. Fluoroscopic systems shall not be operable at any combination of tube potential and current which will result in an exposure rate in excess of 2.58 mC/kg (10 R) per minute at the point where the center of the useful beam enters the patient, except:

A) During recording of fluoroscopic images; or

B) When an optional high level control is activated (see subsection (g)(2)).

2) When a high level control is activated, the equipment shall not be operable at any combination of tube potential and current which will result in an exposure rate in excess of 5.15 mC/kg (20 R) per minute at the point where the center of the useful beam enters the patient. In addition, the following requirements apply to high level controls:

A) Separate means of activation of high level controls shall be required. The high level control shall only be operable when continuous manual activation is provided by the operator.

B) A continuous signal audible to the operator shall indicate that the high level control is being employed.

3) Compliance with the requirements of subsections (g)(1) and (2) of this Section shall be determined using technique factors that produce the maximum exposure rate. For systems employing automatic exposure rate control, material having an equivalency of at least 3 millimeters of lead shall be placed in the primary beam between the image receptor and the radiation measuring device. The lead or equivalent material shall be positioned to ensure that the entire primary beam is blocked.

AGENCY NOTE: Many fluoroscopic systems do not yield their maximum exposure rate at the maximum tube potential or tube current. The exposure rate should be checked at various kVp and mA settings to establish the maximum exposure rate for the system.

4) Fluoroscopic systems shall not be operable at any combination of tube potential and current that will result in an exposure rate in excess of 1.29 mC/kg (5 R) per minute at the point where the center of the useful beam enters the patient, when measured under the following conditions:

A) Movable grids and compression devices shall be removed from the useful beam during the measurement.

B) For systems without automatic exposure rate control, the measurement shall be performed using technique factors clinically used for a standard adult patient thickness of 23 centimeters.

AGENCY NOTE: An attenuation block or other suitable material should be placed in the beam to protect the imaging system.

C) For systems with automatic exposure rate control, the measurement shall be performed with a 2.5 millimeter thick sheet of copper in the beam between the radiation measuring device and the image receptor.

AGENCY NOTE: Use of a 2.5 millimeter thick sheet of copper approximates the attenuation of a standard adult patient thickness of 23 centimeters, and assures consistency in the measurement of fluoroscopic exposure rate.

AGENCY NOTE: The Agency~~Department~~ recommends

additional measurements be made of the entrance exposure rate for fluoroscopic systems capable of recording fluoroscopic images, and the entrance exposure for spot film techniques for fluoroscopic systems with that modality. In either case, measurements should be made under the conditions specified in subsection (g)(4)(B) of this Section.

D) The requirements of subsection (g)(4) of this Section shall not apply to fluoroscopes specifically designed for examination of extremities only and meeting the requirements of subsection (1) of this Section.

5) Measurements performed pursuant to the requirements of subsections (g)(1) through (4) of this Section shall meet the following additional requirements:

A) If the source is below the table, the exposure rate shall be determined for the center of the useful beam 1 centimeter above the tabletop or cradle, with the input surface of the fluoroscopic imaging assembly positioned 30 centimeters (12 inches) above the tabletop.

B) If the source is above the table, the exposure rate shall be determined at 30 centimeters (12 inches) above the tabletop with the end of the beam-limiting device or spacer positioned as closely as possible to the point of measurement.

C) For a fixed SID C-arm type of fluoroscope, the exposure rate shall be determined 30 centimeters (12 inches) from the input surface of the fluoroscopic imaging assembly.

D) For a variable SID C-arm type of fluoroscope, the exposure rate shall be determined 30 centimeters (12 inches) from the input surface of the fluoroscopic imaging assembly with the end of the beam-limiting device or spacer positioned as close as possible to the point of measurement.

E) For a lateral type fluoroscope, the exposure rate shall be determined on the central axis of the primary beam at a point 15

centimeters (6 inches) from the centerline of the x-ray table and in the direction of the x-ray source with the end of the beam-limiting device or spacer positioned as closely as possible to the point of measurement. If the tabletop is movable, it shall be positioned as closely as possible to the lateral x-ray source, with the end of the beam-limiting device or spacer no closer than 15 centimeters to the centerline of the x-ray table.

AGENCY NOTE: A lateral type fluoroscope is a fluoroscope that cannot be rotated so that the source or the fluoroscopic imaging assembly can be positioned below the fluoroscopic table or cradle.

F) For a fluoroscopic system specifically designed for examination of extremities only, the exposure rate shall be determined for the minimum source-skin distance.

6) The measurements required by this subsection (g) shall be performed when the system is inspected as specified in 32 Ill. Adm. Code 410 as well as after any maintenance of the system which might affect the exposure rate.

7) The results of the measurements required by subsections (g)(1), (2) and (4) of this Section shall be posted or available at the control panel. The measurement results shall be stated in millicoulombs per kilogram (roentgens) per minute or microcoulombs per kilogram (milliroentgens) per second and shall include the technique factors used in determining such results. The name of the individual performing the measurements and the date the measurements were performed shall be included in the results.

AGENCY NOTE: The resolution and efficiency of the fluoroscopic imaging system should be evaluated periodically, whenever deterioration in the imaging system is suspected and when the measured exposure rate exceeds the standards of this Section.

h) Barrier Transmitted Radiation Rate Limits

1) The exposure rate due to transmission through the primary protective barrier shall not exceed 0.516 microC/kg (2mR) per hour at 10 centimeters

from any accessible surface of the fluoroscopic imaging assembly beyond the plane of the image receptor per 258 microC/kg (1R) per minute of entrance exposure rate.

2) Measuring Compliance of Barrier Transmission

A) The exposure rate due to transmission through the primary protective barrier shall be determined by measurements averaged over an area of 100 square centimeters with no linear dimension greater than 20 centimeters.

B) If the source is below the tabletop, the exposure rate shall be determined with the input surface of the fluoroscopic imaging assembly positioned 30 centimeters above the tabletop.

C) If the source is above the tabletop and the SID is variable, the exposure rate shall be determined with the end of the beam-limiting device or spacer as close to the tabletop as it can be placed, provided that it shall not be closer than 30 centimeters.

D) Movable grids and compression devices shall be removed from the useful beam during the measurement.

E) An attenuation block shall be positioned in the useful beam 10 centimeters from the point of measurement of entrance exposure rate and between this point and the input surface of the fluoroscopic imaging assembly.

i) Staff and Ancillary Personnel Protection. The operator, assistants and observers allowed in the examining room shall be protected from scatter radiation by protective aprons of not less than 0.25 millimeter lead equivalent or whole body protective barriers or shall be positioned at a sufficient distance to ensure that the individual does not receive a radiation dose in excess of the limits specified in 32 Ill. Adm. Code 340.310.

j) Control of Scattered Radiation

1) For fluoroscopic systems utilizing an x-ray tube that is mounted below the table, the table shall be provided with shielding (bucky slot cover)

equivalent to 0.25 millimeter lead equivalent to attenuate scattered radiation emanating from below the table.

2) A shield of at least 0.25 millimeter lead equivalent, such as overlapping protective drapes or hinged or sliding panels, shall be provided and used to intercept scatter radiation which would otherwise reach the operator and others near the machine. This shielding shall not be a substitute for the wearing of a protective apron (0.25 millimeter lead equivalent) for protection against scattered radiation.

3) Where sterile fields or special procedures prohibit the use of protective barriers or drapes, subsection (j)(2) of this Section shall not apply.

k) Additional Requirements for Stationary Fluoroscopic Systems Used for Cardiac Catheterization Procedures

1) Protective barriers shall be available for use by individuals whose presence is required in the room during activation of the x-ray tubes~~tube(s)~~. If a protective barrier includes or consists of a transparent viewing panel, the viewing panel shall afford protection of not less than 0.5 millimeter of lead equivalent.

2) Protective aprons of not less than 0.25 millimeter of lead equivalent shall be worn in the fluoroscopy room by all individuals (except the patient).

AGENCY NOTE: Because modern equipment allows great flexibility in the direction of the beam, individuals in the room should step back from the x-ray system and behind protective barriers during activation of the x-ray tubes~~tube(s)~~.

l) Additional Requirements for Fluoroscopic Systems Specifically Designed for Examination of Extremities Only

1) The radiation safety procedures required pursuant to Section 360.30(j) of this Part shall include the following:

A) A warning concerning the potential for, and the hazards of, increased patient radiation dose associated with x-ray systems employing short source-skin distances;

B) Procedures for obtaining imaging magnification with minimum patient dose, including imaging systems or screen-film combinations;

C) Technique factors for specific examinations for which the system is designed;

D) Radiation exposure data, including skin entrance exposure for each set of technique factors used.

2) The x-ray system shall be clearly labeled as follows: "For Examination of Extremities Only."

3) Fluoroscopic systems specifically designed for examination of extremities only shall be used solely for examination of extremities.

m) Radiation Therapy Simulation Systems. Radiation therapy simulation systems shall be exempt from the requirements of subsections (a), (b), (c), (g) and (h) of this Section provided that:

1) Such systems are designed and used in such a manner that no individual other than the patient is in the x-ray room during periods of time when the system is producing x-rays; and

2) Such systems that do not meet the requirements of subsection (b) of this Section are provided with a means of indicating the cumulative time that an individual patient has been exposed to x-rays. Procedures shall require in such cases that the timer be reset between examinations.

n) Operator Restrictions. No person shall intentionally administer radiation to a human being with a fluoroscopic radiation machine unless such person is licensed to practice a treatment of human ailments under the Medical Practice Act of 1987, the Illinois Dental Practice Act or the Podiatric Medical Practice Act of 1987, except:

1) An accredited medical radiographer may operate a fluoroscope for static functions when diagnostic interpretation of the fluoroscopic image is not required by the radiographer and only under the supervision of a licensed

practitioner; or

2) An accredited medical radiographer may operate a fluoroscope as directed by, and under the direct supervision of, a licensed practitioner who is physically present and participating in the procedure; or

3) An accredited medical radiographer or radiation therapist may operate a fluoroscope for radiation therapy simulation procedures under the supervision of a licensed practitioner; or.

4) An accredited radiologist assistant may operate a fluoroscope under the supervision of a licensed practitioner certified by the American Board of Radiology or the American Osteopathic Board of Radiology.

(Source: Amended at 32 Ill. Reg. 3693, effective February 29, 2008)

Section 360.75 Computed Tomography (CT) Systems

a) Requirements for Equipment

1) Termination of Exposure

A) In the event of equipment failure affecting data collection, means shall be provided to terminate the x-ray exposure automatically, either by de-energizing the x-ray source or by shuttering the x-ray beam, through the use of either a back-up timer or devices which monitor equipment function.

B) A visible signal shall indicate when the x-ray exposure has been terminated through the means required by subsection (a)(1)(A) of this Section.

C) The operator shall be able to terminate the x-ray exposure at any time during a scan, or series of scans, of greater than 0.5 second duration.

2) Tomographic Plane Indication and Alignment

A) Means shall be provided to permit visual determination of the

location of a reference plane. This reference plane can be offset from the location of the tomographic planes.

B) If a device using a light source is used to satisfy subsection (a)(2)(A) of this Section, the light source shall provide illumination levels sufficient to permit visual determination of the location of the tomographic plane or reference plane under ambient light conditions of up to 500 lux (45 footcandles).

C) The total error in the indicated location of the tomographic plane or reference plane shall not exceed 5 millimeters.

D) The deviation of indicated scan increment versus actual increment shall not exceed plus or minus 1 millimeter with a typical patient mass resting on the patient support device. The patient support device shall be moved incrementally from a typical starting position to the maximum incremental distance or 30 centimeters, whichever is less, and then returned to the starting position. If the CT system has the capability of variable gantry angles, the compliance measurements shall be performed with the CT gantry positioned at zero degrees.

3) Beam-On and Shutter Status Indicators. The CT x-ray control panel and gantry shall provide visual indication whenever x-rays are produced and, if applicable, whether the shutter is open or closed.

4) Technique Indicators. The CT x-ray control panel shall provide visual indication of the technique factors, tomographic section thickness and scan increment prior to the initiation of a scan or a series of scans.

b) Facility Design Requirements

1) The control panel shall be located behind a protective barrier.

2) Communication. Provision shall be made for two-way aural communication between the patient and the operator at the control panel.

3) Viewing Systems. Windows, mirrors, closed-circuit television or an equivalent system shall be provided to permit continuous observation of

the patient during irradiation and shall be located so that the operator can observe the patient from the control panel.

c) Radiation dose measurements shall be performed by a diagnostic imaging specialist on each CT x-ray system. Such measurements shall be specified in terms of the multiple scan average dose (MSAD), using a head phantom and the facility's technique factors most frequently used for a CT examination of the head and shall be performed:

1) At least annually by a diagnostic imaging specialist and after any change or replacement of components that~~which~~ could cause a change in the radiation output;

2) With a dosimetry system that has been calibrated within the preceding 12 months. The calibration of such system shall have no more than a three-step (tertiary) calibration, traceable to the National Institute of Standards and Technology; and

3) Using the computed tomography dose measurement protocol found in Section 360.Appendix D of this Part.

AGENCY NOTE: The Agency~~Department~~ recognizes that other phantoms and protocols are available to provide accurate dose measurements as specified in this Section. The Agency~~Department~~ will consider use of such phantoms and protocols as satisfying this Section if the intent of the regulation is met.

d) Quality assurance procedures shall be conducted on each CT system and shall meet the following requirements:

1) The quality assurance procedures shall be in writing and shall have been developed by a diagnostic imaging specialist. The~~Such~~ procedures shall include, but need not be limited to, the following:

A) Specifications of the tests that are to be performed, including instructions to be employed in the performance of those tests; and

B) Specifications of the frequency at which tests are to be performed, the acceptable tolerance for each parameter measured and actions to be taken if tolerances are exceeded.

2) Quality assurance procedures shall include acquisition of images using a CT phantom which has the capability of providing an indication of the resolution capability of the system.

AGENCY NOTE: The CT phantom used for quality assurance procedures should have the capability of providing an indication of contrast scale, noise, nominal tomographic section thickness, resolution capability of the system for low and high contrast objects and relative densities (CT numbers) for water or other reference material.

e) Operating Procedures. Information shall be available at the control panel regarding the operation of the system. The~~Such~~ information shall include written quality assurance procedures, as required in subsection (d)(1) of this Section.

(Source: Amended at 32 Ill. Reg. 3693, effective February 29, 2008)

Section 360.110 Therapy Systems Operating Below 1 MeV

In addition to the provisions of Sections 360.10 through 360.30 of this Part, the requirements of this Section apply to x-ray therapy systems and associated facilities operating at energies less than 1 MeV.

a) Facility Design

1) A therapeutic radiological physicist shall be consulted in the design of an x-ray therapy installation.

2) Shielding requirements

A) Each x-ray therapy installation shall be provided with such primary and secondary barriers as are necessary to assure compliance with 32 Ill. Adm. Code 340.

B) For all x-ray therapy systems capable of operating above 150 kVp installed after October 15, 1993, facility design information shall be submitted to the Agency~~Department~~ for review prior to installation of the x-ray therapy system. Information submitted to the Agency~~Department~~ shall include, but need not be limited to,

the following:

i) Name and address of the planned installation.

ii) Name, address and telephone number of the therapeutic radiological physicist who was consulted in the design of the installation.

iii) A scale drawing that includes the location of the therapy system, control panel and doors to the room.

iv) The structural composition and thickness of all walls, doors, partitions, floor and ceiling of the installation.

v) The occupancy of areas adjacent to the installation.

vi) Calculations that demonstrate the adequacy of the amount of shielding specified for each primary and secondary protective barrier.

vii) Projected weekly dose rates in areas adjacent to the installation.

3) Interlock. X-ray therapy systems operating at greater than 150 kVp shall have an interlock installed on each door of the therapy room. The interlock shall be wired into the electrical circuit in such a manner that when the door is opened, for any reason, the generation of x-rays will automatically be terminated and irradiation can be resumed only by manually resetting the controls on the control panel after the door is closed.

4) Doors. The doors to the therapy room shall be designed and installed to allow opening from the inside at all times and shall be capable of being opened manually.

5) Warning Lights. X-ray therapy systems operating above 150 kVp, and all therapy rooms to which access is possible through more than one entrance shall be provided with warning lights in a readily observable position near the outside of all access doors. The warning lights shall indicate when the useful beam is on.

6) Operator and control position

A) X-ray Therapy Systems Operating at 150 kVp and Below. The control panel and operator shall be located either outside the therapy room or behind a protective barrier within the room.

B) X-ray Therapy Systems Operating Above 150 kVp. The control panel and operator shall be located outside the therapy room.

7) Viewing System. Windows, mirrors, closed-circuit television or an equivalent system shall be provided to permit continuous visual observation of the patient during irradiation and shall be located so that the operator can observe the patient from the control panel.

AGENCY NOTE: When the primary viewing system is electronic, a back-up system should be available for use in the event of failure of the primary system in order to ensure compliance with the requirements of subsection (e)(5) of this Section.

8) Communication. The facility design shall permit two-way aural communications between the patient and the operator at the control panel.

9) Signs required by 32 Ill. Adm. Code 340.920 shall be posted in the facility.

b) Equipment Requirements

1) Leakage Radiation. When the tube is operated at its maximum rated continuous current for the maximum rated tube potential, the leakage radiation shall not exceed the value specified in the table below at the distance specified in the table for the classification of that x-ray system. Radiation measurements shall be averaged over an area up to, but not exceeding, 100 square centimeters.

X-Ray System	Leakage Limit	Measurement Location
Contact Therapy	25.8 microC/kg (0.1 R)	5 centimeters from

	per hour	the tube housing
0 - 499 kVp	258 microC/kg (1 R) per hour	1 meter from the source
500 kVp - 999 kVp	0.1 percent of useful beam or 258 microC/kg (1 R) per hour, whichever is greater	1 meter from the source

2) Beam-Limiting Devices

A) Permanent fixed diaphragms or cones used for limiting the useful beam shall provide the same or a higher degree of protection as required for the tube housing assembly.

B) Removable beam-limiting devices shall, for the portion of the useful beam to be blocked by these devices, transmit not more than one percent of the useful beam at the maximum kilovoltage and maximum treatment filter. This requirement does not apply to auxiliary blocks or materials placed in the useful beam to shape the useful beam to the individual patient.

C) Adjustable beam-limiting devices installed after October 15, 1993 shall meet the requirements of subsection (b)(2)(B) of this Section.

D) Adjustable beam-limiting devices installed on or before October 15, 1993 shall, for the portion of the x-ray beam to be blocked by these devices, transmit not more than five percent of the useful beam at the maximum kilovoltage and maximum treatment filter.

3) Filter System. The filter system shall be designed so that:

A) The filters are securely positioned and will not become dislodged when the machine is positioned at any possible orientation;

B) The radiation dose at one meter from the filter insertion slot opening does not exceed 258 mC/kg (1 R) per hour when the machine is operated at its maximum current and maximum tube

potential;

C) Each filter is labeled with its composition and thickness (for wedge filters, the wedge angle and maximum design field size shall appear on the wedge or wedge tray);

D) If the x-ray therapy system uses changeable filters, there is a filter indication system which permits recognition of any added filter in place and indicates from the control panel the presence of a particular filter or absence of any filter; and

E) For x-ray therapy systems installed after October15, 1993, an interlock prevents irradiation if the selected filter is not installed.

4) Tube/Aperture Alignment. The x-ray tube shall be mounted so that it cannot turn or slide with respect to the housing aperture.

5) Tube Housing Stability. The tube housing shall remain stable during treatment unless tube housing movement is a designed function of the system.

6) Source-Skin Distance (SSD) Indication

A) Means shall be provided to indicate the SSD.

B) The SSD shall be indicated in centimeters and/or inches and the measured SSD shall correspond to the indicated value to within 0.5 percent.

7) Timer. A timer, which has a display at the control panel, shall be provided and shall meet the following requirements:

A) The timer shall be activated with the production of radiation;

B) For systems equipped with a shutter mechanism to control irradiation, the timer shall be activated when the shutter is opened;

C) The timer shall terminate irradiation when a preselected time has elapsed;

D) The timer shall permit presetting and determination of exposure times at least as short as 1 second; and

E) The timer shall not permit an exposure if the operator has not selected a time for the exposure.

AGENCY NOTE: The control panel should be equipped with a count-up timer to serve as a back-up to the control timer.

8) Control Panel Functions. The control panel, in addition to the displays required in other provisions of this Section, shall have:

A) An indication of whether x-rays are being produced;

B) A means for indicating x-ray tube potential and current; and

C) A means for terminating an exposure at any time.

9) Shutters. Equipment that is provided with shutters shall meet the following requirements:

A) The shutters shall have a lead equivalency not less than that of the tube housing assembly;

B) The shutter shall be controlled electrically by the operator at the control panel; and

C) An indication of shutter position shall appear at the control panel.

10) Multiple Tubes. Control panels capable of energizing more than one x-ray tube shall meet the following requirements:

A) It shall be possible to energize only one x-ray tube at any time;

B) There shall be an indication at the control panel identifying which x-ray tube is energized; and

C) There shall be an indication at the tube housing assembly when

that tube is energized.

11) Low-Filtration X-Ray Tubes. Each x-ray therapy system equipped with a beryllium window shall be clearly labeled as such upon the tube housing assembly and at the control panel.

c) Radiation Protection Survey. A radiation protection survey shall be performed by a therapeutic radiological physicist on each x-ray therapy system. The registrant shall maintain at the facility a copy of the most recent radiation protection survey report for review by the Agency~~Department~~. Radiation protection surveys shall meet the following additional requirements:

1) X-ray therapy systems installed after October 15, 1993 shall have a radiation protection survey performed by a physicist before the therapy system is first used for irradiation of a patient.

2) For all x-ray therapy systems, a radiation protection survey shall be performed by a physicist after any change in the x-ray therapy system or facility that might produce a radiation hazard. The~~Such~~ survey shall be performed before the therapy system is used to treat patients.

3) Survey reports shall include, but need not be limited to, the following:

A) A diagram of the facility that~~which~~ details building structures and the position of the control panel, x-ray therapy system and associated equipment;

B) A description of the x-ray therapy system, including the manufacturer, model number and range of kilovolt potential;

C) A description of the instrumentation used to determine radiation measurements, including the date and source of the most recent calibration for each instrument used;

D) Conditions under which radiation measurements were taken; and

E) Survey data including:

i) Projected weekly dose equivalent in areas adjacent to the

therapy room; and

ii) A description of workload, use and occupancy factors employed in determining the projected weekly dose equivalent.

4) The registrant shall retain a copy of the radiation protection survey report and a copy of the report shall be provided to the Agency~~Department~~ within 30 days after completion of the survey.

5) Any deficiencies detected during the radiation protection survey that would constitute or result in a violation of 32 Ill. Adm. Code 340 shall be corrected prior to using the machine for treatment of patients.

6) The facility shall be operated in compliance with any limitations indicated by the therapeutic radiological physicist as a result of the radiation protection survey required by the Agency~~Department~~.

d) Calibrations and Quality Assurance Checks.

1) Each x-ray therapy system installed after October 15, 1993 shall be calibrated by a therapeutic radiological physicist before the therapy system is first used for irradiation of a patient. The calibration of the x-ray therapy system shall include, but need not be limited to, determination of the following:

A) The radiation output, expressed as exposure rate in air or dose rate in tissue, as a function of distance, field size, x-ray tube potential and current, filters and treatment applicators used;

B) The half-value layer for each kilovoltage setting and filter combination used;

C) The degree of congruence between the radiation field and the field indicated by each beam-limiting device; and

D) An evaluation of the uniformity of the radiation field.

2) Quality assurance checks shall be made by a therapeutic radiological

physicist at intervals not to exceed 1 year. Quality assurance checks shall include, but need not be limited to, determination of the following:

A) The radiation output for a set of operating conditions specified by the therapeutic radiological physicist;

B) The coincidence of the radiation field and the field indicated by the beam-limiting device, except for systems equipped with fixed diaphragms or cones; and

C) The therapeutic radiological physicist shall establish criteria for quality assurance check measurements and shall determine corrective actions to be implemented if the criteria are exceeded.

AGENCY NOTE: Quality assurance checks should be performed at a frequency which is appropriate for the particular therapy system, as determined by the therapeutic radiological physicist and based on the history of stability of the radiation output of the machine. A suggested frequency is one that would result in a quality assurance check being performed at least once during a typical patient's course of treatment.

3) Whenever service or maintenance is performed on the therapy system, a therapeutic radiological physicist shall be notified and shall determine whether a calibration or quality assurance check is necessary to verify the characteristics of the beam.

4) Measurements of the radiation output of the x-ray therapy system shall be performed using a dosimetry system that has been calibrated by a calibration laboratory accredited by the American Association of Physicists in Medicine (AAPM). Calibration of the dosimetry system shall have been performed using a radiation beam of comparable half-value layer to the x-ray system to be calibrated. The dosimetry system shall meet one of the two conditions below:

A) The calibration of the dosimetry system shall have been performed within the previous 2 years and after any servicing that may have affected the calibration of the dosimetry system; or

B) The dosimetry system shall have been calibrated within the previous 4 years and shall have been subjected to a protocol which provides for checks of dosimetry constancy and provides for corrective action when results deviate by more than two percent from the expected values.

5) The registrant shall maintain at the facility records of machine calibrations, quality assurance checks and instrument calibrations for inspection by the Agency~~Department~~ for a period of 5 years. Records to be maintained by the registrant shall include, but need not be limited to, the following:

A) Records of machine calibrations and quality assurance checks shall include identification of the x-ray therapy system, radiation measurements, the date the measurements were performed and the signature of the therapeutic radiological physicist who performed the measurements.

B) Instrument calibration records shall include the date of the last calibration and identity of the calibration laboratory. If a dosimetry system has been subjected to a protocol as described in subsection (d)(4)(B) of this Section, records shall be maintained that show the date and results of each constancy check performed on the system.

e) Operating Procedures

1) No x-ray therapy system shall be left unattended unless the system is secured against unauthorized use.

2) When a patient must be held in position for radiation therapy, mechanical supporting or restraining devices shall be used.

3) Other than the patient, no individual shall be in the therapy room unless such individual is protected by a barrier sufficient to meet the requirements of 32 Ill. Adm. Code 340.

4) Other than the patient, no individual shall be in the therapy room during exposures from x-ray therapy systems operating above 150 kVp.

5) The x-ray therapy system shall not be used for treatment of patients unless the operator can maintain visual observation of the patient and audible communication with the patient.

6) On contact therapy systems, a shield of at least 0.5 millimeter lead equivalency at 100 kVp shall be positioned over the entire useful beam exit port during periods when the tube is energized and the beam is not being used.

7) The tube housing assembly shall not be held by hand during operating unless the x-ray therapy system is designed to require such holding and the peak tube potential of the system does not exceed 50 kilovolts. In such cases, the person holding the tube shall wear protective gloves and apron of not less than 0.5 millimeter lead equivalency at 100 kVp.

(Source: Amended at 32 Ill. Reg. 3693, effective February 29, 2008)

Section 360.120 Therapy Systems Operating at 1 MeV or Greater

In addition to the provisions of Sections 360.10 through 360.30 of this Part, the requirements of this Section apply to particle accelerator systems operating at energies of 1 MeV or greater. Accelerator systems capable of producing radioactive materials in excess of the exempt quantities specified in 32 Ill. Adm. Code 330.Appendix B shall also be licensed pursuant to the provisions~~provision~~ of 32 Ill. Adm. Code 330.

a) Facility Design

1) The registrant shall consult a therapeutic radiological physicist in the design of a particle accelerator installation.

2) Shielding Requirements

A) Each accelerator installation shall be provided with such primary and secondary barriers as are necessary to assure compliance with 32 Ill. Adm. Code 340.

B) Facility design information for all accelerators installed after October 15, 1993 shall be submitted to the Agency~~Department~~ for

review prior to installation. Information submitted to the Agency~~Department~~ shall include, but need not be limited to, the following:

i) Name and address of the planned installation;

ii) Name, address and telephone number of the therapeutic radiological physicist who was consulted in the design of the installation;

iii) A scale drawing that includes the location of the accelerator, control panel and doors to the room;

iv) The structural composition and thickness of all walls, doors, partitions, floor and ceiling of the installation;

v) The occupancy of areas adjacent to the installation;

vi) Calculations that demonstrate the adequacy of the amount of shielding specified for each primary and secondary protective barrier; and

vii) Projected weekly dose rates in areas adjacent to the installation.

3) Interlock. An interlock shall be installed on each door of the therapy room. The interlock shall be wired into the electrical circuit in such a manner that when the door is opened for any reason, the generation of radiation beams will automatically be terminated and irradiation can be resumed only by manually resetting the controls on the control panel after the door is closed.

4) Warning lights that indicate when the beam is on shall be provided in a readily observable position near the outside of all access doors to the therapy room.

5) Viewing System. Windows, mirrors, closed-circuit television or an equivalent system shall be provided to permit continuous visual observation of the patient during irradiation and shall be located so that the

operator can observe the patient from the control panel.

AGENCY NOTE: When the primary viewing system is electronic, a back-up system should be available for use in the event of failure of the primary system in order to ensure compliance with the requirements of subsection (g)(1)(H) of this Section.

6) The facility design shall permit two-way aural communications between the patient and the operator at the control panel.

7) Signs required by 32 Ill. Adm. Code 340.920 shall be posted in the facility.

8) The control panel shall be outside the therapy room.

9) The facility design shall include emergency off buttons, at locations that allow shutting off the machine from inside the therapy room and at the control panel.

10) The doors to the therapy room shall be designed to allow opening from the inside at all times and shall be capable of being opened manually.

b) Equipment Requirements

1) Leakage radiation to the patient area shall be measured for each accelerator. Measurements shall be repeated following maintenance or service performed on the accelerator, as determined by a therapeutic radiological physicist.

A) For operating conditions producing maximum leakage radiation, the absorbed dose due to leakage radiation, excluding neutrons, at any point in a circular plane of 2 meters radius centered on and perpendicular to the central axis of the beam at the isocenter or normal treatment distance and outside the maximum useful beam size shall not exceed 0.1 percent of the maximum absorbed dose of the unattenuated useful beam measured at the point of intersection of the central axis of the beam and the plane surface. Radiation measurements shall be averaged over an area up to but not exceeding 100 square centimeters.

B) Records of the most recent radiation leakage measurements and the machine parameters used during the survey shall be maintained at the facility for inspection by the Agency~~Department~~.

2) Beam-Limiting Devices. Adjustable or interchangeable beam-limiting devices shall transmit no more than two percent of the useful beam at the normal treatment distance for the portion of the useful beam that is to be attenuated by the beam-limiting device. The neutron component of the useful beam shall not be subject to this requirement. This requirement does not apply to auxiliary blocks or materials placed in the useful beam to shape the useful beam to the individual patient.

3) Source-Skin Distance (SSD) Indication

A) Means shall be provided to indicate the SSD.

B) The SSD shall be indicated in centimeters and/or inches and the measured SSD shall correspond to the indicated value to within 0.5 percent.

4) Filters

A) Each filter that is removable from the system shall be clearly marked with an identification number. Documentation available at the control panel shall contain a description of the filter. For wedge filters, the wedge angle and maximum design field size shall appear on the wedge or wedge tray.

B) If the machine calibration measurements required by subsection (d) of this Section relate exclusively to operation with an x-ray field flattening filter or electron beam scattering filter in place, such filters shall be removable from the machine only by the use of tools.

C) Equipment utilizing a system of wedge filters, interchangeable field flattening filters or interchangeable beam scattering filters shall meet the following requirements:

i) The equipment shall have an interlock that prevents irradiation if any filter selection operation carried out in the therapy room is not consistent with the selection of filter, beam type or beam energy at the control panel; and

ii) The equipment shall have an interlock system that prevents irradiation if any selected filter is not in the correct position.

5) Beam Monitoring System. All accelerator systems shall be provided with a beam monitoring system in the radiation head capable of monitoring and terminating irradiation.

A) Each beam monitoring system shall have a display at the treatment control panel which shall register accumulated monitor units.

B) The beam monitoring system shall terminate irradiation when the preselected number of monitor units has been detected by the system.

C) Accelerator systems manufactured after October 15, 1993 shall be equipped with a primary and a secondary beam monitoring system. Each beam monitoring system shall be independently capable of monitoring and terminating irradiation.

D) For units with a secondary beam monitoring system, the primary beam monitoring system shall terminate irradiation when the preselected number of monitor units has been detected. The secondary beam monitoring system shall terminate irradiation if the primary system fails.

E) An interlock device shall prevent irradiation if any beam monitoring system is inoperable.

F) In the event of power failure, the display information required in subsection (b)(5)(A) of this Section, shall be retrievable in at least one system for 20 minutes.

6) Beam Symmetry. For equipment equipped with beam bending magnets,

the symmetry of the radiation beam in two orthogonal directions shall be monitored before the beam passes through the beam-limiting device. The equipment shall provide means of terminating irradiation automatically if the difference in dose rate between one region and another region exceeds criteria specified by the manufacturer.

7) Control Panel

A) Selection and Display of Monitor Units

i) Irradiation shall not be possible until a selection of a number of monitor units has been made at the control panel.

ii) The selected number of monitor units shall be displayed at the control panel until reset.

iii) After completion of irradiation, it shall be necessary to reset the accumulated beam monitor units before treatment can be restarted.

B) Termination of Irradiation. It shall be possible to terminate irradiation and equipment movements at any time from the operator's position at the control panel.

C) Selection of Radiation Type. Equipment capable of both photon and electron therapy shall meet the following requirements:

i) Irradiation shall not be possible until the radiation type has been selected and displayed at the control panel.

ii) An interlock shall be provided to ensure that the machine will emit only the radiation type that has been selected.

iii) An interlock shall be provided to prevent irradiation with x-rays, except to obtain port films, when electron applicators are installed.

iv) An interlock shall be provided to prevent irradiation with

electrons if accessories specific for x-ray therapy are installed.

D) Selection~~Section~~ of Radiation Energy. Equipment capable of producing radiation beams of different energies shall meet the following requirements:

i) Irradiation shall not be possible until a selection of energy has been made at the control panel.

ii) An interlock shall be provided to ensure that the machine will emit only the nominal energy of radiation that has been selected.

iii) The nominal value of the energy selected shall be displayed at the treatment control panel.

E) Selection of Stationary or Moving Beam Therapy. Equipment capable of both stationary and moving beam therapy shall meet the following requirements:

i) Irradiation shall not be possible unless either stationary therapy or moving beam therapy has been selected at the control panel. The selection of stationary therapy may be performed as a default selection if moving beam therapy is not selected.

ii) An interlock shall be provided to ensure that the machine will operate only in the mode that has been selected.

iii) An interlock shall be provided to terminate irradiation if the gantry fails to move properly during moving beam therapy.

iv) Means shall be provided to prevent movement of the gantry during stationary therapy.

v) The mode of operation shall be displayed at the control panel.

F) Timers. A timer shall be provided with a display at the treatment control panel, as a back-up device to the beam monitoring system.

i) The timer shall permit presetting and determination of exposure times.

ii) The timer shall be a cumulative timer which activates with the production of radiation and retains its reading after irradiation is interrupted or terminated.

iii) The timer shall terminate irradiation when a preselected time has elapsed if the beam monitoring system has not previously terminated irradiation. If set at zero, the timer shall not permit irradiation.

G) Security. The control panel shall be capable of being locked to prevent unauthorized use.

c) Radiation Protection Survey. A radiation protection survey shall be performed by a therapeutic radiological physicist on each accelerator. The registrant shall maintain at the facility a copy of the most recent radiation protection survey report for review by the Agency~~Department~~. Radiation protection surveys shall meet the following additional requirements:

1) For each accelerator installed after October 15, 1993, a radiation protection survey shall be performed by a physicist before the system is first used for irradiation of a patient. The physicist who performs the radiation protection survey shall be a person who did not consult in the design of the accelerator installation (see subsection (a) of this Section) and is not employed by or within any corporation or partnership with the person who consulted in the design of the installation.

2) A radiation protection survey shall be performed by a physicist after any change in the accelerator or facility that might produce a radiation hazard. Such survey shall be performed before the system is used to treat patients.

3) The survey report shall include, but need not be limited to, the following:

A) A diagram of the facility which details building structures and the

position of the control panel, accelerator and associated equipment;

B) A description of the accelerator system including the manufacturer, model number, beam type and beam energy range;

C) A description of the instrumentation used to determine radiation measurements, including the date and source of the most recent calibration for each instrument used;

D) Conditions under which radiation measurements were taken;

E) Survey data including:

i) Projected weekly dose equivalent in areas adjacent to the therapy room; and

ii) A description of workload, use and occupancy factors employed in determining the projected weekly dose equivalent.

4) The registrant shall retain a copy of the radiation protection survey report and a copy of the report shall be provided to the Agency~~Department~~ within 30 days after completion of the survey.

5) Any deficiencies detected during the radiation protection survey that would constitute or result in a violation of 32 Ill. Adm. Code 340 shall be corrected prior to using the machine for treatment of patients.

6) The facility shall be operated in compliance with any limitations indicated by the therapeutic radiological physicist as a result of the radiation protection survey.

d) Machine Calibration. Calibration measurements shall be performed on each accelerator system by a therapeutic radiological physicist before the therapy system is first used for irradiation of a patient. Subsequent calibrations shall be performed at intervals not exceeding 1 year.

1) Calibration measurements shall include, but need not be limited to, the following determinations:

A) Verification that the equipment is operating in compliance with the design specifications concerning the light localizer, variation in the axes of rotation for the table, gantry and jaw system and the beam flatness and symmetry at the specified depth;

B) The absorbed dose rate at various depths in water for the range of field sizes used, for each beam type and energy;

C) The uniformity of the radiation field and any dependency upon the direction of the beam;

D) Verification that existing depth-dose data and isodose charts applicable to the specific machine continue to be valid or are updated to existing machine conditions; and

E) Verification of transmission factors for all accessories such as wedges, shadow trays and compensators, as applicable.

2) Calibration radiation measurements shall be performed using a dosimetry system that has been calibrated by a calibration laboratory accredited by the American Association of Physicists in Medicine (AAPM), and meets the requirements of either subsection (d)(2)(A) or (B) of this Section:

A) The calibration shall have been performed within the previous 2 years and after any servicing that may have affected calibration of the dosimetry system; or

B) The dosimetry system shall have been calibrated within the previous 4 years and shall have been:

i) Compared at annual intervals following the calibration to a dosimetry system with calibration obtained within the previous 2 years from a calibration laboratory accredited by the AAPM, and the results of the comparison indicate the calibration factor has not changed by more than two percent; or

ii) Subjected to a testing protocol that has been established by

a therapeutic radiological physicist and that provides for checks of dosimetry constancy and provides for corrective action when results deviate more than two percent from the expected values.

AGENCY NOTE: Redundancy is a basic tenet of radiation dosimetry, therefore the therapeutic radiological physicist should establish a program of inter-comparison and constancy testing of calibrated dosimetry instruments to assure, as much as possible, the accuracy, reliability and reproducibility of the measurements performed with those instruments.

3) Calibration of the radiation output of the accelerator shall be performed in accordance with:

A) The protocol of Task Group 21, Radiation Therapy Committee, American Association of Physicists in Medicine (AAPM), entitled "A Protocol for the Determination of Absorbed Dose from High-Energy Photon and Electron Beams" published in Medical Physics, Volume 10, pages 741-771 (1983), exclusive of subsequent amendments or editions; or

B) The protocol of the Scientific Committee on Radiation Dosimetry of the AAPM, entitled "Protocol for the Dosimetry of X and Gamma Ray Beams with Maximum Energies Between 0.6 and 50 MeV", published in Physics, Medicine, and Biology, Volume 16, pages 379-396 (1971), exclusive of subsequent amendments or editions; or

C) Other machine calibration protocols provided that the registrant has submitted the protocols to the Agency~~Department~~ and the protocols cover the same topics as those contained in subsections (d)(3)(A) and (B) of this Section.

AGENCY NOTE: Copies of the two protocols referenced in subsections (d)(3)(A) and (B)~~above~~ are available for public inspection at the Illinois Emergency Management Agency~~Department of Nuclear Safety~~, 1035 Outer Park Drive,

Springfield, Illinois. The protocols may also be obtained directly from the AAPM, One Physics Ellipse, College Park MD 20740-3846.

4) The radiation output of each therapy system shall be independently verified at intervals not to exceed 2 years. Independent verification shall consist of:

A) Verification of the machine output by a therapeutic radiological physicist who is not employed at the facility and does not perform the annual calibration; or

B) Alternate methods of verification of machine output, such as the use of mailed dosimetry devices, that use devices and procedures approved by the AAPM.

5) Machine calibration records shall include identification of the accelerator calibrated, the results of the tests specified in subsection (d)(1) of this Section and shall be signed and dated by the therapeutic radiological physicist who performed the calibration.

6) The registrant shall maintain at the facility, for a period of 5 years, records of machine calibrations, instrument calibrations and independent verifications of machine output for inspection by the Agency~~Department~~.

e) Quality Assurance Checks. A quality assurance (QA) check shall be performed by a therapeutic radiological physicist on each therapy system each calendar month. The interval between QA checks shall not exceed 45 days. QA checks shall also be performed after any change which could affect the radiation output, spatial distribution or other characteristics of the therapy beam, as determined by the physicist. Quality assurance checks shall also meet the following requirements:

1) Quality assurance checks shall include determination of:

A) The radiation output for a set of operating conditions specified by a therapeutic radiological physicist; and

B) The coincidence of the radiation field and the field indicated by the

localizing device.

2) Radiation measurements shall be obtained using a dosimetry system that:

A) Meets the requirements of subsection (d)(2) of this Section; or

B) Has been directly compared by a therapeutic radiological physicist within the previous year with a dosimetry system which meets the requirements of subsection (d)(2) of this Section.

3) The therapeutic radiological physicist shall establish criteria for quality assurance check measurements and shall determine corrective actions to be implemented if the criteria are exceeded.

4) The registrant shall retain a record of quality assurance check measurements for inspection by the Agency~~Department~~ for a period of 5 years. The record shall include the date of the quality assurance check, identification of the accelerator, results of the quality assurance check measurements and the signature of the individual who performed the quality assurance check.

f) Quality Control. A comprehensive quality control program shall be implemented as specified by a therapeutic radiological physicist and shall meet the following requirements:

1) The program shall be designed to test the operation and performance of the accelerator in order to maintain radiation safety and clinical reliability. The program shall include as a minimum the items listed in Section 360.Appendix E of this Part.

2) The physicist shall specify the tolerance and frequency of performance for each item of the quality control program.

3) The physicist shall specify what actions are to be taken for any item exceeding the specified tolerance.

4) The physicist shall review, sign and date the results of the quality control program each calendar month.

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AGENCY NOTE: The elements of a comprehensive quality control program are described in Report No. 13 published by the AAPM, entitled "Physical Aspects of Quality Assurance in Radiation Therapy" (1984). A copy of this report is available for public inspection at the Illinois Emergency Management Agency~~Department of Nuclear Safety~~, 1035 Outer Park Drive, Springfield, Illinois. Report No. 13 may also be obtained directly from the AAPM, One Physics Ellipse, College Park MD 20740-3846.

g) Operating Procedures. The registrant shall have a therapeutic radiological physicist establish written operating and emergency procedures and shall ensure that the procedures are implemented before the accelerator is used for treatment of patients. Operators of accelerators shall receive training in the application of the procedures before using the accelerator to irradiate patients. A copy of the current operating and emergency procedures shall be maintained at the treatment control panel for use and review.

1) Operating procedures to be implemented shall include instructions that:

A) The accelerator is used in such a manner that patients, workers and the general public are protected from radiation hazards and the provisions of 32 Ill. Adm. Code 340 are met;

B) No accelerator shall be left unattended unless it is secured against unauthorized use;

C) The safety interlock system shall not be used to turn off the beam except in an emergency;

D) The safety interlocks and warning systems required in subsections (a)(3), (a)(4) and (a)(9) of this Section shall be tested for proper operation at monthly intervals;

E) Mechanical supporting or restraining devices shall be used when a patient must be held in position for radiation therapy;

F) No individual other than the patient shall be in the therapy room during irradiation;

G) Start-up procedures for the accelerator, specified by the therapeutic

radiological physicist, shall be performed daily prior to treatment of patients; and

H) The accelerator shall not be used for treatment of patients unless the operator can maintain visual observation of the patient and audible communication with the patient.

2) Emergency procedures shall include instructions for alternate methods for termination of irradiation and machine movements.

AGENCY NOTE: The operating and emergency procedures should contain as a minimum the machine manufacturer's operations manual for the accelerator.

3) Operating and emergency procedures shall include instructions for contacting the therapeutic radiological physicist when operational problems or emergencies occur and the actions that are to be taken until the physicist can be contacted.

h) Machine Maintenance. The therapeutic radiological physicist shall establish accelerator maintenance procedures that meet the following requirements:

1) Whenever service or maintenance is performed on the accelerator, a therapeutic radiological physicist shall be notified of such service or maintenance.

2) Following completion of service or maintenance involving radiation beam generation, beam steering or monitoring of the beam, but before the accelerator is again used for treatment of patients, the therapeutic radiological physicist shall review the service or maintenance report and shall determine whether a calibration or quality assurance check is necessary to verify the characteristics of the beams~~beam(s)~~. If the therapeutic radiological physicist determines that a calibration or quality assurance check is necessary, the calibration or quality assurance check shall be performed before the accelerator is again used for treatment of patients.

3) The therapeutic radiological physicist shall establish the frequency of routine maintenance and ensure that records of all service and

maintenance performed on the machine are maintained at the facility.

4) The therapeutic radiological physicist shall sign and date records of all service and maintenance performed on the machine.

5) The therapeutic radiological physicist shall specify the qualifications of maintenance personnel and prohibit non-qualified personnel from repairing the machine or adjusting parameters on the machine.

6) Circuit diagrams of the accelerator and interlock systems shall be maintained at the facility and kept current.

i) Quality Management Program. Each registrant shall develop, implement, and maintain a quality management program to provide high confidence that radiation will be administered as directed by the physician. The quality management program shall address, as a minimum, the following specific objectives:

1) Written Directives. A written directive must be dated and signed by a physician prior to the administration of radiation.

A) A written directive must contain the patient or human research subject's name, the type and energy of the beam, the total dose, dose per fraction, treatment site, and number of fractions.

B) A written revision to an existing written directive may be made provided that the revision is dated and signed by a physician prior to the administration of the external beam dose, or the next fractional dose.

C) An oral revision to an existing written directive is acceptable provided that:

i) a delay in providing a written revision would jeopardize the patient's health; and

ii) the oral revision is documented as soon as possible in writing in the patient's record; and

iii) a revised written directive is signed by a physician within 48 hours after the oral revision.

D) The registrant shall retain a copy of each written directive for 3 years.

2) Procedures for Administrations. The registrant shall develop, implement, and maintain written procedures to provide high confidence that:

A) Prior to the administration of each course of radiation treatments, the patient's or human research subject's identity is verified by more than one method as the individual named in the written directive;

B) Each administration is in accordance with the written directive;

C) External beam radiation therapy final plans of treatment and related calculations are in accordance with the respective written directives;

D) Any unintended deviation from the written directive is identified and evaluated, and appropriate action is taken; and

E) The registrant retains a copy of the procedures for administrations for three years.

(Source: Amended at 32 Ill. Reg. 3693, effective February 29, 2008)

ILLINOIS EMERGENCY MANAGEMENT AGENCY

NOTICE OF ADOPTED AMENDMENTS

Section 360.APPENDIX A Medical Radiographic Entrance Exposure Measurement Protocol

The following protocol shall be used for measuring and calculating entrance skin exposures (ESE) for routine diagnostic examinations. Radiation measurements shall be performed with a calibrated radiation measuring device that is sufficiently sensitive to determine compliance with the criteria specified in Section 360.60(e) of this Part. The instrument shall have been calibrated within the previous 12 months with devices which have no more than a three-step (tertiary) calibration, traceable to the National Institute of Standards and Technology. Patients are not involved in the measurement protocol.

a) Position the x-ray tube at the source-image receptor distance (SID) routinely used and adjust the collimation to the active portion of a radiation measuring device.

b) Measure the distance from the x-ray source to the source against which the patient rests. Subtract the thickness of the patient to obtain the source-skin distance (SSD). The standard patient thickness for each projection to be measured shall be the following:

Projection	Thickness (cm)
Chest (PA), Grid	23
Chest (PA), Non-Grid	23
Abdomen (KUB)	23
Lumbo-Sacral Spine (AP)	23
Cervical Spine (AP)	13
Skull (lateral)	15
Foot (D/P)	8

c) Place a radiation measuring device in the center of the useful beam, measure and record the distance from the source to the device (SDD). Use of a test stand to position the device away from the table will reduce backscatter contribution. Placing the radiation measuring device at the actual source-skin distance (SSD) will accomplish this and allow direct reading of the ESE.

d) Set the exposure technique as follows:

1) For non-phototimed x-ray systems, set the controls to the exposure technique used by the x-ray operator for the standard patient thickness

specified in subsection (b) of this Section.

2) For phototimed x-ray systems, set the controls to the exposure technique used by the x-ray operator for the standard patient thickness specified in subsection (b) of this Section, and use one of the two methods below:

A) Place an appropriate phantom (simulating body attenuation) in the useful beam between the radiation measuring device and the radiographic tabletop; or

B) Set an appropriate exposure technique in the manual mode (without activation of the phototimer).

AGENCY NOTE: Specifications for appropriate phantoms are included in the American Association of Physicists in Medicine (AAPM) Report No. 31, entitled "Standardized Methods for Measuring Diagnostic X-Ray Exposures" (July 1990). ~~AGENCY NOTE:~~ A copy of this report is available for public inspection at the Illinois Emergency Management Agency~~Department of Nuclear Safety~~, 1035 Outer Park Drive, Springfield, IL. Copies of this report may also be obtained from the AAPM, One Physics Ellipse, College Park MD 20740-3846.

e) Make a radiographic exposure (without patient) and record the reading obtained from the radiation measuring device

f) Calculate the entrance skin exposure for the specific examination, using the radiation exposure reading from subsection (e) of this Section and the equation in this subsection (f) below (if a direct result was not obtained with the dosimeter at the SSD). The entrance skin exposure equals the product of the radiation exposure reading from subsection (e) of this Section multiplied by the square of the ratio of the SDD, to the SSD. This expression is mathematically represented by the equation below (if a direct result was not obtained with the dosimeter at the SSD):

$$\text{ESE} = (\text{Dosimeter Reading}) \times \left[\frac{\text{SDD}}{\text{SSD}}\right]^2$$

where: SDD = source-radiation measuring device distance

SSD = source to skin distance

g) Compare the results of the calculation from subsection (f) of this Section with the criteria specified in Section 360.60(e) of this Part to determine compliance.

AGENCY NOTE: There are many different techniques for measuring ESE that~~which~~ may result in significant differences in measured values. Factors that can cause variations include instrument calibration, backscatter, collimation, estimation of focal spot location, choice of phantom, location of dosimeter in the primary beam, etc. Because of these variations, the procedure for determining the ESE should be performed with strict attention to each detail noted above.

(Source: Amended at 32 Ill. Reg. 3693, effective February 29, 2008)

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1) Heading of the Part: Hospital Licensing Requirements

2) Code Citation: 77 Ill. Adm. Code 250

3) Section Number: 250.310 — Adopted Action: Amendment

4) Statutory Authority: Hospital Licensing Act [210 ILCS 85]

5) Effective Date of Rulemaking: February 27, 2008

6) Does this rulemaking contain an automatic repeal date? No

7) Does this rulemaking contain incorporations by reference? No

8) A copy of the adopted amendment, including any material incorporated by reference, is on file in the Department's principal office and is available for public inspection.

9) Notice of Proposal Published in Illinois Register: March 9, 2007; 31 Ill. Reg. 3701

10) Has JCAR issued a Statement of Objection to this rulemaking? No

11) Differences between proposal and final version:

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

1. In Section 250.310(a)(1), "…prior to the granting of any medical staff privileges to an applicant, or renewing a current medical staff member's privileges, the hospital shall request of the Director of the Department of Financial and Professional Regulation information concerning the licensure status and any disciplinary action taken against the applicant's or medical staff member's license. This provision does not apply to medical personnel who enter a hospital to obtain organs and tissues for transplant from a diseased donor in accordance with the Uniform Anatomical Gift Act [775 ILCS 59]. This provision shall not apply to medical personnel who have been granted disaster privileges pursuant to the procedures and requirements established in this section. (Section 10.4 of the Act);" was changed to "…*prior to the granting of any medical staff privileges to an applicant, or renewing a current medical staff member's privileges,* the hospital shall~~*shall*~~ *request of the Director of the Department of Financial and*

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Professional Regulation information concerning the licensure status and any disciplinary action taken against the applicant's or medical staff member's license. This provision does not apply to *medical personnel who enter a hospital to obtain organs and tissues for transplant from a diseased donor in accordance with the Uniform Anatomical Gift Act* [775 ILCS 59]. This provision shall not apply to *medical personnel who have been granted disaster privileges pursuant to the procedures and requirements established* in this section. (Section 10.4 of the Act;".

The following changes were made in response to comments and suggestions of the JCAR:

1. In Section 250.310(a)(1), "under" was struck and "as defined in" was inserted and "(Medical Staff)" was struck.

2. In Section 250.310(a)(1), "*Uniform Anatomical Gift Act* [775 ILCS 59]" was struck and "*Illinois Anatomical Gift Act* [755 ILCS 50]" was inserted.

3. In Section 250.310(a)(1), "section" was capitalized.

4. In Section 250.310(c), (c)(1)(E), (f)(1), and (f)(2), the parenthetical citation was struck.

5. In subsections 250.310(c)(2)(B)(i) and (ii), "(3)(C)" was struck and "(2)(B)" was inserted.

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

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes

13) Will this rulemaking replace any emergency rulemaking currently in effect? No

14) Are there any amendments pending on this Part? Yes

Section Numbers:	Proposed Action:	Ill. Reg. Citation:
250.330	Amendment	31 Ill. Reg. 7240; May 18, 2007
250.160	Amendment	31 Ill. Reg. 8617; June 22, 2007
250.1830	Amendment	31 Ill. Reg. 8617; June 22, 2007

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15) Summary and Purpose of the Rulemaking:

The amendment to Section 250.310 (Organization) implements Public Act 93-829, which became effective July 28, 2004. P.A. 93-829 established procedures to follow during emergencies when an emergency management plan has been activated. The amendment authorizes hospitals to grant disaster privileges pursuant to the adopted procedures without having to first request information from the Department of Professional Regulation.

Specifically, the amendments authorize hospitals to include in their bylaws a procedure for granting disaster privileges when the emergency management plan has been activated and the hospital is unable to handle the patients' immediate needs. The rulemaking details the various procedures hospitals must follow in the granting of disaster privileges, including the proper types of identification required of those seeking disaster privileges. The rulemaking also includes statutory language protecting hospitals, their employees, and persons granted emergency privileges from liability.

16) Information and questions regarding this adopted amendment shall be directed to:

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

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

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

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NOTICE OF ADOPTED AMENDMENT

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER b: HOSPITALS AND AMBULATORY CARE FACILITIES

PART 250
HOSPITAL LICENSING REQUIREMENTS

SUBPART A: GENERAL

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

SUBPART B: ADMINISTRATION AND PLANNING

Section
250.210 The Governing Board
250.220 Accounting
250.230 Planning
250.240 Admission and Discharge
250.250 Visiting Rules
250.260 Patients' Rights
250.265 Language Assistance Services
250.270 Manuals of Procedure
250.280 Agreement with Designated Organ Procurement Agencies

SUBPART C: THE MEDICAL STAFF

Section
250.310 Organization
250.315 House Staff Members
250.320 Admission and Supervision of Patients
250.330 Orders for Medications and Treatments
250.340 Availability for Emergencies

SUBPART D: PERSONNEL SERVICE

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

SUBPART E: LABORATORY

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

SUBPART F: RADIOLOGICAL SERVICES

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

SUBPART G: GENERAL HOSPITAL EMERGENCY SERVICE

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

SUBPART H: RESTORATIVE AND REHABILITATION SERVICES

Section

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250.810 Applicability of Other Parts of These Requirements
250.820 General
250.830 Classifications of Restorative and Rehabilitation Services
250.840 General Requirements for all Classifications
250.850 Specific Requirements for Comprehensive Physical Rehabilitation Services
250.860 Medical Direction
250.870 Nursing Care
250.880 Additional Allied Health Services

SUBPART I: NURSING SERVICE AND ADMINISTRATION

Section

250.910 Nursing Services
250.920 Organizational Plan
250.930 Role in hospital planning
250.940 Job descriptions
250.950 Nursing committees
250.960 Specialized nursing services
250.970 Nursing Care Plans
250.980 Nursing Records and Reports
250.990 Unusual Incidents
250.1000 Meetings
250.1010 Education Programs
250.1020 Licensure
250.1030 Policies and Procedures
250.1035 Domestic Violence Standards
250.1040 Patient Care Units
250.1050 Equipment for Bedside Care
250.1060 Drug Services on Patient Unit
250.1070 Care of Patients
250.1075 Use of Restraints
250.1080 Admission Procedures Affecting Care
250.1090 Sterilization and Processing of Supplies
250.1100 Infection Control
250.1110 Mandatory Overtime Prohibition
250.1120 Staffing Levels

SUBPART J: SURGICAL AND RECOVERY ROOM SERVICES

Section

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250.1210 Surgery
250.1220 Surgery Staff
250.1230 Policies & Procedures
250.1240 Surgical Privileges
250.1250 Surgical Emergency Care
250.1260 Operating Room Register and Records
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250.1305 Visitors in Operating Room
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SUBPART K: ANESTHESIA SERVICES

Section
250.1410 Anesthesia Service

SUBPART L: RECORDS AND REPORTS

Section
250.1510 Medical Records
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SUBPART M: FOOD SERVICE

Section
250.1610 Dietary Department Administration
250.1620 Facilities
250.1630 Menus and Nutritional Adequacy
250.1640 Diet Orders
250.1650 Frequency of Meals
250.1660 Therapeutic (Modified) Diets
250.1670 Food Preparation and Service
250.1680 Sanitation

SUBPART N: HOUSEKEEPING AND LAUNDRY SERVICES

Section

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250.1710 Housekeeping
250.1720 Garbage, Refuse and Solid Waste Handling and Disposal
250.1730 Insect and Rodent Control
250.1740 Laundry Service
250.1750 Soiled Linen
250.1760 Clean Linen

SUBPART O: MATERNITY AND NEONATAL SERVICE

Section

250.1810 Applicability of other Parts of these regulations
250.1820 Maternity and Neonatal Service (Perinatal Service)
250.1830 General Requirements for All Maternity Departments
250.1840 Discharge of Newborn Infants from Hospital
250.1850 Rooming-In Care of Mother and Infant
250.1860 Special Programs
250.1870 Single Room Maternity Care

SUBPART P: ENGINEERING AND MAINTENANCE OF THE PHYSICAL PLANT, SITE, EQUIPMENT, AND SYSTEMS – HEATING, COOLING, ELECTRICAL, VENTILATION, PLUMBING, WATER, SEWER, AND SOLID WASTE DISPOSAL

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250.1910 Maintenance
250.1920 Emergency electric service
250.1930 Water Supply
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250.1950 Grounds and Buildings Shall be Maintained
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250.2010 Definition
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250.2110 Service Requirements
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250.2210 Applicability of other Parts of these Regulations
250.2220 Establishment of a Psychiatric Service
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250.2240 Nursing Service
250.2250 Allied Health Personnel
250.2260 Staff and Personnel Development and Training
250.2270 Admission, Transfer and Discharge Procedures
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250.2290 Special Medical Record Requirements for Psychiatric Hospitals and Psychiatric Units of General Hospitals or General Hospitals Providing Psychiatric Care
250.2300 Diagnostic, Treatment and Physical Facilities and Services

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250.2430 Preparation of Drawings and Specifications – Submission Requirements
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250.2810 Applicability of Other Parts of These Requirements
250.2820 Establishment of an Alcoholism and Intoxication Treatment Service
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250.APPENDIX A Codes and Standards (Repealed)
250.EXHIBIT A Codes (Repealed)
250.EXHIBIT B Standards (Repealed)
250.EXHIBIT C Addresses of Sources (Repealed)
250.ILLUSTRATION A Seismic Zone Map
250.TABLE A Measurements Essential for Level I, II, III Hospitals
250.TABLE B Sound Transmission Limitations in General Hospitals
250.TABLE C Filter Efficiencies for Central Ventilation and Air Conditioning Systems in General Hospitals (Repealed)
250.TABLE D General Pressure Relationships and Ventilation of Certain Hospital Areas (Repealed)
250.TABLE E Piping Locations for Oxygen, Vacuum and Medical Compressed Air

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250.TABLE F General Pressure Relationships and Ventilation of Certain Hospital Areas
250.TABLE G Insulation/Building Perimeter

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

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

effective February 20, 2007; amended at 31 Ill. Reg. 14530, effective October 3, 2007; amended at 32 Ill. Reg. 3756, effective February 27, 2008.

SUBPART C: THE MEDICAL STAFF

Section 250.310 Organization

a) The medical staff shall be organized in accordance with written bylaws, rules and regulations, approved by the Governing Board. The bylaws, rules and regulations shall specifically provide but not be limited to:

1) establishing written procedures relating to the acceptance and processing of initial applications for medical staff membership, granting and denying of medical staff reappointment, and medical staff membership or clinical privileges disciplinary matters in accordance with subsection (b) of this Section for county hospitals as defined in ~~subsection (c) of~~ Section 15-1(c) of the Illinois Public Aid Code [305 ILCS 5/15-1], or subsection (c) of this Section for all other hospitals. The procedures for initial applicants at any particular hospital may differ from those for current medical staff members. However, the procedures at any particular hospital shall be applied equally to each practitioner eligible for medical staff membership as defined in~~under~~ Section 250.150 ~~(Medical Staff)~~ of this Part. The procedures shall provide that, *prior to the granting of any medical staff privileges to an applicant, or renewing a current medical staff member's privileges,* the hospital *shall request of the Director of the Department of Financial and Professional Regulation information concerning the licensure status and any disciplinary action taken against the applicant's or medical staff member's license.* This provision shall not apply to *medical personnel who enter a hospital to obtain organs and tissues for transplant from a deceased donor in accordance with the Illinois Anatomical Gift Act* [755 ILCS 50]~~*Uniform Anatomical Gift Act* [775 ILCS 59]~~. This provision shall not apply to *medical personnel who have been granted disaster privileges pursuant to the procedures and requirements established* in this Section. (Section 10.4 of the Act);

2) identifying divisions and departments as are warranted (as a minimum, active and consulting divisions are required);

3) identifying officers as are warranted;

4) establishing committees as are warranted to assure the responsibility for such functions as pharmacy and therapeutics, infection control, utilization review, patient care evaluation, and the maintenance of complete medical records;

5) assuring that active medical staff meetings are held regularly, and that written minutes of all meetings are kept;

6) reviewing and analyzing the clinical experience of the hospital at regular intervals - the medical records of patients to be the basis for such review and analysis;

7) identifying conditions or situations which require consultation, including consultation between medical staff members in complicated cases;

8) examining of tissue removed during operations by a qualified pathologist and requiring that the findings are made a part of the patient's medical record;

9) keeping completed medical records;

10) maintaining a Utilization Review Plan, which shall be in accordance with the Conditions of Participation for Hospitals in the Medicare Program;

11) establishing Medical Care Evaluation Studies;

12) establishing policies requiring a physician as first assistant to major and/or hazardous surgery, including written criteria to determine when an assistant is necessary;

13) assuring, through credentialing by the medical staff, that a qualified surgical assistant, whether a physician or non-physician, assists the operating surgeon in the operating room;

14) determining additional privileges that may be granted a staff member for the use of his/her employed allied health personnel in the hospital in accordance with policies and procedures recommended by the medical staff and approved by the governing authority. The policies and procedures shall include, at least, requirements that the staff member

requesting this additional privilege shall submit for review and approval by the medical staff and the governing authority of the hospital:

A) a curriculum vitae of the identified allied health personnel, and

B) a written protocol with a description of the duties, assignments and/or functions, including a description of the manner of performance within the hospital by the allied health personnel in relationship with other hospital staff;

15) establishing a mechanism for assisting medical staff members in addressing physical and mental health problems;

16) implementing a procedure for preserving medical staff credentialing files in the event of the closure of the hospital;.

17) establishing a procedure for granting disaster privileges.

A) When the emergency management plan has been activated and the hospital is unable to handle patients' immediate needs, it shall:

i) identify in writing the individuals responsible for granting disaster privileges;

ii) describe in writing the responsibilities of the individuals granting disaster privileges. The responsible individual is not required to grant privileges to any individual and is expected to make such decisions on a case-by-case basis at his or her discretion;

iii) describe in writing a mechanism to manage individuals who receive disaster privileges;

iv) include a mechanism to allow staff to readily identify individuals who receive disaster privileges;

v) require that medical staff address the verification process as a high priority and begin the verification process of the credentials and privileges of individuals who receive

disaster privileges as soon as the immediate situation is under control.

B) The individual responsible for granting disaster privileges may grant disaster privileges upon presentation of any of the following:

i) a current picture hospital ID card;

ii) a current license to practice and a valid picture ID issued by a state, federal or regulatory agency;

iii) identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT) or an Illinois Medical Emergency Response Team (IMERT);

iv) identification indicating that the individual has been granted authority to render patient care, treatment and services in disaster circumstances (such authority having been granted by a federal, state or municipal entity); or

v) presentation by current hospital or medical staff members with personal knowledge regarding practitioner's identity.

C) *Any hospital and any employees of the hospital or others involved in granting privileges that, in good faith, grants disaster privileges pursuant to* Section 10.4 of the Act *to respond to an emergency shall not, as a result of his, her, or its acts or omissions, be liable for civil damages for granting or denying disaster privileges except in the event of willful and wanton misconduct, as that term is defined in Section 10.2 of* the *Act*.

D) *Individuals granted privileges who provide care in an emergency situation, in good faith and without direct compensation, shall not, as a result of his or her acts or omissions, except for acts or omissions involving willful and wanton misconduct, as that term is defined in Section 10.2 of* the *Act, on the part of the person, be liable for civil damages.* (Section 10.4 of the Act)

b) The medical staff bylaws for county hospitals as defined in ~~subsection (c) of~~ Section 15-1(c) of the Illinois Public Aid Code shall include at least the following:

1) The procedures relating to evaluating individuals for staff membership, whether the practitioners are or are not currently members of the medical staff, shall include procedures for determination of qualifications and privileges, criteria for evaluation of qualifications, and procedures requiring information about current health status, current license status in Illinois, and biennial review of renewed license.

2) The procedure shall grant to current medical staff members at least: written notice of an adverse decision by the Governing Board; an explanation and reasons for an adverse decision; the right to examine and/or present copies of relevant information, if any, related to an adverse decision; an opportunity to appeal an adverse decision; and written notice of the decision resulting from the appeal. The procedures for providing written notice shall include timeframes for giving such notice.

c) The medical staff bylaws for *all hospitals except county hospital* shall include at least the following *provisions* for *granting, limiting, renewing, or denying medical staff membership and clinical staff privileges*: ~~(Section 10.4(b) of the Act)~~

1) *Minimum procedures for initial applicants for medical staff membership shall include the following:*

A) *Written procedures relating to the acceptance and processing of initial applicants for medical staff membership.*

B) *Written procedures to be followed in determining an applicant's qualifications for being granted medical staff membership and privileges.*

C) *Written criteria to be followed in evaluating an applicant's qualifications.*

D) *An evaluation of an applicant's current health status and current license status in Illinois.*

E) *A written response to each applicant that explains the reason or reasons for any adverse decision (including all reasons based in whole or in part on the applicant's medical qualifications or any other basis, including economic factors).* ~~(Section 10.4(b) of the Act)~~

2) *Minimum procedures with respect to medical staff and clinical privilege determinations concerning current members of the medical staff shall include the following:*

A) A written *explanation of the reasons for an adverse decision including all reasons based on the quality of medical care or any other basis, including economic factors.*

B) *A statement of the medical staff member's right to request a fair hearing on the adverse decision before a hearing panel whose membership is mutually agreed upon by the medical staff and the Hospital Governing Board. The hearing panel shall have independent authority to recommend action to the Hospital Governing Board. Upon the request of the medical staff member or the Hospital Governing Board, the hearing panel shall make findings concerning the nature of each basis for any adverse decision recommended to and accepted by the Hospital Governing Board.*

i) *Nothing in* subsection (c)(2)(B)~~(3)(C)~~ of this Section *limits a hospital's or medical staff's right to summarily suspend, without a prior hearing, a person's medical staff membership or clinical privileges if the continuation of practice of a medical staff member constitutes an immediate danger to the public, including patients, visitors, and hospital employees and staff. A fair hearing shall be commenced within 15 days after the suspension and completed without delay.*

ii) *Nothing in* subsection (c)(2)(B)~~(3)(C)~~ of this Section *limits a medical staff's right to permit, in the medical staff bylaws, summary suspension of membership or clinical privileges in designated administrative circumstances as specifically approved by the medical staff. This bylaw provision must*

specifically describe both the administrative circumstance that can result in a summary suspension and the length of the summary suspension. The opportunity for a fair hearing is required for any administrative summary suspension. Any requested hearing must be commenced within 15 days after the summary suspension and completed without delay. Adverse decisions other than suspension or other restrictions on the treatment or admission of patients may be imposed summarily and without a hearing under designated administrative circumstances as specifically provided for in the medical staff bylaws as approved by the medical staff.

iii) *If a hospital exercises its option to enter into an exclusive contract and that contract results in the total or partial termination or reduction of medical staff membership or clinical privileges of a current medical staff member, the hospital shall provide the affected medical staff member 60 days prior notice of the effect on his or her medical staff membership or privileges. An affected medical staff member desiring a hearing under* subsection (c)(2)(B) of this Section *must request the hearing within 14 days after the date he or she is so notified. The requested hearing shall be commenced and completed (with a report and recommendation to the affected medical staff member, Hospital Governing Board, and medical staff) within 30 days after the date of the medical staff member's request. If agreed upon by both the medical staff and the Hospital Governing Board, the medical staff bylaws may provide for longer time periods.*

C) *A statement of the member's right to inspect all pertinent information in the hospital's possession with respect to the decision.*

D) *A statement of the member's right to present witnesses and other evidence at the hearing on the decision.*

E) *A written notice and written explanation of the decision resulting from the hearings.*

F) *A written notice of* a final *adverse decision by the Hospital Governing Board.*

G) *Notice given 15 days before implementation of an adverse medical staff membership or clinical privileges decision based substantially on economic factors. This notice shall be given after the medical staff member exhausts all applicable procedures under* subsection (c)(2)(B)(iii) of this Section, *and under the medical staff bylaws in order to allow sufficient time for the orderly provision of patient care.*

H) *Nothing in* subsection (c)(2) of this Section *limits a medical staff member's right to waive, in writing, the rights provided in* subsection (c)(2)(A)-(G) of this Section *upon being granted the written exclusive right to provide particular services at a hospital, either individually or as a member of a group. If an exclusive contract is signed by a representative of a group of physicians, a waiver contained in the contract shall apply to all members of the group unless stated otherwise in the contract.* (Section 10.4(b) of the Act)

3) *Every adverse medical staff membership and clinical privilege decision based substantially on economic factors shall be reported to the Hospital Licensing Board before the decision takes effect. The reports shall not be disclosed in any form that reveals the identity of any hospital or physician. These reports shall be utilized to study the effects that hospital medical staff membership and clinical privilege decisions based upon economic factors have on access to care and the availability of physician services.* (Section 10.4(b) of the Act)

d) Regardless of any other categories (divisions of the medical staff) having privileges in the hospital, there shall be an active staff which must include physicians and may also include podiatrists and dentists, properly organized, which perform all the organizational duties pertaining to the medical staff. These duties include:

1) Maintenance of the proper quality of all medical care and treatment of inpatients and outpatients in the hospital. Proper quality of medical care and treatment includes:

A) availability and use of accurate diagnostic testing for the types of patients admitted;

B) availability and use of medical, surgical, and psychiatric treatment for patients admitted;

C) availability and use of consultation, diagnostic tools and treatment modalities for the care of patients admitted including the care needed for complications which may be expected to occur;

D) availability and performance of auxiliary and associate staff with documented training and experience in diagnostic and treatment modalities in use by the medical staff and documented training and experience in managing complications which may be expected to occur.

2) Organization of the medical staff, including adoption of rules and regulations for its government (which require the approval of the governing body), election of its officers or recommendations to the governing body for appointment of the officers, and recommendations to the governing body upon all appointments to the staff and grants of hospital privileges.

3) Other recommendations to the governing body regarding matters within the purview of the medical staff.

e) The medical staff may include one or more divisions in addition to the active staff, but this in no way modifies the duties and responsibilities of the active staff.

f) For the purpose of this Section only:

1) *Adverse decision means a decision reducing, restricting, suspending, revoking, denying, or not renewing medical staff membership or clinical privileges*. ~~(Section 10.4(b) of the Act)~~

2) *Economic factor means any information or reasons for decisions unrelated to quality of care or professional competency*. ~~(Section 10.4(b) of the Act)~~

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3) *Privilege means permission to provide medical or other patient care services and permission to use hospital resources, including equipment, facilities and personnel that are necessary to effectively provide medical or other patient care services. This definition shall not be construed to require a hospital to acquire additional equipment, facilities, or personnel to accommodate the granting of privileges.* (Section 10.4(b) of the Act)

(Source: Amended at 32 Ill. Reg. 3756, effective February 27, 2008)

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1) Heading of the Part: Control of Communicable Diseases Code

2) Code Citation: 77 Ill. Adm. Code 690

3)

Section Numbers:	Adopted Action:
690.100	Amended
690.110	Amended
690.200	Amended
690.295	Amended
690.300	Repealed
690.320	Amended
690.322	New
690.325	Repealed
690.327	Amended
690.330	Amended
690.335	Repealed
690.350	Amended
690.360	Amended
690.362	New
690.365	Amended
690.368	Amended
690.370	Repealed
690.380	Amended
690.385	Amended
690.386	Amended
690.390	Repealed
690.400	Amended
690.410	Amended
690.420	Amended
690.441	Amended
690.442	Amended
690.444	Amended
690.450	Amended
690.451	Amended
690.452	Amended
690.453	Repealed
690.460	Amended
690.465	New
690.475	Amended
690.480	Amended

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690.490	Amended
690.495	Amended
690.505	Amended
690.510	Amended
690.520	Amended
690.530	Repealed
690.550	Amended
690.555	Amended
690.570	Amended
690.580	Amended
690.590	Amended
690.595	Amended
690.600	Amended
690.601	Amended
690.610	Amended
690.620	Amended
690.630	Amended
690.635	New
690.640	Amended
690.650	Amended
690.655	Amended
690.658	New
690.660	Amended
690.661	Amended
690.670	Amended
690.675	Repealed
690.678	Amended
690.690	Amended
690.695	Amended
690.698	New
690.710	Amended
690.725	Amended
690.730	Amended
690.740	Amended
690.745	New
690.750	Amended
690.752	Amended
690.800	Amended
690.900	Amended
690.1000	Amended

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690.1010	Amended
690.1300	New
690.1305	New
690.1310	New
690.1315	New
690.1320	New
690.1325	New
690.1330	New
690.1335	New
690.1340	New
690.1345	New
690.1355	New
690.1360	New
690.1365	New
690.1370	New
690.1375	New
690.1380	New
690.1385	New
690.1390	New
690.1395	New
690.1400	New
690.1405	New
690.1410	New
690.1415	New

4) Statutory Authority: Authorized by and implementing the Communicable Disease Report Act [745 ILCS 45], and implementing and authorized by the Department of Public Health Act [20 ILCS 2305].

5) Effective Date of Rulemaking: March 3, 2008

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 and available for public inspection at the Illinois Department of Public Health, 525 W. Jefferson Street, Springfield, Illinois 62761-0001.

9) Notice of Proposed Published in the Illinois Register: March 9, 2007; 31 Ill. Reg. 3722

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10) Has JCAR issued a Statement of Objection to this rulemaking? No

11) Differences between proposal and final version: The following changes were made in response to comments received during the first notice or public comment period:

The following changes were made in the headings in the text of the rules and/or in the Table of Contents:

1. In Section 690.322 insert "(including but not limited to California encephalitis, St. Louis encephalitis and West Nile virus)" after "690.322 Arboviral Infections".

2. In Section 690.327 insert "by telephone or facsimile" after "24 hours".

3. In Sections 690.360, 690.400, 690.410, 690.441, 690.442, 690.444, 690.450, 690.555, 690.600, 690.601, 690.658, 690.660, 690.661, 690.670, 690.730, 690.740, insert "or facsimile" after "telephone".

4. In Section 690.350, delete "(In persons 20 years of age and over, reportable by telephone, fax or electronically within 24 hours. In persons less than 20 ~~year~~ years of age, reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)" and insert "(Reportable by telephone as soon as possible, within 24 hours)".

5. In Section 690.362 [690.362 Creutzfeldt-Jakob Disease (CJD) listing], insert "and probable" after "(all laboratory confirmed".

6. In Section 690.400, and in Section 690.100(b)(5), and Section 690.400, strike "Enteric".

7. After Section 690.465, insert "690.469 Influenza A, Novel Virus (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion or laboratory test order)".

8. In Section 690.550, delete "(Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) and insert "(Reportable by telephone as soon as possible, within 24 hours)".

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9. In Section 690.620, delete "(Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) and insert "(Reportable by telephone as soon as possible, within 24 hours)".

10. In Section 690.658, delete "Clusters of 3" and insert "Clusters of 2".

11. In Section 690.658 insert "facsimile" after "telephone".

12. In Section 690.658, insert "Laboratory Confirmed" after "More".

13. In Sectio 690.660, amend as follows:

"Section 690.660 Staphylococcus aureus, Methicillin Resistant (MRSA), ~~Infections~~ Occurring In Infants Under 61 ~~28~~ Days of Age ~~Within a Health Care Institution or With Onset After Discharge~~ (Reportable by ~~mail,~~ telephone~~,~~ ~~facsimile~~ or facsimile ~~electronically~~ as soon as possible, within 24 hours ~~7 days~~)".

14. In Section 690.698 delete and replace with: "Section 690.698 Tickborne Disease (includes Ehrlichiosis, Anaplasmosis, Lyme disease and Rocky Mountain spotted fever) (Reportable by mail, telephone, facsimile or electronically, within 7 days)".

The following changes were made in the text of the rules:

1. In Section 690.100 after "The following are declared to be contagious, infections", remove "and" and insert "or" after "infectious,".

2. In Section 690.100(a), insert "5) Influenza A, Novel Virus 690.469" after "690.330"; renumber subsequent subsections.

3. In Section 690.100(b)(2) delete "Chickenpox (Varicella) in adults age 20 and over" and insert "Chickenpox (Varicella)".

4. In Section 690.100(b)(11) insert "12) Mumps 690.520" after "Measles"; renumber subsequent sections.

5. In Section 690.100(b)(16) insert "18) Rubella 690.620" after "Rabies, potential human exposure"; renumber subsequent sections.

6. In Section 690.100(b)(19), delete "19) Staphylococcus aureus, Methicillin Resistant (MRSA) invasive disease occurring in infants in a neonatal intensive

care unit or newborn nursery within a healthcare institution 690.660" and insert "21) Staphylococcus aureus, Methicillin Resistant (MRSA), occurring in infants under 61 days of age 690.660" .

7. In Section 690.100(b), "20) Staphylococcus aureus, Methicillin resistant…." change "clusters of 3" to "clusters of 2".

8. In Section 690.100(c)(1), insert "(including, but not limited to, California encephalitis, St. Louis encephalitis and West Nile virus)" after "Arboviral infection* ".

9. In Section 690.100(c), delete "3) Chickenpox (Varicella) in persons less than 20 years of age 690.350".

10. In Section 690.100(c), delete "17) Mumps 690.550".

11. In Section 690.100(c), delete "20) Rubella, including congenital rubella syndrome 690.620".

12. In Section 690.100(c), ("26)") insert ", anaplasmosis," after "ehrlichiosis,".

13. In Section 690.110, remove the strikeouts from the following and re-letter as "h)" through "m)";
"Acquired immunodeficiency syndrome (AIDS) 693.20"
"Chancroid 693.20"
"Gonorrhea 693.20"
"Ophthalmia neonatorum 693.20"
"Syphilis 693.20"
"Tuberculosis 693.170"

14. In Section 690.200(a)(2), insert "Upon request of the local health department, laboratories shall submit a copy of a laboratory report by facsimile or electronically." after "requested."

15. In Section 690.200(a)(3), delete "or facsimile" and replace with ", facsimile or other secure electronic system integrated with I-NEDSS" after "by mail, telephone".

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16. In Section 690.200(d)(2), insert "The individual, his/her legal guardian or his/her estate, with proper consent, may have their information released as requested." after "agency."

17. In Section 690.322, delete (c)(1) and renumber the subsequent sections.

18. In Section 690.350, delete "(In persons 20 years of age and over, reportable by telephone, facsimile or electronically within 24 hours. In persons less than 20 years of age, reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days" and insert "Reportable by telephone, facsimile or electronically within 24 hours)".

19. In Section 690.350(b)(2), delete "96 to".

20. In Section 690.350(b)(3), delete "but" and insert "and".

21. In Section 690.350(b)(3), delete "vaccine" and insert "varicella-specific immune globulin".

22. In Section 690.350(b)(3), delete "only within" and insert "no longer than".

23. In Section 690.360(a)(3), insert "Local health departments may require specimens from health care workers or those who work in occupations requiring Standard Precautions if there is reason to believe specimen testing is necessary (e.g. the nature of the work, including feeding or oral care, hygienic practices of the worker or as part of an investigation of a cluster)." after "Standard Precautions.".

24. Delete Section 690.360(a)(3)(A) thru 690.360(a)(3)(C).

25. In Section 690.360(b)(1)(B) and Section 690.360(b)(2)(B), insert "Local health departments may require specimens from health care workers or those who work in occupations requiring Standard Precautions if there is reason to believe specimen testing is necessary (e.g. the nature of the work, including feeding or oral care, hygienic practices of the worker or as part of an investigation of a cluster)." after "Health Care Workers.".

26. Delete Section 690.360(b)(1)(B)(i) through 690.360(b)(1)(B)(iii) and Section 690.360(b)(2)(B)(i) through 690.360(b)(2)(B)(iii).

27. In Section 690.362, insert "and probable" after "all laboratory confirmed".

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28. In Section 690.362(c), insert "Laboratories shall forward clinical materials from patients suspected of having CJD to the National Prion Disease Pathology Surveillance Center." after "Creutzfeldt-Jakob Disease.".

29. In Section 690.380(a)(2), delete ",not less than 24 hours apart,".

30. In Section 690.380(a)(2), insert "The first culture shall be taken not less than 24 hours after completion of antibiotic therapy and the second culture shall be taken not less than 24 hours after the first." after "avirulent.".

31. In Section 690.380(b)(2), insert "The first culture shall be taken not less than 24 hours after completion of antibiotic therapy and the second culture shall be taken not less than 24 hours after the first." after "authority.".

32. In Section 690.400(a)(3), 690.400(b)(1)(B), and 690.400(b)(2)(B), insert "Local health departments may require specimens from health care workers or those who work in occupations requiring Standard Precautions if there is reason to believe specimen testing is necessary (e.g. the nature of the work, including feeding or oral care, hygienic practices of the worker or as part of an investigation of a cluster)" after "Health Care Workers.".

33. Delete Section 690.400(a)(3)(A) through 690.400(a)(3)(C), 690.400(b)(1)(B)(i) through 690.400(b)(1)(B)(iii), and 690.400(b)(2)(B)(i) through 690.400(b)(2)(B)(iii).

34. In Section 690.410(d)(3), strike out "Potentially hazardous food shall be kept at temperatures below 41 degrees (5 degrees C) or above 140 degrees F (60 degrees C), as appropriate, during display and service.".

35. In Section 690.420(b), delete ", including health care workers,".

36. In Section 690.420(b), insert "Local health departments may require specimens from health care workers or those who work in occupations requiring Standard Precautions if there is reason to believe specimen testing is necessary (e.g. the nature of the work, including feeding or oral care, hygienic practices of the worker or as part of an investigation of a cluster)" after "of this Section.".

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37. Delete Section 690.450(b)(2) and insert in its place "2) Guidelines for immune globulin (IG) administration for non-immune contacts are specified in Section 690.1010(b)(2).".

38. Delete Section 690.450(b)(3); insert "3) Administration of IG is not recommended for symptomatic contacts, but testing is recommended to verify the diagnosis."; and renumber remaining subsections.

39. In Section 690.450(d), insert "Upon request, laboratories shall provide liver function test results for suspect cases of Hepatitis A." after "not reportable).".

40. In Section 690.451(b)(1), strike out "Quarantine is not indicated.".

41. In Section 690.451(b)(5), insert "following exposure, preferably within 24 hours but not more than" after "possible" and delete "but within".

42. In Section 690.451(d)(1), delete "1) Have a positive result on any laboratory test indicative of and specific for detecting hepatitis B and/or hepatitis D infection." And insert "1) Are pregnant with evidence of acute or chronic hepatitis B infection (surface antigen positive).".

43. In Section 690.451(d)(2), delete "2) Are pregnant with evidence of acute or chronic hepatitis B infection (surface antigen positive)." and insert "2) Have a positive result on any laboratory test indicative of and specific for detecting hepatitis B and/or hepatitis D infection."

44. Add Section 690.451(d)(3), insert "3) Have results of alanine aminotranferase and/or aspartate aminotransferase testing within 30 days of the positive test for hepatitis B and/or hepatitis D. These results should be reported concurrently with the positive assay.".

45. In Section 690.452(c), add "or other parameter" after "(S/C)".

46. In Section 690.452(c), add "Laboratories not performing confirmatory testing or tests to identify highly positive specimens (e.g. S/C) shall report selected Hepatitis C results as requested by the Department." after "reported.".

47. Before Section 690.475, insert the following:

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"Section 690.469_Influenza A, Novel Virus (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion or laboratory test order)

a) Control of Case.

1) Standard Precautions, including routine use of eye protection, and Contact Precautions shall be followed for patients in healthcare settings (e.g., hospitals, long-term care facilities, outpatient offices, emergency transport vehicles), use of a respirator at least as protective as an N-95 is recommended during close contact in healthcare settings, and an airborne infection isolation room or equivalent is recommended during hospitalization. Cohorting in specific areas or wards may be considered.

2) If present rules are not adequate, alternative requirements may be issued. See Section 690.100(d).

b) Control of Contacts.

1) Recommendations for control of contacts will be made by the Department based on transmissibility and severity of the illness that caused the novel influenza strain.

2) Healthcare workers caring for patients with novel influenza shall be monitored for illness by the healthcare facility, in collaboration with the local health department.

c) Laboratory Testing and Reporting.

1) Virus isolation studies on respiratory specimens from individuals with suspected novel influenza infection should not be performed by clinical laboratories unless approved by the Department.

2) Laboratories shall immediately report to the local health authority any request for laboratory testing for a novel subtype, or laboratory identification of a suspected novel subtype, in a human specimen. Novel subtypes include, but are not limited to, H2, H5, H7, and H9 subtypes. Influenza H1 and H3 subtypes originating from a non-human species are also novel subtypes. Laboratory evidence of a

suspected novel subtype includes any specimen from a human that is polymerase chain reaction or culture positive for influenza A and tests negative for currently circulating H1 and H3 subtypes.

3) Upon request, laboratories shall forward clinical materials to the Department's laboratory."

(Source: Added at 32 Ill. Reg. _____, effective _____)"

48. In Section 690.550, strike out "**mail**".

49. In Section 690.550, strike out "**within 7 days**" and insert "**within 24 hours**".

50. In Section 690.550(a)(2), delete "9 days after parotid swelling, if susceptible contacts (those not" and insert "5 days after onset of symptoms (parotitis).".

51. In Section 690.550(a)(2), delete "immunized) are present.".

52. In Section 690.555(b)(3), delete "young adults and college students" and replace with "children, adolescents and young adults".

53. After Section 690.555(b)(3), insert "4) Recommendations for chemoprophylaxis of close contacts are specified in Section 690.1010(a)(3).".

54. In Section 690.620, strike out "**mail**".

55. In Section 690.620, strike out "**days**" and insert "**hours**".

56. In Section 690.630(a)(3), 690.630(b)(1)(B), and 690.630(b)(2)(B) insert "Local health departments may require specimens from health care workers or those who work in occupations requiring Standard Precautions if there is reason to believe specimen testing is necessary (e.g. the nature of the work, including feeding or oral care, hygienic practices of the worker or as part of an investigation of a cluster)" after "Health Care Workers.".

57. Delete Section 690.630(a)(3)(A) through 690.630(a)(3)C), 690.630(b)(1)(B)(i) through 690.630(b)(1)(B)(iii), and 690.630(b)(2)(B)(i) through 690.630(b)(2)(B)(iii).

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58. In Section 690.640(a)(3), Section 690.640(b)(1)(B), and Section 690.640(b)(2)(B) insert "Local health departments may require specimens from health care workers or those who work in occupations requiring Standard Precautions if there is reason to believe specimen testing is necessary (e.g. the nature of the work, including feeding or oral care, hygienic practices of the worker or as part of an investigation of a cluster)" after "Health Care Workers.".

59. Delete Section 690.640(a)(3)(A) through 690.640(a)(3)(C), Section 690.640(b)(1)(B)(i) through 690.640(b)(1)(B)(iii), and Section 690.640(b)(2)(B)(i) through 690.640(b)(2)(B)(iii).

60. In Section 690.650(b), delete "proven" and insert "probable or confirmed".

61. In Section 690.658, insert "**Laboratory Confirmed**" after "**or More** ".

62. Delete Section 690.658(a) and insert:

"1) For purposes of this Section, a MRSA cluster is defined as 2 or more laboratory confirmed cases of community onset MRSA infection during a 14 day period for whom an epidemiological link is readily apparent to the reporter. Reporting is required if there is information provided to the reporter that the cases are epidemiologically linked to a community setting including, but not limited to, school, correctional facility, daycare setting, or sports team. "In order to determine if a cluster is occurring, the local health authority may request information on individual cases."

"2) The local health authority shall be consulted regarding any identified cluster of 2 of more cases for recommendations specific to the setting where the cluster is identified."

63. Amend the heading of Section 690.660 to read as follows:
"Section 690.660 Staphylococcus aureus, Methicillin Resistant (MRSA), ~~Infections~~ Occurring In Infants Under 61 ~~28~~ Days of Age ~~Within a Health Care Institution or With Onset After Discharge~~ (Reportable by ~~mail,~~ telephone~~, facsimile~~ or electronically as soon as possible, within 24 hours ~~7 days~~)"

64. In Section 690.660(a), delete "(Invasive and Non-invasive)".

65. Delete Section 690.660(a)(2)(B) and replace with:

"B) If a cluster of MRSA is identified in a NICU or newborn nursery, NICU or newborn nursery personnel who provided care for affected infants should be evaluated for the presence of any acute or chronic skin lesions. Evaluation for skin lesions among other personnel who provided care for affected infant may be performed based on the determination of the chairperson of the infection control committee. Laboratory screening of personnel for MRSA in response to a cluster of neonatal MRSA should be performed to corroborate data indicating that one or more individuals are linked to transmission."

66. Revise Section 690.660(c), as follows:

"c~~e~~) Laboratory Reporting. Laboratories shall ~~are required to~~ report to the local health authority all cultures from which MRSA is isolated in infants under 61 days of age. ~~infants less than 28 days of age from whom a clinically significant staphylococcus aureus is isolated.~~"

67. In Section 690.661 delete '**Mic**" and replace with '**Minimum inhibitory concentration (MIC)**"

68. Delete Section 690.670(a)(1) and replace with:

"1) Standard Precautions shall be followed. Droplet Precautions shall be followed for persons with necrotizing fasciitis or toxic shock syndrome until 24 hours after initiation of effective antimicrobial therapy. In cases of necrotizing fasciitis, when the dressing does not adequately contain drainage, Contact Precautions shall be followed until 24 hours after initiation of effective antimicrobial therapy."

69. Delete the heading of Section 690.698, and replace with:
"Section 690.698 Tickborne Disease (includes Ehrlichiosis, Anaplasmosis, Lyme disease and Rocky Mountain spotted fever) (Reportable by mail, telephone, facsimile or electronically, within 7 days)"

70. In lines Section 690.730(a)(3)(C)(ii), Section 690.730(a)(4)(B)(ii), and Section 690.730(a)(5)(D)(2), delete "in non-sensitive occupations".

71. In Section 690.740(a), insert "Proper delousing for louseborne typhus is required." after "Standard Precautions shall be followed.".

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72. In line Section 690.740(c), delete "murine".

73. In Section 690.750(b)(4), delete "TDaP" and insert "at least 5 days of a course of an appropriate antibiotic and Tdap" and delete "has" and insert "have".

74. In Section 690.750(b)(4),, delete "TDaP" and insert "Td and they have not received Tdap previously."

75. In Section 690.750(c)(1), add an "s" to "result".

76. In Section 690.750(c)(1), delete "positive direct fluorescent antibody tests".

77. In Section 690.750(c)(1), insert "and direct fluorescent antibody tests" after "Serology".

78. Revise Section 690.1000(b) to read as follows "a home or establishment where food is produced that is ~~the home of a distributor, or on any farm or dairy producing milk, cream, butter, cheese or other foods~~ likely to be consumed raw or".

79. In Section 690.900, insert the new definition ""Probable Case" – A case that is classified as probable per federal or State case definitions.".

80. Strike out "suspect case" in Section 690.900.

81. Delete Section 690.1010(a)(5) and insert, "5) "Investigation and control of vancomycin-intermediate and –resistant *Staphylococcus aureus*: A Guide for Health Departments and Infection Control Personnel," U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (September 2006).".

82. Delete Section 690.1010(a)(7) and insert, "7) Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, June 2007", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (June 25, 2007)".

83. In Section 690.1010(b), insert "1)" before "World Health Organization"

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84. In Section 690.1010(b), insert "2) "Red Book: 2006 Report of the Committee on Infectious Diseases. 27th ed.", American Academy of Pediatrics, 141 Northwest Point Blvd., Elk Grove Village, IL 60007".

86. In Section 690.550(a)(2) [Mumps, Control of Case, 2)], delete "9 days after parotid gland swelling, if susceptible contacts (those not immunized) are present" and insert "5 days after onset of symptoms (parotitis)".

87. In the heading of Section 690.620, strike out "**7**" and insert "**24**" after "**as soon as possible, within**".

88. In the heading of Section 690.658, change "**Clusters of 3**" to "**Clusters of 2**".

89. In the heading of Section 690.660, remove strikeout from "**mail**" after "**Reportable by**".

90. In Section 690.900 – under 'Sentinel Surveillance', insert "and/or incidence" after "prevalence".

91. In Section 690.900 – "Chain of Custody" insert "Certified Local Health Department" - a local health authority that is certified pursuant to Section 600.210 of the Certified Local Health Department Code (77 Ill. Adm. Code 600).

92. In Section 690.1310(c), insert "physical examinations and tests; collection of specimens, administration of vaccines, medications, and treatments; and observation and monitoring" after "closure.".

93. In Section 690.1310(c), delete "county and multiple county boards of health" and insert "certified local health departments".

94. In Section 690.1310(c), delete "The Department shall work jointly with municipal local health authorities in instituting and implementing the public health measures set forth in this Subpart." .

95. In Section 690.1315(b), delete the phrase "when necessary.".

96. In Section 690.1320 before (c) insert " c) If any health care provider having under observation or care any person with a dangerously contagious disease is of the opinion that the person is uncooperative or unwilling to adhere to prescribed treatment or medical instruction, the health care provider shall report the facts to

the Department or certified local health department which shall investigate or have investigated the circumstances alleged."; renumber subsequent subsections.

97. Delete Section 690.1320(c) and replace with " d) If a person subject to isolation or quarantine is already in a health care facility, the Department or the local health authority may direct the facility to hold the person. If a health care facility has grounds to believe that a patient may leave the health care facility without authorization, the health care facility shall contact the Department or local health authority immediately and be prepared to provide the Department or local health authority with all records and information related to the treatment and management of the person. The facility shall take all reasonable measures to encourage the person to remain in the facility through non-coercive means such as education and counseling, and when necessary, by utilizing appropriate restrictions to prevent the person from exposing others to the disease. The facility shall not allow persons considered infectious and inappropriate for discharge to leave the facility by signing out against medical advice. Upon receipt of notification from a health care facility about a potential patient elopement from the facility, the local health authority shall investigate or have investigated the circumstances alleged and may issue a verbal order for isolation or quarantine."

98. In Section 690.1325(a), delete "isolating and quarantining" and insert "ordering the isolation or quarantine of".

99. In Section 690.1325(a)(1), insert "consistent with the rules of the Department or in guidelines issued by the Centers for Disease Control and Prevention" after "others".

100. Modify Section 690.1325(a)(7) to read "… the Department or certified local health department. The Department or certified local health department may isolate infected individuals who decline treatment for the period of time they are believed to be infectious and may quarantine individuals for the period during which they may become infectious." after "approved by".

101. Modify Section 690.1325(b) to read "notification of the person's detention and the Department or the certified local health department shall, upon request, at least one such contact person and where reasonably practicable under the totality of the circumstances, may provide notice to a reasonable number of other persons that the individual is being detained."

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102. Modify Section 690.1325(d) to read "… the Department or certified local health department shall work with emergency management authorities to communicate the latest available information to persons in the affected area."

103. Modify Section 690.1325(e) to read "The Department encourages certified local health departments to collaborate with state, federal and local entities in meeting the needs of isolated or quarantined persons in a systematic and competent fashion, including, but not limited to, the need for adequate food, clothing, shelter, communication with persons outside these settings, medication, and medical care.".

104. In Section 690.1330(a), delete "local health authority" and insert "certified local health department".

105. Delete Section 690.1330(a)(1) through (a)(3) and insert:

1 ~~2~~) The Department or the certified local health department has reason to believe that a person or group of persons is, or is suspected to be, infected with, exposed to, or contaminated with a dangerously contagious or infectious disease that could spread to or contaminate others if remedial action is not taken; and

2~~3~~) The Department or the certified local health department has reason to believe that the person or group of persons would pose a serious and imminent risk to the health and safety of others if not detained for isolation; and,

3~~1~~) The Department or the certified local health department has first made efforts, which shall be documented, to obtain voluntary compliance with requests for medical examination, testing, treatment, counseling, vaccination, decontamination of persons or animals, isolation, and inspection and closure of facilities, or has determined that seeking voluntary compliance would create a risk of serious harm.

106. Delete Section 690.1330(c)(2), and insert 2) "The Department or certified local health department shall issue a written isolation or quarantine order within 24 hours after the commencement of isolation or quarantine pursuant to a verbal order, which shall specify the following:"

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107. Delete Section 690.1330(c)(2)(K) and insert: "K) A statement that, at any time while the isolation, quarantine or closure order is in effect, persons under isolation, quarantine or closure may request a hearing to review the isolation, quarantine, or closure order as set forth in Section 690.1345 of this Subpart.".

108. Delete Section 690.1330(d)(1)(C).

109. Delete Section 690.1330(g) and insert:

g) *"To obtain a court order, the Department or certified local health department, by clear and convincing evidence, must prove that the public's health and welfare are significantly endangered by a person or group of persons that has, that is suspected of having, that has been exposed to, or that is reasonably believed to have been exposed to a dangerously contagious or infectious disease including non-compliant tuberculosis patients or that the public's health and welfare have been significantly endangered by a place where there is a significant amount of activity likely to spread a dangerously contagious or infectious disease. The Department or certified local health department must also prove that all other reasonable means of correcting the problem have been exhausted and no less restrictive alternative exists. For purposes of this subsection, in determining whether no less restrictive alternative exists, the court shall consider evidence showing that, under the circumstances presented by the case in which an order is sought, quarantine or isolation is the measure provided for in a rule of the Department or in guidelines issued by the Centers for Disease Control and Prevention or the World Health Organization.* (Section 2(c) of the Act)".

110. Delete Section 690.1335(a)(5) and insert:

"5) The Department or certified local health department shall permit a reasonable number of individuals to enter the isolation or quarantine area if the individual signs a consent form stating that he or she has been informed of the potential health risks, isolation and quarantine guidelines of the Department or the certified local health department, and the consequences of entering the area. The individual may not hold the Department, the certified local health department, the unit of local government, or the State, or any employees or agents thereof responsible for any consequences of entering the isolation or quarantine area. If an individual poses a danger to public health by entering an isolation or

quarantine area, the individual shall be subject to isolation or quarantine according to this Section."

111. Delete Section 690.1335(b) and insert "b) Persons who are subject to isolation and quarantine and persons who enter isolation and quarantine premises shall obey the isolation or quarantine orders of the Department or the local health authority. Failure to do so shall constitute a Class A misdemeanor pursuant to 20 ILCS 2305/2(k) and 20 ILCS 2305/8.1. ".

112. Delete Section 690.1340(a) and insert "a) An order issued by the Department, a certified local health department or the circuit court in accordance with this Subpart shall be enforced by all local and statewide law enforcement, and all other officers and employees of any political subdivision within the jurisdiction of the local health authority."

113. Delete Section 690.1340(b) and insert "b) The Department or certified local health department may request the assistance of police officers, sheriffs, and all other officers and employees of any political subdivision within the jurisdiction of the Department or local health authority to apprehend, hold, transport, quarantine or isolate a person who is subject to an order if that person is uncooperative or unwilling to adhere to prescribed treatment or medical instruction of the Department or certified local health department.".

114. Delete Section 690.1345(b) and insert "b) A request for a hearing under this Section shall not stay or enjoin an isolation, quarantine or closure order. To obtain release from a public health order, the person or persons, by clear and convincing evidence, must prove that the public's health and welfare are not significantly endangered by the person, persons or place subject to the order."

115. Delete Section 690.1345(d) and insert "d) Any hearing for relief under this Section involving a petitioner or petitioners considered to be contagious for a dangerously contagious or infectious disease shall be conducted in a manner that uses appropriate infection control precautions and minimizes the risk of disease transmission."

116. Delete Section 690.1365 and replace with:

"a) Orders for isolation, quarantine or closure shall be delivered in a manner reasonably calculated to give the person actual notice of the terms of the

order. The Department or certified local health department shall serve notice of the isolation, quarantine or closure order as follows:

1) By personal service to the person, except in cases where personal delivery would represent a spread of or exposure to a dangerously contagious or infectious disease; or

2) By certified mail, postage prepaid, return receipt requested to the person's last known address; or

3) By electronic transmission via e-mail or telefacsimile, provided that any available means of determining and recording receipt of such notice will be made and further provided that notice by certified mail shall accompany such electronic transmission.

b) The individual making personal service pursuant to this section shall provide a written declaration under penalty of perjury identifying the person served and the time, date, and manner of service as proof of service.

c) If the order for isolation, quarantine or closure applies to a group of persons and it is impractical under the circumstances to provide individual notice, the Department or certified local health department may post or publish the order in a conspicuous location as an acceptable alternative to personal service. If the notice is posted or published, the Department or certified local health department shall omit the names and identities of persons and shall take other measures respecting the privacy of the persons.

d) If the Department or certified local health department determines that serving or posting the order according to subsections (a) and (c) of this Section is impractical because of the number or persons to be isolated or quarantined or the geographical area affected, the Department or certified local health department shall use the best means available, such as through the media or automated emergency telephone systems, to fully inform the affected persons of the order. If upon petition by the Department or certified local health department, the court rules that the method used is an alternate form of personal service, then the order shall proceed as an enforceable order under this Subpart.

e) Where there is no personal service of an order, the order shall be deemed an advisory directive and shall not trigger any rights of judicial review or be enforceable by law enforcement."

117. In Section 690.1370, insert "any" after "local health authority; and" and delete "the hearing transcript, if any, or" before "summary notes of the hearing.".

118. In Section 690.1370, delete "local health authority"and replace with "certified local health department".

119. In Section 690.1375(a), delete "at the Department or local health authority's direction" and replace with "a public health order".

120. In Section 690.1375(b), delete "local health authority"and replace with "certified local health department".

121. Delete "Dangerously Contagious or infectious disease" in Section 690.900 and replace with:

"Dangerously contagious or infectious disease" - An illness due to a specific infectious agent or its toxic products that arises through transmission of that agent or its products from an infected person, animal or inanimate reservoir to a susceptible host; either directly or indirectly through an intermediate plant or animal host, vector or the inanimate environment, and may pose an imminent and significant threat to the public health, resulting in severe morbidity or high mortality.".

122. In Section 690.900 after Premises, insert "Public health order" – a written or verbal command, directive, instruction or proclamation issued or delivered by the Department or certified local health department. "

123. In Section 690.1380(a), insert "or certified local health department" after "Department".

124. In Section 690.1385(a), insert "or certified local health department" after "Department".

125. In Section 690.1390(a), insert "or certified local health department" after "Department".

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126. Delete language under Section 690.1400, and insert "The Department or certified local health department shall work with local law enforcement, local emergency medical services and health providers in their jurisdiction to identify appropriate methods of transporting persons to court or to a place for examination, quarantine, isolation, or treatment of the person or group of persons who are subject to a public health order or court order under this Subpart."

127. Delete Section 690.1410(a) and (b) and insert:

"a) The Department or certified local health department that issued the order of isolation, quarantine, or closure shall periodically reexamine the reasons upon which the order of isolation, quarantine, or closure was based. This reexamination shall occur upon any significant change in circumstances or scientific recommendations, but in any event must be done at least every 30 days.

b) If, at any time, the Department or certified local health department determines that the conditions justifying the order of isolation, quarantine, or closure no longer exist, the Department or certified local health department shall:

1) Immediately discharge the person or group of persons or the owner whose place was subject to closure from the order of isolation, quarantine, or closure if the order was issued by the Department or certified local health department; or

2) File a petition with the local circuit court requesting that the person or group of persons be discharged and the court order for isolation, quarantine or closure be terminated."

128. In Section 690.1410, after (d), insert "e) "The Department or certified local department shall give the affected person(s) an official written document providing evidence of termination of the previous order of isolation, quarantine, or order.".

129. Replace language in Section 690.1415 with the following:

"a) *Any person who knowingly or maliciously disseminates any false information or report concerning the existence of any dangerously contagious or infectious disease in connection with the Department* or

certified local health department's *power of quarantine, isolation and closure or refuses to comply with a quarantine, isolation or closure order is guilty of a Class A misdemeanor.* (Section 2(k) of the Act)

b) A public health order issued by a certified local health department under this Subpart is equivalent to, shall be enforced as, and carries the same penalty as an order issued by the Department directly."

130. In Section 690.410(a)(3), delete "commercial food establishments" and insert "retail food establishments".

131. In Sections 690.1300 through 690.1415, delete "local health authority" and insert "certified local health department" each time it is used, unless otherwise specified above.

Additionally, various typographical, grammatical, and form changes were made in response to the comments from JCAR regarding the Department's second notice submission. These changes included substituting "Certified Local Health Department" whenever "Local Health Authority" was used throughout the rulemaking; updating the incorporations by reference; and revising the headings in the Table of Contents to correspond to changes in the headings in the text.

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 any emergency rulemaking currently in effect? No

14 Are there any amendments pending on this Part? No

15) Summary and Purpose of Amendments: The rules for the Control of Communicable Diseases provide: a list of the reportable diseases and conditions; the time frames in which these diseases or conditions shall be reported; the reporting entities; and the procedures for reporting. The rules also provide detailed procedures for the control of communicable diseases for each reportable disease, as well as general procedures for the control of communicable diseases. The document also provides definitions of terms and references to incorporated materials. The amendments to the existing rules update all Subparts based on the most current disease control procedures to improve the control of communicable disease in Illinois. Information on diseases and conditions, appropriate measures to control communicable diseases, and technology in place to report diseases has changed since the last revision of the Control of Communicable Disease Code.

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Particularly, information on controlling infectious diseases due to bioterrorism or new epidemics of infectious disease has advanced, and the amendments address these issues, including new language on isolation, quarantine and other infectious disease control measures to implement the powers authorized in Section 2 of Public Health Act [20 ILCS 2305/2].

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

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

217/782-2043
E-mail: rules@idph.gov

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

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TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER k: COMMUNICABLE DISEASE CONTROL AND IMMUNIZATIONS

PART 690
CONTROL OF COMMUNICABLE DISEASES CODE

SUBPART A: REPORTABLE DISEASES AND CONDITIONS

Section
690.100 Diseases and Conditions
690.110 Diseases Repealed from This Part

SUBPART B: REPORTING

Section
690.200 Reporting

SUBPART C: DETAILED PROCEDURES FOR THE CONTROL OF COMMUNICABLE DISEASES

Section
690.290 Acquired Immunodeficiency Syndrome (AIDS) (Repealed)
690.295 Any Unusual Case or Cluster of Cases That May Indicate a Public Health Hazard, Including, But Not Limited to, Glanders, Orf, Monkeypox, Viral Hemorrhagic Fever (Reportable by telephone immediately ~~as soon as possible,~~ (within 3~~24~~ hours))
690.300 Amebiasis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)
690.310 Animal Bites (Reportable by mail or telephone as soon as possible, within 7 days) (Repealed)
690.320 Anthrax (Reportable by telephone immediately, within 3 hours, upon initial clinical suspicion of the disease)
690.322 Arboviral Infections (including, but not limited to, California encephalitis, St. Louis encephalitis and West Nile virus) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)
690.325 Blastomycosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)
690.327 Botulism, Foodborne, Intestinal Botulism (Formerly Infant)~~Infant~~, Wound, or Other (Reportable by telephone immediately, within 3 hours upon initial clinical

suspicion of the disease for foodborne botulism or within 24 hours by telephone or facsimile for other types)~~(Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease for foodborne or within 24 hours for other types)~~

690.330 Brucellosis (Reportable by mail, telephone, facsimile or electronically as soon as possible~~,~~ (within 7 days), unless suspected bioterrorist event or part of an outbreak, then reportable immediately (within 3 hours) by telephone)

690.335 Campylobacteriosis (Reportable by mail, telephone, facsimile or electronically, within 7 days) (Repealed)

690.340 Chancroid (Repealed)

690.350 Chickenpox (Varicella) (Reportable by ~~mail,~~ telephone, facsimile or electronically ~~as soon as possible~~, within 24 hours~~7 days~~)

690.360 Cholera (Vibrio cholerae O1 or O139) (Reportable by telephone or facsimile as soon as possible, within 24 hours)

690.362 Creutzfeldt-Jakob Disease (CJD) (all laboratory confirmed and probable cases) (Reportable by mail, telephone, facsimile or electronically within 7 days after confirmation of the disease)

690.365 Cryptosporidiosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

690.368 Cyclosporiasis (Reportable by mail, telephone, facsimile or electronically, within 7 days)

690.370 Diarrhea of the Newborn (Reportable by telephone as soon as possible, within 24 hours) (Repealed)

690.380 Diphtheria (Reportable by telephone as soon as possible, within 24 hours)

690.385 Ehrlichiosis, Human Granulocytotropic anaplasmosis (HGA) (See Tickborne Disease)~~Granulocytic (Reportable by mail, telephone, facsimile or electronically, within 7 days)~~

690.386 Ehrlichiosis, Human Monocytotropic (HME) (See Tickborne Disease)~~Monocytic (Reportable by mail, telephone, facsimile or electronically, within 7 days)~~

690.390 Encephalitis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)

690.400 ~~Enteric~~ Escherichia coli Infections (E. coli O157:H7~~E. coli: 0157:H7~~ and Other Shiga toxin-producing E. coli~~Enterohemorrhagic E. coli~~, Enterotoxigenic E. coli, ~~and~~ Enteropathogenic E. coli and Enteroinvasive E. coli) (Reportable by telephone or facsimile as soon as possible, within 24 hours)

690.410 Foodborne or Waterborne Illness (Reportable by telephone or facsimile as soon as possible, within 24 hours)

690.420 Giardiasis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

690.430 Gonorrhea (Repealed)

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690.440 Granuloma Inguinale (Repealed)

690.441 Haemophilus influenzae, Meningitis and Other Invasive Disease (Reportable by telephone or facsimile, within 24 hours)

690.442 Hantavirus Pulmonary Syndrome (Reportable by ~~mail,~~ telephone or~~,~~ facsimile ~~or electronically~~, within 24 hours~~7 days~~)

690.444 Hemolytic Uremic Syndrome, Post-diarrheal (Reportable by telephone or facsimile, within 24 hours)

690.450 Hepatitis A (Reportable by telephone or facsimile as soon as possible, within 24 hours)

690.451 Hepatitis B and Hepatitis D (Reportable by mail, telephone, facsimile or electronically, within 7 days)

690.452 Hepatitis C, Acute Infection and Non-Acute Confirmed Infection (Reportable by mail, telephone, facsimile or electronically, within 7 days)

690.453 Hepatitis, Viral, Other (Reportable by mail, telephone, facsimile or electronically, within 7 days) (Repealed)

690.460 Histoplasmosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

690.465 Influenza, Death (in persons less than 18 years of age) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

690.469 Influenza A, Novel Virus (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion or laboratory test order)

690.470 Intestinal Worms (Reportable by mail or telephone as soon as possible, within 7 days) (Repealed)

690.475 Legionellosis ~~Legionnaires' Disease (Legionellosis)~~ (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

690.480 Leprosy (Hansen's Disease) (infectious and non-infectious cases are reportable) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

690.490 Leptospirosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

690.495 Listeriosis (when both mother and newborn are positive, report mother only) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

690.500 Lymphogranuloma Venereum (Lymphogranuloma Inguinale Lymphopathia Venereum) (Repealed)

690.505 Lyme Disease (See Tickborne Disease) ~~(Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)~~

690.510 Malaria (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

690.520 Measles (Reportable by telephone as soon as possible, within 24 hours)

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690.530 Meningitis, Aseptic (Including Arboviral Infections) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)

690.540 Meningococcemia (Reportable by telephone as soon as possible) (Repealed)

690.550 Mumps (Reportable by ~~mail,~~ telephone, facsimile or electronically as soon as possible, within 24 hours~~7 days~~)

690.555 Neisseria meningitidis, Meningitis and Invasive Disease (Reportable by telephone or facsimile as soon as possible, within 24 hours)

690.560 Ophthalmia Neonatorum (Gonococcal) (Reportable by mail or telephone as soon as possible, within 7 days) (Repealed)

690.570 Plague (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease)

690.580 Poliomyelitis (Reportable by telephone as soon as possible, within 24 hours)

690.590 Psittacosis (Ornithosis) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

690.595 Q-fever (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days, unless suspected bioterrorist event or part of an outbreak, then reportable immediately (within 3 hours) by telephone)~~(Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease)~~

690.600 Rabies, Human (Reportable by telephone or facsimile as soon as possible, within 24 hours)

690.601 Rabies, Potential Human Exposure (Reportable by telephone or facsimile, within 24 hours)

690.610 Rocky Mountain Spotted Fever (See Tickborne Disease)~~(Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)~~

690.620 Rubella (German Measles) (Including Congenital Rubella Syndrome) (Reportable by ~~mail,~~ telephone, facsimile or electronically as soon as possible, within 24 hours~~7 days~~)

690.630 Salmonellosis (Other than Typhoid Fever) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

690.635 Severe Acute Respiratory Syndrome (SARS) (Reportable by telephone immediately (within 3 hours) upon initial clinical suspicion of the disease)

690.640 Shigellosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

690.650 Smallpox (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease)

690.655 Smallpox vaccination, complications of ~~vaccination for~~ (Reportable by telephone or electronically as soon as possible, within 24 hours)

690.658 Staphylococcus aureus, Methicillin Resistant (MRSA) Infection, Clusters of 2 or More Laboratory Confirmed Cases Occurring in Community Settings (including, but not limited to, schools, correctional facilities, day care settings, and sports teams) (Reportable by telephone or facsimile as soon as possible, within 24 hours)

690.660 Staphylococcus aureus, Methicillin Resistant (MRSA), ~~Infections~~ Occurring In Infants Under 61~~28~~ Days of Age ~~Within a Health Care Institution or With Onset After Discharge~~ (Reportable by ~~mail,~~ telephone or facsimile or~~, facsimile or~~ electronically as soon as possible, within 24 hours~~7 days~~)

690.661 Staphylococcus aureus Infections with Intermediate (Minimum inhibitory concentration (MIC) between 4 and 8) (VISA) or High Level Resistance to Vancomycin (MIC greater than or equal to 16) (VRSA) (Reportable by telephone or facsimile, within 24 hours)

690.670 Streptococcal Infections, Group A, Invasive Disease (Including Streptococcal Toxic Shock Syndrome and necrotizing fasciitis) and Sequelae to Group A Streptococcal Infections (rheumatic fever and acute glomerulonephritis) (Reportable by telephone or facsimile, within 24 hours)

690.675 Streptococcal Infections, Group B, Invasive Disease, of the Newborn (birth to 3 months) (Reportable by mail, telephone, facsimile or electronically, within 7 days) (Repealed)

690.678 Streptococcus pneumoniae, Invasive Disease in Children Less than 5 Years~~Streptococcus pneumoniae, Invasive Disease~~ (Including Antibiotic Susceptibility Test Results) (Reportable by mail, telephone, facsimile or electronically, within 7 days)

690.680 Syphilis (Repealed)

690.690 Tetanus (Reportable by mail, telephone, facsimile or electronically, within 7 days)

690.695 Toxic Shock Syndrome due to Staphylococcus aureus Infection~~, Toxic Shock Syndrome~~ (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

690.698 Tickborne Disease (includes Ehrlichiosis, Anaplasmosis, Lyme disease and Rocky Mountain spotted fever) (Reportable by mail, telephone, facsimile or electronically, within 7 days)

690.700 Trachoma (Repealed)

690.710 Trichinosis (Trichinellosis) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

690.720 Tuberculosis (Repealed)

690.725 Tularemia (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days, unless suspected bioterrorist event or part of an outbreak, then reportable immediately (within 3 hours) by telephone)~~(Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease)~~

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690.730 Typhoid Fever (Reportable by telephone or facsimile as soon as possible, within 24 hours)
690.740 Typhus (Reportable by telephone or facsimile as soon as possible, within 24 hours)
690.745 Vibriosis (Non-cholera Vibrio Infections) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)
690.750 Pertussis (Whooping Cough) (Reportable by telephone as soon as possible, within 24 hours)
690.752 Yersiniosis (Reportable by mail, telephone, facsimile or electronically, within 7 days)
690.800 Any Suspected Bioterrorist Threat or Event (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease)

SUBPART D: DEFINITIONS

Section
690.900 Definition of Terms

SUBPART E: GENERAL PROCEDURES

Section
690.1000 General Procedures for the Control of Communicable Diseases
690.1010 Incorporated and Referenced Materials

SUBPART F: SEXUALLY TRANSMITTED DISEASES (Repealed)

Section
690.1100 The Control of Sexually Transmitted Diseases (Repealed)

SUBPART G: PROCEDURES FOR WHEN DEATH OCCURS FROM COMMUNICABLE DISEASES

Section
690.1200 Death of a Person Who Had a Known or Suspected Communicable Disease
690.1210 Funerals (Repealed)

SUBPART H: ISOLATION, QUARANTINE, AND CLOSURE

Section
690.1300 General Purpose

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690.1305 Department of Public Health Authority
690.1310 Local Health Authority
690.1315 Responsibilities and Duties of the Certified Local Health Department
690.1320 Responsibilities and Duties of Health Care Providers
690.1325 Conditions and Principles for Isolation and Quarantine
690.1330 Order and Procedure for Isolation, Quarantine and Closure
690.1335 Isolation or Quarantine Premises
690.1340 Enforcement
690.1345 Relief from Isolation, Quarantine, or Closure
690.1350 Consolidation
690.1355 Access to Medical or Health Information
690.1360 Right to Counsel
690.1365 Service of Isolation, Quarantine, or Closure Order
690.1370 Documentation
690.1375 Voluntary Isolation, Quarantine, or Closure
690.1380 Physical Examination, Testing and Collection of Laboratory Specimens
690.1385 Vaccinations, Medications, or Other Treatments
690.1390 Observation and Monitoring
690.1400 Transportation of Persons Subject to Public Health or Court Order
690.1405 Information Sharing
690.1410 Amendment and Termination of Orders
690.1415 Penalties

690.EXHIBIT A Typhoid Fever Agreement (Repealed)

AUTHORITY: Implementing the Communicable Disease Report Act [745 ILCS 45] and implementing and authorized by the Department of Public Health Act [20 ILCS 2305].

SOURCE: Amended July 1, 1977; emergency amendment at 3 Ill. Reg. 14, p. 7, effective March 21, 1979, for a maximum of 150 days; amended at 3 Ill. Reg. 52, p. 131, effective December 7, 1979; emergency amendment at 4 Ill. Reg. 21, p. 97, effective May 14, 1980, for a maximum of 150 days; amended at 4 Ill. Reg. 38, p. 183, effective September 9, 1980; amended at 7 Ill. Reg. 16183, effective November 23, 1983; codified at 8 Ill. Reg. 14273; amended at 8 Ill. Reg. 24135, effective November 29, 1984; emergency amendment at 9 Ill. Reg. 6331, effective April 18, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 9124, effective June 3, 1985; amended at 9 Ill. Reg. 11643, effective July 19, 1985; amended at 10 Ill. Reg. 10730, effective June 3, 1986; amended at 11 Ill. Reg. 7677, effective July 1, 1987; amended at 12 Ill. Reg. 10045, effective May 27, 1988; amended at 15 Ill. Reg. 11679, effective August 15, 1991; amended at 18 Ill. Reg. 10158, effective July 15, 1994; amended at 23 Ill. Reg. 10849, effective August 20, 1999; amended at 25 Ill. Reg. 3937, effective April 1, 2001; amended at 26 Ill. Reg. 10701,

effective July 1, 2002; emergency amendment at 27 Ill. Reg. 592, effective January 2, 2003, for a maximum of 150 days; emergency expired May 31, 2003; amended at 27 Ill. Reg. 10294, effective June 30, 2003; amended at 30 Ill. Reg. 14565, effective August 23, 2006; amended at 32 Ill. Reg. 3777, effective March 3, 2008.

SUBPART A: REPORTABLE DISEASES AND CONDITIONS

Section 690.100 Diseases and Conditions

The following are declared to be contagious, infectious, or communicable and may be dangerous to the public health. Each~~ and each~~ suspected or diagnosed case shall be reported to the local health authority, who shall subsequently report each case to the Illinois Department of Public Health. ~~This listing includes those diseases and conditions reportable because of classification as communicable or sexually transmitted. Communicable diseases and conditions are reportable under this Part (77 Ill. Adm. Code 690) and sexually transmissible diseases and conditions are reportable under the Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). (See Subpart B, Section 690.200.)~~

a) Class I(a)

The following diseases shall be reported immediately (within 3 hours) upon initial clinical suspicion of the disease to the local health authority~~authorities~~, who shall then report to the Department immediately (within 3 hours). This interval applies to primary reporters identified in Section 690.200(a)(1) who are required to report to local health authorities and to local health authorities who are required to report to the Department. The Section number associated with each of the listed diseases indicates the Section~~Part~~ under which the diseases are reportable. Laboratory specimens of agents required to be submitted under Subpart C shall be submitted within 24 hours to the Department laboratory.

1)	Any unusual case or cluster of cases that may indicate a public health hazard	690.295
2)	Anthrax*	690.320
3)	Botulism, foodborne	690.327
4)	Brucellosis* (if suspected to be a bioterrorist event or part of an outbreak)	690.330
5)	Influenza A, Novel Virus	690.469

6)	Plague*	690.570
7)	Q-fever* (if suspected to be a bioterrorist event or part of an outbreak)	690.595
8)	Severe Acute Respiratory Syndrome	690.635
9)	Smallpox	690.650
10)	Tularemia* (if suspected to be a bioterrorist event or part of an outbreak)	690.725
11)	Any suspected bioterrorist threat or event	690.800
~~1)~~	~~Anthrax~~	~~690.320~~
~~2)~~	~~Botulism, Foodborne~~	~~690.327~~
~~3)~~	~~Plague~~	~~690.570~~
~~4)~~	~~Q-fever~~	~~690.595~~
~~5)~~	~~Smallpox~~	~~690.650~~
~~6)~~	~~Tularemia~~	~~690.725~~
~~7)~~	~~Any suspected bioterrorist threat or event~~	~~690.800~~

b) Class I(b)

The following diseases shall be reported as soon as possible during normal business hours, but within 24 hours (i.e., within 8 regularly scheduled business hours after identifying the case), to the local health authority~~authorities~~, who shall then report to the Department as soon as possible, but within 24 hours. This interval applies to primary reporters identified in Section 690.200(a)(1) who are required to report to local health authorities and to local health authorities who are required to report to the Department. The Section number associated with each of the listed diseases indicates the Section~~Part~~ under which the diseases are reportable. Laboratory specimens of agents required to be submitted under Subpart C shall be submitted within 7 days after identification of the organism to

the Department laboratory.

1)	Botulism, intestinal, wound, and other	690.327
2)	Chickenpox (Varicella)	690.350
3)	Cholera*	690.360
4)	Diphtheria*	690.380
5)	Escherichia coli infections* (E. coli O157:H7 and other Shiga toxin-producing E. coli, enterotoxigenic E. coli, enteropathogenic E. coli and enteroinvasive E. coli)	690.400
6)	Foodborne or waterborne illness	690.410
7)	Haemophilus influenzae, meningitis and other invasive disease*	690.441
8)	Hantavirus pulmonary syndrome*	690.442
9)	Hemolytic uremic syndrome, post-diarrheal	690.444
10)	Hepatitis A	690.450
11)	Measles	690.520
12	Mumps	690.520
13)	Neisseria meningitidis, meningitis and invasive disease*	690.555
14)	Pertussis* (whooping cough)	690.750
15)	Poliomyelitis	690.580
16)	Rabies, human	690.600
17)	Rabies, potential human exposure	690.601
18)	Rubella	690.620

19)	Smallpox vaccination, complications of	690.655
20)	Staphylococcus aureus, Methicillin resistant (MRSA) clusters of 2 or more cases in a community setting	690.658
21)	Staphylococcus aureus, Methicillin resistant (MRSA), occurring in infants under 61 days of age	690.660
22)	Staphylococcus aureus infections with intermediate or high level resistance to Vancomycin*	690.661
23)	Streptococcal infections, Group A, invasive and sequelae to Group A streptococcal infections	690.670
24)	Typhoid fever*	690.730
25)	Typhus	690.740
		~~Section~~
~~1)~~	~~Any unusual case or cluster of cases that may indicate a public health hazard~~	~~690.295~~
~~2)~~	~~Botulism, infant, wound, and other~~	~~690.327~~
~~3)~~	~~Cholera~~	~~690.360~~
~~4)~~	~~Diarrhea of the newborn~~	~~690.370~~
~~5)~~	~~Diphtheria~~	~~690.380~~
~~6)~~	~~Enteric Escherichia coli infections (E. coli: 0157:H7 and other enterohemorrhagic E. coli, enterotoxigenic E. coli, enteropathogenic E. coli)~~	~~690.400~~
~~7)~~	~~Foodborne or waterborne illness~~	~~690.410~~
~~8)~~	~~Haemophilus influenzae, meningitis and other invasive disease~~	~~690.441~~

~~9)~~	~~Hemolytic uremic syndrome, post-diarrheal~~	~~690.444~~
~~10)~~	~~Hepatitis A~~	~~690.450~~
~~11)~~	~~Measles~~	~~690.520~~
~~12)~~	~~Neisseria meningitidis, meningitis and invasive disease~~	~~690.555~~
~~13)~~	~~Pertussis (whooping cough)~~	~~690.750~~
~~14)~~	~~Poliomyelitis~~	~~690.580~~
~~15)~~	~~Rabies, human~~	~~690.600~~
~~16)~~	~~Rabies, potential human exposure~~	~~690.601~~
~~17)~~	~~Smallpox, complications of vaccination for~~	~~690.655~~
~~18)~~	~~Staphylococcus aureus infections with intermediate or high level resistance to vancomycin *~~	~~690.661~~
~~19)~~	~~Streptococcal infections, Group A, invasive (including toxic shock syndrome) and sequelae to Group A streptococcal infections (rheumatic fever and acute glomerulonephritis)~~	~~690.670~~
~~20)~~	~~Typhoid fever*~~	~~690.730~~
~~21)~~	~~Typhus~~	~~690.740~~

c) Class II

The following diseases shall be reported as soon as possible during normal business hours, but within 7 days, to the local health authority which shall then report to the Department within 7 days. The Section number associated with each of the listed diseases indicates the Section~~Part~~ under which the diseases are reportable. Laboratory specimens of agents required to be submitted under Subpart C shall be submitted within 7 days after identification of the organism to the Department laboratory.

1)	Arboviral Infection* (including, but not limited to,	690.322

	California encephalitis, St. Louis encephalitis and West Nile virus)	
2)	Brucellosis*	690.330
3)	Creutzfeldt-Jakob Disease	690.362
4)	Cryptosporidiosis	690.365
5)	Cyclosporiasis	690.368
6)	Giardiasis	690.420
7)	Hepatitis B and Hepatitis D	690.451
8)	Hepatitis C	690.452
9)	Histoplasmosis	690.460
10)	Influenza, Deaths in persons less than 18 years of age	690.465
11)	Legionellosis*	690.475
12)	Leprosy	690.480
13)	Leptospirosis*	690.490
14)	Listeriosis*	690.495
15)	Malaria*	690.510
16)	Psittacosis	690.590
17)	Q-fever*	690.595
18)	Salmonellosis* (other than typhoid fever)	690.630
19)	Shigellosis*	690.640

20)	Toxic shock syndrome due to Staphylococcus aureus infection	690.695
21)	Streptococcus pneumoniae, invasive disease in children less than 5 years	690.678
22)	Tetanus	690.690
23)	Tickborne Disease, including ehrlichiosis,, anaplasmosis, Lyme disease, and Rocky Mountain spotted fever	690.698
24)	Trichinosis	690.710
25)	Tularemia*	690.725
26)	Vibriosis (Non-cholera Vibrio infections)	690.745
27)	Yersiniosis	690.752

		~~Section~~
~~1)~~	~~Acquired immunodeficiency syndrome (AIDS)~~	~~693.20~~
~~2)~~	~~Amebiasis*~~	~~690.300~~
~~3)~~	~~Blastomycosis~~	~~690.325~~
~~4)~~	~~Brucellosis~~	~~690.330~~
~~5)~~	~~Campylobacteriosis*~~	~~690.335~~
~~6)~~	~~Chanchroid~~	~~693.20~~
~~7)~~	~~Chickenpox~~	~~690.350~~
~~8)~~	~~Chlamydia~~	~~693.20~~
~~9)~~	~~Cryptosporidiosis~~	~~690.365~~
~~10)~~	~~Cyclosporiasis~~	~~690.368~~

~~11)~~	~~Ehrlichiosis, human granulocytic~~	~~690.385~~
~~12)~~	~~Ehrlichiosis, human monocytic~~	~~690.386~~
~~13)~~	~~Encephalitis~~	~~690.390~~
~~14)~~	~~Giardiasis*~~	~~690.420~~
~~15)~~	~~Gonorrhea~~	~~693.20~~
~~16)~~	~~Hantavirus pulmonary syndrome~~	~~690.442~~
~~17)~~	~~Hepatitis B*~~	~~690.451~~
~~18)~~	~~Hepatitis C*~~	~~690.452~~
~~19)~~	~~Hepatitis, viral, other*~~	~~690.453~~
~~20)~~	~~Histoplasmosis~~	~~690.460~~
~~21)~~	~~Human immunodeficiency virus (HIV) infection~~	~~693.20~~
~~22)~~	~~Legionnaires' disease (legionellosis)~~	~~690.475~~
~~23)~~	~~Leprosy~~	~~690.480~~
~~24)~~	~~Leptospirosis~~	~~690.490~~
~~25)~~	~~Listeriosis~~	~~690.495~~
~~26)~~	~~Lyme disease~~	~~690.505~~
~~27)~~	~~Malaria~~	~~690.510~~
~~28)~~	~~Meningitis, aseptic (including arboviral infections)~~	~~690.530~~
~~29)~~	~~Mumps~~	~~690.550~~
~~30)~~	~~Ophthalmia neonatorum (gonococcal)~~	~~693.20~~

~~31)~~	~~Psittacosis~~	~~690.590~~
~~32)~~	~~Rocky Mountain spotted fever~~	~~690.610~~
~~33)~~	~~Rubella, including congenital rubella syndrome~~	~~690.620~~
~~34)~~	~~Salmonellosis* (other than typhoid fever)~~	~~690.630~~
~~35)~~	~~Shigellosis*~~	~~690.640~~
~~36)~~	~~Staphylococcus aureus infection, toxic shock syndrome~~	~~690.695~~
~~37)~~	~~Staphylococcus aureus infections occurring in infants under 28 days of age (within a health care institution or with onset after discharge)~~	~~690.660~~
~~38)~~	~~Streptococcal infections, group B, invasive disease, of the newborn~~	~~690.675~~
~~39)~~	~~Streptococcus pneumoniae, invasive disease * (including antibiotic susceptability test results)~~	~~690.678~~
~~40)~~	~~Syphilis~~	~~693.20~~
~~41)~~	~~Tetanus~~	~~690.690~~
~~42)~~	~~Trichinosis~~	~~690.710~~
~~43)~~	~~Tuberculosis~~	~~696.170~~
~~44)~~	~~Yersiniosis~~	~~690.752~~

~~*Cases and carriers (when carriers are required to be reported) of these diseases should be confirmed by appropriate laboratory tests before reporting.~~

* Diseases for which laboratories are required to forward clinical materials to the Department's laboratory.

d) When an epidemic of a disease dangerous to the public health occurs, and present

rules are not adequate for its control or prevention, more stringent requirements shall be issued by this Department.

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.110 Diseases Repealed from This Part

The following diseases have been repealed from this Part. As indicated below, some of these diseases are no longer reportable~~, while some are reported to the Department under other rules. Rules governing reporting and control of those diseases that are reportable under other rules of the Department are cited below~~.

a)	Amebiasis	
b)	Blastomycosis	
c)	Campylobacteriosis	
d)	Diarrhea of the newborn	
e)	Hepatitis, viral, other	
f)	Meningitis, aseptic	
g)	Streptococcal infections, group B, invasive disease, of the newborn	
h)~~a)~~	Acquired immunodeficiency syndrome (AIDS)	693.20
~~b)~~	~~AIDS related complex~~	~~Not Reportable~~
~~c)~~	~~Animal bites~~	~~Not Reportable~~
i)~~d)~~	Chancroid	693.20
j)~~e)~~	Gonorrhea	693.20
~~f)~~	~~Granuloma inguinale~~	~~Not Reportable~~
~~g)~~	~~Intestinal worms~~	~~Not Reportable~~

~~h)~~	~~Lymphogranuloma venereum~~	~~Not Reportable~~
k)~~i)~~	Ophthalmia neonatorum	693.20
l)~~j)~~	Syphilis	693.20
~~k)~~	~~Trachoma~~	~~Not Reportable~~
m)~~l)~~	Tuberculosis	696.170

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

SUBPART B: REPORTING

Section 690.200 Reporting

a) Reporting Entities and Manner of Reporting.

1) Each~~It shall be the duty of each~~ of the following persons or any other person having knowledge of a known or suspected case or carrier of a reportable communicable disease or communicable disease death shall~~, to~~ report~~ within the time frames set forth in Section 690.100 of this Part (except for sexually transmissible diseases that are reportable under the Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693) and tuberculosis, which is reportable under the Control of Tuberculosis Code (77 Ill. Adm. Code 696))~~ the case, suspected case, carrier or death in humans within the time frames set forth in Section 690.100 of this Part:

A) Physicians

B) Physician assistants

C) Nurses

D) Nurse aides

E) Dentists

F) Health care practitioners

G) Emergency medical services personnel

H) Laboratory personnel

I) Long-term care personnel

J) Any institution, school, college/university, child care facility or camp personnel

K) Pharmacists

L) Poison control center personnel

M) Blood bank and organ transplant personnel

N) Coroners

O) Medical Examiners

P) Veterinarians

Q) Correctional facility personnel

R) Food service management personnel

S) Any other person having knowledge of a known or suspected case or carrier of a reportable communicable disease or communicable disease death

~~A) Physicians,~~

~~B) Nurses,~~

~~C) Nurse aides,~~

~~D) Dentists,~~

~~E) Health care practitioners,~~

~~F) Laboratory personnel,~~

~~G)~~ ~~School personnel,~~

~~H)~~ ~~Long-term care personnel,~~

~~I)~~ ~~Day care personnel,~~

~~J)~~ ~~College/university personnel.~~

2) Laboratories shall~~are required to~~ report certain positive test results and provide clinical materials as specified in Subpart C of this Part or if requested. Upon request of the local health department, laboratories shall submit a copy of a laboratory report by facsimile or electronically. If a medical laboratory forwards clinical materials out of the State for testing, the originating medical laboratory retains the duty to comply with this requirement by either reporting the results and submitting clinical materials to the Department or ensuring that the results are reported and materials are submitted to the Department.

3) The reports shall be submitted electronically through the Illinois National Electronic Disease Surveillance System (I-NEDSS) web-based system or by mail, telephone, facsimile or other secure electronic system integrated with I-NEDSS~~by mail, telephone, facsimile or electronically (see Section 690.100)~~ to the local health authority ~~(see definition of, Section 690.900)~~ in whose jurisdiction the reporter is located. The reporter shall provide, when available, the case name, contact information and physician of the case. During an outbreak investigation, the reporter and any involved business, organization or institution shall cooperate in any case investigation conducted by health officials, which includes, but is not limited to, supplying locating information for those individuals believed to be associated with the outbreak. Any party~~Local health authorities~~ receiving the reports shall notify the local health authority where the patient resides within 3 hours following notification for Class I(a) diseases, within 24 hours (during normal business hours) following notification for Class I(b) diseases and within 7 days following notification for Class II diseases. When a case of infectious disease is reported from one local health authority's jurisdiction but resides in another's jurisdiction, the case should be transferred electronically in I-NEDSS with additional relevant information supplied to the other jurisdiction.~~a case transfer form supplied by the Department should be~~

~~completed. The reporter shall cooperate in any case investigation conducted by health officials.~~ If a known or suspected case or carrier of a reportable communicable disease is hospitalized or examined in a hospital or long-term care facility, it shall be the duty of the administrator of the health care facility to ensure that the case is promptly reported to the local health authority within the time frame specified in Section 690.100 for that disease.

b) Upon receipt of this report, the local health authority shall report cases to the Department as specified in this subsection. Local health authorities shall report cases to the Department using the I-NEDSS web-based system according to the time frames specified in Section 690.100. In the event that I-NEDSS becomes temporarily non-functional, the local health authority may report to the Department by mail, telephone or facsimile. Prior to an I-NEDSS disease-specific module becoming operational statewide, the local health authority shall submit demographic and morbidity information electronically through I-NEDSS and additional case report information by mail or facsimile to the Department according to the time frames specified in Section 690.100.~~forward a written copy to the Department according to time frames specified in Section 690.100.~~

c) The report to the Department shall provide the following information: name, age, date of birth, sex, race, ethnicity, address of the case (including zip code), telephone number and name of the attending physician~~(except for chickenpox)~~. When requested, on paper forms provided by the Department or electronically through the I-NEDSS web-based system, clinical and laboratory findings in support of the diagnosis and epidemiological facts relevant to the source and possible hazard of transmission of the infection shall also be reported. In some instances where no specific report form is available, a narrative report detailing diagnostic and epidemiologic information shall~~will~~ be required.

d) Confidentiality.

1) It is the policy of the Department to maintain the confidentiality of information that would identify individual patients.

2) Whenever any medical practitioner or other person is required by statute, regulation, ordinance or resolution to report cases of communicable disease to any governmental agency or officer, such communicable disease reports shall be confidential. Any medical practitioner or other person who provides a report of communicable disease in good faith shall

have immunity from suit for slander or libel upon statements made in the report. The identity of any individual contained in a report of communicable disease or foodborne illness or an investigation conducted pursuant to a report of a communicable disease or foodborne illness shall be confidential and the individual's identity shall not be disclosed publicly in an action of any kind in any court or before any tribunal, board or agency. The individual, his/her legal guardian or his/her estate, with proper consent, may have his/her information released as requested. ~~*Whenever any statute of this State or any ordinance or resolution of a municipal corporation or political subdivision enacted pursuant to statute or any rule of an administrative agency adopted pursuant to statute requires medical practitioners or other persons to report cases of communicable diseases,* including *sexually transmitted diseases to any governmental agency or officer, such reports shall be confidential, and any medical practitioner or other persons making such report in good faith shall be immune from suit for slander or libel based upon any statements contained in such report. The identity of any individual* contained *in a report of communicable disease, sexually transmitted disease or foodborne illness or an investigation conducted pursuant to a report of a communicable disease, sexually transmitted disease or foodborne illness shall be confidential and such identity shall not be disclosed publicly in any action of any kind in any court or before any tribunal, board or agency.* (Communicable Disease Report Act [745 ILCS 45])~~

3) As outlined in the Privacy Rule (45 CFR 164.512(a), (b)) (Standards for Privacy of Individually Identifiable Health Information) of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), health information may be disclosed to public health authorities when required by federal, tribal, state, or local laws. This includes the requirements set forth in this Part that provide for reporting of disease or conducting public health surveillance, investigation, or intervention. For disclosures not required by law, a public health authority may collect or receive information for the purpose of preventing or controlling disease.

4) To prevent the spread of a contagious disease, or a dangerously contagious or infectious disease, the Department, local boards of health, and local public health authorities shall have emergency access to medical or health information or records or data upon the condition that the Department, local boards of health, and local public health authorities protect the

privacy and confidentiality of any medical or health information or records or data obtained pursuant to Section 2 of the Department of Public Health Act [20 ILCS 2305/2] in accordance with federal and State law. Additionally, any such medical or health information or records or data shall be exempt from inspection and copying under the Freedom of Information Act. Any person, facility, institution, or agency that provides emergency access to health information and data shall have immunity from any civil or criminal liability, or any other type of liability that might otherwise result by reason of these actions, except in the event of willful and wanton misconduct. The privileged quality of communication between any professional person or any facility shall not constitute grounds for failure to provide emergency access.

5) Information pertaining to human or animal cases of zoonotic disease will be provided by the Department to another State or federal agency only if the disease is reportable to the agency or if another agency is assisting with control of an outbreak.

e) Section 8-2101 of the Code of Civil Procedure [735 ILCS 5/8-2101] explains the confidential character of reports obtained for research projects [735 ILCS 5]. The Department, and other agencies specified in this Section, may collect certain information and require reporting of certain diseases and conditions for research projects. The law provides for confidentiality of these reports, prohibits disclosure of all data so obtained except that which is necessary for the purpose of the specific study, and provides that such data shall not be admissible as evidence, and that the furnishing of such information in the course of a research project shall not subject any informant to any action for damages.

f) The local health authority shall notify the Department upon issuing any order for isolation, quarantine or closure. The notification shall be made telephonically within 3 hours after issuance of the order unless otherwise directed by the Department.

f) When the Director determines that morbidity and mortality from a certain disease warrants study, the Director may declare the disease to be the subject of an emergency medical investigation and require hospitals, physicians, etc., to submit information, data and reports as are necessary for the purpose of the specific study. Because any unusual case or cluster of cases is reportable, the data so obtained shall be held confidential in accordance with the Communicable Disease Report Act [745 ILCS 45].

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENT

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

SUBPART C: DETAILED PROCEDURES FOR THE CONTROL OF COMMUNICABLE DISEASES

Section 690.295 Any Unusual Case or Cluster of Cases That May Indicate a Public Health Hazard, Including, But Not Limited to, Glanders, Orf, Monkeypox, Viral Hemorrhagic Fever (Reportable by telephone immediately ~~as soon as possible,~~ (within 3~~2~~4 hours))

a) Control of Case. Cases shall be evaluated to determine the need for isolation in a health care setting or at the person's residence. The Isolation Precautions followed shall be based on the most likely pathogen.

b) Control of Contacts. Contacts shall be evaluated to determine the need for quarantine.

c)~~a)~~ Health care providers who identify~~A health care provider who identifies~~ a single case or cluster of a suspected, rare or significant infectious disease, a disease non-indigenous to the United States, or a cluster of cases of unknown etiology, but which case or cluster of cases appears to be infectious in nature shall ~~(other than colds, influenza or other common diseases) should~~report the case or cluster of cases to the local health authority.

d)~~b)~~ The local health authority shall~~should~~ investigate these reports by:

1) obtaining locating information of suspect cases and relevant medical information, including date of onset, signs and symptoms and laboratory test results obtained; and

2) determining whether there is a common activity or exposure that might have led to the presumed infection.

e) The local health authority shall implement appropriate control measures.

f) Laboratory Reporting. Laboratories shall report to the local health authority any unusual case or cluster of cases that may indicate a public health hazard.

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENT

Section 690.300 Amebiasis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)

~~a) Incubation Period - Variable, from a few days to several months or years; commonly 2 to 4 weeks.~~

~~b) Control of Case and Carrier.~~

~~1) Isolation is required for patients while they are in health care facilities. (See enteric precautions or disease-specific precautions in Section 690.1010(a)(1), or equivalent isolation procedures in Section 690.1010(a)(13).)~~

~~2) Cases or carriers who are food handlers or in sensitive occupations may return to their usual occupations after treatment has been completed.~~

~~3) Concurrent disinfection of feces and articles contaminated with feces is required; disposal of excreta by sanitary sewer is appropriate; hand washing is required after use of the toilet. (See Section 690.1000(e)(1).)~~

~~4) Instruction of convalescent and chronic carriers in personal hygiene, particularly as to sanitary disposal of fecal waste and hand washing after use of toilet.~~

~~c) Control of Contacts. Household members and other suspected contacts should be tested for amebiasis. Household contacts who are employed as food handlers or in sensitive occupations and who test positive shall be restricted according to subsection (b)(2) of this Section.~~

~~d) Sale of Food, Milk, etc. (See Section 690.1000(f).)~~

~~e) General Measures.~~

~~1) Sanitary disposal of human feces.~~

~~2) Safeguarding of water supplies.~~

~~A) Protect potable water supplies against fecal contamination.~~

~~B) Boil drinking water where necessary.~~

~~C) Chlorination is inadequate for destruction of cysts.~~

~~D) Filtration by a municipal system or by some selected portable units is the only effective treatment other than boiling.~~

~~3) Supervision of the general cleanliness and the personal health and anitary practices of persons preparing and serving food in public eating places, especially moist foods eaten raw.~~

~~4) Education in personal cleanliness, particularly washing hands with soap and water after use of the toilet. Supervision of persons incompetent in personal hygiene.~~

~~5) Avoidance of cross connections between public and private auxiliary water supplies and of back-flow connections in plumbing systems.~~

~~6) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in child care facilities and schools.~~

~~f) Laboratory Reporting. Laboratories are required to report to the local health authority all patients from whom Entamoeba histolytica trophozoites or cysts have been identified or patients from whom antigen detection is positive.~~

~~g) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.~~

(Source: Repealed at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.320 Anthrax (Reportable by telephone immediately, within 3 hours, upon initial clinical suspicion of the disease)

~~a) Incubation Period - 2 to 7 days; most cases occur within 48 hours following exposure.~~

a)~~b)~~ Control of Case.

1) Standard Precautions shall be followed. Contact Precautions shall be

followed for care of persons with cutaneous anthrax when dressing does not adequately contain drainage. ~~Isolation is required until lesions have healed. (See drainage/secretion precautions or disease-specific precautions in Section 690.1010(a)(1), or equivalent isolation procedures in Section 690.1010(a)(13)).~~

2) A search shall be made for history of exposure to infected animals or animal products and traced to place of origin. The reporting of exposures other than from infected animals or animal products shall follow the reportable guidelines for suspected bioterrorist threat or event (see Section 690.800). The Department will refer information about exposures indicating a domestic animal source within the United States to the Illinois Department of Agriculture.

3) All anthrax cases shall be reviewed carefully for consideration of a bioterrorist event.

~~2) Concurrent disinfection of discharges from lesions is required. Spores can be killed only by special measures such as steam under pressure or incineration (only in facilities approved for the disposal of hazardous biological agents).~~

~~3) Terminal cleaning (see Section 690.1010(e)(2)) is required.~~

b)~~c)~~ Control of Contacts. No restrictions ~~if patient is properly isolated~~.

~~d) General Measures.~~

~~1) A search should be made for history of exposure to infected animals or animal products and trace to place of origin.~~

~~2) Individuals should avoid contact with animal hide and hair products imported from anthrax endemic countries.~~

~~3) Animals suspected of being ill with anthrax should be isolated immediately in the care of a veterinarian and the presence of this disease in animals should be reported to the Illinois Department of Agriculture. Post-mortem examination of animals should be made only by a veterinarian or in the presence of one.~~

~~4) Milk from an infected animal should not be used.~~

~~5) Effluents and trade wastes, and areas of land polluted by such effluents and wastes, from factories or premises where spore-infected hides or other infected hide and hair products are known to have been worked up into manufactured articles should be controlled and disinfected.~~

~~6) Special instruction should be given to all employees handling raw hides in regard to the necessity of personal cleanliness. Every employee handling raw hides, hair, or bristles who has recent abrasion of the skin should report immediately to a physician.~~

~~7) Tanneries, woolen mills, and factories or laboratories in which work may involve exposure to anthrax should be equipped with proper ventilating apparatus so that dust can be promptly removed before reaching the respiratory tract of humans.~~

~~8) Inhalation anthrax cases should be reviewed carefully for consideration of a bioterrorist event.~~

c)~~e)~~ Laboratory Reporting.

1) Laboratories shall~~are required to~~ report to the local health authority patients who have a positive or suspect positive result on any laboratory test indicative of and specific for detecting Bacillus anthracis infection. ~~all patients from whom Bacillus anthracis has been isolated, or who have a positive immunofluorescence test for anthrax or a positive immunotransblot for anthrax or identification of a high concentration of gram positive sporeforming rods in blood.~~

2) Laboratories shall~~are required to~~ forward clinical materials suspected to be positive for~~isolates of~~ Bacillus anthracis to the Department's laboratory~~for typing~~.

~~f) Reporting of Cases. A narrative report and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENT

Section 690.322 Arboviral Infections (including, but not limited to, California encephalitis, St. Louis encephalitis and West Nile virus) (Reportable by mail, telephone, facsimile or electronically as soon as possible (within 7 days))

a) Control of Case.

1) Standard Precautions shall be followed.

2) Cases suspected of having an arboviral infection shall have appropriate specimens (serum and/or cerebrospinal fluid (CSF)) collected and tested for arboviruses.

b) Control of Contacts. No restrictions.

c) General Measures. Local health authorities shall inquire of all persons for whom a West Nile virus test result is positive about recent blood donation. If such a donation took place in the 2 weeks prior to onset of symptoms, the local health authority shall notify the director of the donation facility of the donor's name, date of birth, sex, zip code, state of residence, date of donation, date of illness onset and arboviral test results. Patient information, including test results received by donation facilities, shall be confidential.

d) Laboratory Reporting.

1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting acute arboviral infection.

2) Laboratories shall forward to the Department's laboratory clinical materials from patients who are suspected of having an arboviral infection or, upon request, clinical materials testing positive for arboviruses at any laboratory other than the Department.

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.325 Blastomycosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)

~~a) Incubation Period - Indefinite; probably a few weeks or less, to months; for symptomatic infections, average is 45 days.~~

~~b) Control of Case.~~

~~1) Isolation is not required.~~

~~2) Concurrent disinfection of sputum and discharges, and articles contaminated with sputum or discharges is required. (See Section 690.1000(e)(1)(A) through (E).)~~

~~3) Terminal cleaning is required. (See Section 690.1000(e)(2).)~~

~~4) A search for the source of infection is not advised unless a cluster of cases is identified.~~

~~c) Control of Contacts. There are no restrictions on contacts.~~

~~d) Laboratory Reporting. Laboratories are required to report to the local health authority patients from whom Blastomyces dermatitidis is cultured or from whom there is identification of the yeast form of Blastomyces dermatitidis using potassium iodide stain. Blastomyces dermatitidis isolates from the skin do not need to be reported.~~

~~e) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.~~

(Source: Repealed at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.327 Botulism, Foodborne, Intestinal Botulism (Formerly Infant)~~Infant~~, Wound, or Other (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease for foodborne botulism or within 24 hours by telephone or facsimile for other types) ~~(Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease for foodborne or within 24 hours for other types)~~

~~a) Incubation Period - 12 to 36 hours for foodborne.~~

a)~~b)~~ Control of Case.

1) Standard Precautions shall be followed.~~There are no restrictions on cases.~~

2) There are no restrictions on cases.

3)~~2)~~ After consultation with and approval by the Department, serum, stool or gastric aspirates from suspect cases should be collected. For foodborne botulism, the suspect source food should be identified and submitted for testing through the Department.

4) Requests for botulinum antitoxin for treatment of suspected wound or foodborne botulism must be made through the Department~~ to the Centers for Disease Control and Prevention. Administration of antitoxin to suspected infant botulism cases has little merit~~. Botulism immune globulin for treatment of infants with botulism can be requested through the Department.

5) Suspect cases shall be investigated immediately, within 3 hours after initial clinical suspicion.

b)~~c)~~ Control of Contacts. ~~People who also ate the incriminated food should be purged with cathartics, given gastric lavage, receive enemas and be kept under close medical observation.~~

1) No restrictions.

2) For foodborne botulism, persons who may have eaten food suspected of containing botulinum toxin should seek medical consultation.

~~d) Investigation of Case.~~

~~1) Look for additional cases.~~

~~2) For foodborne botulism, the source food should be identified and submitted for testing. Home canned foods are often vehicles but almost any food maintained in an anaerobic state could be suspect.~~

~~3) If a commercial product is implicated, it should not be consumed.~~

~~e) General Measures.~~

~~1) Infants should not be fed honey or corn syrup.~~

~~2) Foods should be canned properly to destroy spores and toxin.~~

~~3) All wounds should be thoroughly cleaned.~~

c)~~f)~~ Laboratory Reporting. Laboratories shall report to the local health authority all persons for whom botulism testing is~~this test was~~ requested or any patient whose physician requests antitoxin for administration.

~~g) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.330 Brucellosis (Reportable by mail, telephone, facsimile or electronically as soon as possible~~,~~ (within 7 days), unless suspected bioterrorist event or part of an outbreak, then reportable immediately (within 3 hours) by telephone)

~~a) Incubation Period - Highly variable and difficult to ascertain; usually 5 to 60 days, occasionally several months.~~

a)~~b)~~ Control of Case.

1) Standard Precautions shall be followed. Contact Precautions shall be followed when dressing does not adequately contain drainage.~~Isolation is required until lesions have healed. (See drainage/secretion precautions or disease-specific precautions in Section 690.1010(a)(1), or equivalent isolation procedures in Section 690.1010(a)(13).)~~

2) Brucella species may be used as a biologic weapon for humans. Any clustering of cases shall be immediately investigated.

3) If a domestic animal source within the United States is identified, the Department will provide this information to the Illinois Department of Agriculture.

~~2) Concurrent disinfection of body discharges is required. (See Section 690.1000(e)(1).)~~

b)~~c)~~ Control of Contacts. No restrictions.~~There are no restrictions on contacts.~~

~~d) General Measures.~~

~~1) Pasteurization of milk and milk products, whether from cows or goats. The public should be encouraged to consume only pasteurized dairy products, especially when traveling abroad.~~

~~2) Search for infection among livestock and elimination of infected animals from the herd.~~

~~3) Education of the public, and particularly workers in slaughter houses, packing houses and butcher shops, as to the nature of the disease, the mode of transmission, and the danger of handling carcasses or products of infected animals.~~

c)~~e)~~ Laboratory Reporting.

1) Laboratories shall~~are required to~~ report to the local health authority all patients who have a positive result on any laboratory test indicative of and specific for detecting Brucella species infection. ~~from whom Brucella species are isolated and all patients with positive serologic tests for Brucella.~~

2) Laboratories shall forward clinical materials, including, but not limited to, cultures, isolates or serum, suspected to be positive for~~isolates of~~ Brucella species to the Department's laboratory~~ for further identification~~.

~~f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority an all cases.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.335 Campylobacteriosis (Reportable by mail, telephone, facsimile or electronically, within 7 days) (Repealed)

~~a) Incubation Period - 1 to 10 days, usually 2 to 5 days.~~

~~b) Control of Case.~~

~~1) Enteric precautions (see Section 690.1010(a)(1)) or any equivalent isolation procedures (see Section 690.1010(a)(13)) are required for hospitalized patients until clinical recovery (i.e., absence of diarrhea for 24 hours).~~

~~2) Concurrent disinfection of feces and articles in contact with feces. Handwashing is required after use of the toilet (see Section 690.1000(e)(1)).~~

~~3) Terminal cleaning is required (see Section 690.1000(e)(2)).~~

~~c) Control of Contacts. No restriction of contacts.~~

~~d) Sale of Food, Milk, etc. (See Section 690.1000(f).)~~

~~e) General Measures.~~

~~1) The public should be educated to thoroughly cook all foods derived from animal sources, especially poultry.~~

~~2) The public should be educated to avoid cross-contamination of cooked food with raw food.~~

~~3) Only pasteurized milk should be consumed.~~

~~4) Animals, such as young puppies with diarrhea, or poultry, can be sources of infection. Hands should be washed after contact with animal feces.~~

~~5) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in child care facilities and schools.~~

~~f) Laboratory Reporting. Laboratories are required to report to the local health authority patients from whom Campylobacter has been isolated.~~

~~g) Reporting of Cases. A morbidity card supplied by the Department is required to be submitted on all cases by the local health authority. An individual case report form is not required unless an outbreak occurs.~~

(Source: Repealed at 32 Ill. Reg. 3777, effective March 3, 2008)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENT

Section 690.350 Chickenpox (Varicella) (Reportable by telephone, facsimile or electronically within 24 hours)~~Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)~~

~~a) Incubation Period - From 2 to 3 weeks; commonly 13 to 17 days. The incubation period may be up to 4 weeks if immune globulin has been administered.~~

a)~~b)~~ Control of Case.

1) Standard Precautions, Contact Precautions and Airborne Infection Isolation Precautions shall be followed for patients in a health care facility until all lesions are dry and crusted.

2)~~1)~~ Children shall be excluded from school or child care facilities for a minimum of 5 days after the appearance of eruption or until vesicles become dry.~~In a health care facility, strict isolation (see Section 690.1010(a)(1)) is required until all lesions are crusted.~~

3) Adults shall be excluded from the workplace for a minimum of 5 days after the appearance of eruption or until vesicles become dry.

~~2) Concurrent disinfection is required of articles soiled by discharges from the nose, throat and lesions (see Section 690.1000(e)(1)).~~

b)~~c)~~ Control of Contacts. No general restrictions. Susceptible contacts in a health care facility should be quarantined, as necessary, until the incubation period has elapsed to prevent exposure of immunocompromised patients.

1) Susceptible persons who have been exposed to varicella shall be identified. Susceptible persons are those with no history of disease or vaccination.

2) Vaccination should be offered to susceptible persons within 120 hours after exposure.

3) Varicella-specific immune globulin preparation should be offered, if available, to susceptible persons who are medically contraindicated to receive vaccine and are at high risk of developing severe varicella disease and complications. For maximum effectiveness, the varicella-specific

immune globulin shall be administered as soon as possible but no longer than 96 hours after exposure.

4) Health Care Facility-Related Guidance.

A) All exposed susceptible patients should be discharged as soon as feasible. All exposed susceptible patients who cannot be discharged shall be placed in Airborne Infection Isolation and Contact Precautions from days 10 to 21 following exposure to the index case. For patients who receive varicella-specific immune globulin, Airborne Infection Isolation and Contact Precautions shall be followed until day 28.

B) All exposed susceptible health care workers shall be restricted from patient contact from days 10 to 21 following exposure to an index case; this restriction should be extended to 28 days for persons receiving varicella-specific immune globulin.

~~d) General Measures.~~

~~1) Varicella vaccine is recommended for all susceptible children without contraindications, 12 months of age and older, in accordance with the most recent Recommended Childhood Immunization Schedule and most recent recommendations of the Advisory Committee on Immunization Practices (ACIP). Children who have not been immunized previously and who do not have a reliable history of chickenpox are considered susceptible.~~

~~2) Children 2 years of age and older enrolled in child care facilities, for the first time on or after July 1, 2002, must be vaccinated against varicella in accordance with the immunization requirements specified in rules of the Department titled Immunization Code (77 Ill. Adm. Code 695).~~

~~3) Children 2 years of age and older enrolled in school operated programs below the kindergarten level and kindergarten, for the first time on or after July 1, 2002, must be vaccinated against varicella in accordance with the immunization requirements specified in rules of the Department titled Child Health Examination Code (77 Ill. Adm. Code 665).~~

~~4) Susceptible adults who are at high risk of exposure to varicella or who will~~

~~have close contact with persons at high risk for serious complications of varicella should be vaccinated in accordance with the most recent recommendations of ACIP.~~

c)~~e)~~ Laboratory Reporting. Laboratories shall report to the local health authority all patients who have a positive result on any laboratory test indicative of and specific for detecting varicella infection.~~Serologic testing of children is generally not necessary. Serologic testing may be useful in adult vaccination programs.~~

~~f)~~ ~~Reporting of Cases. Uncomplicated cases shall be reported by the local health authority on the Department Summary Sheet by age, sex and week of onset. Cases with complications such as meningitis should be reported in more detail.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.360 Cholera (Vibrio cholerae O1 or O139) (Reportable by telephone or facsimile as soon as possible, within 24 hours)

~~a)~~ ~~Incubation Period - From a few hours to 5 days, usually 2 to 3 days.~~

a)~~b)~~ Control of Case.

1) Standard Precautions shall be followed. Contact Precautions shall be followed for diapered or incontinent persons or during institutional outbreaks until absence of diarrhea for 24 hours. ~~Isolation is required until diarrhea ceases. See enteric precautions or disease-specific precautions in Section 690.1010(a)(1), or equivalent isolation procedures in Section 690.1010(a)(13)).~~

~~2)~~ ~~Return to Work Restrictions:~~

2) Food Handlers or Persons in Sensitive Occupations, not including Health Care Workers. Cases with cholera shall not work as food handlers or in sensitive occupations until diarrhea has ceased for at least 24 hours and 3 consecutive negative stool specimens are obtained. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall be submitted within one week after notification.

~~A) Cases who are food handlers shall not return to their occupations until 3 consecutive release specimens of feces, collected at least 24 hours after discontinuation of antimicrobial agents and at least 24 hours apart, are found to be negative for Vibrio cholerae.~~

~~B) Cases who work in sensitive occupations, use universal precautions or any equivalent isolation procedure, and do not have diarrhea may return to work, but they must submit 3 consecutive specimens of feces which are found to be negative for V. cholerae, collected at least 24 hours after discontinuation of antimicrobial agents and at least 24 hours apart.~~

~~C) Health care workers will be restricted from their occupations if they do not begin submitting release specimens within one week after notification from the local health authority. This occupational restriction will terminate when specimen submission begins, as long as the case continues to comply with required specimen submission.~~

3) Health Care Workers or Those Who Work in Occupations Requiring Standard Precautions. Local health departments may require specimens from health care workers or those who work in occupations requiring Standard Precautions if there is reason to believe specimen testing is necessary (e.g., the nature of the work, including feeding or oral care, hygienic practices of the worker or as part of an investigation of a cluster).

~~3) Concurrent disinfection of feces, vomitus, and linens and other articles used by patients is required. Hand washing is required after use of the toilet. (See Section 690.1000(e)(1).)~~

~~4) Terminal cleaning is required. (See Section 690.1000(e)(2).)~~

b)~~c)~~ Control of Contacts. Observation of contacts is required during the period of household exposure and for 5~~five~~ days after last exposure.

1) Contacts Who Have Not Had Diarrhea During the Previous 4 Weeks.

A) Food Handlers or Persons in Sensitive Occupations, not including Health Care Workers.

i) There are no work restrictions while submitting release specimens for contacts who are employed as food handlers or in sensitive occupations and who have had no symptoms of cholera infection during the previous 4 weeks.

ii) Contacts to cases of cholera who are employed as food handlers or in sensitive occupations shall submit 3 consecutive negative stool specimens obtained at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. These contacts shall be restricted from their occupations if they do not begin submitting release specimens within one week after notification. Release specimens shall be submitted at least once per week until 3 consecutive negative specimens are obtained or the individual shall be restricted from working.

iii) If any of the 3 release specimens is positive for Vibrio cholerae, contacts shall be considered cases and shall be required to comply with restrictions on returning to work in subsection (a)(2) of this Section.

B) Health Care Workers. Local health departments may require specimens from health care workers or those who work in occupations requiring Standard Precautions if there is reason to believe specimen testing is necessary (e.g., the nature of the work, including feeding or oral care, hygienic practices of the worker or as part of an investigation of a cluster).

~~A) There are no automatic restrictions from working for contracts who are food handlers or employed in sensitive occupations and who have had no symptoms of cholera during the previous 4 weeks.~~

~~B) Contacts who are employed as food handlers or in sensitive occupations shall submit specimens as described in subsection (b)(2) of this Section. These contacts will be restricted from their occupations if they do not comply with submission of 3 release specimens within 2 weeks following notification.~~

~~C) If any of the 3 release specimens referenced in subsection (c)(1)(B) of this Section is positive for Vibrio cholerae, contacts shall be~~

~~considered cases and will be required to comply with the requirements of subsection (b)(2) of this Section.~~

2) Contacts Who Currently Have, or Have Had, Diarrhea During the Previous 4 Weeks.

A) Food Handlers or Persons in Sensitive Occupations, not including Health Care Workers.

i) All contacts to cases of cholera employed as food handlers or in sensitive occupations, and who currently have diarrhea or have had diarrhea during the previous 4 weeks, shall not work in their occupations until diarrhea has ceased for at least 24 hours and they have submitted 3 consecutive negative stool specimens. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within 1 week after notification.

ii) If any of the 3 release specimens is positive for Vibrio cholerae, contacts shall be considered cases and shall comply with subsection (a)(2) of this Section.

B) Health Care Workers. Local health departments may require specimens from health care workers or those who work in occupations requiring Standard Precautions if there is reason to believe specimen testing is necessary (e.g., the nature of the work, including feeding or oral care, hygienic practices of the worker or as part of an investigation of a cluster).

~~A) All contacts who are food handlers or in sensitive occupations and who currently have diarrhea or have had diarrhea during the previous 4 weeks shall not work in their occupations until they have submitted 3 stool specimens as described in subsection (b)(2) of this Section.~~

~~B) Health care workers who use universal precautions or any equivalent isolation procedure, and who do not currently have diarrhea, are not required to stop working in their occupations, but~~

~~must submit 3 release specimens as described in subsection (b)(2) of this Section.~~

~~C)~~ ~~Health care workers shall be restricted from their occupations if they do not comply with submission of 3 release specimens within 2 weeks after notification. This occupational restriction will terminate when specimens are submitted.~~

~~D)~~ ~~If any of the 3 release specimens referenced in (c)(2)(A) or (c)(2)(B) is positive for Vibrio cholerae, contacts shall be considered cases and will be required to comply with the provisions of subsection (b)(2) of this Section.~~

c)~~d)~~ Sale of Food, Milk, etc. (See Section 690.1000(b)~~(f)~~.)

~~e)~~ ~~General Measures.~~

~~1)~~ ~~The local health authority should educate the public about safe choices of food and drink when traveling to developing countries.~~

~~2)~~ ~~The local health authority should educate the public that raw seafood should not be brought home from developing countries.~~

~~3)~~ ~~Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in child care facilities and schools.~~

d)~~f)~~ Laboratory Reporting.

1) Laboratories shall~~are required to~~ report to the local health authority all patients who have a positive result on any laboratory test indicative of and specific for detecting Vibrio cholerae infection. ~~from whom Vibrio cholerae has been isolated and are required to report positive serology results.~~

2) Laboratories shall~~are required to~~ forward clinical materials suspected to be positive for Vibrio cholerae ~~isolates~~ to the Department's laboratory~~for serotyping and toxin testing~~.

3) Laboratories shall report and submit to the Department's laboratory any food or environmental Vibrio cholerae isolates resulting from an outbreak investigation.

~~g) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.362 Creutzfeldt-Jakob Disease (CJD) (all laboratory confirmed and probable cases) (Reportable by mail, telephone, facsimile or electronically within 7 days after confirmation of the disease)

a) Control of Case.

1) Standard Precautions shall be followed.

2) Material contaminated or infected with prions requires laboratory Biosafety Level 2 containment.

3) Prions are highly resistant to standard disinfection and sterilization procedures. See disinfection procedures in Section 690.1010(b).

4) Direct contact with all potentially contaminated organ or tissue samples, especially cerebrospinal fluid, and waste should be avoided. It is recommended not to reuse potentially contaminated instruments, including, but not limited to, surgical equipment, specimen containers, knives, blades, cutting boards, and centrifuge tubes.

5) An autopsy or biopsy of the brain should be performed to confirm suspected cases.

b) Control of Contacts. No restrictions.

c) Laboratory Reporting. Laboratories shall report to the local health authority all patients who have a positive result on any laboratory test indicative of and specific for detecting Creutzfeldt-Jakob Disease. Laboratories shall forward clinical materials from patients suspected of having CJD to the National Prion Disease Pathology Surveillance Center.

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.365 Cryptosporidiosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

~~a) Incubation Period. The incubation period is not precisely known. The usual range is one to 12 days with an average of approximately 7 days.~~

a)~~b)~~ Control of Case.

1) Standard Precautions shall be followed. Contact Precautions shall be followed for diapered or incontinent persons or during institutional outbreaks until absence of diarrhea for 24 hours. ~~Enteric precautions or disease-specific precautions (see Section 690.1010(a)(1)), or equivalent isolation procedures (see Section 690.1010(a)(13)) are required.~~

2) Cases with diarrhea shall not work~~may not be employed~~ as food handlers or in sensitive occupations until diarrhea ceases (no diarrhea for 24 hours). No release specimens are required before returning to work for persons employed as food handlers or in sensitive occupations.

3) Cases shall avoid swimming in public recreational water venues (e.g., swimming pools, whirlpool spas, wading pools, water parks, interactive fountains, lakes) while symptomatic and for 2 weeks after cessation of diarrhea.

~~3) Concurrent disinfection of feces and articles soiled with feces is required. Hand washing after use of the toilet is required. (See Section 690.1000(e)(1).)~~

~~4) Terminal cleaning is required. (See Section 690.1000(e)(2).)~~

b)~~c)~~ Control of Contacts.

1) Household contacts and others in close contact with the case who have diarrhea should be tested for Cryptosporidium.

2) Contacts with diarrhea shall not work~~be employed~~ as food handlers or in sensitive occupations until diarrhea ceases.~~while they have diarrhea.~~

c) Sale of Food, Milk, etc. (See Section 690.1000(b)).

~~d) General Measures.~~

~~1) Provide education to the public about personal hygiene.~~

~~2) Provide education to the public about avoiding contact with calves and other animals with diarrhea.~~

~~3) Filtration should be included in the treatment of public water supplies.~~

d)~~e)~~ Laboratory Reporting.
~~Laboratories are required to report to the local health authority patients from whom Cryptosporidium species has been identified, who have positive antigen detection, or who are polymerase chain reaction positive.~~

1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting Cryptosporidium species infection.

2) Laboratories shall report and submit to the Department's laboratory any Cryptosporidium positive food or environmental samples resulting from an outbreak investigation.

~~f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases. If more than one case is identified in a household, completion of the morbidity card only is required for the additional household cases.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.368 Cyclosporiasis (Reportable by mail, telephone, facsimile or electronically, within 7 days)

~~a) Incubation Period - 2 to 7 days.~~

a)~~b)~~ Control of Case.

1) Standard Precautions shall be followed.~~Enteric precautions are not required.~~

2) No restrictions are required for food handlers or those in sensitive occupations. ~~This infection is not believed to be transmitted person-to-person.~~

b)~~c)~~ Control of Contacts.

1) No restrictions.~~No control of contacts is required.~~

2) Contacts who have had similar exposures as cases should see a~~their~~ physician if diarrhea develops.

~~d) General Measures.~~

~~1) An investigation to find a common food source should be initiated if multiple cases occur.~~

~~2) Produce should be purchased from safe sources and washed thoroughly before consumption.~~

~~3) The public should be educated regarding the importance of drinking or swimming in non-contaminated water, especially when traveling.~~

c)~~e)~~ Laboratory Reporting. ~~Laboratories are required to report to the local health authorities patients who have positive polymerase chain reaction or identification of Cyclospora cayetanensis oocysts.~~

1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting Cyclospora infection.

2) Laboratories shall report and submit to the Department's laboratory any Cyclospora positive food or environmental samples resulting from an outbreak investigation.

~~f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases. If more than one case is identified in a household, completion of the morbidity card only is required for the additional household cases.~~

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NOTICE OF ADOPTED AMENDMENT

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.370 Diarrhea of the Newborn (Reportable by telephone as soon as possible, within 24 hours) (Repealed)

~~a) Incubation Period - 12 to 72 hours.~~

~~b) Definition.~~

~~1) Any hospitalized neonate (infant 28 days of age or younger) having 4 or more loose or watery or otherwise pathological stools in 24 hours, with or without weight loss, anorexia, and listlessness shall be considered to have diarrhea of the newborn. Such neonates shall be isolated immediately pending determination of the etiology of the diarrhea.~~

~~2) The occurrence in a maternity department of 2 or more cases of diarrhea of the newborn within the same 2 week period shall be considered epidemic diarrhea. A single case of diarrhea with a proven contagious etiological agent shall be considered epidemic diarrhea.~~

~~c) Control of Case.~~

~~1) Isolation is required pending determination of the etiology of the diarrhea. (See enteric precautions or disease-specific precautions in Section 690.1010(a)(1), or equivalent isolation procedures in Section 690.1010(a)(13).) The infected infant shall immediately be removed from the hospital nursery to isolation quarters and be cared for by separate nursing staff, skilled in isolation techniques, the members of which do not come in contact with other infants or children.~~

~~2) Immediate culture and examination of feces for specific bacterial and viral agents, and microscopic examination for protozoa and helminths, as indicated by the patient's clinical presentation, are required when the etiology is unknown.~~

~~3) Concurrent disinfection, with sanitary disposal of feces, is required. (See Section 690.1000(e)(1).)~~

~~4) Terminal cleaning is required. (See Section 690.1000 (e)(2).)~~

~~d) Control of Contacts to Epidemic Diarrhea.~~

~~1) When only one case of diarrhea of the newborn has occurred, and the baby's mother has tested positive for the same organism causing illness in the baby, testing for the identified pathogen is required only of other babies that were in the nursery at the same time as the infected baby.~~

~~2) When multiple cases of diarrhea of the newborn have occurred, when the source of the infected baby is most likely another infant or staff member, or when the etiologic agent is unknown:~~

~~A) The involved nursery shall be closed immediately to new admissions.~~

~~B) Any infant transferred from the involved nursery to another part of the hospital or to another health care institution must be placed in enteric precautions or disease-specific precautions (see Section 690.1010(a)(1)) or equivalent isolation procedures (see Section 690.1010(a)(13)).~~

~~C) The census in the involved nursery shall be reduced by discharge as rapidly as possible.~~

~~D) All exposed infants in the involved nursery shall be cared for by a separate nursing staff skilled in isolation techniques. Particular emphasis should be placed on hand washing between contacts with infants.~~

~~E) No new admissions may be made to the involved maternity department. A separate maternity section may be established for new maternity admissions upon approval by the Department.~~

~~F) Bacteriologic or microscopic examination of stools, according to clinical indication, is required of all ill and exposed infants, mothers, attending physicians and maternity and nursery service personnel. Those persons found to harbor the suspected organisms or parasites shall be excluded from maternity, nursery and pediatric service until released by the Department. Personnel who use universal precautions (see Section 690.1010(a)(2)) while caring for patients shall not necessarily be restricted from their occupations if~~

~~they do not have diarrhea (see rules in this Part specific to each etiologic agent). Health care workers shall be restricted from their occupations if they fail to begin submitting specimens within one week after notification. This occupational restriction shall terminate when required specimens are submitted, dependent upon the provisions of rules specific to each etiologic agent.~~

~~G) Investigation shall be made of all infants discharged from the hospital in the period 2 weeks prior to the onset of the initial case to determine if additional cases have occurred.~~

~~H) Maternity service may be renewed in the involved maternity section only after discharge of all contact infants and mothers and after terminal cleaning has been completed (see Section 690.1000(e)(2)).~~

~~e) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases. The type of report form to be used will be determined based on the etiologic agent involved.~~

(Source: Repealed at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.380 Diphtheria (Reportable by telephone as soon as possible, within 24 hours)

~~a) Incubation Period - Usually 2 to 5 days, occasionally longer.~~

a)~~b)~~ Control of Case.

1) Standard Precautions shall be followed. Droplet Precautions shall be followed for pharyngeal diphtheria. Contact Precautions shall be followed for cutaneous diphtheria. ~~Isolation is required until 2 successive cultures from the nose and 2 successive cultures from the throat, taken not less than 24 hours apart, are negative for diphtheria bacilli, or when a virulence test proves the bacilli to be avirulent.~~

2) These precautions shall be continued until 2 successive cultures from both throat and nose (and skin lesions in cutaneous diphtheria) are negative for diphtheria bacilli or when a virulence test proves the bacilli to be avirulent. The first culture shall be taken not less than 24 hours after

completion of antibiotic therapy and the second culture shall be taken not less than 24 hours after the first.

3) Use of diphtheria antitoxin should be considered in addition to antibiotic therapy when clinical findings and consultation with Department personnel support use.

~~2) Cultures shall not be accepted for release from isolation until at least 7 days have elapsed since the last use of chemotherapeutic or antibiotic agents.~~

4)~~3)~~ Specimens shall~~will~~ be considered to be satisfactory only if they reach an acceptable laboratory~~a laboratory acceptable to the Department~~ within 48 hours, and if growth of normal flora occurs.

~~4) Concurrent disinfection is required of all articles soiled by discharges of the patient. (See Section 690.1000(e)(1).)~~

~~5) Terminal cleaning is required. (See Section 690.1000(e)(1).)~~

b)~~e)~~ Control of Contacts.

1) All close contacts (household members and other persons directly exposed to oral secretions of patients with pharyngeal presentation or with direct contact with secretions from lesions with cutaneous presentation) should be cultured from the nose and from the throat, provided antibiotic prophylaxis, and placed under surveillance for 7 days.

2) Contacts who are food handlers or in sensitive occupations shall not work in these occupations until shown, by 2 successive negative cultures from the nose and from the throat, not to be carriers, and permission is granted in writing by the local health authority. The first culture shall be taken not less than 24 hours after completion of antibiotic therapy and the second culture shall be taken not less than 24 hours after the first.

3) All previously immunized close contacts should receive a booster dose of diphtheria toxoid-containing vaccines if more than 5 years have elapsed since their last dose.

4)~~2)~~ If close contacts have received fewer than 3 doses of diphtheria toxoid-

containing vaccines, or vaccination history is unknown, an immediate dose of diphtheria toxoid-containing vaccine should be given and the primary series completed.~~All susceptible contacts shall be isolated.~~

5)~~3)~~ All contacts found to be carriers shall be handled in the same manner as cases according to subsection (a)(1) and managed as indicated in subsection (c). ~~should be kept under quarantine and isolation until initiation of proper therapy, or until requirements in subsection (b)(1), (2) and (3) are met.~~

6) In a non-immune individual who has been exposed, antitoxin should be considered. This should be followed immediately with active immunization.

~~4) Contacts who are food handlers or in sensitive occupations shall not work in these occupations until shown, by 2 successive negative cultures from the nose and from the throat, not to be carriers, and permission is granted in writing by the local health authority.~~

c)~~d)~~ Control of Carriers.

1) Carriers discovered as the result of epidemiological follow-up of a known case or in another way (screening, etc.) shall be handled in the same manner as cases. (See subsections (a)(1) and (2).)~~contact carriers. (See subsection (c)(3).)~~

~~2) Carriers discovered in another way (screening, etc.) may, if well, continue their normal occupation, unless they are food handlers or in sensitive occupations, until such time as the results of a virulence test are available. If the organism is found to be virulent, such carriers shall be handled as contact carriers. (See subsection (c)(4).)~~

2) All previously immunized carriers should receive a booster dose of diphtheria toxoid-containing vaccines if more than one year has elapsed since their last dose.

3) Carriers who have received fewer than 3 doses of diphtheria toxoid-containing vaccines, or whose vaccination history is unknown, should receive an immediate dose of diphtheria toxoid-containing vaccine and complete the primary series.

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NOTICE OF ADOPTED AMENDMENT

d)~~e)~~ Sale of Food, Milk, etc. (See Section 690.1000(b)~~(f)~~.)

~~f)~~ ~~General Measures.~~

~~1)~~ ~~Children should be immunized in accordance with the most recent Recommended Childhood Immunization Schedule and most recent recommendations of the Advisory Committee on Immunization Practices. Children should be given a series of 3 doses of diphtheria-tetanus toxoid with acellular pertussis vaccine combined (DTaP) beginning at 2 months of age, with a minimum interval of at least 4 weeks between doses. A booster dose of DTaP should be administered at least 6 months later and repeated on or after the age of 4 and prior to school entry.~~

~~2)~~ ~~Children one year of age and older enrolled in child care facilities must be vaccinated against diphtheria in accordance with the immunization requirements specified in rules of the Department entitle Immunization Code (77 Ill. Adm. Code 695).~~

~~3)~~ ~~Children entering school operated programs below the kindergarten level and school (K-12) must be vaccinated against diphtheria in accordance with the immunization requirements specified in rules of the Department entitled Child Health Examination Code (77 Ill. Adm. Code 665).~~

~~4)~~ ~~Persons 7 years of age or older should be given tetanus-diphtheria combined toxoid (Td) either as a primary immunizing agent for diphtheria, or as a booster for diphtheria and tetanus.~~

~~5)~~ ~~Routine booster doses of tetanus-diphtheria combined toxoid (Td) should be given every 10 years.~~

~~6)~~ ~~Occasionally, in a non-immune individual who has been exposed, antitoxin will have to be used. This should be followed immediately with active immunization. Non-immune individuals who rely on equine diphtheria antitoxin are subject to the risk of serum anaphylaxis.~~

e)~~g)~~ Laboratory Reporting.

1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting Corynebacterium diphtheriae infection.

2)~~1)~~ Laboratories shall forward clinical materials positive for~~isolates of~~ Corynebacterium diphtheriae to the Department's laboratory for toxicity testing.

3)~~2)~~ Laboratories shall report~~Report~~ any request for suspected diphtheria testing as soon as possible, within 3 hours.

~~h) Reporting of Cases.~~
~~An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.385 Ehrlichiosis, Human Granulocytotropic anaplasmosis (HGA) (See Tickborne Disease)~~Granulocytic (Reportable by mail, telephone, facsimile or electronically, within 7 days)~~

See Tickborne Disease (Section 690.698).

~~a) Incubation Period - 7 to 21 days after tick exposure.~~

~~b) Control of Case.~~

~~1) Isolation is not required.~~

~~2) Concurrent disinfection is not required.~~

~~3) Terminal cleaning is not required.~~

~~4) Ticks must be carefully removed from patient.~~

~~c) Control of Contacts. No quarantine required.~~

~~d) General Measures.~~

~~1) The public should be educated about tick avoidance, use of tick repellents,~~

~~proper removal of ticks, not handling ticks with bare hands, disposal of ticks and symptoms of tickborne diseases. This education includes instruction in removal of ticks from domestic and farm animals.~~

~~2) The public should be educated on the importance of performing tick checks every few hours when outdoors in potential tick habitat.~~

~~3) The local health authority should investigate cases to determine the location of tick exposure (7 to 21 days prior to onset of symptoms).~~

~~4) Persons becoming ill following a tick bite should report the tick bite immediately to a physician.~~

~~5) To prevent tick infestations on domestic animals, a veterinarian should be consulted about tick-control products.~~

~~e) Laboratory Reporting. Laboratories are required to report to the local health authority patients who have positive serology, morulae in white blood cells or positive polymerase chain reaction for ehrlichiosis.~~

~~f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.386 Ehrlichiosis, Human Monocytotropic (HME) (See Tickborne Disease) ~~Monocytic (Reportable by mail, telephone, facsimile or electronically, within 7 days)~~

See Tickborne Disease (Section 690.698).

~~a) Incubation Period - 7 to 21 days after tick exposure.~~

~~b) Control of Case.~~

~~1) Isolation is not required.~~

~~2) Concurrent disinfection is not required.~~

~~3) Terminal cleaning is not required.~~

~~4) Ticks must be carefully removed from patient.~~

~~c) Control of Contacts. No quarantine required.~~

~~d) General Measures.~~

~~1) The public should be educated about tick avoidance, use of tick repellents, proper removal of ticks, not handling ticks with bare hands, disposal of ticks and symptoms of tickborne diseases. This education includes instruction in removal of ticks from domestic and farm animals.~~

~~2) The public should be educated on the importance of performing tick checks every few hours when outdoors in potential tick habitat.~~

~~3) The local health authority should investigate cases to determine the location of tick exposure (7 to 21 days prior to onset of symptoms).~~

~~4) Persons becoming ill following a tick bite should report the tick bite immediately to a physician.~~

~~5) To prevent tick infestations on domestic animals, a veterinarian should be consulted about tick-control products.~~

~~e) Laboratory Reporting. Laboratories are required to report to the local health authority patients who have positive serology, morulae in white blood cells or positive polymerase chain reaction for ehrlichiosis.~~

~~f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.390 Encephalitis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)

~~Each case of acute encephalitis should be reported at the time diagnosis is suspected and appropriate measures for an etiological diagnosis should begin.~~

~~a) Primary Infectious Type.~~

~~1) Incubation Period - Usually 5 to 15 days for primary infectious types.~~

~~2) Control of Case.~~

~~A) Isolation is not required unless required for etiologic agent. Patient should be protected from contact with biting or sucking insects.~~

~~B) Concurrent disinfection is dependent upon etiologic agent.~~

~~3) General Measures.~~

~~Control measures will depend upon prompt reporting to the local health authority, and accurate etiologic diagnosis.~~

~~b) Post-infectious Type (specify pre-existing infection).~~

~~1) Incubation Period - Occurs during course of, or following, specific infectious disease (e.g., measles, mumps, chickenpox, etc.) leading to the condition.~~

~~2) Control of Case.~~

~~A) Isolation is dependent upon primary disease.~~

~~B) Concurrent disinfection is dependent upon primary disease.~~

~~C) Terminal cleaning is dependent upon primary disease.~~

~~3) Control of Contacts. There are no restrictions on contacts.~~

~~c) Post-vaccinal Type (specify antigens responsible).~~

~~1) Incubation Period - Uncertain, between 9th and 13th days in most instances.~~

~~2) Control of Case and Contacts. No restrictions on case or contacts.~~

~~d) General Measures. When cases occur during summer months, efforts should be~~

~~made to obtain acute and convalescent serum specimens and cerebrospinal fluid for arbovirus antibody testing.~~

~~e)~~ ~~Laboratory Reporting.~~

~~1)~~ ~~Laboratories are required to report to the local health authority, encephalitis cases from whom a virus was cultured and patients with significant arbovirus antibody test results. Criteria for significance should be determined by each laboratory.~~

~~2)~~ ~~Laboratories are required to submit virus isolates from encephalitis patients to the Department's laboratory for typing.~~

~~f)~~ ~~Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.~~

(Source: Repealed at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.400 ~~Enteric~~ Escherichia coli Infections (E. coli O157:H7 ~~(E. coli: 0157:H7~~ and Other Shiga toxin-producing E. coli~~Enterohemorrhagic E. coli~~, Enterotoxigenic E. coli, ~~and~~ Enteropathogenic E. coli and Enteroinvasive E. coli) (Reportable by telephone or facsimile as soon as possible, within 24 hours)

~~a)~~ ~~Incubation Period - for E. coli 0157:H7, up to 8 days, commonly 3 to 4 days. For enterotoxigenic E. coli, from 10 to 72 hours.~~

a~~b~~) Control of Case.

1) Standard Precautions shall be followed. Contact Precautions shall be followed for diapered or incontinent persons or during institutional outbreaks until absence of diarrhea for 24 hours.~~Isolation is required until diarrhea ceases for at least 24 hours. (See enteric precautions or disease-specific precautions in Section 690.1010(a)(1), or equivalent isolation procedures in Section 690.1010(a)(13).)~~

2) Food Handlers or Persons in Sensitive Occupations, not including Health Care Workers. Cases with E. coli infections caused by O157:H7 or other Shiga toxin-producing E. coli shall not work as food handlers or in sensitive occupations until diarrhea has ceased for at least 24 hours and 2

consecutive negative stool specimens are obtained. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall be submitted beginning within one week after notification.

2) Cases shall not work as food handlers until 2 consecutive negative stool release specimens are obtained at least 24 hours apart and not less than 48 hours after discontinuation of antimicrobial agents. Health care workers shall be restricted from work until diarrhea has ceased for at least 24 hours. Health care workers who use universal precautions, and who do not have diarrhea, shall not be restricted from their occupations, but must submit 2 consecutive negative stool release specimens obtained at least 24 hours apart and not less than 48 hours after discontinuation of antimicrobial agents. Health care workers shall be restricted from their occupations if they do not begin submitting release specimens within 2 weeks after notification. This occupational restriction will terminate when specimen submission begins, as long as the case continues to comply with required specimen submission.

3) Health Care Workers. Local health departments may require specimens from health care workers or those who work in occupations requiring Standard Precautions if there is reason to believe specimen testing is necessary (e.g., the nature of the work, including feeding or oral care, hygienic practices of the worker or as part of an investigation of a cluster).

4) Cases of enterotoxigenic E. coli, enteropathogenic E. coli or enteroinvasive E. coli shall not work as food handlers or in sensitive occupations, including health care, until diarrhea has ceased for at least 24 hours. Release specimens are not required for persons with these types of E. coli infections.

3) Concurrent disinfection of feces and articles soiled with feces is required. Handwashing is required after use of the toilet (see Section 690.1000(e)(1)).

4) Terminal cleaning is required (see Section 690.1000(e)(2)).

be) Control of Contacts.

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1) Contacts Who Have Not Had Diarrhea During the Previous 4 Weeks.

A) Food Handlers or Persons in Sensitive Occupations, not including Health Care Workers.

i) There are no work restrictions while submitting release specimens for contacts who are employed as food handlers or in sensitive occupations and who have had no symptoms of E. coli infections caused by O157:H7 or other Shiga toxin-producing strains during the previous 4 weeks.

ii) Contacts to cases with E. coli infections caused by O157:H7 or other Shiga toxin-producing strains who are employed as food handlers or in sensitive occupations shall submit 2 consecutive negative stool specimens obtained at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. These contacts shall be restricted from their occupations if they do not begin submitting release specimens within one week after notification. Release specimens shall be submitted at least once per week until 2 consecutive negative specimens are obtained or the individual shall be restricted from working.

iii) If either of the 2 release specimens is positive for E. coli infection caused by O157:H7 or other Shiga toxin-producing strains, contacts shall be considered cases and shall comply with subsection (a)(2) of this Section.

B) Health Care Workers. Local health departments may require specimens from health care workers or those who work in occupations requiring Standard Precautions if there is reason to believe specimen testing is necessary (e.g., the nature of the work, including feeding or oral care, hygienic practices of the worker or as part of an investigation of a cluster).

C) Contacts to cases of enterotoxigenic E. coli, enteropathogenic E. coli or enteroinvasive E. coli who are employed as foodhandlers or in sensitive occupations, including health care workers, and have not had diarrhea within the previous 4 weeks are not required to submit release specimens.

~~A) There are no automatic restrictions from working for contacts who are employed as food handlers or in sensitive occupations and who have had no symptoms of E. coli 0157:H7 or other enterohemorrhagic E. coli, enterotoxigenic E. coli or enteropathogenic E. coli during the previous 4 weeks.~~

~~B) Contacts who are employed as food handlers or in sensitive occupations shall submit specimens as described in subsection (b)(2) of this Section. These contacts shall be restricted from their occupations if they do not comply with submission of 2 release specimens within 2 weeks following notification.~~

~~C) If either of the 2 release specimens referenced in subsection (c)(1)(B) of this Section is positive for E. coli 0157:H7 or other enterohemorrhagic E. coli, enterotoxigenic E. coli or enteropathogenic E. coli, contacts shall be considered cases and will be required to comply with the restrictions on returning to work in subsection (b)(2) of this Section.~~

2) Contacts Who Currently Have Diarrhea or Have Had Diarrhea During the Previous 4 Weeks.

A) Food Handlers or Persons in Sensitive Occupations, not including Health Care Workers.

i) All contacts to cases of E. coli infections caused by O157:H7 or other Shiga toxin-producing strains employed as food handlers or in sensitive occupations, and who currently have diarrhea or have had diarrhea during the previous 4 weeks, shall not work in their occupations until diarrhea has ceased for at least 24 hours and they have submitted 2 consecutive negative stool specimens. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart, and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification.

ii) If either of the 2 release specimens is positive for E. coli infection caused by O157:H7 or other Shiga toxin-producing strains, contacts shall be considered cases and shall comply with subsection (a)(3) of this Section.

B) Health Care Workers. Local health departments may require specimens from health care workers or those who work in occupations requiring Standard Precautions if there is reason to believe specimen testing is necessary (e.g., the nature of the work, including feeding or oral care, hygienic practices of the worker or as part of an investigation of a cluster).

C) Contacts to cases of enterotoxigenic E. coli, enteropathogenic E. coli or enteroinvasive E. coli who are employed as foodhandlers or in sensitive occupations, including health care workers, and have had diarrhea within the previous 4 weeks and the diarrhea has resolved are not required to submit release specimens.

D) Contacts to cases of enterotoxigenic E. coli, enteropathogenic E. coli or enteroinvasive E. coli who are employed as food handlers or in sensitive occupations, including health care, and currently have diarrhea, shall not work until diarrhea has ceased for at least 24 hours. Release specimens are not required for persons with these types of E. coli infections.

~~A) All contacts employed as food handlers or in sensitive occupations and who currently have diarrhea or have had diarrhea during the previous 4 weeks shall not work in their occupations until they have submitted 2 stool specimens as described in subsection (b)(2) of this Section.~~

~~B) Health care workers who use universal precautions or any equivalent isolation procedures, and who do not currently have diarrhea, are not required to stop working at their occupations but must submit release specimens as described in subsection (b)(2) of this Section.~~

~~C) Health care workers shall be restricted from their occupations if they do not comply with submission of 2 release specimens within 2 weeks after notification. This occupational restriction will~~

~~terminate when specimens are submitted.~~

~~D)~~ ~~If either of the 2 release specimens referenced in (c)(2)(A) or (c)(2)(B) is positive for E. coli 0157:H7 or other enterohemorrhagic E. coli, enterotoxigenic E. coli, or enteropathogenic E. coli, contacts shall be considered cases and will be required to comply with the provisions of subsection (b)(1) of this Section.~~

c~~d~~) Sale of Food, Milk, etc. (See Section 690.1000(b~~f~~).)

~~e)~~ ~~General Measures.~~

~~1)~~ ~~The local health authority should educate the public about the need to thoroughly cook ground meat prior to ingestion to prevent infection by E. coli 0157:H7.~~

~~2)~~ ~~Irradiation of beef and produce could reduce contamination by E. coli 0157:H7~~

~~3)~~ ~~The local health authority should educate the public that milk should be pasteurized before ingestion.~~

~~4)~~ ~~Protect public water supplies from contamination by sewage and animal waste.~~

~~5)~~ ~~Swimming pools should be chlorinated.~~

~~6)~~ ~~Adequate hygiene in child care facilities, especially frequent handwashing, should be ensured.~~

~~7)~~ ~~Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in child care facilities and schools.~~

d~~f~~) Laboratory Reporting.

1) Laboratories shall report to the local health authority all patients who have a positive result from a stool specimen or any laboratory test indicative of and specific for detecting Escherichia coli O157, other Shiga toxin-

producing E. coli, enterotoxigenic E. coli, enteropathogenic E. coli or enteroinvasive E. coli infection.

~~1) Laboratories are required to report all patients with isolation of Escherichia coli 0157 or other enterohemorrhagic E. coli or shiga toxin producing E. coli to the local health authority.~~

2) Laboratories shall~~are required to~~ submit E. coli O~~0~~157 ~~or other enterohemorrhagic E. coli~~ or other Shiga toxin-producing~~shiga toxin producing E. coli~~ isolates, broth or specimens to the Department's laboratory ~~for serotyping~~. ~~When suspicious clusters occur, these isolates will be available if additional typing methods such as pulse field gel electrophoresis is considered necessary.~~

3) Laboratories shall report and submit to the Department's laboratory any food, environmental or animal E. coli isolates resulting from an outbreak investigation.

~~g) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases. If more than one case is identified in a household, completion of the morbidity card only is required for the additional household cases.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.410 Foodborne or Waterborne Illness (Reportable by telephone or facsimile as soon as possible, within 24 hours)

~~a) Definition of Foodborne or Waterborne Illness: Foodborne and waterborne illnesses are caused by many different bacterial, viral, parasitic and chemical etiologic agents. Foodborne or waterborne illnesses usually produce gastrointestinal symptoms, but uncommon forms of foodborne or waterborne illness produce other symptoms. "Foodborne Pathogenic Microorganisms & Natural Toxins" (Section 690.1010(a)(4)) lists most known causes of foodborne and waterborne disease. All causes of foodborne or waterborne illness specified in this Part are required to be reported.~~

a~~b~~) Investigation of ~~Cases and~~ Outbreaks.

1) All suspected or confirmed cases of foodborne or waterborne illness shall be investigated by the local health authority where the food was prepared

or the contact with water occurred. If multiple jurisdictions are involved, the jurisdiction where the food was prepared or the contact with water occurred shall be in charge of the investigation unless determined otherwise. If the investigation determines that a foodborne or waterborne illness has occurred, the jurisdiction in charge of the investigation shall submit a final report to the Department, using the most current outbreak reporting form available from the Department, within 4 weeks following the completion of the epidemiologic investigation.

2) For specific information on how to conduct a foodborne or waterborne outbreak investigation, see the current edition of the Department's Investigating Suspected Outbreaks of Foodborne and Waterborne Illness manual.

3) When outbreaks of foodborne or waterborne disease occur in retail food establishments and the etiologic agent responsible for the outbreak is not addressed in this Part, food handlers in the establishment where the outbreak occurred may be considered to be contacts to cases and may be required by the local health authority to submit specimens for testing.

4) When outbreaks of foodborne or waterborne disease occur in any business, organization, institution or private home, the person in charge of the establishment shall cooperate with public health authorities in the investigation of cases, suspected cases, outbreaks and suspected outbreaks of foodborne or waterborne disease. This includes, but is not limited to, release of food preparation methods, menus, customer lists, environmental specimens, food specimens, and the name and other pertinent information about food handlers or other employees diagnosed with a communicable disease as it relates to a foodborne or waterborne disease investigation.

~~2) Investigation of outbreaks shall conform to the following:~~

~~A) A central log should be maintained of all incoming complaints of illness suspected to be due to ingestion of food or water. The log should be reviewed at the time of each new entry to determine if there is a pattern of illness suggesting a public health threat.~~

~~B) When an outbreak is suspected, a small number of ill persons (approximately 10) with symptoms typical of the syndrome (or with diagnostic laboratory results) should be interviewed. Case~~

~~histories should include:~~

~~i)~~ ~~Date and time of onset of each person's illness.~~

~~ii)~~ ~~A comprehensive list of signs and symptoms of each ill person. The presence or absence of each sign and symptom should be noted on the interview form as well as the duration of each sign and symptom.~~

~~iii)~~ ~~All foods and drinks ingested (and their sources) during the 72 hours prior to onset of illness.~~

~~C)~~ ~~A hypothesis should be established regarding a suspect common source when histories indicate a majority of ill persons attended one or more common events or were exposed to a potential common source, and became ill with similar symptoms at approximately the same interval after exposure.~~

~~D)~~ ~~A questionnaire should be developed for collecting information specific to each outbreak using restaurant menus, the list of foods and drinks served at a suspect function, etc. When using menus, include information about foods served with each menu item, appetizers, condiments available at the table, condiments ordered from the kitchen (sour cream, butter, etc.), type of salad dressing, ice ingestion, and all other choices available to diners. The questionnaire should require all interview subjects to answer specifically whether each item was ingested.~~

~~E)~~ ~~Case histories should be obtained from all ill persons and well persons, when possible. Interview each adult directly, not through a spouse or other household member. Children should be interviewed with the assistance of an adult. In person or telephone interviews are preferred to mailed questionnaires. When available, the number of well persons interviewed should be the same or more than the number of ill persons interviewed.~~

~~3)~~ ~~Specimens should be collected from a representative sample of cases, when practical, and tested to confirm the etiologic agent responsible for the outbreak.~~

~~4)~~ ~~Samples of implicated foods should be collected and tested, when practical, to identify the vehicle responsible for the outbreak.~~

~~5)~~ ~~A final report summarizing the findings of the investigation must be prepared by the local health authority using "Investigation of a Foodborne Outbreak", form number CDC 52.13, Rev. 10/2000. This form is available from the Department.~~

b) Control of Cases.

1) Standard Precautions shall be followed. Contact Precautions shall be followed for diapered or incontinent persons or during institutional outbreaks until absence of diarrhea for 24 hours.

2) Persons who become ill due to a foodborne or waterborne outbreak shall comply with restrictions specific to each etiologic agent addressed in this Part.

3) If the etiologic agent responsible for a foodborne or waterborne outbreak is not addressed in this Part and diarrhea or vomiting of infectious or unknown cause is present, foodhandlers and persons in sensitive occupations, including health care workers, who are ill shall not work until 24 hours after diarrhea or vomiting has resolved.

4) Persons with draining skin lesions shall not work as food handlers unless the drainage is contained by a dressing and lesions are not on the hands or forearms.

c) Control of Contacts. Contacts to persons who become ill due to a foodborne or waterborne outbreak shall comply with restrictions specific to each etiologic agent.

d~~e~~) Sale of Food, Milk, etc. (See Section 690.1000(b~~f~~).)

~~d)~~ ~~General Measures.~~

~~1)~~ ~~Persons with diarrhea shall not work as food handlers and must abide by restrictions placed on food handlers specified in this Part, specific to each etiologic agent.~~

~~2) Persons with pyogenic skin infections shall not work as food handlers.~~

~~3) Potentially hazardous foods shall be kept at temperatures below 41 degrees F (5 degrees C) or above 140 degrees F (60 degrees C), as appropriate, during display and service.~~

~~4) When outbreaks of foodborne or waterborne disease occur in commercial food service establishments, food handlers in the establishment where the outbreak occurred are considered to be contacts to cases and shall be subject to this Part, specific to each etiologic agent.~~

e) Laboratory Reporting.

1) Laboratories shall report to the local health authority clinical, environmental or food specimens that have a positive result on a laboratory test indicative of and specific for detecting any foodborne or waterborne illness.

2) Laboratories shall submit to the Department's laboratory any positive food, environmental or animal samples resulting from an outbreak investigation.

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.420 Giardiasis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

~~a) Incubation Period - Variable, 5 to 25 days, sometimes longer.~~

a~~b~~) Control of Case~~ and Carrier~~.

1) Standard Precautions shall be followed. Contact Precautions shall be followed for diapered or incontinent persons or during institutional outbreaks until absence of diarrhea for 24 hours.~~Isolation is required until absence of fever and diarrhea. (See enteric precautions or disease-specific precautions in Section 690.1010(a)(1), or equivalent isolation procedures in Section 690.1010(a)(13).)~~

2) Cases who are food handlers or in sensitive occupations may return to their usual occupations after diarrhea has ceased for at least 24 hours and

antimicrobial therapy has been completed for 48 hours.~~Cases or carriers who work as food handlers or in sensitive occupations are prohibited from performing their job duties until 3 consecutive release stool specimens, taken not less than 48 hours apart and at least 24 hours after discontinuation of an antimicrobial agent, are negative for trophozoites and cysts of Giardia lamblia or who are negative by antigen detection. Health care workers with diarrhea are restricted from their occupations until diarrhea has ceased for 24 hours. Health care workers who use universal precautions (see Section 690.1010(a)(2)) and who do not have diarrhea are not required to cease their occupations, but must submit release specimens as described above. Health care workers shall be restricted from their occupations if they do not comply with submission of release specimens within 2 weeks after notification. This occupational restriction will terminate when specimens are submitted.~~

~~3) Concurrent disinfection of feces and articles soiled with feces is required unless disposal of excreta is by sanitary sewer; hand washing after use of the toilet is mandatory (see Section 690.1000(e)(1)).~~

~~4) Terminal cleaning is required (see Section 690.1000(e)(1)).~~

~~5) Instruction of convalescent and chronic carriers in personal hygiene, particularly as to sanitary disposal of fecal waste and hand washing after use of toilet.~~

b~~c~~) Control of Contacts. Contacts with symptoms who are employed as food handlers or in sensitive occupations shall submit one specimen for testing for giardiasis. Contacts who test positive shall be restricted according to subsection (a)(2) of this Section. Local health departments may require specimens from health care workers or those who work in occupations requiring Standard Precautions if there is reason to believe specimen testing is necessary (e.g., the nature of the work, including feeding or oral care, hygienic practices of the worker or as part of an investigation of a cluster).

~~1) Contacts Who Have Not Had Diarrhea During the Previous 4 Weeks.~~

~~A) There are no automatic restrictions from working for contacts who are employed as food handlers or in sensitive occupations and who have had no symptoms of giardiasis during the previous 4 weeks.~~

~~B)~~ ~~Contacts who are employed as food handlers or in sensitive occupations shall submit specimens as described in subsection (b)(2) of this Section. These contacts shall be restricted from their occupations if they do not comply with submission of 3 release specimens within 2 weeks following notification.~~

~~C)~~ ~~If any of the 3 release specimens referenced in subsection (c)(1)(B) of this Section is positive for giardiasis, contacts shall be considered cases and will be required to comply with the provisions of subsection (b)(2) of this Section.~~

~~2)~~ ~~Contacts Who Currently Have, or Have Had, Diarrhea During the Previous 4 Weeks.~~

~~A)~~ ~~All contacts who work as food handlers or in sensitive occupations and currently have diarrhea or have had diarrhea during the previous 4 weeks shall not work in their occupations until they have submitted 3 stool specimens as described in subsection (b)(2) of this Section.~~

~~B)~~ ~~Health care workers who use universal precautions, and who do not currently have diarrhea, are not required to stop working in their occupations but must submit release specimens as described in subsection (b)(2) of this Section.~~

~~C)~~ ~~Health care workers shall not work in their occupations if they do not comply with submission of 3 release specimens within 2 weeks after notification. This occupational restriction will terminate when specimens are submitted.~~

~~D)~~ ~~If any of the 3 release specimens referenced in (c)(1)(A) or (c)(2)(B) is positive for Giardia, contacts shall be considered cases and will be required to comply with the provisions of subsection (b)(2) of this Section.~~

c~~d~~) Sale of Food, Milk, etc. (See Section 690.1000(b~~f~~).)

~~e)~~ ~~General Measures.~~

~~1)~~ ~~Sanitary disposal of human feces.~~

~~2) Safeguarding of water supplies:~~

~~A) Protect potable water supplies against fecal contamination.~~

~~B) Boil drinking water where necessary.~~

~~C) Chlorination appears inadequate for destruction of cysts.~~

~~D) Filtration by a municipal system or by some selected portable units is the only effective treatment other than boiling.~~

~~E) Avoidance of cross connections between public and private auxiliary water supplies and of back-flow connections in plumbing systems.~~

~~3) Supervision of the general cleanliness and the personal health and sanitary practices of persons preparing and serving food in public eating places, especially where moist foods that are eaten raw are served.~~

~~4) Education on personal cleanliness, particularly washing hands with soap and warm water after use of the toilet. Supervision of persons incompetent in personal hygiene. This is especially important in child care facilities and in the institutional setting.~~

~~5) Maintain high index of suspicion in travelers returning from endemic areas.~~

~~6) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in child care facilities and schools.~~

d~~f~~) Laboratory Reporting. Laboratories shall~~are required to~~ report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting Giardia infection~~cases in whom Giardia lamblia trophozoites or cysts are found in stool or by antigen detection~~.

~~g) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases. If more than one case is identified in a household, completion of the~~

~~morbidity card is required for the additional household cases.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.441 Haemophilus influenzae, Meningitis and Other Invasive Disease (Reportable by telephone or facsimile, within 24 hours)

~~a)~~ ~~Incubation Period - Unknown, most likely 2 to 4 days.~~

a~~b~~) Control of Case. Standard Precautions and Droplet Precautions shall be followed. Droplet Precautions shall be followed until 24 hours after initiation of effective antimicrobial therapy.

~~1)~~ ~~Respiratory isolation, disease-specific precautions (see Section 690.1010(a)(1)) or an equivalent isolation procedure (see Section 690.1010(a)(13)) is required until 24 hours after chemotherapy is started.~~

~~2)~~ ~~Concurrent disinfection is not required.~~

~~3)~~ ~~Terminal cleaning is not required.~~

b~~c~~) Control of Contacts.

1) No restrictions.

2) When a case of Haemophilus influenzae type b occurs, chemoprophylaxis shall be considered for all household contacts in households in which there is a child under 12 months of age (other than the index case) who has not received the primary series of Hib conjugate vaccine; or for all household contacts in households with a child less than 4 years of age who is inadequately immunized against Haemophilus influenzae type b; or for all household contacts in households with an immunocompromised child regardless of immunization status.

~~2)~~ ~~Contacts under 6 years of age, infants in particular, should be observed for signs of illness, especially fever.~~

3) When 2 or more cases of Haemophilus influenzae type b invasive disease occur in a child care facility within 60 days and unimmunized or incompletely immunized children attend the child care facility,

administration of chemoprophylaxis to all attendees and staff having sufficient contact is indicated.

~~3) When a case of Haemophilus influenzae type b occurs, selective chemoprophylaxis may be desirable for household contacts in households in which there are other children under 12 months of age or children 1 to 3 years of age who are inadequately immunized against Haemophilus influenzae type b. Chemoprophylaxis is also recommended in child care facilities classrooms where a case has occurred and children under 12 months of age have been exposed or children 12 to 24 months of age have been exposed and are inadequately immunized.~~

~~d) General Measures.~~

~~1) Infants and children should be vaccinated against Haemophilus influenzae type b disease in accordance with the most recent Recommended Childhood Immunization Schedule and most recent recommendations of the Advisory Committee on Immunization Practices (ACIP).~~

~~2) Children 2 years of age and older enrolled in child care facilities and school operated programs below the kindergarten level must be vaccinated against Haemophilus influenzae type b disease in accordance with the immunization requirements specified in the rules of the Department entitled Immunization Code (77 Ill. Adm. Code 695).~~

c~~e~~) Laboratory Reporting.

1) Laboratories shall~~are required to~~ report to the local health authority when Haemophilus influenzae (any type) has been cultured from a normally sterile site or patients who have a positive result on any other laboratory test indicative of and specific for detecting invasive Haemophilus influenzae (any type).~~positive antigen detection in cerebrospinal fluid.~~

2) Laboratories shall forward clinical materials from a normally sterile site that are positive for Haemophilus influenzae (any type) to the Department's laboratory. ~~Hospitals are also required to forward to the Department's laboratory all Haemophilus influenzae isolates from normally sterile sites for typing.~~

~~f) Reporting of Cases. An individual case report form and a morbidity card supplied~~

~~by the Department are required to be submitted by the local health authority on all cases.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.442 Hantavirus Pulmonary Syndrome (Reportable by ~~mail,~~ telephone or~~,~~ facsimile ~~or electronically~~, within 24 hours ~~7 days~~)

~~a) Incubation period - 2 days to 2 months, usually 2 to 4 weeks.~~

a~~b~~) Control of Case.

1) Standard Precautions shall be followed.~~Isolation is not required.~~

2) The local health authority shall investigate cases to determine locations of exposure to rodents, which can transmit hantavirus, in the 2 months before illness onset.

~~2) Concurrent disinfection is not required.~~

~~3) Terminal cleaning is not required.~~

b~~c~~) Control of Contacts. No restrictions.~~No control of contacts required.~~

~~d) General Measures.~~

~~1) The local health authority should investigate cases to determine locations of rodent exposure in the 2 months before illness onset.~~

~~2) Rodents should be exterminated in and around households.~~

~~3) The public should be educated regarding rodent avoidance and rodent control.~~

~~4) Food should be stored under rodent-proof conditions.~~

~~5) Rodent-contaminated areas should be disinfected by spraying a disinfectant (such as dilute bleach) solution prior to cleaning. Rodent-contaminated areas should not be swept or vacuumed; a wet mop or towels moistened with disinfectant should be used.~~

ce) Laboratory Reporting. ~~Laboratories are required to report to the local health authority cases from whom a positive serology, positive polymerase chain reaction or positive immunohistochemistry have been identified.~~

1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting hantavirus infection.

2) Laboratories shall forward clinical materials positive for hantavirus to the Department's laboratory.

~~f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.444 Hemolytic Uremic Syndrome, Post-diarrheal~~Post Diarrheal~~ (Reportable by telephone or facsimile, within 24 hours)

~~a) Incubation Period – Variable, depending on type of infection that preceded the hemolytic uremic syndrome (HUS).~~

a~~b~~) Control of Case. See applicable Section of this Part concerning the disease that preceded the HUS (Section 690.400 or 690.640).

b~~c~~) Control of Contacts. See applicable Section of this Part concerning the disease that preceded the HUS (Section 690.400 or 690.640).

~~d) General Measures.~~

~~1) The public should be educated to thoroughly cook all foods derived from animal sources.~~

~~2) Persons should consume only pasteurized milk and dairy products.~~

~~3) Persons should be educated regarding the importance of good personal hygiene, including proper handwashing, particularly in daycare centers.~~

~~4) Persons should thoroughly wash produce prior to consumption.~~

~~5) Persons should be educated regarding the importance of safe drinking water and recreational water.~~

~~e) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases. The form to be completed will vary, depending on the type of infection that preceded the HUS.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.450 Hepatitis A (Reportable by telephone or facsimile as soon as possible, within 24 hours)

~~a) Incubation Period - Dose related; from 15 to 50 days, average 28 to 30 days.~~

a~~b~~) Control of Case.

1) Standard Precautions shall be followed. In diapered or incontinent persons, the following Contact Precautions shall be followed: infants and children less than 3 years of age for duration of hospitalization; children 3 to 14 years of age, until 2 weeks after onset of symptoms; and those greater than 14 years of age, for one week after onset of symptoms.~~Enteric precautions, disease-specific precautions (see Section 690.1010(a)(1)), or equivalent isolation procedures (see Section 690.1010(a)(13)) are required until two weeks after onset of initial symptoms or one week after onset of jaundice. Prolonged enteric precautions or an equivalent isolation procedure should be considered in an outbreak in a neonatal intensive care unit. Patients shall not work as food handlers or in sensitive occupations during the period when infection control precautions apply.~~

2) Cases shall not work as food handlers or in sensitive occupations during the period when infection control precautions apply.

~~2) Concurrent disinfection of feces is required. Hand washing is required after use of the toilet. (See Section 690.1000(e)(1).)~~

~~3) Terminal cleaning is not required.~~

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b~~c~~) Control of Contacts.

1) No restrictions. ~~Quarantine is not indicated.~~

2) Guidelines for immune globulin (IG) administration for non-immune contacts are specified in Section 690.1010(b)(2).

~~2) Passive immunization of contacts, including household contacts, who have been exposed in such a manner to allow for transmission of hepatitis A virus and who have not been vaccinated for hepatitis A should be started as early as possible, but within two weeks from the last exposure, with immune globulin, 0.01 ml. per lb. (0.02/kg.) body weight. Immune globulin should also be administered to food handlers who have worked with a hepatitis A case who was a food handler. In a child care facility center, immune globulin should be given to all classroom contacts. If the facility admits children in diapers, immune globulin should be given to all potentially exposed children and staff in the facility. Given intramuscularly within two weeks after exposure, this has been found effective in protection against hepatitis A for 6 to 8 weeks.~~

3) Administration of IG is not recommended for symptomatic contacts, but testing is recommended to verify the diagnosis.

c~~d~~) Sale of Food, Milk, etc. (See Section 690.1000(b~~f~~).)

~~e) General Measures.~~

~~1) The local health authority should educate the public about good sanitation and personal hygiene, with special emphasis on hand washing and sanitary disposal of feces.~~

~~2) The local health authority should educate food handlers about hand washing. Managers of restaurants and other food services should supervise the hand washing of food handlers.~~

~~3) Travelers to highly endemic areas may be given prophylactic doses of immune globulin, or, if time permits, may be given the hepatitis A vaccine series.~~

~~4) Local health authorities should educate the public that oysters, clams and~~

~~other shellfish from contaminated areas should be thoroughly cooked before ingestion.~~

~~5)~~ ~~Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in child care facilities and schools.~~

~~6)~~ ~~Recommendations for hepatitis A vaccine are listed in the "Prevention of Hepatitis A Through Active or Passive Immunization" (see Section 690.1010(a)(7)).~~

~~7)~~ ~~Infants and children should be vaccinated against hepatitis A disease, in accordance with the most recent Recommended Childhood Immunization Schedule and the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP).~~

d~~f~~) Laboratory Reporting. Laboratories shall~~are required to~~ report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting acute hepatitis A infection, including IgM specific antibodies to the hepatitis A virus (total antibody is not reportable). Upon request, laboratories shall provide liver function test results for suspect cases of hepatitis A.~~cases that have been found positive for IgM-specific antibodies to the hepatitis A virus (anti-HAV IgM).~~

~~g)~~ ~~Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases. If more than one case occurs in a household, only a morbidity card is required for subsequent cases.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.451 Hepatitis B and Hepatitis D (Reportable by mail, telephone, facsimile or electronically, within 7 days)

~~a)~~ ~~Incubation Period (for cases) - Usually 45 to 180 days, average 60 to 90 days; variation may in part be related to size of inoculum.~~

a~~b~~) Control of Cases and Carriers. Standard Precautions shall be followed.~~1)Use universal precautions, blood and body fluid precautions, disease-specific precautions or any equivalent isolation procedure (see Section 690.1010(a)(1) or~~

~~690.1010(a)(13)) for body fluids and items exposed to body fluids until disappearance of hepatitis B surface antigen (HBsAg) and appearance of hepatitis B surface antibody (anti HBs) by serologic testing. 2)Concurrent disinfection is required of equipment contaminated with blood, saliva and semen (see Section 690.1000(e)(1)). 3)~~ Terminal cleaning is not required.

b~~c~~) Control of Contacts.

1) No restrictions. ~~Quarantine is not indicated.~~

2) Contacts to cases or carriers of hepatitis B should be tested for susceptibility to hepatitis B virus.

3~~2~~) A person who is a contact to cases or carriers of hepatitis B should be tested for susceptibility to hepatitis B virus and given prophylaxis in accordance with the most recent Recommended Childhood Immunization Schedule and most recent recommendations of the Advisory Committee on Immunization Practices (ACIP).

4) Infants born to mothers who are hepatitis B surface antigen (HBsAg) positive should receive hepatitis B vaccine and hepatitis B immune globulin (0.5 mL) within 12 hours of birth, both by intramuscular injection, but at different sites.

~~3) Infants born to HBsAg-positive mothers should be given prophylaxis in accordance with the most recent recommendations of ACIP.~~

5) Non-immune contacts who have been exposed in such a manner to allow for transmission of hepatitis B or hepatitis D should receive hepatitis B immune globulin (HBIG) as early as possible following exposure, preferably within 24 hours but not more than 14 days after exposure.

6) Non-immune contacts should begin hepatitis B vaccination.

c~~d~~) General Measures.

1) Pregnant women shall be tested for HBsAg during an early prenatal visit, or when they present to a hospital for delivery if prenatal serologic results are not available. Pregnant women who are at high risk for hepatitis B infection (recent history of sexually transmitted disease, injection drug

use, or other possible risks of hepatitis B infection) should be re-tested upon admission. ~~Pregnant women shall be tested for HBsAg during an early prenatal visit, or when they present to a hospital for delivery if prenatal serologic results are not available.~~

2) Health care providers shall refer pregnant women who are HBsAg ~~hepatitis B surface antigen~~ positive within 7 days after receipt of the test result to a local health authority for counseling and recommendations on testing and immunizing contacts ~~within seven days after report of the test result~~.

~~3) Infants, children and persons at high risk should be vaccinated against hepatitis B in accordance with the most recent Recommended Childhood Immunization Schedule and the most recent recommendations of ACIP.~~

~~4) Children 2 years of age and older enrolled in child care facilities must be vaccinated against hepatitis B in accordance with the immunization requirements specified in rules of the Department entitled Immunization Code (77 Ill. Adm. Code 695).~~

~~5) Children 2 years of age and older enrolled in school operated programs below the kindergarten level and children who entered the fifth grade for the first time after July 1997 must be vaccinated against hepatitis B in accordance with the immunization requirements specified in rules of the Department entitled Child Health Examination Code (77 Ill. Adm. Code 665).~~

3~~6~~) Persons previously known to test positive for HBsAg~~hepatitis B surface antigen~~ shall not ~~must never~~ donate blood ~~for blood transfusion~~.

4~~7~~) "A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States – Part 1: Immunization of Infants, Children, and Adolescents" (see Section 690.1010(a)(8)), the ~~The~~ "Recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures" (see Section 690.1010(a)(1)~~(5)~~) and the "Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV and HIV and Recommendations for Postexposure Prophylaxis" (see Section 690.1010(a)(2)) shall be followed.

de) Laboratory Reporting. Laboratories shallare required to report to the local health authority patients who: tested positive for HBsAg or IgM antibodies to hepatitis B core antigen.

1) Are pregnant with evidence of acute or chronic hepatitis B infection (surface antigen positive).

2) Have a positive result on any laboratory test indicative of and specific for detecting hepatitis B and/or hepatitis D infection.

3) Have results of alanine aminotranferase and/or aspartate aminotransferase testing within 30 days after the positive test for hepatitis B and/or hepatitis D. These results should be reported concurrently with the positive assay.

f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases and on all carriers where contacts are identified who need vaccination against hepatitis B.

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.452 Hepatitis C, Acute Infection and Non-Acute Confirmed Infection (Reportable by mail, telephone, facsimile or electronically, within 7 days)

a) Incubation Period - 2 weeks to 6 months, usually 6 to 9 weeks.

ab) Control of Case. Standard Precautions shall be followed.

1) Use universal precautions (see Section 690.1010(a)(1)) or an equivalent isolation procedure (see Section 690.1010(a)(13)).

2) Concurrent disinfection is required of equipment contaminated with blood (see Section 690.1000(e)(1)).

3) Terminal cleaning is not required.

bc) Control of Contacts. No restrictions. Quarantine is not indicated.

d) General Measures.

~~1) Patients with a history of hepatitis C or a positive laboratory test for hepatitis C should be advised not to donate blood, body organs, other tissue or semen.~~

~~2) Members of the public who may be recommended for testing are included in the "Recommendations for Prevention and Control of Hepatitis C Infection and HCV-Related Chronic Disease" (see Section 690.1010(a)(9)).~~

ce) Laboratory Reporting. Laboratories shall~~are required to~~ report to the local health authority patients who are anti-HCV positive by immunoassay (e.g., enzyme immunoassay, chemiluminescence immunoassay) with a signal-to-cutoff ratio (S/C) or other parameter predictive of a true positive as determined for the particular assay (S/C should be included with all test results that are reported) or who test positive for hepatitis C by recombinant immunoblot assay, polymerase chain reaction (PCR) or any other supplemental or confirmatory test that may be used. Results of the alanine aminotranferase testing that are closest in time to the date of the positive hepatitis C result and within 3 months of the positive test for hepatitis C should be reported concurrently with the positive immunoassay, PCR, immunoblot or other confirmatory test results. Viral genotype results (when performed) should also be reported. Laboratores not performing confirmatory testing or tests to identify highly positive specimens (e.g., S/C) shall report selected hepatitis C results as requested by the Department.~~testing positive for hepatitis C by polymerase chain reaction, recombinant immunoblot assay or any other supplemental or confirmatory test that may be used.~~

~~f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on patients whose infections are verified by a supplemental or confirmatory test.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.453 Hepatitis, Viral, Other (Reportable by mail, telephone, facsimile or electronically, within 7 days) (Repealed)

~~a) Incubation Period - 2 to 8 weeks for hepatitis D; 15 to 64 days for hepatitis E; unknown for other types of viral hepatitis.~~

~~b) Control of Case.~~

~~1) For hepatitis D same as Section 690.451(b).~~

~~2) Control measures should be designed according to the etiology indicated by the epidemiological evidence.~~

~~c) Control of Contacts.~~

~~1) No restrictions and no quarantine are required for hepatitis D.~~

~~2) A person exposed to cases and carriers of hepatitis D should be given prophylaxis as recommended in "Protection Against Viral Hepatitis" (see Section 690.1010(a)(3)).~~

~~3) Infants born to women known to be currently infected with the delta virus agent should be given prophylaxis according to "Protection Against Viral Hepatitis" (see Section 690.1010(a)(3)).~~

~~d) General Measures. Patients with a history of hepatitis D or whose blood has been tested positive for exposure to the delta agent must never be blood donors.~~

~~e) Laboratory Reporting. Laboratories are required to report to the local health authority patients with hepatitis D antibodies.~~

~~f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases. If a patient is found to be a carrier, only a morbidity card needs to be submitted.~~

(Source: Repealed at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.460 Histoplasmosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

~~a) Incubation Period - In reported epidemics, symptoms appear within 5 to 18 days after exposure, commonly 10 days.~~

a~~b~~) Control of Case

1) Standard Precautions shall be followed.~~Isolation is not required.~~

2) The local health authority should search for similar illness among household or occupational contacts. If a cluster of cases is identified, the local health authority shall look for a common environmental source of infection.~~Concurrent disinfection of sputum and articles soiled with sputum is required. (See Section 690.1000(e)(1).)~~

~~3) Terminal cleaning is required. (See Section 690.1000(e)(2).)~~

b~~c~~) Control of Contacts. No restrictions.~~There are no restrictions on contacts.~~

~~d) General Measures.~~

~~1) Household contacts or occupational contacts who have systemic symptoms should be investigated. If multiple cases are identified, the local health authority should look for evidence of infection from a common environmental source.~~

~~2) Exposure to dust and soil should be minimized around chicken coops and areas heavily contaminated with bird droppings. Dust should be controlled in enclosed areas by spraying with water or oil.~~

~~3) An industrial hygienist or environmental engineering specialist and the local health department should be consulted for environmental cleanup recommendations. Local health departments can consult with the Department's Environmental Health Division.~~

c~~e~~) Laboratory Reporting.
~~Laboratories are required to report to the local health authority patients from whom Histoplasma capsulatum has been cultured. Laboratories are also required to report to the local health authority patients with a significant (criteria for significance should be determined by each laboratory) positive histoplasma antibody test result.~~

1) Laboratories shall report to the local health authority patients from whom Histoplasma capsulatum has been cultured or patients who have a positive result on any other laboratory test indicative of and specific for detecting Histoplasma capsulatum infection.

2) Laboratories shall report and submit to the Department's laboratory any environmental Histoplasma samples resulting from an outbreak investigation.

~~f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.465 Influenza, Death (in persons less than 18 years of age) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

The death of a child less than 18 years of age with lab-confirmed influenza (including rapid tests) shall be reported. There should have been no period of recovery between illness and death.

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.469 Influenza A, Novel Virus (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion or laboratory test order)

a) Control of Case.

1) Standard Precautions, including routine use of eye protection, and Contact Precautions shall be followed for patients in health care settings (e.g., hospitals, long-term care facilities, outpatient offices, emergency transport vehicles), use of a respirator at least as protective as an N-95 is recommended during close contact in health care settings, and an airborne infection isolation room or equivalent is recommended during hospitalization. Cohorting in specific areas or wards may be considered.

2) If present rules are not adequate, alternative requirements may be issued. See Section 690.100(d).

b) Control of Contracts.

1) Recommendations for control of contracts will be made by the Department based on transmissibility and severity of the illness that caused the novel influenza strain.

2) Health care workers caring for patients with novel influenza shall be monitored for illness by the health care facility, in collaboration with the local health department.

c) Laboratory Testing and Reporting.

1) Virus isolation studies on respiratory specimens from individuals with suspected novel influenza infection should not be performed by clinical laboratories unless approved by the Department.

2) Laboratories shall immediately report to the local health authority any request for laboratory testing for a novel subtype, or laboratory identification of a suspected novel subtype, in a human specimen. Novel subtypes include, but are not limited to, H2, H5, H7, and H9 subtypes. Influenza H1 and H3 subtypes originating from a non-human species are also novel subtypes. Laboratory evidence of a suspected novel subtype includes any specimen from a human that is polymerase chain reaction or culture positive for influenza A and tests negative for currently circulating H1 and H3 subtypes.

3) Upon request, laboratories shall forward clinical materials to the Department's laboratory.

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.475 Legionellosis~~Legionnaires' Disease (Legionellosis)~~ (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

~~a) Incubation Period - 2 to 10 days, most often 5 to 6 days. With the Pontiac Fever form - 5 to 66 hours, most often 24-48 hours.~~

a~~b~~) Control of Case.

1) Standard Precautions shall be followed.~~Isolation is not required.~~

2) The local health authority shall investigate clusters of cases to determine if there is a common environmental source of infection.

~~2) Concurrent disinfection is not required.~~

~~3) Terminal cleaning is not required.~~

b~~c~~) Control of Contacts. No restrictions.

~~1) Quarantine is not indicated.~~

~~2) Immunization of contacts is not indicated because there are no vaccines available.~~

~~d) General Measures.~~

~~1) The local health authority should investigate cases to determine potential common exposures.~~

~~2) Cooling towers should be drained when not in use.~~

~~3) Cooling towers should be cleaned periodically to remove scale and sediment and a biocide should be used to prevent the growth of slime-forming organisms.~~

c~~e~~) Laboratory Reporting.

1) Laboratories shall~~are required to~~ report to the local health authority patients from whom Legionella species is cultured or patients who have a positive result on any other laboratory test indicative of and specific for detecting Legionella infection.~~Laboratories are also required to report to the local health authority patients with a 4-fold or greater increase in legionella antibody titer, a positive urine antigen test, or a positive polymerase chain reaction.~~

2) Laboratories shall~~are required to~~ forward clinical materials positive for~~isolates of~~ Legionella species~~pneumophila~~ to the Department's laboratory.

3) Laboratories shall report and submit to the Department's laboratory any environmental Legionella samples resulting from an outbreak investigation.

~~f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all~~

~~cases.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.480 Leprosy (Hansen's Disease) (infectious and non-infectious cases are reportable) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

~~a) Incubation Period – Ranges from 9 months to 20 years; average is 4 years for tuberculoid leprosy and 8 years for lepromatous leprosy.~~

a~~b~~) Control of Case.

1) Standard Precautions shall be followed. ~~No isolation is required for tuberculoid leprosy. Contact isolation (see Section 690.1010(a)(1)) or an equivalent isolation procedure (see Section 690.1010(a)(13)) is required during hospitalization for lepromatous leprosy.~~

2) There are no restrictions in employment or attendance at school or child care facilities.

~~2) Infectious patients may return to school or work after continuous treatment for a specified period with antimicrobial agents. Infectious patients are non-infectious after 3 months of continuous treatment with dapsone or clofazimine or within 3 days after continuous treatment with rifampin.~~

~~3) Concurrent disinfection of discharges and articles soiled by nasal discharges of infectious patients is required. (See Section 690.1000(e)(1).)~~

~~4) Terminal cleaning (see Section 690.1000(e)(2)) is required.~~

b~~c~~) Control of Contacts. No restrictions. ~~There are no restrictions for contacts.~~ However, household contacts should be examined to identify ~~for~~ secondary cases. Initial examination should be made at the time a case is discovered and ~~periodic~~ examinations at yearly intervals ~~thereafter~~ for 5 years after last contact with an infectious case.

c~~d~~) Laboratory Reporting. Laboratories shall ~~are required to~~ report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting Mycobacterium leprae. ~~from whom Mycobacterium~~

~~leprae has been identified.~~

~~e) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.490 Leptospirosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

~~a) Incubation Period - 4 to 19 days, usually 10 days.~~

a~~b~~) Control of Case.

1) Standard Precautions shall be followed. ~~Universal precautions, blood and body fluid precautions, disease-specific precautions (see Section 690.1010(a)(1)) or any other equivalent isolation procedure (see Section 690.1010(a)(13)) of blood and urine are required during hospitalization.~~

2) If a cluster of cases is identified, the local health authority shall look for evidence of infection from a common environmental source.

~~2) Concurrent disinfection of discharged urine is required. Where sewage disposal systems are adequate, urine may be discharged directly into sewers without preliminary disinfection. (See Section 690.1000(e)(1).)~~

~~3) Terminal cleaning is not required.~~

b~~c~~) Control of Contacts. No restrictions.~~There are no restrictions on contacts.~~

~~d) General Measures.~~

~~1) If multiple cases are identified, the local health authority should look for evidence of infection from a common environmental source.~~

~~2) Protective boots and gloves should be used when there is contamination of area by urine from infected animals.~~

~~3) Rodents should be controlled.~~

~~4) Infected domestic animals should be segregated to avoid urine contamination of areas where persons work.~~

~~5) The public should be advised not to swim in waters accessible to wild or domestic animals, particularly if they have skin abrasions.~~

~~6) The public should be advised to avoid taking untreated recreational water into their mouths or swallowing such water.~~

ce) Laboratory Reporting. ~~Laboratories are required to report to the local health authority patients from whom Leptospira species has been cultured. Laboratories are also required to report to the local health authority patients with a significant (each laboratory will determine criteria for significance) antibody titer against leptospires.~~

1) Laboratories shall report to the local health authority patients from whom Leptospira species has been cultured or patients who have a positive result on any laboratory test indicative of and specific for detecting Leptospira species infection.

2) Laboratories shall forward clinical materials positive for Leptospira to the Department's laboratory.

3) Laboratories shall report and submit to the Department's laboratory any positive environmental or animal samples resulting from an outbreak investigation.

~~f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.495 Listeriosis (when both mother and newborn are positive, report mother only) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

~~a) Incubation Period - Variable; probably 3 to 70 days; average of 21 days.~~

a~~b~~) Control of Case.

1) Standard Precautions shall be followed. ~~Enteric precautions, disease-specific precautions (see Section 690.1010(a)(1)) or isolation procedures (see Section 690.1010(a)(13)) required until clinical recovery.~~

~~2) Concurrent disinfection is not required.~~

~~3) Terminal cleaning is not required.~~

2) If a cluster of cases is identified, the local health authority shall look for evidence of infection from a common source.

b~~c~~) Control of Contacts. No restrictions.

~~d) General Measures.~~

~~1) The local health authority should investigate clusters of cases to determine potential common exposures.~~

~~2) All dairy products, except those that are aged for 60 days or longer, should be pasteurized; soft cheeses made with unpasteurized milk have been associated with past listeriosis outbreaks.~~

~~3) Contamination of ready-to-eat foods by uncooked meats or poultry should be avoided.~~

~~4) The local health authority should educate the public that thorough reheating of potentially contaminated left over foods is advisable, because Listeria can multiply at refrigerator temperatures.~~

~~5) Pregnant women and immunocompromised individuals should be advised to eat only properly cooked meats and pasteurized dairy products. They should also avoid contact with potentially infective materials, such as aborted animal fetuses on farms.~~

c~~e~~) Laboratory Reporting.

1) Laboratories shall~~are required to~~ report to the local health authority patients from whom Listeria monocytogenes has been cultured from a

normally sterile site or patients who have a positive result on any other laboratory test indicative of and specific for detecting Listeria monocytogenes.

2) Laboratories shall~~are required to~~ forward clinical materials from a normally sterile site that are positive for~~isolates of~~ Listeria monocytogenes ~~from a sterile site~~ to the Department's laboratory.

3) Laboratories shall report and submit to the Department's laboratory any food or environmental Listeria isolates resulting from an outbreak investigation.

~~f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.505 Lyme Disease (See Tickborne Disease)~~(Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)~~

See Tickborne Disease.

~~a) Incubation Period - From 3-32 days after tick exposure for the appearance of erythema migrans (EM). In the absence of EM, incubation periods are extremely variable for early disseminated or later stage disease and signs and/or symptoms can appear weeks to months to years following Borrelia burgdorferi infection; objective diagnosis aids in eliminating other conditions and disorders manifesting the same symptoms as Lyme disease.~~

~~b) Control of Case.~~

~~1) Isolation is not required.~~

~~2) Concurrent disinfection is not required.~~

~~3) Terminal cleaning is not required.~~

~~4) Ticks must be carefully removed from the patient.~~

~~c) Control of Contacts.~~

~~1) Quarantine does not apply.~~

~~2) Immunization of contacts does not apply.~~

~~d) General Measures.~~

~~1) The public should be educated about tick avoidance, use of tick repellents, proper removal of ticks, not handling ticks with bare hands, disposal of ticks and symptoms of tickborne diseases. This education includes instruction in removal of ticks from domestic and farm animals.~~

~~2) The public should be educated on the importance of performing tick checks every few hours when outdoors in potential tick habitat.~~

~~3) The local health authority should investigate cases to determine the location of tick exposures.~~

~~4) Persons becoming ill following a tick bite should report the bite immediately to a physician.~~

~~5) To prevent tick infestations on domestic animals, a veterinarian should be consulted about tick-control products.~~

~~e) Laboratory Reporting. Laboratories are required to report to the local health authority patients from whom Borrelia burgdorferi has been cultured and patients with significant Borellia burgdorferi enzyme immunoassay or immunofluorescent assay test result followed by a significant Western blot result (significance determined by the Second National Conference on Serologic Diagnosis of Lyme Disease, Section 690.1010(a)(14)).~~

~~f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.510 Malaria (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENT

~~a)~~ ~~Incubation Period - Average 7 days to 14 days for Plasmodium falciparum, 8 days to 14 days for P. vivax and P. ovale, and 7 days to 30 days for P. malariae. With some strains of P. vivax, there may be a protracted incubation period of 8 to 10 months. With infection by blood transfusion, incubation is usually short, but varies with the number of parasites in the transfused blood.~~

a~~b~~) Control of Case. Standard Precautions shall be followed.

~~1)~~ ~~Universal precautions, disease specific precautions (see Section 690.1010(a)(2)) or equivalent isolation procedures (see Section 690.1010(a)(13)) are required for the duration of the illness. Patients should be in mosquito-proof areas at night.~~

~~2)~~ ~~Concurrent disinfection is not required.~~

~~3)~~ ~~Terminal cleaning is not required.~~

b~~c~~) Control of Contacts. No restrictions. ~~There are no restrictions on contacts. If a history of needle-sharing is obtained from the case, all persons who share the equipment should be investigated and treated.~~

~~d)~~ ~~General Measures.~~

~~1)~~ ~~Known effective measures against anopheline mosquitoes should be employed.~~

~~2)~~ ~~Sleeping and living quarters should be screened; mosquito nets and repellents should be used when applicable.~~

~~3)~~ ~~The public should be educated as to the mode of transmission and methods of prevention of malaria.~~

~~4)~~ ~~Appropriate chemoprophylaxis should be prescribed for all travelers to malarious areas.~~

~~5)~~ ~~Blood donors should be questioned as to history of malaria or possible exposure to the disease.~~

c~~e~~) Laboratory Reporting.

1) Laboratories shall~~are required to~~ report to the local health authority, regardless of the patients' state or country of residence, patients who have a positive result on any laboratory test indicative of and specific for detecting Plasmodium species infection. ~~patients from whom Plasmodium species have been identified or for whom polymerase chain reaction is positive.~~

2) Laboratories shall~~are required to~~ forward ~~to the Department's laboratory~~ slides of blood specimens found to contain malaria parasites to the Department's laboratory for speciation.

~~f)~~ ~~Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.520 Measles (Reportable by telephone as soon as possible, within 24 hours)

~~a)~~ ~~Incubation Period - About 10 days, varying from 8 to 13 days, exposure to onset of fever; about 14 days until rash appears; uncommonly longer or shorter. Late measles immune serum globulin inoculation in attempted passive protection may extend incubation to 21 days.~~

a~~b~~) Control of Case.

1) Standard Precautions and Airborne Infection Isolation Precautions shall be followed for patients in health care facilities from diagnosis until 4 days after appearance of rash. ~~Respiratory isolation or an equivalent isolation procedure (see Section 690.1010(a)(1) or Section 690.1010(a)(13)) is required in hospitalized patients from diagnosis until 4 days after appearance of rash. Children with measles should be kept out of school for at least 4 days after appearance of the rash.~~

2) Children with measles shall be kept out of school or child care facilities for at least 4 days after appearance of the rash.~~Concurrent disinfection is required of all articles soiled with secretions of nose and throat. (See Section 690.1000(e)(1).)~~

b~~c~~) Control of Contacts. ~~Passive immunization in the form of immune serum globulin, 0.1 cc. per lb. of body weight, should be considered for all unimmunized susceptible close contacts to cases, especially infants under 1 year of age. When gamma globulin is used, it should be followed by active immunization as soon as possible (6-8 weeks). Live-virus vaccine, if given within 72 hours after exposure, may provide protection.~~

1) All susceptible contacts (persons age 6 months of age or older who have not yet received a total of 2 doses of measles-containing vaccine) should begin vaccination with live virus measles vaccine. Vaccine should be administered within 72 hours after exposure for maximal protection. When vaccine is given prior to the first birthday, a second dose shall be given on or after the first birthday, and a third dose at least 28 days later but prior to school entry (4 to 6 years of age).

2) Susceptible household contacts with high risk of complications or with measles vaccine contraindications should be given immune globulin (IG) within 6 days after exposure. IG is not indicated for contacts who have received one dose of vaccine at 12 months of age or older unless they are immunocompromised. Live measles vaccine should be given 5 to 6 months later to those IG recipients, provided that vaccine is not contraindicated.

3) Susceptible health care personnel with direct patient contact should be required to provide proof of immunity to measles as described by the Advisory Committee on Immunization Practices (see Section 690.1010(a)(3)).

c~~d~~) Measles Outbreak Control.

1) Personnel in each attendance center responsible for investigating absenteeism shall~~must~~ report suspected cases of measles to the school principal or the school nurse immediately.

2) On the same day that a report of a suspected case of measles is received, school personnel shall conduct an inquiry into absenteeism to determine the existence of any other cases of the illness in the suspect case's class and school.

3) A telephone report shall~~must~~ be made by the school officials within 24

hours to the local health authority, either a full-time official health department as recognized by the Department or regional office of the Department, specifying the name, age, and sex of any case. The name of the case's private physician, if any, shall also be reported. The Department~~State~~ or local health department shall~~must~~ be contacted by school personnel and involved in the investigation of the outbreak so that all necessary vaccination services are assured.

4) A notice shall~~must~~ be sent home with each student who has not presented proof of immunity, explaining that the student is to be excluded, effective the following morning, until acceptable proof of immunity is received by the school or until 21 days after the onset of the last reported measles case. Acceptable proof shall consist of:

A) a written record from the student's physician or a health professional that~~which~~ indicates dates of vaccination and type of vaccine administered; or

B) a statement from a physician indicating date when student had measles; or

C) a laboratory report indicating the student has a protective measles antibody titer as measured by a test with demonstrable reliability.

~~e) General Measures.~~

~~1) Children should be vaccinated in accordance with the most recent Recommended Childhood Immunization Schedule and most recent recommendations of the Advisory Committee on Immunization Practices (ACIP). Active immunization should be given as soon as possible after 12 months of age and may be given as part of a measles-mumps-rubella (MMR) combined vaccine. Single antigen measles vaccine may be given after 12 months of age. When measles is prevalent in a community, monovalent measles vaccine may be given to infants 6-11 months of age. When vaccine is given prior to the first birthday, a second dose must be given on or after the first birthday, and a third dose at least 28 days later and prior to school entry (4-6 years of age).~~

~~2) Children 2 years of age and older enrolled in child care facilities must be vaccinated against measles in accordance with the immunization~~

~~requirements as specified in rules of the Department entitled Immunization Code (77 Ill. Adm. Code 695).~~

~~3) Children entering school operated programs below the kindergarten level and school (K-12) must be vaccinated against measles in accordance with the immunization requirements as specified in rules of the Department entitled Child Health Examination Code (77 Ill. Adm. Code 665).~~

~~4) Persons entering a college or university must be vaccinated against measles in accordance with the immunization requirements as specified in rules of the Department entitled College Immunization Code (77 Ill. Adm. Code 694).~~

~~5) Adults should be vaccinated against measles in accordance with the most recent recommendations of ACIP.~~

d~~f~~) Laboratory Reporting. Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting measles virus infection, including positive results from IgM (measles specific) serologies, measles virus isolates, or a significant rise in antibody results from IgG (measles specific) between paired sera. ~~Laboratories are required to report positive IgM (measles specific) serologic test results, or a significant rise to IgG (measles specific) serologic test results, or measles virus isolates.~~

~~g) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.530 Meningitis, Aseptic (Including Arboviral Infections) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days) (Repealed)

~~a) Incubation Period Varies with the specific infectious agent.~~

~~b) Control of Case.~~

~~1) Enteric precautions (Section 690.1010(a)(1)) or equivalent isolation procedures (Section 690.1010(a)(13)) are indicated for 7 days after onset~~

~~of illness unless a non-enteroviral diagnosis is established.~~

~~2) Concurrent disinfection is required of eating and drinking utensils and articles soiled by excretions and secretions of patient. (See Section 690.1000(e)(1).)~~

~~3) Local health departments shall inquire of all persons for whom a West Nile virus test result is positive about recent blood donation. If such a donation took place in the two weeks prior to onset of symptoms, the local health department shall notify the director of the donation facility of the donor's name, date of birth, sex, zip code, state of residence, date of donation, date of illness onset and arboviral test results. Patient information, including test results received by donation facilities, shall be confidential.~~

~~c) Control of Contacts. There are no restrictions for contacts.~~

~~d) General Measures.~~

~~1) During summer months, cases should have acute and convalescent serum specimens collected and tested for arbovirus antibodies. Cerebrospinal fluid should also be submitted to the State laboratory for arboviral and enteroviral studies.~~

~~2) An environmental investigation should be performed by the local health authority at sites of possible mosquito exposure of a case of California encephalitis to eliminate mosquito breeding sites, such as discarded tires.~~

~~3) Persons should be encouraged to use proper hand washing procedures.~~

~~e) Laboratory Reporting.~~

~~1) Laboratories are required to report to the local health authority meningitis patients from whom a virus was cultured.~~

~~2) Laboratories are required to submit virus isolates from meningitis patients to the Department's laboratory for typing.~~

~~3) Laboratories are required to report persons with suspected meningitis who also have pleocytosis of the cerebrospinal fluid, even in the absence of a~~

~~positive culture. Local health authorities will then investigate to determine if the case represents a reportable form of meningitis or if additional specimens need to be collected to determine if the case may be an arboviral infection.~~

~~4)~~ ~~Between June 15 and October 31 laboratories are required to forward cerebrospinal fluid (CSF) specimens from patients with aseptic meningitis for arboviral testing and enterovirus culture.~~

~~f)~~ ~~Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority for all reportable meningitis cases.~~
~~AGENCY NOTE: Laboratory efforts to identify the etiologic agent should be made.~~

(Source: Repealed at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.550 Mumps (Reportable by ~~mail,~~ telephone, facsimile or electronically as soon as possible, within 24 hours ~~7 days~~)

~~a)~~ ~~Incubation Period - 12 to 26 days, commonly 18 days.~~

a~~b~~) Control of Case.

1) Standard Precautions and Droplet Precautions shall be followed for patients in health care facilities for 9 days after parotid gland swelling.~~Respiratory isolation or an equivalent isolation procedure (see Section 690.1010(a)(1) or 690.1010(a)(13)) and a private room are required for 9 days after salivary gland involvement. Exclusion from school or workplace is required until 9 days after salivary gland involvement, if susceptible contacts (those not immunized) are present.~~

2) Cases shall be excluded from school, child care facilities or workplace until 5 days after onset of symptoms (parotitis).~~Concurrent disinfection is required of eating and drinking utensils and of articles soiled with secretions of nose and throat. (See Section 690.1000(e)(1).)~~

b~~c~~) Control of Contacts. Susceptible contacts should be excluded from school or the workplace from days 12 through 25 after exposure.~~the 12th through the 25th day after exposure if other susceptible persons are present in those settings.~~

~~d) General Measures.~~

~~1) Children should be vaccinated in accordance with the most recent Recommended Childhood Immunization Schedule and most recent recommendations of the Advisory Committee on Immunization Practices (ACIP). Active immunization should be given as soon as possible after 12 months of age and may be given as part of a measles-mumps-rubella (MMR) combined vaccine. Single antigen mumps may be given after 12 months of age.~~

~~2) Children 2 years of age and older enrolled in child care facilities must be vaccinated against mumps in accordance with the immunization requirements as specified in rules of the Department entitled Immunization Code (77 Ill. Adm. Code 695).~~

~~3) Children entering school operated programs below the kindergarten level and school (K-12) must be vaccinated against mumps in accordance with the immunization requirements as specified in rules of the Department entitled Child Health Examination Code (77 Ill. Adm. Code 665).~~

~~4) Persons entering a college or university must be vaccinated against mumps in accordance with the immunization requirements as specified in rules of the Department entitled College Immunization Code (77 Ill. Adm. Code 694.)~~

~~5) Adults should be vaccinated against mumps in accordance with the most recent recommendations of ACIP.~~

c~~e~~) Laboratory Reporting. Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting mumps virus infection, including positive results for IgM (mumps specific) serologies, a significant rise in antibody to IgG (mumps specific) between paired sera, polymerase chain reaction, or mumps virus isolates.~~Laboratories are required to report positive IgM (mumps specific) serologic test results, or a significant rise to IgG (mumps specific) serologic test results, or mumps virus isolates.~~

~~f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all~~

~~cases.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.555 Neisseria meningitidis, Meningitis and Invasive Disease (Reportable by telephone or facsimile as soon as possible, within 24 hours)

~~a) Incubation Period - Varies from 2 to 10 days, commonly 3 to 4 days.~~

a~~b~~) Control of Case. Standard Precautions and Droplet Precautions shall be followed. Droplet Precautions shall be followed until 24 hours after initiation of effective antimicrobial therapy.

~~1) Respiratory isolation (see Section 690.1010(a)(1)) or an equivalent isolation procedure (Section 690.1010(a)(13)) is required until 24 hours after start of chemotherapy.~~

~~2) Concurrent disinfection of secretions of nose and throat is required and of articles contaminated with secretions of nose or throat. (See Section 690.1000(e)(1).)~~

~~3) Terminal cleaning is required. (See Section 690.1000(e)(2).)~~

b~~c~~) Control of Contacts.

1) No restrictions.

2) Vaccination should be considered in selected outbreaks following guidelines in Section 690.1010(a)(3).

3) Vaccination recommendations for children, adolescents and young adults are specified in Section 690.1010(a)(3).

4) Recommendations for chemoprophylaxis of close contacts are specified in Section 690.1010(a)(3).

~~1) There are no restrictions on contacts.~~

~~2) Close clinical observation is the single most effective protective measure. Child care contacts to cases should be given chemoprophylaxis.~~

~~Household contacts and people close enough to have had an exposure to the ill person's respiratory tract secretions should be given appropriate chemoprophylaxis. Healthcare workers should be given chemoprophylaxis only if they have had prolonged, direct contact with oral secretions (i.e., unprotected mouth-to-mouth resuscitation or inadvertent spray onto mucous membranes.) Selective chemoprophylaxis may be desirable in other situations; the choice of agent should depend on the most recent available information regarding current sensitivity patterns and safety. Local health authorities can be consulted about chemoprophylaxis recommendations.~~

~~d) General Measures.~~

~~1) Overcrowding should be prevented in living quarters, working quarters, and public conveyances, especially barracks, camps and ships.~~

~~2) The public should be educated about the need to reduce direct contact and exposure to droplets of respiratory tract secretions and to properly dispose of articles contaminated with nose or throat secretions.~~

~~3) Vaccination should be considered in selected outbreaks following guidelines in "Control and Prevention of Meningococcal Disease and Control and Prevention of Serogroup C Meningococcal Disease: Evaluation and Management of Suspected Outbreaks" (see Section 690.1010(a)(8)).~~

~~4) Vaccination recommendations for college students are specified in the document "Prevention and Control of Meningococcal Disease and Meningococcal Disease and College Students" (see Section 690.1010(a)(15)).~~

c~~e~~) Laboratory Reporting.

1) Laboratories shall~~are required to~~ report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting Neisseria meningitidis from a normally sterile site.~~each patient from whom Neisseria meningitidis has been isolated from a normally sterile site and patients with a positive antigen test from cerebrospinal fluid.~~

2) Persons with ~~physician diagnosed~~ purpura fulminans diagnosed by a physician shall also be reported to the local health authority.

3) Laboratories shall forward clinical materials from a normally sterile site that are positive for~~are required to submit~~ Neisseria meningitidis ~~isolates~~ to the Department's laboratory~~ for serogrouping~~.

~~f)~~ ~~Reporting of cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.570 Plague (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease)

~~a)~~ ~~Incubation Period - From 1 to 7 days in bubonic plague, 1 to 4 days in pneumonic plague; may be shorter, rarely longer.~~

a~~b~~) Control of Case.
~~Isolation is required. Hospitalize all patients. Cases and their clothing should be treated to get rid of fleas.~~

1) Standard Precautions shall be followed. For all patients, Droplet Precautions shall be followed until pneumonia has been determined not to be present.~~For patients with bubonic plague who have no cough and have a normal chest x-ray, drainage/secretion precautions or equivalent isolation procedures or disease-specific precautions are required for 48 hours after start of chemotherapy. (See Section 690.1010(a)(1) or (a)(13).)~~

2) For patients with pneumonic plague, Droplet Precautions shall be followed until 72 hours after initiation of effective antimicrobial therapy and the patient has a favorable clinical response. Antimicrobial susceptibility testing is recommended.~~For patients with pneumonic plague, strict isolation with precautions against airborne spread or an equivalent isolation procedure is required until 48 hours of chemotherapy have been completed and the patient has a favorable clinical response. (See Section 690.1010(a)(1) or (a)(13).)~~

3) Cases and their clothing should be treated to eliminate fleas.~~Concurrent disinfection of sputum, purulent discharge and articles soiled with either of these substances is required. (See Section 690.1000(e)(1).)~~

~~4) Terminal cleaning is required. (See Section 690.1000(e)(2).)~~

~~5) Bodies of persons who have died with plague shall be handled with strict aseptic precautions. (See Section 690.1200.)~~

b~~c~~) Control of Contacts.

1) Contacts to pneumonic plague cases shall be offered chemoprophylaxis and placed under surveillance~~ for 7 days~~ with close observation for developing illness for 7 days. For contacts who refuse chemoprophylaxis, strict quarantine~~isolation~~ is required for 7 days.

2) Contacts to bubonic plague shall be disinfested~~disinfected~~ with an appropriate insecticide and kept under surveillance with close observation for developing illness for 7 days. Contacts to bubonic plague should be offered chemoprophylaxis.

~~d) General Measures.~~

~~1) Intensive flea control, followed by extermination of rats by poisoning and trapping and ratproofing in urban areas. Surveys and inspection in rural areas to detect sylvatic plague. Rodent control should be emphasized.~~

~~2) Active immunization with killed vaccine of travelers or workers in known infected areas – repeated in 6 months if remaining in the area. Immunization alone must not be relied on while neglecting measures to control rats and fleas. Immunization upon arrival in infected country may be recommended.~~

~~3) Hunters should be cautious of being bitten by insects (particularly fleas) on rabbits and other rodents which they may handle.~~

c~~e~~) Laboratory Reporting.

1) Laboratories shall~~are required to~~ report to the local health authority patients from whom Yersinia pestis is cultured or patients who have a

positive result on any other laboratory test indicative of and specific for detecting Yersinia pestis infection. with a positive antibody test.

2) Laboratories shall forward clinical materials that are suspect or confirmed positive for are required to submit Yersinia pestis isolates to the Department's laboratory.

f) Reporting of Cases. A narrative report and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.580 Poliomyelitis (Reportable by telephone as soon as possible, within 24 hours)

a) Incubation Period - Commonly 7 to 12 days, with a range from 3 to 21 days.

ab) Control of Case.

1) Occurrence of a single case of poliomyelitis due to wild polio virus shall be recognized as a public health emergency, prompting immediate investigation and response. Isolation at home is of little value because spread of infection is greatest in the prodromal period. Isolation procedures for hospitalized cases are stated in the latest edition of the manual entitled "CDC Guideline for Isolation Precautions in Hospitals" (see Section 690.1010(a)(1)).

2) Standard Precautions shall be followed. Contact Precautions shall be followed for diapered or incontinent persons or during institutional outbreaks for the duration of hospitalization. Concurrent disinfection is required of throat discharges, feces and articles soiled therewith. Where sewage disposal systems are adequate, feces and urine may be discharged directly into sewers without preliminary disinfection. (See Section 690.1000(e)(1).)

bc) Control of Contacts.

1) Vaccination should begin for all susceptible contacts who have previously not been adequately immunized, even though these contacts may have already been infected.

2~~1~~) Susceptible contacts should be monitored for compatible symptoms for 2 weeks after date of last exposure.~~No restrictions. Keep susceptible persons who are contacts under surveillance for 2 weeks from date of last exposure.~~

~~2)~~ ~~Immunization of familial and other close contacts who have not previously been adequately immunized with polio vaccine is indicated, even though the susceptible contacts in these groups have probably been infected by the time the disease is recognized. Children with limited exposure, such as exposure at school or to a neighbor, should be offered polio vaccine if they have not previously received a complete course.~~

~~d)~~ ~~General Measures.~~

~~1)~~ ~~Polio vaccine is recommended in accordance with the most recent Recommended Childhood Immunization Schedule and the most recent recommendations of the Advisory Committee on Immunization Practices (ACIP).~~

~~2)~~ ~~Children 2 years of age and older enrolled in child care facilities must be vaccinated against poliomyelitis in accordance with the immunization requirements as specified in rules of the Department entitled Immunization Code (77 Ill. Adm. Code 695).~~

~~3)~~ ~~Children entering school operated programs below the kindergarten level and school (K-12) must be vaccinated against poliomyelitis in accordance with the immunization requirements as specified in rules of the Department entitled Child Health Examination Code (77 Ill. Adm. Code 665).~~

~~4)~~ ~~Susceptible adults who are at high risk of exposure to poliomyelitis should be vaccinated in accordance with the most recent recommendations of ACIP.~~

c~~e~~) Laboratory Reporting.

1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting polio virus infection.~~Confirm etiologic agent by submitting fecal~~

~~specimens for virus isolation, and acute and convalescent phase serum specimens to a laboratory acceptable to the Department as soon as possible.~~

2) Laboratories shall forward clinical materials to the Department's laboratory for confirmation with 24 hours after preliminary findings.~~Laboratories are required to report positive polio virus isolates.~~

3) Laboratories shall report any request for polio testing as soon as possible, within 3 hours.

~~f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.590 Psittacosis (Ornithosis) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

~~a) Incubation Period - 1 to 4 weeks.~~

a~~b~~) Control of Case. Standard Precautions shall be followed.

~~1) Isolation is not required. Patients should cover their mouths when coughing.~~

~~2) Concurrent disinfection of oral and nasal secretions is required. (See Section 690.1000(e)(1).)~~

~~3) Terminal cleaning is required. (See Section 690.1000(e)(2).)~~

b~~c~~) Control of Contacts. No restrictions.~~There are no restrictions on contacts.~~

c~~d~~) Control of Infected Birds and Premises. If information on the source of the birds suspected of exposing the person to psittacosis is available, the Department will provide this information to the Illinois Department of Agriculture for follow-up.

~~1) The local health authority should investigate the case's bird contact and provide this information to the Illinois Department of Agriculture.~~

~~2) Trace origin of infected birds. Laboratory examination is desirable.~~

~~3) Buildings housing infected birds should not be used by humans until thoroughly cleaned and disinfected.~~

~~e) The following shall apply to the sale of birds within the State of Illinois:~~

~~1) All persons dealing in psittacine birds shall keep a record of each transaction for at least two years; such record shall include the number of birds purchased or sold, the date of the transaction, the number and address of the person or agency from whom purchased or to whom sold.~~

~~2) In addition to the above, such records shall include the type and period of treatment, antibiotic or other, which may have been administered, and records of all tests for psittacosis which may have been conducted prior to sale or exchange.~~

~~3) All records as described in subsections (e)(1) and (2) of this Section shall be available for official inspection at all times.~~

~~f) The following Food and Drug Administration interstate transportation regulations for psittacine birds (21 CFR 1240.65) pertaining to the shipment and transportation of birds of the psittacine family shall be followed:~~

~~1) The term psittacine birds shall include all birds commonly known as parrots, Amazons, Mexican double heads, African grays, cockatoos, macaws, parakeets, love birds, lories, lorikeets, and all other birds of the psittacine family.~~

~~2) No person shall transport, or offer for transportation in interstate traffic, any psittacine bird unless the shipment is accompanied by a permit from the state health department of the state of destination, where required by such department.~~

~~3) Whenever the Surgeon General finds that psittacine birds or human beings in any area are infected with psittacosis and there is such danger of transmission of psittacosis from such area as to endanger the public health, he may declare it an area of infection. No person shall thereafter transport, or offer for transportation, in interstate traffic any psittacine bird~~

~~from such area, except shipments authorized by the Surgeon General for purposes of medical research and accompanied by a permit issued by him, until the Surgeon General finds that there is no longer any danger of transmission of psittacosis from such area. As used in this subsection (f)(3), the term "area" includes, but is not limited to, specific premises or buildings.~~

~~4)~~ ~~No permit, referenced in subsection (f)(2) of this Section, is required for the admission of psittacine birds into the State of Illinois by the Department.~~

d~~g~~) Laboratory Reporting. Laboratories shall~~are required to~~ report to the local health authority~~department~~ patients who have a positive result on any laboratory test indicative of and specific for detection of Chlamydophila psittaci infection. ~~from whom Chlamydia psittaci has been isolated and patients with significant antibody titers to this organism. Each laboratory will determine the definition of a significant titer.~~

~~h)~~ ~~Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.595 Q-fever (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days, unless suspected bioterrorist event or part of an outbreak, then reportable immediately (within 3 hours) by telephone)~~(Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease)~~

~~a)~~ ~~Incubation Period - 2 to 3 weeks.~~

a~~b~~) Control of Case.

1) Standard Precautions shall be followed.~~No isolation required.~~

~~2)~~ ~~Concurrent disinfection of sputum, blood and articles in contact with sputum or blood; 0.05% hypochlorite, 5% peroxide or a 1:100 solution of Lysol should be used.~~

~~3)~~ ~~Use precautions at postmortem examination of suspected cases in humans~~

~~or animals.~~

2~~4~~) The local health authority should investigate cases to determine history of contact with sheep, cattle or goats, parturient cats, consumption of raw milk, or contact with laboratory cultures of Coxiella burnetti.

b~~c~~) Control of Contacts. No restrictions.~~Immunization of contacts is unnecessary.~~

~~d)~~ ~~General Measures.~~

~~1)~~ ~~Pasteurized dairy products only should be consumed.~~

~~2)~~ ~~Vaccination can be considered for those at high risk (laboratory workers working with C. burnetti, researchers working with pregnant sheep).~~

c~~e~~) Laboratory Reporting. ~~Laboratories are required to report to the local health authority patients from whom C. burnetti is isolated or who have positive serology for Q-fever.~~

1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of or specific for detecting Coxiella burnetti infection.

2) Laboratories shall forward clinical materials positive for Coxiella burnetti to the Department's laboratory.

~~f)~~ ~~Reporting of Cases. A narrative report and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.600 Rabies, Human (Reportable by telephone or facsimile as soon as possible, within 24 hours)

~~a)~~ ~~Incubation Period - Usually 2 to 8 weeks, occasionally shorter or much longer; depends on extent of laceration, site of wound in relation to richness of nerve supply and distance from brain, amount of virus introduced, protection provided by clothing, and other factors.~~

a~~b~~) Control of Case.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENT

1) Standard Precautions shall be followed. Caregivers shall wear either masks and eye protection or face shields; gowns shall be worn when substantial contact with patient is anticipated. The number of exposed personnel should be limited.

2) Testing for suspected human rabies cases can be requested through the Department and local health authority.

~~1) Universal precautions, contact isolation, or disease-specific precautions for respiratory secretions are required for duration of illness. A private room is required. (See Section 690.1010(a)(1).)~~

~~2) Concurrent disinfection is required of saliva and articles soiled therewith. Immediate attendants must be provided with impervious gloves and protective gowns to avoid inoculation with patient's saliva. (See Section 690.1000(e)(1).)~~

~~3) Terminal cleaning is required. (See Section 690.1000(e)(2).)~~

b~~c~~) Control of Contacts. Contacts who have open wound or mucous membrane exposure to the case's saliva or central nervous system fluid or tissue shall be offered rabies post-exposure prophylaxis.

c) Laboratory Reporting.

1) Laboratories shall immediately report to the local health authority all persons for whom rabies testing has been requested.

2) The Department's laboratory shall be contacted for instructions prior to the shipment of specimens.

3) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of or specific for detecting acute rabies infection.

~~d) General Measures. See Section 690.601 (Rabies, Potential Human Exposure).~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENT

Section 690.601 Rabies, Potential Human Exposure (Reportable by telephone or facsimile, within 24 hours)

a) Reporting. Definition of exposed person to be reported:

1) Any contact (bite or non-bite) to a bat; or

2) Any contact (bite or non-bite) to a person or~~an~~ animal that subsequently tests positive for rabies virus infection; or

3) Anyone who was started on rabies post-exposure prophylaxis; or

4) Exposure to saliva from a bite, or contact of any abrasion or mucous ~~mucus~~ membrane with brain tissue or cerebrospinal fluid of any suspect rabid person or animal. Exposure to healthy rabbits, small rodents, indoor-only pets or rabies-vaccinated dogs, cats or ferrets is excluded, unless the exposure complies with subsections (a)(1) through (a)(3), or the animal displays signs consistent with rabies; or~~.~~

5) Anyone who was in the same room as a bat and who might be unaware that a bite or direct contact has occurred (e.g., a sleeping person awakens to find a bat in the room or an adult witnesses a bat in the room with a previously unattended child, mentally disabled person, or intoxicated person) and rabies cannot be ruled out by testing the bat.

b) Investigations. All known instances of potential rabies exposure shall~~should~~ be investigated promptly by the local health authority to determine whether rabies post-exposure prophylaxis for the exposed person should be recommended.

~~c) Rationale of rabies post-exposure prophylaxis. Rabies post-exposure prophylaxis is discussed more fully in an Advisory Committee on Immunization Practices document incorporated in this Part (see Section 690.1010(a)(6)). Every exposure to a potentially rabid animal must be individually evaluated. The following factors should be considered:~~

~~1) Species of biting animal - carnivorous wild animals (especially skunks, foxes, coyotes, raccoons) and bats are more likely to be infected than other animals. A dog, cat or ferret that is current on its rabies vaccinations has only a minimal chance of developing rabies and transmitting the virus. Bites of rabbits, squirrels, chipmunks, rats, and mice seldom, if ever, call~~

~~for rabies prophylaxis. Individuals exposed to birds, fish, amphibians or reptiles never require rabies post-exposure prophylaxis.~~

~~2) Circumstances of biting incident - an unprovoked attack by a dog or cat is more likely to indicate a rabies exposure. Bites during attempts to feed or handle an apparently healthy dog or cat should generally be regarded as provoked.~~

~~3) Type of exposure - rabies is transmitted by inoculation of infectious saliva or cerebrospinal fluid through the skin or mucus membranes. Bites from some species, such as bats, may go undetected due to small teeth size. Therefore, exposure of a sleeping person, or a person who is unable to describe an exposure to a bat, require that the exposed person be recommended for rabies post-exposure prophylaxis.~~

~~4) Presence of rabies in terrestrial wild mammals in an area. If rabies virus is circulating in terrestrial wild mammals (as evidenced by animal rabies testing results) in a given area, the likelihood of rabies in unvaccinated domestic animals is increased and rabies post-exposure prophylaxis may be recommended.~~

c~~d~~) Control of Biting Animals~~biting animals~~. See the ~~Illinois~~ Animal Control Act [510 ILCS 5].

~~e) General Measures.~~

~~1) The public should be educated to avoid contact with wild, unfamiliar or stray animals, but if they do have exposure, they should seek medical attention;~~

~~2) The prompt reporting of animal bites to an animal control agency is important;~~

~~3) Animals should be vaccinated in accordance with local and State ordinances and laws;~~

~~4) The local health and local animal control authorities should closely cooperate on animal bite issues.~~

~~f) Reporting of Cases. An individual case report form and a morbidity card supplied~~

~~by the Department are required by the local health authority for all potential exposures.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.610 Rocky Mountain Spotted Fever (See Tickborne Disease)~~(Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)~~

See Tickborne Disease (Section 690.698).

~~a) Incubation Period - From 3 to 14 days.~~

~~b) Control of Case.~~

~~1) Isolation is not required.~~

~~2) Destruction of all ticks on patients.~~

~~c) Control of Contacts. There are no restrictions for contacts.~~

~~d) General Measures.~~

~~1) The public should be educated about tick avoidance, use of tick repellents, proper removal of ticks, not handling ticks with bare hands, disposal of ticks and symptoms of tickborne diseases. This education incudes instruction in removal of ticks from domestic and farm animals.~~

~~2) The local health authority should investigate cases to determine the location of tick exposure (3 to 14 days prior to onset of symptoms). The public should be educated on the importance of performing tick checks every few hours when outdoors in potential tick habitat.~~

~~3) Persons becoming ill within 2 weeks after a tick bite should report the bite immediately to a physician.~~

~~4) To prevent tick infestations on domestic animals, a veterinarian should be consulted about tick-control products.~~

~~e) Laboratory Reporting. Laboratories are required to report to the local health authority patients with significant (each laboratory will determine criteria for~~

~~significance) positive antibody test results showing evidence of infection with Rickettsia rickettsii, positive polymerase chain reaction, positive immunofluorescence or isolation of the organism.~~

~~f)~~ ~~Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.620 Rubella (German Measles) (Including Congenital Rubella Syndrome) (Reportable by ~~mail,~~ telephone, facsimile or electronically as soon as possible, within 24 hours~~7 days~~)

~~a)~~ ~~Incubation Period - From 14 to 21 days; usually 18 days.~~

a~~b~~) Control of Case.

1) Standard Precautions shall be followed. Droplet Precautions shall be followed for persons in health care facilities for 7 days after onset of rash. ~~Isolation is not required unless hospitalized. Isolation procedures for hospitalized cases are stated in the latest edition of the manual entitled CDC Guideline for Isolation Precautions in Hospitals (see Section 690.1010(a)(1)).~~

2) Infants with congenital rubella syndrome may shed virus for months. Contact Precautions shall be followed for infants under 12 months of age with Congenital Rubella Syndrome in a health care facility, unless urine and pharyngeal virus cultures are negative for rubella virus after 3 months of age.

3) Rubella cases should be insolated from pregnant females. If a pregnant woman is exposed, a blood specimen should be obtained and tested for rubella IgG specific and IgM specific antibodies.

4) Cases shall be excluded from school, child care facilities or the workplace for 7 days after rash onset.~~Exclude from school or workplace for 7 days after rash onset.~~

b~~c~~) Control of Contacts. No restrictions.

~~d) General Measures.~~

~~1) Children should be vaccinated in accordance with the most recent Recommended Childhood Immunization Schedule and most recent recommendations of the Advisory Committee on Immunization Practices (ACIP). Active immunization should be given as soon as possible after 12 months of age and may be given as part of a measles-mumps-rubella (MMR) combined vaccine. Single antigen rubella or mumps/rubella vaccine may be given after 12 months of age.~~

~~2) Children 2 years of age and older enrolled in child care facilities must be vaccinated against rubella in accordance with the immunization requirements as specified in rules of the Department entitled Immunization Code (77 Ill. Adm. Code 695).~~

~~3) Children entering school operated programs below the kindergarten level and school (K-12) must be vaccinated against rubella in accordance with the immunization requirements as specified in rules of the Department entitled Child Health Examination Code (77 Ill. Adm. Code 665).~~

~~4) Persons entering a college or university must be vaccinated against rubella in accordance with the immunization requirements as specified in rules of the Department entitled College Immunization Code (77 Ill. Adm. Code 694).~~

~~5) Adults should be vaccinated against rubella in accordance with the most recent recommendations of ACIP.~~

ce) Laboratory Reporting.
Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting rubella virus infection, including positive results from IgM (rubella specific) serology, rubella virus isolates, or a significant rise in antibody results from IgG (rubella specific) from paired serologies. ~~Laboratories are required to report positive IgM (rubella specific) serologic test results, or a significant rise to IgG (rubella specific) serologic test results, or rubella virus isolates.~~

~~f) Reporting of Cases.~~
~~An individual case report form and morbidity card supplied by the Department are~~

~~required to be submitted by the local health authority on all cases.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.630 Salmonellosis (Other than Typhoid Fever) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

~~a) Incubation Period - 6 to 72 hours, usually about 12 to 36 hours.~~

a~~b~~) Control of Case.

1) Standard Precautions shall be followed. Contact Precautions shall be followed for diapered or incontinent persons or during institutional outbreaks until absence of diarrhea for 24 hours.

2) Food Handlers or Persons in Sensitive Occupations, not including Health Care Workers. Cases with salmonellosis shall not work as food handlers or in sensitive occupations until diarrhea has ceased for at least 24 hours and 2 consecutive negative stool specimens are obtained. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification.

3) Health Care Workers. Local health departments may require specimens from health care workers or those who work in occupations requiring Standard Precautions if there is reason to believe specimen testing is necessary (e.g., the nature of the work, including feeding or oral care, hygienic practices of the worker or as part of an investigation of a cluster).

~~1) Enteric precautions, disease-specific precautions, or equivalent isolation procedures are required for hospitalized patients until absence of fever and diarrhea. (See Section 690.1010(a)(1) and (a)(13).)~~

~~2) Cases who are food handlers or work in sensitive occupations shall not return to their usual occupation until 2 consecutive specimens (release specimens) of feces taken not less than 24 hours apart are tested and found to be negative. Health care workers who have diarrhea are restricted from their occupations until at least 24 hours after diarrhea has ended. Health care workers who use universal precautions or any equivalent isolation~~

~~procedure, and who do not have diarrhea, are not required to be restricted from their occupations, but must submit release specimens as described in this subsection (b)(2). Health care workers will be restricted from their occupations if they do not begin submitting release specimens within one week after notification. This occupational restriction will terminate when specimen submission begins, as long as the case continues to comply with required specimen submission. Specimens must be submitted to a laboratory acceptable to the Department. If an antimicrobial agent has been given, release specimens must be collected at least 48 hours after treatment was discontinued.~~

~~3) Concurrent disinfection of body discharges is required. Hand washing is required after use of the toilet. (See Section 690.1000(e)(1).)~~

~~4) Terminal cleaning is required. (See Section 690.1000(e)(2).)~~

b~~c~~) Control of Contacts.

1) Contacts Who Have Not Had Diarrhea During the Previous 4 Weeks.

A) Food Handlers or Persons in Sensitive Occupations, not including Health Care Workers.

i) There are no work restrictions while submitting release specimens for contacts who are employed as food handlers or in sensitive occupations and who have had no symptoms of Salmonella infection during the previous 4 weeks.

ii) Contacts to cases of salmonellosis who are employed as food handlers or in sensitive occupations shall submit 2 consecutive negative stool specimens obtained at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. These contacts shall be restricted from their occupations if they do not begin submitting release specimens within one week after notification. Release specimens shall be submitted at least once per week until 2 consecutive negative specimens are obtained or the individuals shall be restricted from working.

iii) If either of the 2 release specimens is positive for Salmonella, contacts shall be considered cases and shall comply with subsection (a)(2) of this Section.

B) Health Care Workers. Local health departments may require specimens from health care workers or those who work in occupations requiring Standard Precautions if there is reason to believe specimen testing is necessary (e.g., the nature of the work, including feeding or oral care, hygienic practices of the worker or as part of an investigation of a cluster).

~~A) There are no automatic restrictions from working for contacts who are food handlers or employed in sensitive occupations and who have had no symptoms of salmonellosis during the previous 4 weeks.~~

~~B) Contacts who are employed as food handlers or in sensitive occupations shall submit specimens as described in subsection (b)(2) of this Section. These contacts will be restricted from their occupations if they do not comply with submission of 2 release specimens within 2 weeks following notification.~~

~~C) If either of the 2 release specimens referenced in subsection (c)(1)(B) of this Section is positive for Salmonella, contacts shall be considered cases and will be required to comply with the provisions of subsection (b)(2) of this Section.~~

2) Contacts Who Currently Have, or Have Had, Diarrhea During the Previous 4 Weeks.

A) Food Handlers or Persons in Sensitive Occupations, not including Health Care Workers.

i) All contacts to cases of salmonellosis employed as food handlers or in sensitive occupations, and who currently have diarrhea or have had diarrhea during the previous 4 weeks, shall not work in their occupations until diarrhea has ceased for at least 24 hours and 2 consecutive negative stool specimens have been submitted. Specimens shall be obtained following clinical recovery of the patient, at least

24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification.

ii) If either of the 2 release specimens is positive for Salmonella, contacts shall be considered cases and shall comply with subsection (a)(2) of this Section.

B) Health Care Workers. Local health departments may require specimens from health care workers or those who work in occupations requiring Standard Precautions if there is reason to believe specimen testing is necessary (e.g., the nature of the work, including feeding or oral care, hygienic practices of the worker or as part of an investigation of a cluster).

~~A) All contacts who are food handlers or in sensitive occupations and who currently have diarrhea or have had diarrhea during the previous 4 weeks shall not work in their occupations until they have submitted 2 stool specimens as described in subsection (b)(2) of this Section.~~

~~B) Health care workers who use universal precautions or any equivalent isolation procedure, and who do not currently have diarrhea, are not required to cease their occupations but must submit release specimens as described in subsection (b)(2) of this Section.~~

~~C) Health care workers shall be restricted from their occupations if they do not comply with submission of 2 release specimens within 2 weeks of notification. This occupational restriction will terminate when specimens are submitted.~~

~~D) If either of the 2 release specimens referenced in subsection (c)(2)(A) or (c)(2)(B) is positive for Salmonella, contacts shall be considered cases and will be required to comply with the provisions of subsection (b)(2) of this Section.~~

c~~d~~) Sale of Food, Milk, etc. (See Section 690.1000(b)~~(f)~~.)

~~e) General Measures.~~

~~1) The public should be educated to thoroughly cook all foods derived from animal sources, particularly egg products, meat, poultry or pork dishes.~~

~~2) Pasteurized egg products should be used when preparing foods that require use of raw eggs or foods in which eggs would be pooled before cooking.~~

~~3) All food handlers should be instructed and supervised in hand washing.~~

~~4) The public should be educated about the risk of Salmonella from pets such as reptiles, chicks or ducklings. These types of pets should be avoided by families with young children and by immunocompromised persons.~~

~~5) Irradiation of meat may decrease the risk of Salmonella.~~

~~6) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in day care centers and schools.~~

d~~f~~) Laboratory Reporting.

1) Laboratories shall~~are required to~~ report to the local health authority patients from whom Salmonella has been isolated or patients who have a positive result on any other laboratory test indicative of and specific for detecting Salmonella infection.

2) Laboratories shall forward clinical materials positive for Salmonella~~are required to submit Salmonella isolates~~ to the Department's laboratory~~ for serotyping~~.

3) Laboratories shall report and submit to the Department's laboratory any food, environmental or animal Salmonella isolates resulting from an outbreak investigation.

~~g) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority. If more than one case is identified in a household, completion of the morbidity card is all that is required for the additional household cases.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENT

Section 690.635 Severe Acute Respiratory Syndrome (SARS) (Reportable by telephone immediately (within 3 hours) upon initial clinical suspicion of the disease)

a) Control of Case.

1) Standard Precautions, Contact Precautions, Droplet Precautions including eye protection, and Airborne Infection Isolation Precautions shall be followed for cases or suspect cases in a health care facility. The local health authority shall be notified immediately if Airborne Infection Isolation rooms are not available. These precautions shall comply with the guidelines referenced in Section 690.1010(a)(4). When a case or suspected case is isolated in the home or in any other non-hospital setting, isolation procedures shall comply with Section 690.1010(a)(4).

2) Cleaning and disinfection procedures shall comply with the guidelines referenced in Section 690.1010(a)(4).

b) Control of Contacts.

1) Contacts of SARS cases shall be placed under surveillance, with close observation for fever and respiratory symptoms for the 10 days following the last exposure. Observation and monitoring procedures shall comply with Section 690.1010(a)(4).

2) Contacts of cases may be quarantined. Quarantine procedures shall comply with Subpart H and Section 690.1010(a)(4).

c) Laboratory Reporting. Laboratories shall report all persons with SARS (suspected or confirmed) to the local health authority. Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting SARS virus.

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.640 Shigellosis (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

~~a) Incubation Period - 12 hours to 7 days, usually one to 3 days.~~

a~~b~~) Control of Case.

1) Standard Precautions shall be followed. Contact Precautions shall be followed for diapered or incontinent persons or during institutional outbreaks until absence of diarrhea for 24 hours. ~~Enteric precautions, disease-specific precautions, or equivalent isolation procedures (see Section 690.1010(a)(1) or (a)(13)) are required for patients in health care facilities until two negative fecal cultures are obtained.~~

2) Food Handlers or Persons in Sensitive Occupations, not including Health Care Workers. Cases with shigellosis shall not work as food handlers or in sensitive occupations until diarrhea has ceased for at least 24 hours and 2 consecutive negative stool specimens are obtained. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification.

3) Health Care Workers. Local health departments may require specimens from health care workers or those who work in occupations requiring Standard Precautions if there is reason to believe specimen testing is necessary (e.g., the nature of the work, including feeding or oral care, hygienic practices of the worker or as part of an investigation of a cluster).

4) If an antimicrobial agent has been given, the specimens shall be collected at least 48 hours after treatment was completed. If Cary-Blair media is used to transport the specimen, the specimen shall arrive at the Department's laboratory or an acceptable laboratory within 72 hours after collection. Because of the fragility of the Shigella organism, specimens submitted using other transport media shall arrive at a Department laboratory or an acceptable laboratory within 6 hours after passage.

~~2) Cases who are food handlers or work in sensitive occupations shall not return to their usual occupations until 2 consecutive specimens of feces, taken not less than 24 hours apart, are found to be negative. Health care workers with diarrhea shall be restricted from their occupations until at least 24 hours after diarrhea has ended. Health care workers who use universal precautions or an equivalent isolation procedure and who do not have diarrhea shall not be restricted from their occupations, but must~~

~~submit release specimens as described in this subsection (b)(2). Health care workers will be restricted from their occupations if they do not begin submitting release specimens within one week after notification. This occupational restriction will terminate when specimen submission begins, as long as the case continues to comply with required specimen submission. If an antimicrobial agent has been given, the specimens must be collected at least 48 hours after treatment was completed. If Cary-Blair media is used to transport the specimen, the specimen must arrive at the Department's laboratory or a laboratory acceptable to the Department within 72 hours. Because of the fragility of the Shigella organism, specimens submitted using other transport media must arrive in a laboratory of the Department or in a laboratory acceptable to the Department within 6 hours after passage.~~

~~3) Concurrent disinfection of feces and articles soiled with feces is required. Hand washing after use of the toilet is required. (See Section 690.1000(e)(1).)~~

~~4) Terminal cleaning is required. (See Section 690.1000(e)(2).)~~

b~~c~~) Control of Contacts.

1) Contacts Who Have Not Had Diarrhea During the Previous 4 Weeks.

A) Food Handlers or Persons in Sensitive Occupations, not including Health Care Workers.

i) There are no work restrictions while submitting release specimens for contacts who are employed as food handlers or in sensitive occupations and who have had no symptoms of Shigella infection during the previous 4 weeks.

ii) Contacts to cases of shigellosis who are employed as food handlers or in sensitive occupations shall submit 2 consecutive negative stool specimens obtained at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. These contacts shall be restricted from their occupations if they do not begin submitting release specimens within one week after

notification. Release specimens shall be submitted at least once per week until 2 consecutive negative specimens are obtained or the individual shall be restricted from working.

iii) If either of the 2 release specimens is positive for Shigella, contacts shall be considered cases and shall comply with subsection (a)(2) of this Section.

B) Health Care Workers. Local health departments may require specimens from health care workers or those who work in occupations requiring Standard Precautions if there is reason to believe specimen testing is necessary (e.g., the nature of the work, including feeding or oral care, hygienic practices of the worker or as part of an investigation of a cluster).

~~A) There are no automatic restrictions from working for contacts who are food handlers or employed in sensitive occupations and who have had no symptoms of shigellosis during the previous 4 weeks.~~

~~B) Contacts who are employed as food handlers or in sensitive occupations shall submit specimens as described in subsection (b)(2) of this Section. These contacts shall be restricted from their occupations if they do not comply with submission of 2 release specimens within 2 weeks following notification.~~

~~C) If either of the 2 release specimens referenced in subsection (c)(1)(B) of this Section is positive for Shigella, contacts shall be considered cases and will be required to comply with the provisions of subsection (b)(2) of this Section.~~

2) Contacts Who Currently Have, or Have Had, Diarrhea During the Previous 4 Weeks.

A) Food Handlers or Persons in Sensitive Occupations, not including Health Care Workers.

i) All contacts to cases of shigellosis employed as food handlers or in sensitive occupations, and who currently have diarrhea or have had diarrhea during the previous 4

weeks, shall not work in their occupations until diarrhea has ceased for at least 24 hours and they have submitted 2 consecutive negative stool specimens. Specimens shall be obtained following clinical recovery of the patient, at least 24 hours apart and not sooner than 48 hours after the last dose of antimicrobials, if administered. Specimens shall begin to be submitted within one week after notification.

ii) If either of the 2 release specimens is positive for Shigella, contacts shall be considered cases and shall comply with subsection (a)(2) of this Section.

B) Health Care Workers. Local health departments may require specimens from health care workers or those who work in occupations requiring Standard Precautions if there is reason to believe specimen testing is necessary (e.g., the nature of the work, including feeding or oral care, hygienic practices of the worker or as part of an investigation of a cluster).

~~A) All contacts who are food handlers or in sensitive occupations and who currently have diarrhea or have had diarrhea during the previous 4 weeks shall not work in their occupations until they have submitted 2 stool specimens as described in subsection (b)(2) of this Section.~~

~~B) Health care workers who use universal precautions or any equivalent isolation procedure, and who do not currently have diarrhea, shall not be restricted from their occupations but must submit release specimens as described in subsection (b)(2) of this Section.~~

~~C) Health care workers shall be restricted from their occupations if they do not comply with submission of 2 release specimens within 2 weeks after notification. This occupational restriction will terminate when specimens are submitted.~~

~~D) If either of the 2 release specimens referenced in subsection (c)(2)(A) or (c)((2)(B) is positive for Shigella, contacts shall be considered cases and will be required to comply with the~~

~~provisions of subsection (b)(2) of this Section.~~

c~~d~~) Sale of Food, Milk, etc. (See Section 690.1000(b)~~(f)~~.)

~~e) General Measures.~~

~~1) Protection and purification of public water supplies.~~

~~2) Supervision of hygienic practices, especially hand washing, of food handlers and young children.~~

~~3) Sanitary disposal of human excreta.~~

~~4) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in child care facilities and schools.~~

d~~f~~) Laboratory Reporting.

1) Laboratories shall~~are required to~~ report to the local health authority patients from whom Shigella has been isolated or patients who have a positive result on any laboratory test indicative of and specific for detecting Shigella infection.

2) Laboratories shall forward clinical materials positive for Shigella~~are required to submit Shigella isolates~~ to the Department's laboratory~~ for serotyping. When suspicious clusters occur, these isolates will be available if additional typing such as pulse field gel electrophoresis is considered necessary~~.

3) Laboratories shall report and submit to the Department's laboratory any environmental Shigella isolates resulting from an outbreak investigation.

~~g) Reporting of Cases. An individual case report form and morbidity card supplied by the Department are required to be submitted by the local health authority on all cases. If more than one case is identified in a household, completion of the morbidity card only is required for the additional household cases.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.650 Smallpox (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease)

~~a)~~ ~~Incubation Period - From 7 to 17 days; commonly 10 to 12 days to onset of illness and 2 to 4 days more to onset of rash.~~

a~~b)~~ Control of Case. Standard Precautions, Contact Precautions and Airborne Infection Isolation Precautions shall be followed. The local health authority shall be notified immediately if Airborne Infection Isolation rooms are not available. ~~In hospitals, strict isolation shall be used until disappearance of all scabs. (See Section 690.1010(a)(1).)~~

b~~c~~) Control of Contacts. Post-exposure immunization, within 3 to 4 days after exposure, provides some protection against disease and significant protection against a fatal outcome. Any person with significant exposure to a person with probable or confirmed smallpox during the infectious stage of illness requires immunization as soon after exposure as possible, but within the first 4 days after exposure.

~~Contacts to cases may be quarantined as specified in Section 690.1000(b).~~

c~~d~~) Sale of Food, Milk, etc. (See Section 690.1000(b)~~(f)~~.)

~~e)~~ ~~Reporting of Cases. A narrative report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.~~

d~~f~~) Laboratory Reporting.

1) Laboratories shall immediately report to the local health authority all persons for whom smallpox testing has been requested.

2) Laboratories shall contact the Department for instructions prior to the shipment of specimens.

3) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting smallpox infection.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.655 Smallpox vaccination, complications of ~~vaccination for~~ (Reportable by telephone or electronically as soon as possible, within 24 hours)

a) Complications of vaccination for smallpox include, but are not limited to, the following: eczema vaccinatum, erythema multiforme major or Stevens-Johnson syndrome, fetal vaccinia, generalized vaccinia, ~~autoinoculation,~~ ocular vaccinia, myopericarditis, post-vaccinial encephalitis or encephalomyelitis, progressive vaccinia, pyogenic infection of the vaccination site, vaccinia transmission to contacts, and other adverse events resulting in hospitalization, permanent disability, life-threatening illness, or death.

b) Control of Case.

1) Only vaccinated persons should have contact with active vaccination sites and care for persons with adverse vaccinia events. If unvaccinated, only health care workers without contraindications to vaccine may provide care.

2) Precautions for individuals with vaccinia complications vary depending upon the type of complication:

A) Blepharitis or conjunctivitis: Standard Precautions shall be followed. Contact Precautions shall be followed if there is copious drainage.

B) Eczema vaccinatum: Standard and Contact Precautions shall be followed. Contact Precautions shall be followed until all lesions are dry and crusted and scabs have separated.

C) Fetal vaccinia: Standard and Contact Precautions shall be followed. Contact Precautions shall be followed until all lesions are dry and crusted and scabs have separated.

D) Generalized vaccinia: Standard and Contact Precautions shall be followed. Contact Precautions shall be followed until all lesions are dry and crusted and scabs have separated.

E) Iritis or keratitis: Standard Precautions shall be followed.

F) Postvaccinial encephalitis: Standard Precautions shall be followed.

G) Progressive vaccinia: Standard and Contact Precautions shall be followed. Contact Precautions shall be followed until all lesions are dry and crusted and scabs have separated.

H) Vaccinia-associated erythema multiforme (Stevens Johnson Syndrome): Standard Precautions shall be followed. Note: this is not an infectious condition.

c) Control of Contacts. Contacts shall be interviewed to determine smallpox vaccination status. Unvaccinated contacts shall be evaluated for risk factors for smallpox vaccine-related complications and be counseled regarding appropriate infection control measures. Persons in whom vaccine-related complications develop shall be managed as noted in subsections (b)(1) and (2).

~~b) Incubation Period. Most complications occur within 14-28 days after vaccination; complications may occur later (e.g., vaccinia infection in contacts, fetal vaccinia).~~

~~c) Control of case and contacts. Isolation and infection control precautions for individuals with vaccinia complications vary depending upon the type of complication.~~

d) Laboratory Reporting~~reporting~~. As laboratory tests become available to identify vaccinia virus as the cause of complication, laboratories shall ~~be required to~~ report positive test results and accompanying demographic information.

~~e) Reporting of cases. Complications of smallpox vaccination shall be reported to the local health department within 24 hours after diagnosis.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.658 Staphylococcus aureus, Methicillin Resistant (MRSA) Infection, Clusters of 2 or More Laboratory Confirmed Cases Occurring in Community Settings (including, but not limited to, schools, correctional facilities, day care settings, and sports teams) (Reportable by telephone or facsimile as soon as possible, within 24 hours)

a) Control of Clusters.

1) For purposes of this Section, a MRSA cluster is defined as 2 or more laboratory confirmed cases of community onset MRSA infection during a 14 day period for whom an epidemiological link is readily apparent to the reporter. Reporting is required if there is information provided to the reporter that the cases are epidemiologically linked to a community setting, including, but not limited to, school, correctional facility, daycare setting, or sports team. In order to determine if a cluster is occurring, the local health authority may request information on individual cases.

2) The local health authority shall be consulted regarding any identified cluster of 2 or more cases for recommendations specific to the setting where the cluster is identified.

b) Laboratory Reporting.

1) Laboratories shall report to the local health authority all MRSA cultures that are known or suspected to be part of a cluster or as requested by the local health authority or the Department.

2) Upon request, laboratories shall forward MRSA isolates to the Department's laboratory.

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.660 Staphylococcus aureus, Methicillin Resistant (MRSA), ~~Infections~~ Occurring In Infants Under 61~~28~~ Days of Age ~~Within a Health Care Institution or With Onset After Discharge~~ (Reportable by ~~mail,~~ telephone , or facsimile ~~or electronically~~ as soon as possible, within 24 hours ~~7 days~~)

~~a) Incubation Period - Commonly 4 to 10 days, but disease may not occur until several months after colonization.~~

a~~b~~) Control of Case.

1) Contact Precautions shall be followed.~~Contact isolation, disease-specific precautions, universal precautions or equivalent isolation procedures are required for hospitalized patients (see Section 690.1010(a)(1) or~~

~~690.1010(a)(13).)~~

2) Investigation of Clusters.

A) For the purpose of this Section, an MRSA cluster is defined as 2 or more patients associated with a neonatal intensive care unit (NICU) or newborn nursery with a culture (screening or clinical) positive for MRSA during a 14-day period for whom an epidemiologic link is feasible and a pulse field gel electrophoresis (PFGE) or other typing method result is identical or a PFGE is not yet performed.

B) If a cluster of MRSA is identified in a NICU or newborn nursery, NICU or newborn nursery personnel who provided care for affected infants should be evaluated for the presence of any acute or chronic skin lesions. Evaluation for skin lesions among other personnel who provided care for affected infant may be performed based on the determination of the chairperson of the infection control committee. Laboratory screening of personnel for MRSA in response to a cluster of neonatal MRSA should be performed to corroborate data indicating that one or more individuals are linked to transmission.

~~2) Patients outside of a health care institution do not require special handling.~~

~~3) Concurrent disinfection of articles contaminated by infectious discharges is required. (See Section 690.1000(e)(1).)~~

~~4) Terminal cleaning is required. (See Section 690.1000(e)(2).)~~

~~5) If within two weeks after diagnosis additional cases associated in place and time are identified, nursery personnel who provided care for affected infants should be screened and treated if positive.~~

b~~c~~) Control of Contacts. Hospital personnel with minor skin lesions, such as pustules, boils, abscesses, conjunctivitis, severe acne, otitis externa, or infected lacerations, shall not work in a newborn nursery.

~~d) General Measures. Strict adherence to hand washing of hospital nursery staff~~

~~before contact with each infant is required.~~

c~~e~~) Laboratory Reporting. Laboratories shall~~are required to~~ report to the local health authority all cultures from which MRSA is isolated in infants under 61 days of age.~~ infants less than 28 days of age from whom a clinically significant Staphylococcus aureus is isolated.~~

~~f) Reporting of Cases. A morbidity card supplied by the Department is required to be submitted on all cases by the local health authority.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.661 Staphylococcus aureus Infections with Intermediate (Minimum inhibitory concentration (MIC) between 4 and 8) (VISA) or High Level Resistance to Vancomycin (MIC greater than or equal to 16) (VRSA) (Reportable by telephone or facsimile, within 24 hours)

a) Control of Case. Standard Precautions and Contact Precautions shall be followed for cases or suspect cases in a health care facility. These precautions shall comply with the guidelines referenced in Section 690.1010(a)(5) and (6).~~Specific recommendations will be issued on a case-by-case basis.~~

b) Control of Contacts. The Department will issue specific recommendations on a case-by-case basis.

~~b) General Measures. The document entitled "Recommendations for Preventing the Spread of Vancomycin Resistance" should be followed. (See Section 690.1010(a)(16).)~~

c) Laboratory Reporting.

1) Laboratories shall~~are required to~~ report to the local health authority patients from whom VISA (MIC between 4 and 8) or VRSA (MIC greater than or equal to 16)~~intermediate or high level vancomycin-resistant Staphylococcus aureus~~ has been isolated regardless of method.

2) Laboratories shall forward clinical materials with a vancomycin minimum inhibitory concentration greater than or equal to 4 to the Department's laboratory.~~Isolates defined by hospital or commercial laboratories as~~

~~vancomycin-resistant Staphylococcus aureus shall be forwarded to the Department's laboratory for confirmation (minimum inhibitory concentrations greater than or equal to 4).~~

~~c) Reporting of Cases. A narrative report and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.670 Streptococcal Infections, Group A, Invasive Disease (Including Streptococcal Toxic Shock Syndrome and necrotizing fasciitis) and Sequelae to Group A Streptococcal Infections (rheumatic fever and acute glomerulonephritis) (Reportable by telephone or facsimile, within 24 hours)

~~a) Incubation Period – Short, usually 1 to 3 days; rarely longer.~~

a~~b~~) Control of Case.

1) Standard Precautions shall be followed. Droplet Precautions shall be followed for persons with necrotizing fasciitis or toxic shock syndrome until 24 hours after initiation of effective antimicrobial therapy. In cases of necrotizing fasciitis, when the dressing does not adequately contain drainage, Contact Precautions shall be followed until 24 hours after initiation of effective antimicrobial therapy. ~~Drainage/secretion precautions, universal precautions, disease-specific precautions or equivalent isolation procedures are required, but may be terminated after 24 hours' treatment with penicillin or other appropriate antibiotics, provided treatment is continued for a minimum of 10 days to prevent rheumatic fever. (See Section 690.1010(a)(1) or (a)(13).)~~

~~2) Concurrent disinfection is required of nose and throat secretions and all purulent discharges and articles soiled with these discharges. (See Section 690.1000(e)(1).)~~

~~3) Terminal cleaning is required. (See Section 690.1000(e)(2).)~~

2~~4~~) The local health authority shall~~should~~ be consulted regarding any identified cluster of cases, particularly in closed settings, such as a long-term care facility~~nursing home~~, for additional recommendations.

b~~c~~) Control of Contacts.

1) No restrictions.~~There are no restrictions for contacts. Pharyngeal culture of symptomatic contacts. Under certain conditions pharyngeal cultures of asymptomatic individuals may be recommended.~~

2) Culture of symptomatic contacts should be considered. Under certain conditions, pharyngeal cultures of asymptomatic individuals may be recommended.~~The local health department should be consulted on cases of fatal invasive Group A streptococcus, necrotizing fasciitis or toxic shock syndrome on a case-by-case basis for additional precautions.~~

c~~d~~) Sale of Food, Milk, etc. (See Section 690.1000(b)~~(f)~~.)

~~e) General Measures. Educate the public about transmission.~~

~~f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.~~

d~~g~~) Laboratory Reporting. Laboratories shall report to the local health authority patients from whom Group A Streptococcus has been isolated from a normally sterile site; patients clinically compatible with Streptococcal toxic shock syndrome or necrotizing fasciitis from whom Group A Streptococcus has been isolated from a normally sterile or non-sterile site; and patients who have a positive result on any other laboratory test indicative of and specific for detecting invasive Group A Streptococcus from a normally sterile site. ~~All isolates of Streptococcus pyogenes from a sterile site are required to be forwarded to the Department's laboratory.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.675 Streptococcal Infections, Group B, Invasive Disease, of the Newborn (birth to 3 months) (Reportable by mail, telephone, facsimile or electronically, within 7 days) (Repealed)

~~a) Control of Case.~~

~~1) No special precautions.~~

~~2) If multiple cases occur in a nursery, cohorting of infected infants separately from non-infected infants can be helpful.~~

~~b) Control of Contacts. No control measures indicated.~~

~~c) General Measures. Each hospital or primary medical provider should utilize a prevention strategy as outlined in "Prevention of Perinatal Group B Streptococcal Disease: A Public Health Perspective" (see Section 690.1010(a)(10)).~~

~~d) Laboratory Reporting. Laboratories are required to report to the local health authority all patients under 3 months of age with Streptococcus agalactiae isolated from a normally sterile site.~~

~~e) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.~~

(Source: Repealed at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.678 Streptococcus pneumoniae, Invasive Disease in Children Less than 5 Years ~~Streptococcus pneumoniae, Invasive Disease~~ (Including Antibiotic Susceptibility Test Results) (Reportable by mail, telephone, facsimile or electronically, within 7 days)

~~a) Incubation Period - Not well determined, may be as short as 1 to 3 days.~~

a~~b~~) Control of Case. Standard Precautions shall be followed.

~~1) In hospitals, standard precautions or equivalent isolation procedures should be used for patients (see Section 690.1010(a)(13)).~~

~~2) Concurrent disinfection of discharges from nose or throat of pneumonia cases (see Section 690.1000(e)(1)).~~

~~3) Terminal cleaning is required (see Section 690.1000(e)(2)).~~

b~~c~~) Control of Contacts. No restrictions.

~~1) No restrictions.~~

~~2) In outbreaks in institutions or other closed population groups, immunization should be carried out unless the serotype causing the disease is not included in the vaccine.~~

~~d) General Measures.~~

~~1) Avoid crowding, especially in institutions, barracks and ships.~~

~~2) Immunization of high risk individuals is recommended according to "Preventing Pneumococcal Disease Among Infants and Young Children" (Section 690.1010(a)(11)) and "Prevention of Pneumococcal Disease" (Section 690.1010(a)(12)).~~

ce) Laboratory Reporting. Laboratories shall~~are required to~~ report to the local health authority patients less than 5 years of age from whom Streptococcus pneumoniae has been isolated from a normally sterile site or patients less than 5 years of age with a positive result on any other laboratory test indicative of and specific for detecting Streptococcus pneumoniae infection from a normally sterile site. The antibiotic susceptibility test results~~resistance pattern and test method~~ shall also be reported.

~~f) Reporting of Cases. Only invasive cases (patients in which the organism was isolated from a normally sterile site) should be reported. An individual case report form and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.690 Tetanus (Reportable by mail, telephone, facsimile or electronically, within 7 days)

~~a) Incubation Period - Commonly 4 days to 3 weeks, dependent on character, extent and location of wound; average 10 days. Most cases occur within 14 days, but may be longer.~~

a~~b~~) Control of Case.~~ No restrictions.~~

1) Standard Precautions shall be followed.

2) Post-injury patients at risk should receive human tetanus immune globulin and/or toxoid.

b~~c~~) Control of Contacts. No restrictions.

~~d) General Measures.~~

~~1) Children should be immunized in accordance with the most recent Recommended Childhood Immunization Schedule and most recent recommendations of the Advisory Committee on Immunization Practices (ACIP). Children should be given a series of 3 doses of diphtheria-tetanus toxoid with acellular pertussis vaccine combined (DTaP) beginning at 2 months of age, with a minimum interval of at least 4 weeks between doses. A booster dose of DTaP should be administered at least 6 months later and repeated on or after the age of 4 and prior to school entry.~~

~~2) Children one year of age and older enrolled in child care facilities must be vaccinated against tetanus in accordance with the immunization requirements as specified in rules of the Department entitled Immunization Code (77 Ill. Adm. Code 695).~~

~~3) Children entering school operated programs below the kindergarten level and school (K-12) must be vaccinated against tetanus in accordance with the immunization requirements as specified in rules of the Department entitled Child Health Examination Code (77 Ill. Adm. Code 665~~).

~~4) Persons 7 years of age or older should be given tetanus-diphtheria combined toxoid (Td) either as a primary immunizing agent for tetanus or as a booster for diphtheria and tetanus.~~

~~5) Routine booster doses of tetanus-diphtheria combined toxoid (Td) should be given every 10 years.~~

~~6) Post-injury patients at risk should receive human tetanus immune globulin and/or toxoid according to the most recent recommendations of ACIP.~~

~~e) Reporting of Cases. An individual case report form and a morbidity card supplied~~

~~by the Department are required to be submitted by the local health authority on all cases.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.695 Toxic Shock syndrome due to Staphylococcus aureus Infection~~, Toxic Shock Syndrome~~ (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

a) Control of Case. Standard Precautions shall be followed.

~~1) Isolation - Drainage/secretion precautions or disease-specific precautions are required for vaginal discharge and pus during the duration of illness (see Section 690.1010(a)(1)).~~

~~2) Concurrent disinfection of purulent discharges and articles soiled with these discharges is required (see Section 690.1000(e)(1)).~~

~~3) Terminal cleaning is required (see Section 690.1000(e)(2)).~~

b) Control of Contacts. No restrictions. ~~None.~~

~~c) General Measures. Cases must be investigated to determine risk factors associated with disease.~~

~~d) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.698 Tickborne Disease (includes Ehrlichiosis, Anaplasmosis, Lyme disease and Rocky Mountain spotted fever) (Reportable by mail, telephone, facsimile or electronically, within 7 days)

a) Control of Case. Standard Precautions shall be followed.

b) Control of Contacts. No restrictions.

c) Laboratory Reporting. Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting Anaplasma phagocytophilum, Ehrlichia species, Borrelia burgdorferi or Rickettsia rickettsii infection.

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.710 Trichinosis (Trichinellosis) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days)

~~a) Incubation Period - About 8 to 15 days after ingestion of contaminated meat; varies between 5 and 45 days.~~

a~~b~~) Control of Case~~. There are no restrictions for cases~~.

1) Standard Precautions shall be followed.

2) The local health authority shall investigate the case's food history, identify possible sources of Trichinella, and confiscate any remaining suspect food. If information on the suspected food source for a human trichinosis case indicates that livestock in the United States may be infected, the Department will provide this information to the Illinois Department of Agriculture for follow-up.

b~~c~~) Control of Contacts. No restrictions. ~~There are no restrictions for contacts.~~

~~d) General Measures.~~

~~1) The local health authority should investigate the case's food history and identify possible sources of trichinella and should confiscate any remaining suspect food.~~

~~2) The public should be educated to cook all meat from wild carnivores, pork and pork products at a temperature allowing all parts of the meat to reach at least 171 degrees F (77 degrees C) or until meat changes from pink to gray, unless meat previously properly processed.~~

~~3) Attempt to identify the source for all cases.~~

~~4) Farmers and hog raisers are encouraged to use standard swine sanitation practices, including control of rats and prevention of swine feeding on rats or swine carcasses.~~

~~5) Food stores are urged to have separate grinding machines for beef and pork.~~

~~6) Irradiation of pork products could reduce the risk of trichinella.~~

c~~e~~) Laboratory Reporting.

1) Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting Trichinella spiralis infection.

2) Laboratories shall report and submit to the Department's laboratory any Trichenella-positive food, environmental or animal samples resulting from an outbreak investigation.

~~Laboratories are required to report to the local health authority persons from whom Trichinella spiralis has been identified and patients with significant serologic test results. Each laboratory will determine a significant serologic test result.~~

~~f) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.725 Tularemia (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 days, unless suspected bioterrorist event or part of an outbreak, then reportable immediately (within 3 hours) by telephone) ~~(Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease)~~

~~a) Incubation Period - 1 day to 14 days, usually 3 days to 5 days.~~

a~~b~~) Control of Case.

1) Standard Precautions shall be followed. ~~Drainage/secretion precautions or disease-specific procedures for drainage from open lesions is required. (See Section 690.1010(a)(1).)~~

2) Biosafety Level 2 laboratory precautions are required. Laboratory workers who encounter/handle this organism are at high risk of disease if exposed. ~~Concurrent disinfection of drainage from open lesions and conjunctivae, and articles contaminated with drainage is required. (See Section 690.1000(e)(1).)~~

~~3) Terminal cleaning is not required.~~

b~~c~~) Control of Contacts. No restrictions. ~~There are no restrictions for contacts.~~

~~d) General Measures.~~

~~1) The public should be educated about tick avoidance, use of tick repellents, proper removal of ticks, not handling ticks with bare hands, disposal of ticks and symptoms of tickborne diseases. This education includes instruction in removal of ticks from domestic and farm animals.~~

~~2) The public should be educated on the importance of performing tick checks every few hours when outdoors in potential tick habitat.~~

~~3) The local health authority should investigate cases to determine the location of tick exposure (1-14 days prior to onset of symptoms).~~

~~4) Persons becoming ill following a tick bite should report the tick bite immediately to a physician.~~

~~5) To prevent tick infestations on domestic animals, a veterinarian should be consulted about tick-control products.~~

~~6) The public should be educated to use impervious gloves when skinning or handling animals, especially rabbits.~~

~~7) The meat of wild rabbits and rodents should be thoroughly cooked before ingestion.~~

~~8)~~ ~~The public should be educated to avoid bites of flies and mosquitoes in addition to ticks.~~

~~9)~~ ~~The public should be educated about the hazards of swimming in streams and ponds in areas where wild animal infection is known.~~

c~~e~~) Laboratory Reporting.

1) Laboratories shall~~are required to~~ report to the local health authority patients from whom Francisella tularensis has been cultured and patients who have a positive result on any other laboratory test indicative of and specific for detecting Francisella tularensis infection. ~~with significant (criteria for significance should be determined by each laboratory) serologic test result for tularemia.~~

2) Laboratories shall forward clinical materials positive for Francisella tularensis~~Isolates are required to be forwarded~~ to the Department's laboratory.

~~f)~~ ~~Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.730 Typhoid Fever (Reportable by telephone or facsimile as soon as possible, within 24 hours)

~~a)~~ ~~Incubation Period - Dependent on size of infecting dose; usual range 8 days to 14 days.~~

a~~b~~) Control of Case.

1) Standard Precautions shall be followed. Contact Precautions shall be followed for diapered or incontinent persons or for persons with poor hygiene during the acute illness. ~~Enteric precautions, disease-specific precautions (see Section 690.1010(a)(1)) or equivalent procedures (see Section 690.1010(a)(13)) are required during the acute illness. If the patient is not in a licensed hospital, conditions must be approved by the~~

~~local health authority. After termination of the acute illness (absence of fever), cases may resume their usual activities after receiving education on transmission of the bacterium that causes typhoid fever from the local health authority, but shall not return to child care facilities or to food handling or sensitive occupations until released according to subsection (b)(4) of this Section.~~

2) Feces, urine and articles soiled with excreta shall be disinfected before being discharged to a private sewage disposal system. ~~Concurrent disinfection of feces and urine and articles soiled by these excreta is required until the case is released by the local health authority. In communities with municipal sewage disposal systems, feces and urine may be discharged into sewers without preliminary disinfection. (See Section 690.1000(e)(1).) Hand washing after defecation is required.~~

~~3) Terminal cleaning is required. (See Section 690.1000(e)(2).)~~

3) Persons in Non-sensitive Occupations.

A) Cases with typhoid fever in non-sensitive occupations shall not return to their occupation until:

i) Termination of the acute illness (absence of fever); and

ii) Receipt of education on transmission of the bacterium that causes typhoid fever from the local health authority.

B) Cases who are in non-sensitive occupations who are no longer acutely ill may resume their occupation but shall submit 3 consecutive specimens of feces negative for Salmonella typhi, taken not less than 24 hours apart, following clinical recovery of the patient, and the initial specimen preferably 30 days after onset. The first release specimen shall not be obtained less than 48 hours after completion of antimicrobial therapy. Once specimen submission begins, specimens shall be submitted at least once per week until the case is released or reclassified. Each release specimen shall be examined in a laboratory of the Department or in an acceptable laboratory. Specimens of feces shall show evidence of growth of normal flora.

C) Reclassification of Cases.

i) Convalescent Carrier. If any of the 3 release specimens from the case are positive for Salmonella typhi and the patient is asymptomatic, the case shall be classified as a convalescent carrier, providing that the specimen was collected within 12 months following onset of symptoms. If the patient becomes classified as a convalescent typhoid carrier, the patient is subject to subsection (b)(2) of this Section.

ii) Chronic Carrier. If cases do not submit 3 consecutive negative specimens within 12 months following onset of illness, the case shall be classified as a chronic carrier and subject to subsection (b)(1) of this Section.

4) Food Handlers or Persons in Sensitive Occupations, not including Health Care Workers.

A) Cases with typhoid fever shall not work as food handlers or in sensitive occupations until:

i) Termination of the acute illness (absence of fever); and

ii) Receipt from the local health authority of education on transmission of the bacterium that causes typhoid fever; and

iii) Submission of 3 consecutive specimens of feces negative for Salmonella typhi, taken not less than 24 hours apart, following clinical recovery of the patient, and the initial specimen preferably 30 days after onset. The first release specimen shall not be obtained less than 48 hours after completion of antimicrobial therapy. Once specimen submission begins, specimens shall be submitted at least once per week until the case is released or reclassified. Each release specimen shall be examined in a Department laboratory or an acceptable laboratory.

B) Reclassification of Cases.

i) Convalescent Carrier. If any of the 3 release specimens from the case is positive for Salmonella typhi and the patient is asymptomatic, the case shall be classified as a convalescent carrier, provided that the specimen was collected within 12 months following onset of symptoms. If the patient becomes classified as a convalescent typhoid carrier, the patient is subject to subsection (b)(2) of this Section.

ii) Chronic Carrier. If cases do not submit 3 consecutive negative specimens within 12 months following onset of illness, the case shall be classified as a chronic carrier and shall be subject to subsection (b)(1) of this Section.

5) Health Care Workers.

A) Cases with typhoid fever employed as health care workers shall not return to their occupation until:

i) Termination of the acute illness (absence of fever); and

ii) Receipt from the local health authority of education on transmission of the bacterium that causes typhoid fever.

B) Health care workers who use Standard Precautions or any equivalent isolation procedure and who are not acutely ill may continue working while submitting release specimens as described. Health care workers shall submit 3 consecutive specimens of feces negative for Salmonella typhi, taken not less than 24 hours apart, following clinical recovery of the patient, and the initial specimen preferably 30 days after onset of illness. The first release specimen shall not be obtained less than 48 hours after completion of antimicrobial therapy.

C) Once specimen submission begins, health care workers shall submit at least one specimen per week until the case is released or

reclassified, or they shall be restricted from working until they comply with required specimen submission. Each release specimen shall be examined in a Department laboratory or an acceptable laboratory. Specimens of feces shall show evidence of growth of normal flora.

D) Reclassification of Cases.

i) Convalescent Carrier. If any of the 3 release specimens from the case are positive for Salmonella typhi and the patient is asymptomatic, the case shall be classified as a convalescent carrier provided the specimen was collected within 12 months following onset of symptoms. If the patient becomes classified as a convalescent typhoid carrier, he or she is subject to subsection (b)(2) of this Section.

ii) Chronic Carrier. If cases do not submit 3 consecutive negative specimens within 12 months following onset of illness, the case shall be classified as a chronic carrier and subject to subsection (b)(1) of this Section.

~~4) The case will be released from enteric precautions when 3 consecutive specimens of feces, taken not less than 24 hours apart and preferably 30 days after onset, are negative for Salmonella typhi. The first release specimen shall be taken not less than 48 hours after completion of any antimicrobial agent. Each release specimen must be examined in a laboratory of the Department or in a laboratory acceptable to the Department within 48 hours after collection. Specimens of feces must show evidence of growth of normal flora. Health care workers with diarrhea will be restricted from their occupations until at least 24 hours after diarrhea has ended. Health care workers who use universal precautions or any equivalent isolation procedure, and who do not have diarrhea, shall not be restricted from their occupations, but must submit release specimens as described. Health care workers will be restricted from their occupations if they do not begin submitting release specimens within 2 weeks after notification. This occupational restriction will terminate when specimen submission begins, as long as the case continues to comply with required specimen submission.~~

~~5) If any of the 3 release specimens from the case are positive and the patient is asymptomatic, the case shall be classified as a convalescent carrier providing the specimen was collected within 12 months following onset of symptoms.~~

~~6) If cases do not submit 3 consecutive negative specimens within 12 months following onset of illness according to this subsection (b), they will be classified as chronic carriers.~~

b~~c~~) Control of Carriers.

1) Chronic Carriers.

A) A chronic carrier is defined as:

i) A person who excretes typhoid bacilli in feces or urine and had no symptoms of typhoid disease during the past 12 months; or

ii) A person who was an acute typhoid fever case who excretes typhoid bacilli for 12 months or longer after onset of typhoid fever; or

iii) A person who harbors typhoid bacilli at a site where excretion is likely (including a patient with culture-positive bile or another clinical specimen following cholecystectomy), but had no symptoms of typhoid disease during the past 12 months; or

iv) A person with culture-proven acute typhoid fever more than 12 months earlier who has not submitted 3 negative specimens of feces as described in subsection (a)(4) of this Section.

B) A person found to be a chronic typhoid carrier is subject to the same regulations as cases, but may be granted a modified form of isolation after receiving health education from the local health authority about modes of transmission for the bacteria that causes

typhoid fever. Chronic typhoid carriers may not be employed as food handlers or in sensitive occupations or attend a day care (adult or child) facility until released from the restrictions placed on chronic typhoid carriers (see subsection (b)(1)(D) of this Section). The local health authority shall contact the carrier annually or as often as necessary to reiterate education about modes of transmission of the bacteria that causes typhoid fever. Carriers over age 70 and other carriers with infirm health shall be contacted every 6 months.

C) When a chronic typhoid carrier requires hospital care or care in a long-term care facility or day care (adult or child) program for any reason, the facility shall be notified about his/her carrier status before he/she is admitted as a patient to assure that proper precautions are taken. A health care worker, upon taking care of the case at home, shall also be informed for his/her protection. Typhoid carriers can be admitted to long-term care facilities or day care programs after consultation with the local health authority and the Department, at which time a care plan specific to each carrier shall be developed.

D) A chronic carrier may be released from modified isolation after submitting 3 consecutive negative specimens of feces collected not less than 30 days apart. Each specimen shall be authenticated and at least one specimen shall be collected after administering a saline cathartic. The post-cathartic specimen shall be collected from the second or third bowel movement after administering the cathartic. Specimens shall not be taken within 48 hours after antimicrobial therapy, regardless of the reason for which the medication was prescribed. Testing and transport of specimens shall comply with subsection (a)(4) of this Section.

2) Convalescent Carriers.

A) A convalescent carrier is defined as:

i) A case of acute typhoid fever who has one or more positive cultures subsequent to clinical recovery; or

ii) A person who is culture-positive for typhoid bacilli, as described in subsection (b)(1)(A), and who has a history of acute typhoid within the previous 12 months.

B) A person found to be a convalescent typhoid carrier may not resume his/her usual activities outside the home until granted a modified form of isolation after receiving health education from the local health authority about modes of transmission for the bacteria that causes typhoid fever. Convalescent typhoid carriers may not work as food handlers or in sensitive occupations or attend group day care (adult or child) until released from the restrictions on convalescent typhoid carriers (see subsection (b)(2) of this Section).

C) When a convalescent typhoid carrier requires hospital care or care in a long-term care facility or day care (adult or child) program for any reason, the facility shall be notified about his/her carrier status before he/she is admitted as a patient to assure that proper precautions are taken. A health care worker, upon taking care of the case at home, shall also be informed for his/her protection. Typhoid carriers can be admitted to long-term care facilities or day care programs after consultation with the local health authority and the Department, at which time a care plan specific to each carrier shall be developed.

D) A convalescent carrier may be released from modified isolation after submitting 3 consecutive negative specimens of feces at intervals of not less than 30 days and within 12 months after onset. Collection, testing and transport of these specimens shall conform to subsection (a)(4) of this Section.

~~1) A chronic carrier is defined as:~~

~~A) A person who excretes typhoid bacilli in feces or urine and had no symptoms of typhoid disease during the past 12 months; or~~

~~B) A person who was an acute typhoid fever case who excretes typhoid bacilli for 12 months or longer after onset of typhoid fever; or~~

~~C) A person who harbors typhoid bacilli at a site where excretion is likely (including a patient with culture-positive bile or another clinical specimen following cholecystectomy), but had no symptoms of typhoid disease during the past 12 months; or~~

~~D) A person with culture-proven acute typhoid fever more than 12 months earlier who has not submitted 3 negative specimens of feces as described in subsection (b)(4) of this Section.~~

~~2) A convalescent carrier is defined as:~~

~~A) A case of acute typhoid fever who has one or more positive cultures subsequent to clinical recovery; or~~

~~B) A person who is culture-positive for typhoid bacilli, as described above, and who has a history of acute typhoid within the previous 12 months.~~

~~3) A person found to be a chronic typhoid carrier is subject to the same regulations as cases, but may be granted a modified form of isolation after receiving health education from the local health authority about modes of transmission for the bacteria that causes typhoid fever. Chronic typhoid carriers may not be employed as food handlers or in sensitive occupations (see Section 690.900) or attend group day care until released from the restrictions placed on chronic typhoid carriers (see subsection (c)(7) of this Section). The local health authority shall visit the carrier annually or as often as necessary to reiterate education about modes of transmission of the bacteria that causes typhoid fever. Carriers over age 70 and other carriers with infirm health shall be contacted every 6 months.~~

~~4) A person found to be a convalescent typhoid carrier may not resume his/her usual activities outside the home until granted a modified form of isolation after receiving health education from the local health authority about modes of transmission for the bacteria that causes typhoid fever. Convalescent typhoid carriers may not work as food handlers or in sensitive occupations (see Section 690.900) or attend group day care until released from the restrictions on convalescent typhoid carriers (see subsection (c)(6) of this Section).~~

~~5) When a typhoid carrier (chronic or convalescent) requires hospital care or care in a long-term care facility or day care (adult or child) program for any reason, the facility shall be notified about his/her carrier status before he/she is admitted as a patient to assure that proper precautions are taken. A nurse, upon taking care of the case at home, shall also be informed for his/her protection. Typhoid carriers can be admitted to long-term care facilities or day care programs after consultation with the local health authority and the Department, at which time a care plan specific for each carrier will be developed.~~

~~6) A convalescent carrier may be released from modified isolation after submitting 3 consecutive negative specimens of feces at intervals of not less than 30 days and within 12 months after onset. Collection, testing and transport of these specimens must conform to subsection (b)(4) of this Section.~~

~~7) A chronic carrier may be released from modified isolation after submitting 3 consecutive negative specimens of feces collected not less than 30 days apart. Each specimen must be authenticated and at least one specimen shall be collected after administering a saline cathartic. The post-cathartic specimen shall be collected from the second or third bowel movement after administering the cathartic. Specimens may not be taken within 48 hours after treatment with an antimicrobial agent, regardless of the reason for which the medication was prescribed. Testing and transport of specimens must conform to subsection (b)(4) of this Section.~~

c~~d~~) Control of Contacts to a Case.

1) Contacts to a case whose most likely source of infection is travel to a foreign country (usually a developing country) within 30 days prior to onset of symptoms shall~~are required to~~ abide by the following.

A) Members of households where these cases reside are not required to be tested for typhoid bacilli, except for household members who were also foreign travel companions of the case, unless the local health authority identifies specific risks for transmission within the household.

B) Travel companions of such cases shall be tested, but need not restrict their occupations unless they had symptoms of typhoid fever during or subsequent to foreign travel.

C) Travel companions who have had symptoms of typhoid fever shall not work as food handlers or in sensitive occupations or attend group day care (adult or child) until testing is completed.

D) When testing is required in this subsection (c)~~(d)~~(1), 2 specimens of feces shall be collected not less than 24 hours apart. Other aspects of specimen collection, transport and testing shall conform with subsection (a)(4) through (a)(6)~~(b)(4)~~ of this Section.

E) If persons required to be tested according to this subsection (c)~~(d)~~(1) refuse to comply within 2 weeks after notification of this testing requirement, they shall~~will~~ be restricted from their occupation, school attendance or day care (adult or child) attendance until compliance is achieved.

2) In tour groups to foreign countries (usually developing countries) in which typhoid fever has occurred, all members of the tour group shall be tested (see requirements for travel companions in subsections (c)~~(d)~~(1)(B) through (E) of this Section).

3) Persons living in the household of cases whose source was in the United States are considered contacts to typhoid fever. Other persons outside the household who have had close contact with the case at a time when they could have been the source of infection for the case, or at a time when they may have been exposed to infection by the case, are also classified as contacts to typhoid fever.

A) Contacts shall~~must~~ submit 2 consecutive negative specimens of feces, but need not curtail their usual activities, except they shall~~may~~ not be employed in food handling or in sensitive occupations (see Section 690.900) or attend group day care (child or adult) until testing is completed.

B) Collecting, testing and transport of specimens shall~~must~~ comply with subsections (a)(4) through (a)(6)~~subsection (b)(4)~~ of this

Section.

C) If persons required to be tested according to this subsection refuse to comply within one week~~2 weeks~~ after notification, they shall~~will~~ be restricted from their occupations or school attendance until compliance is achieved.

d~~e~~) Control of Contacts to a Carrier. All persons living in the household of a newly identified chronic carrier and other contacts living outside the home must submit 2 consecutive negative specimens of feces collected, tested and transported according to subsections (a)(4) through (a)(6)~~section (b)(4)~~ of this Section. Persons employed in food handling or sensitive occupations shall not return to these occupations until this testing requirement has been fulfilled. Other persons need not have their usual activities curtailed. If persons required to be tested according to this subsection refuse to comply with this testing requirement within one week~~2 weeks~~ after notification, they shall~~will~~ be restricted from their occupations, school attendance or day care (adult or child) attendance until compliance is achieved.

e~~f~~) Sale of Food, Milk, etc. (See Section 690.1000(b)~~(f)~~.)

~~g) General Measures.~~

~~1) Travelers to developing countries should be educated about safe food and beverage ingestion.~~

~~2) Immunization against typhoid is advised for international travelers to endemic areas, especially if travel is likely to involve exposure to unsafe food or water.~~

~~3) Protection and purification of public water supplies; construction of safe private water supplies.~~

~~4) Sanitary disposal of human excreta.~~

~~5) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in child care facilities and schools.~~

f~~h~~) Laboratory Reporting.

1) Laboratories shall~~are required to~~ report to the local health authority patients from whom Salmonella typhi has been isolated or patients who have a positive result on any other laboratory test indicative of and specific for detecting Salmonella typhi infection.

2) Laboratories shall forward clinical materials positive for Salmonella typhi~~are required to submit isolates~~ to the Department's laboratory~~ for verification of results~~.

3) Laboratories shall report and submit to the Department's laboratory any Salmonella typhi isolates from food resulting from an outbreak investigation.

~~i) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.740 Typhus (Reportable by telephone or facsimile as soon as possible, within 24 hours)

~~a) Incubation Period - From 1 to 2 weeks, commonly 12 days.~~

a~~b~~) Control of Case. Standard Precautions shall be followed. Proper delousing for louseborne typhus is required.

~~1) Isolation is not required after proper delousing for louseborne typhus. No isolation is required for murine typhus.~~

~~2) Concurrent disinfection is accomplished by effective destruction of lice and fleas in the clothing and bedding of cases.~~

b~~c~~) Control of Contacts.

1) Louse-infected susceptible contacts exposed to typhus shall~~should~~ have their clothing and bedding deloused and should be quarantined for 15

days, if possible, after application of insecticide with residual effect.

2) In cases of murine typhus, the premises around the patient shall~~should~~ be searched for rodents.

3) The local health authority shall monitor all immediate contacts for clinical signs for 2 weeks.

c) Laboratory Reporting. Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting typhus infection.

~~d) General Measures.~~

~~1) Endemic flea-borne typhus fever is controlled by the destruction of rat fleas followed by rodent control measures.~~

~~2) The possibility of louse-borne typhus should be considered and public health officials consulted regarding control measures.~~

~~e) Reporting of Cases. A narrative report and a morbidity card supplied by the Department are required to be submitted on all cases by the local health authority.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.745 Vibriosis (Non-cholera Vibrio Infections) (Reportable by mail, telephone, facsimile or electronically as soon as possible, within 7 Days)

a) Control of Case. Standard Precautions shall be followed. Contact Precautions shall be followed for diapered or incontinent persons or during institutional outbreaks until diarrhea ceases.

b) Control of Contacts. No restrictions.

c) Laboratory Reporting. Laboratories shall report to the local health authority patients who have a positive result on any laboratory test indicative of and specific for detecting non-cholera Vibrio infections.

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.750 Pertussis (Whooping Cough) (Reportable by telephone as soon as possible, within 24 hours)

~~a) Incubation Period - Commonly 7 days, almost uniformly within 10 days, and not exceeding 21 days.~~

a~~b~~) Control of Case.

1) Standard Precautions and Droplet Precautions shall be followed. Droplet Precautions shall be followed for known cases until the patient has received at least 5 days of a course of appropriate antibiotics. ~~Respiratory isolation is required for known cases until the patient has received at least 5 days of a minimum 14-day course of an antimicrobial agent. The contagion usually disappears within 3 weeks after the onset of the paroxysmal cough, even if paroxysmal cough continues. The patient should be kept out of contact with susceptible unimmunized children.~~

2) Cases should avoid contact with susceptible unimmunized infants and children until cases have completed at least 5 days of antibiotic therapy.

3) Suspected cases who do not receive antibiotics should be isolated for 3 weeks after onset of paroxysmal cough or until the end of the cough, whichever comes first.

~~2) Concurrent disinfection of discharges from nose and throat and articles soiled by them (see Section 690.1000(e)(1)).~~

~~3) Terminal cleaning is required (see Section 690.1000(e)(2)).~~

b~~c~~) Control of Contacts.
~~Inadequately immunized household contacts under 7 years of age should be excluded from schools, child care facilities, and public gatherings for 14 days after last exposure or until the cases and contacts have received at least 5 days of a minimum 14-day course of an appropriate antimicrobial agent.~~

1) All household contacts and community-based contacts determined by the local health authority to be at risk should receive at least 5 days of a course of appropriate antibiotics.

2) All household contacts and community-based contacts determined by the local health authority to be at risk should avoid contact with non-immunized infants or children until they have completed at least 5 days of appropriate antibiotic therapy.

3) Close contacts under 7 years and over 9 years of age who are incompletely immunized should complete antibiotic prophylaxis and continue or initiate the primary series.

4) Health care workers and other persons with close contact with infants less than 12 months of age should receive at least 5 days of a course of an appropriate antibiotic and Tdap if more than 2 years have passed since their last dose of Td and they have not received Tdap previously.

~~d) General Measures.~~

~~1) Children should be immunized in accordance with the most recent Recommended Childhood Immunization Schedule and most recent recommendations of the Advisory Committee on Immunization Practices (ACIP). Children should be given a series of 3 doses of diphtheria-tetanus toxoid with acellular pertussis vaccine combined (DTaP) beginning at 2 months of age, with a minimum interval of at least 4 weeks between doses. A booster dose of DTaP should be administered at least 6 months later and repeated on or after the age of 4 and prior to school entry.~~

~~2) Children one year of age and older enrolled in child care facilities must be vaccinated against pertussis in accordance with the immunization requirements as specified in rules of the Department entitled Immunization Code (77 Ill. Adm. Code 695).~~

~~3) Children entering school operated programs below the kindergarten level and school (K-12) must be vaccinated against pertussis in accordance with the immunization requirements as specified in rules of the Department entitled Child Health Examination Code (77 Ill. Adm. Code 665).~~

c~~e~~) Laboratory Reporting. ~~Laboratories are required to report all isolates of Bordetella pertussis, positive direct fluorescent antibody (DFA) and positive polymerase chain reaction (PCR) test results for pertussis. Laboratories should~~

~~send all isolates for B. pertussis to the Department for Pulse-Field gel electrophoresis (PFGE) testing.~~

1) Laboratories shall report to the local health authority patients who have a positive results on any laboratory test indicative of and specific for detecting pertussis infection, including all isolates of Bordetella pertussis, and positive polymerase chain reaction tests for pertussis. Serology and direct fluorescent antibody tests are not generally effective in diagnosing new cases.

2) Laboratories shall forward clinical materials positive for Bordetella pertussis to the Department for pulsed-field gel electrophoresis testing.

~~f) Reporting of Cases. An individual case report form and morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.752 Yersiniosis (Reportable by mail, telephone, facsimile or electronically, within 7 days)

~~a) Incubation Period - 3 days to 7 days.~~

a~~b~~) Control of Case.

1) Standard Precautions shall be followed. Contact Precautions shall be followed for diapered or incontinent persons or during institutional outbreaks until absence of diarrhea for 24 hours. ~~Enteric precautions, disease specific precautions (see Section 690.1010(a)(1)) or equivalent procedures (see Section 690.1010(a)(13)) are required for hospitalized patients. Cases with diarrhea shall not attend a child care facility or other group settings until no diarrhea for 24 hours.~~

2) Cases who are employed as food handlers or in sensitive occupations shall~~(such as patient care or child care) should~~ be excluded from work until absence of diarrhea for at least 24 hours.

~~3) Concurrent disinfection of feces (see Section 690.1000(e)).~~

b~~c~~) Control of Contacts. No restrictions. ~~No search for unrecognized cases is needed unless a common source exposure is suspected.~~

c~~d~~) Sale of Food, Milk, etc. (See Section 690.1000(b)~~(f)~~.)

~~e) General Measures.~~

~~1) Foods should be prepared in a sanitary manner; eating raw or undercooked pork should be avoided; pasteurized milk only should be consumed; meat irradiation should be considered.~~

~~2) Hands should be washed prior to handling and eating food, after handling raw pork and after contact with animal feces.~~

~~3) Water supplies should be protected from any fecal contamination; appropriate water treatment should be done.~~

~~4) Rodents and birds in areas where food is stored, prepared, served and consumed should be controlled.~~

~~5) Disposal of animal feces should be done in a sanitary manner.~~

~~6) Consumption of home-prepared treats or sharing "common" food bowls, such as popcorn or unwrapped candy, should be discouraged in child care facilities and schools.~~

d~~f~~) Laboratory Reporting. ~~Laboratories are required to report to the local health authority patients from whom Yersinia enterocolitica or Y. pseudotuberculosis has been isolated.~~

1) Laboratories shall report to the local health authority patients from whom Yersinia enterocolitica or Yersinia pseudotuberculosis has been isolated or patients who have a positive result on any laboratory test indicative of and specific for detecting Yersinia infection.

2) Laboratories shall report and submit to the Department's laboratory any food, environmental or animal Yersinia isolates resulting from an outbreak investigation.

~~g) Reporting of Cases. An individual case report form and a morbidity card supplied by the Department are required to be submitted by the local health authority on all cases.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.800 Any Suspected Bioterrorist Threat or Event (Reportable by telephone immediately, within 3 hours upon initial clinical suspicion of the disease)

a) Control of Case. Cases shall be evaluated to determine need for isolation. Until etiology is determined and disease-specific recommendations are issued, initial control measures include:~~Control of Cases and Contacts. Control measures will be instituted on a case-by-case basis.~~

1) Dermatologic symptoms, non-vesicular lesions: Contact Precautions shall be followed.

2) Dermatologic symptoms, vesicular lesions: Airborne Infection Isolation Precautions and Contact Precautions shall be followed.

3) Gastrointestinal symptoms: Standard Precautions (use Contact Precautions for diapered or incontinent persons) shall be followed.

4) Neurologic symptoms: Droplet Precautions shall be followed.

5) Respiratory symptoms: Droplet Precautions (Airborne Infection Isolation preferred) shall be followed.

b) Control of Contacts. Contacts shall be evaluated to determine need for quarantine.

c~~b~~) Reporting of Threat or Event. The local health authority shall submit a~~A narrative~~ report ~~is required to be submitted~~ to the Department ~~by the local health authority~~ on all bioterrorist threats or events.

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

SUBPART D: DEFINITIONS

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Section 690.900 Definition of Terms

For the purpose of this Part, the following shall be the accepted definitions of ~~the~~ terms ~~used herein~~.

"Acceptable Laboratory" - A~~laboratory" is a~~ laboratory that is certified under the Centers for Medicare and Medicaid Services, Department of Health and Human Services, Laboratory Requirements (42 CFR 493), which implements the Clinical Laboratory Improvement Amendments of 1988 (42 USC 263~~a~~).

"Act" – The Department of Public Health Act of the Civil Administrative Code of Illinois [20 ILCS 2305].

"Airborne Precautions" or "Airborne Infection Isolation Precautions" – Infection control measures designed to reduce the risk of transmission of infectious agents that may be suspended in the air in either dust particles or small particle aerosols (airborne droplet nuclei (5 µm or smaller in size)) (see Section 690.1010(a)(7)).

"Authenticated Fecal Specimen" - A specimen is considered to be authenticated when a public health authority or a person authorized by a public health authority has observed one or more of the following:

The patient produce the specimen.

Conditions such that no one ~~none~~ other than the case, carrier or contact could be the source of the specimen.

"Bioterrorist Threat or Event" – The intentional use of any microorganism, virus, infectious substance or biological product that may be engineered as a result of biotechnology, or any naturally occurring or bioengineered component of any such microorganism, virus, infectious substance, or biological product, to cause death, disease, or other biological malfunction in a human, an animal, a plant or another living organism.

"Carrier" - A person or deceased person who harbors a specific infectious agent in the absence of discernible clinical disease and serves as a potential source of infection for others.

"Case" - Any person or deceased person having a recent illness due to a communicable disease.

"Confirmed Case" – A case that is classified as confirmed per federal or State case definitions.

"Probable Case" - A case that is classified as probable per federal or State case definitions.

"Suspect Case" - A person whose medical history or symptoms suggest that he or she may have or may be developing a communicable disease and does not yet meet the case definition of a probable or confirmed case.

"Certified Local Health Department" - A local health authority that is certified pursuant to Section 600.210 of the Certified Local Health Department Code (77 Ill. Adm. Code 600).

"Chain of Custody" - The methodology of tracking specimens for the purpose of maintaining control and accountability from initial collection to final disposition of the specimens and providing for accountability at each stage of collecting, handling, testing, storing, and transporting the specimens and reporting test results.

"Child Care Facility" - A center, private home, or drop-in facility open on a regular basis where children are enrolled for care or education.

~~"Child Care Facility" - A facility or private home open on a regular basis where children are enrolled for care and education, or where care is provided as a drop-in facility for any number of children.~~

"Cleaning" - The removal of visible soil (organic and inorganic material) from objects and surfaces; it normally is accomplished by manual or mechanical means using water with detergents or enzymatic products.

"Clinical Materials" – A clinical isolate containing the infectious agent or other material containing the infectious agent or evidence of the infectious agent.

"Cluster" – Two or more persons with a similar illness, usually associated by place or time, unless defined otherwise in Subpart C of this Part.

"Communicable Disease" – An illness due to a specific infectious agent or its toxic products that arises through transmission of that agent or its products from an infected person, animal or inanimate source to a susceptible host, either directly or indirectly through an intermediate plant or animal host, vector or the inanimate environment.

"Contact" - Any person known to have been associated sufficiently with a case or carrier of a communicable disease to have been the source of infection for that person or to have been associated sufficiently with the case or carrier of a communicable disease to have become infected by the case or carrier~~, to have become infected by the case or carrier, or to have been exposed to the source for a diagnosed case and developed compatible symptoms~~.

"Contact Precautions" – Infection control measures designed to reduce the risk of transmission of infectious agents that can be spread through direct contact with the patient or indirect contact with potentially infectious items or surfaces (see Section 690.1010(a)(7)).

"Contagious Disease" – An infectious disease that can be transmitted from person to person.

"Dangerously Contagious or Infectious Disease" - An illness due to a specific infectious agent or its toxic products that arises through transmission of that agent or its products from an infected person, animal or inanimate reservoir to a susceptible host, either directly or indirectly through an intermediate plant or animal host, vector or the inanimate environment, and may pose an imminent and significant threat to the public health, resulting in severe morbidity or high mortality.

"Decontamination" - A procedure that removes pathogenic microorganisms from objects so they are safe to handle, use or discard.

"Department" - Illinois Department of Public Health.

"Director" - The Director of the Department, or his or her duly designated officer or agent.

"Diarrhea" - The presence of 3 or more loose stools within a 24-hour period.

"Disinfection" - A process, generally less lethal than sterilization, that eliminates virtually all recognized pathogenic microorganisms, but not necessarily all microbial forms (e.g., bacterial spores)~~The process of rendering pathogenic micro-organisms non-viable by chemical or physical means~~.

~~Concurrent disinfection - the application of disinfection immediately after the discharge of infectious material from the body of an infected person, or after the soiling of articles with such infectious discharges, all personal contact with such discharges or articles being minimized prior to their disinfection.~~

~~Terminal cleaning - the process of rendering the personal clothing and immediate physical environment of the patient free from the possibility of conveying the infection to others at a time when the patient is no longer a source of infection.~~

~~"Disinfestation" - Any physical or chemical process serving to destroy or remove undesired small animal forms, particularly arthropods or rodents, present upon the person, the clothing, or in the environment of an individual, or on domestic animals.~~

"Droplet Precautions" – Infection control measures designed to reduce the risk of transmission of infectious agents via large particle droplets that do not remain suspended in the air and are usually generated by coughing, sneezing, or talking (see Section 690.1010(a)(7)).

"Emergency" – An occurrence or imminent threat of an illness or health condition that:

is believed to be caused by any of the following:

bioterrorism;

the appearance of a novel or previously controlled or eradicated infectious agent or biological toxin;

a natural disaster;

a chemical attack or accidental release; or

a nuclear attack or incident; and

poses a high probability of any of the following harms:

a large number of deaths in the affected population;

a large number of serious or long-term disabilities in the affected population; or

widespread exposure to an infectious or toxic agent that poses a significant risk of substantial future harm to a large number of people in the affected population.

~~"Endemic" - The constant presence of a disease or infectious agent within a given geographic area; may also refer to the usual prevalence of a given disease within such area.~~

"Epidemic" - The occurrence in a community or region of cases of a communicable disease~~an illness~~ (or an outbreak) clearly in excess of expectancy.

"Fever" – The elevation of body temperature above the normal (typically considered greater than or equal to 100.4 degrees Fahrenheit).

"First Responder" – Those individuals who in the early stages of an incident are responsible for the protection and preservation of life, property, evidence, and the environment, including emergency response providers as defined in section 2 of the Homeland Security Act of 2002 (6 USC 101), as well as emergency management, public health, clinical care, public works, and other skilled support personnel (such as equipment operators) that provide immediate support services during prevention, response, and recovery operations.

"Food Handler" - A person who produces, prepares, packages or dispenses food or drink~~ that will not be subsequently heated to appropriate cooking temperatures~~.

"Health Care Facility" - Any institution, building, or agency or portion thereof, whether public or private (for-profit or nonprofit) that is used, operated, or designed to provide health services, medical treatment, or nursing, rehabilitative, or preventive care to any person or persons. This includes, but is not limited to:

ambulatory surgical treatment centers, home health agencies, hospices, hospitals, end-stage renal disease facilities, long-term care facilities, medical assistance facilities, mental health centers, outpatient facilities, public health centers, rehabilitation facilities, residential treatment facilities, and adult day care centers.

"Health Care Provider" – Any person or entity who provides health care services, including, but not limited to, hospitals, medical clinics and offices, long-term care facilities, medical laboratories, physicians, pharmacists, dentists, physician assistants, nurse practitioners, registered and other nurses, paramedics, emergency medical or laboratory technicians, and ambulance and emergency workers.

"Health Care Worker" - Any person who is employed by (or volunteers his or her~~their~~ services to) a health care facility~~organization)~~ to provide direct personal services to others~~ when health care is being delivered~~. This definition includes, but is not limited to, physicians, dentists, nurses and nursing assistants.

"Incubation Period" – The time interval between initial contact with an infectious agent and the first appearance of symptoms associated with the infection.

"Infectious Disease" – A disease caused by a living organism or other pathogen, including a fungus, bacteria, parasite, protozoan, prion, or virus. An infectious disease may, or may not, be transmissible from person to person, animal to person, or insect to person.

"Institution" – An established organization or foundation, especially one dedicated to education, public service, or culture, or a place for the care of persons who are destitute, disabled, or mentally ill.

"Isolation" – The physical separation and confinement of an individual or groups of individuals who are infected or reasonably believed to be infected with a contagious or possibly contagious disease from non-isolated individuals, to prevent or limit the transmission of the disease to non-isolated individuals.

~~"Isolation" - The separation during the infectious period of a person who has a communicable disease or who is a carrier of the infecting organism, or who is suspected of having such a disease or of being a carrier, from other persons in such places and under such conditions as will prevent the direct or indirect transmission of the infectious agent.~~

"Isolation, Modified" – A selective, partial limitation of freedom of movement or actions of a person or group of persons infected with, or reasonably suspected to be infected with, a contagious or infectious disease. Modified isolation is designed to meet particular situations and includes, but is not limited to, the exclusion of children from school, the prohibition or restriction from engaging in a particular occupation or using public or mass transportation, or requirements for the use of devices or procedures intended to limit disease transmission.

~~"Isolation, Modified" – A selective, partial limitation of freedom of movement that is applicable to certain specified diseases.~~

"Isolation Precautions" – Infection control measures for preventing the transmission of infectious agents, i.e., Standard Precautions, Airborne Precautions (also known as Airborne Infection Isolation Precautions), Contact Precautions, and Droplet Precautions (see Section 690.1010(a)(7)).

"Least Restrictive" - The minimal limitation of the freedom of movement and communication of a person or group of persons while under an order of isolation or an order of quarantine, which also effectively protects unexposed and susceptible persons from disease transmission.

"Local Health Authority" - The health authority (i.e., full-time official health department, as recognized by the Department) having jurisdiction over a particular area, including city, village, township and county boards of health and health departments and the responsible executive officers of such boards, or any person legally authorized to act for such health authority. In areas without a health department recognized by the Department, the local health authority shall be the Department.

"Medical Record" – A written or electronic account of a patient's medical history, current illness, diagnosis, details of treatments, chronological progress notes, and discharge recommendations.

"Observation" - The practice of close medical or other supervision of contacts in order to promote prompt recognition of infection or illness, but without restricting their movements.

"Observation and Monitoring" - Close medical or other supervision, including, but not limited to, review of current health status, by health care personnel, of a

person or group of persons on a voluntary or involuntary basis to permit prompt recognition of infection or illness.

"Outbreak" – The occurrence of illness in a person or a group of epidemiologically associated persons, with the rate of frequency clearly in excess of normal expectations. The number of cases indicating presence of an outbreak is disease-specific.

"Premises" - The~~That~~ physical portion of a building or other structure and its surrounding area~~environs~~ so designated by the Director of the Department, his authorized representative, or the local health authority.

"Public Health Order" - A written or verbal command, directive, instruction or proclamation issued or delivered by the Department or certified local health department.

"Quarantine" – The physical separation and confinement of an individual or groups of individuals who are or may have been exposed to a contagious disease or possibly contagious disease and who do not show signs or symptoms.

~~"Quarantine" - Restriction of the activities of well persons or animals who have been exposed to a case of communicable disease during its period of communicability (i.e., contacts) to prevent disease transmission during the incubation period if infection should occur.~~

"Sensitive Occupation" - An occupation involving the direct care of others, especially young children and the elderly, or any other occupation so designated by the Department or the local health authority, including, but not limited to, health care workers and child care facility personnel.

"Sentinel Surveillance" – A means of monitoring the prevalence and/or incidence of infectious disease or syndromes through reporting of cases, suspected cases, or carriers or submission of clinical materials by selected sites.

"Specimens" – Include, but are not limited to, blood, sputum, urine, stool, other bodily fluids, wastes, tissues, and cultures necessary to perform required tests.

"Standard Precautions" – Infection prevention and control measures that apply to all patients regardless of diagnosis or presumed infection status (see Section 690.1010(a)(7)).

"Sterilization" – The use of a physical or chemical process to destroy all microbial life, including large numbers of highly resistant bacterial endospores.

"Susceptible (non-immune)" - A person who is not known to possess sufficient resistance against a particular pathogenic agent to prevent developing~~contracting~~ infection or disease if or when exposed to the agent.

~~"Suspect case" - A person whose medical history or symptoms suggest that he or she may have or may be developing a communicable disease.~~

"Syndromic Surveillance" - Surveillance using health-related data that precede diagnosis and signal a sufficient probability of a case or an outbreak to warrant further public health response.

"Tests" – Include, but are not limited to, any diagnostic or investigative analyses necessary to prevent the spread of disease or protect the public's health, safety, and welfare.

"Transmission" - Any mechanism by which an infectious agent is spread from a source or reservoir to a person, including direct, indirect, and airborne transmission.

"Voluntary Compliance" – Deliberate consented compliance of a person or group of persons that occurs at the request of the Department or local health authority prior to instituting a mandatory order for isolation, quarantine, closure, physical examination, testing, collection of laboratory specimens, observation, monitoring, or medical treatment pursuant to this Subpart.

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

SUBPART E: GENERAL PROCEDURES

Section 690.1000 General Procedures for the Control of Communicable Diseases

The purpose of this Subpart is to establish routine measures for the control of communicable

diseases by the Department or local health authorities and health care providers. This Subpart establishes progressive initiatives to ensure that disease-appropriate measures are implemented to control the spread of communicable diseases. These procedures are intended for use in homes and similar situations. This Subpart does not apply to Sexually Transmissible Diseases. Sexually Transmissible Diseases are regulated under 77 Ill. Adm. Code 693. ~~Hospital and long term care facility personnel will find helpful, authoritative and detailed procedures for most diseases in "CDC Guidelines for Isolation Precautions in Hospitals" as updated by "Recommendations for Prevention of HIV Transmission in Healthcare Settings", published by the Centers for Disease Control and Prevention (August 21, 1987). This manual and updates are available from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.~~

~~a) Isolation.~~

~~1) Establishment. Upon being informed of the existence of a case, of a carrier, or of a suspected case or carrier of a communicable disease, the local health authority having jurisdiction over the area in which the patient is located shall immediately establish isolation of the patient when such isolation for the specific disease is required by these rules and regulations. When the case, carrier, or suspected case or carrier is hospitalized, the isolation procedures shall comply with those outlined in "CDC Guidelines for Isolation Precautions in Hospitals" as updated by "Recommendations for Prevention of HIV Transmission in Healthcare Settings," published by the Centers for Disease Control and Prevention (August 21, 1987) (see Section 1010(a)(1) and (a)(2)).~~

~~2) Duration. Isolation shall be maintained for the minimum period of time required for the specific disease by these rules and by the CDC Guidelines mentioned above. When rules for specific disease differ from the content of the CDC Guidelines mentioned above, the rules will prevail.~~

~~3) Termination. Isolation required for the specific disease by this Part may be terminated only by the local health authority having jurisdiction over the area in which the patient is located or by the Department.~~

~~b) Quarantine.~~

~~1) Establishment. Quarantine of contacts to a case, a carrier, or a suspected case or carrier of a communicable disease shall immediately be established by the local health authority having jurisdiction over the area in which the~~

~~contacts reside when such quarantine is required for these specific diseases: diphtheria (Section 690.380), smallpox (Section 690.650), and typhus (Section 690.740).~~

~~2) Duration. Quarantine of contacts shall be maintained for the minimum period of time required for the specific disease by this Part.~~

~~3) Termination. Quarantine may be terminated only by the local health authority having jurisdiction over the area in which the contacts reside or the Department.~~

~~c) Persons with diarrhea shall not work in sensitive occupations or as food handlers and must adhere to restrictions on sensitive occupations and food handlers specified in this Part, specific to each etiologic agent.~~

a~~d~~) Investigation.

1) *The Department of Public Health shall investigate the causes of* contagious, or *dangerously* contagious, or *infectious diseases, especially when existing in epidemic form, and take means to restrict and suppress the same, and whenever such disease becomes, or threatens to become, epidemic in any locality and the local board of health or local authorities neglect or refuse to enforce efficient measures for its restriction or suppression or to act with sufficient promptness or efficiency, or whenever the local board of health or local authorities neglect or refuse to promptly enforce efficient measures for the restriction or suppression of dangerously contagious or infectious diseases, the Department of Public Health may enforce such measures as it deems necessary to protect the public health, and all necessary expenses so incurred shall be paid by the locality for which services are rendered.* (Section 2(a) of the Act)

2~~1~~) Each case or cluster of a reportable communicable disease shall be investigated to determine the source, where feasible. Findings of the investigation shall~~will~~ be reported as specified under the Section of this Part applicable to each specific disease.

3) The Department or local health authority may investigate the occurrence of cases, suspected cases, or carriers of reportable diseases or unusual disease occurrences in a public or private place for the purposes of

verifying the existence of disease; ascertaining the source of the disease-causing agent; identifying unreported cases; locating and evaluating contacts of cases and suspected cases; identifying those at risk of disease; determining necessary control measures, including isolation and quarantine; and informing the public if necessary.

4) When the Director determines that a certain disease or condition that is known or suspected to be communicable or infectious warrants study, the Director may declare the disease or condition to be the subject of a medical investigation and require hospitals, physicians, health care facilities, etc., to submit such information, data and reports, and allow review and examination of medical records as are necessary for the purpose of the specific study. No such practitioner or person shall be liable in any action at law for permitting such examination and review. The data so obtained shall be held confidential in accordance with the Communicable Disease Report Act [745 ILCS 45].

5) When cases of reportable infectious disease occur in any business, organization, institution or private home, the business owner, the person in charge of the establishment, or the homeowner shall cooperate with public health authorities in the investigation, including, but not limited to, release of food preparation methods, menus, customer lists, environmental specimens, food specimens, clinical specimens and the name and other pertinent information about employees or guests diagnosed with a communicable disease as the information relates to an infectious disease investigation.

6~~2~~) When two or more cases of a reportable communicable disease occur in association with a common source, the investigation should include a search for additional cases.

7) The Department may conduct sentinel surveillance for an infectious disease or syndrome, other than those diseases or syndromes for which general reporting is required under this Part, if the Department determines that sentinel surveillance will provide adequate data for the purpose of preventing or controlling disease or achieving other significant public health purposes. The Department shall select, after consultation with the sites, sentinel surveillance sites that have epidemiological significance for the disease or syndrome under investigation. A disease or syndrome may

be removed from sentinel surveillance if the Department determines that the surveillance is no longer necessary. The Department shall provide a description, in writing, to sentinel surveillance sites of a specific, planned mechanism for surveillance of the disease or syndrome and/or submission of clinical materials from cases and suspect cases.

8~~3~~) Investigations of outbreaks shall be summarized in a final report and submitted to the Department. The most current summary form shall be used, and a narrative report may also be requested.

9) Investigations conducted by the Department or local health authority may include, but are not limited to:

A) Review of pertinent, relevant medical records by authorized personnel, if necessary to confirm the diagnosis; to investigate causes; to identify other cases related to the outbreak or the reported dangerously contagious or infectious disease in a region, community, or workplace; to conduct epidemiologic studies; to determine whether a patient with a reportable dangerously contagious or infectious disease has received adequate treatment to render the patient non-infectious or whether a person exposed to a case has received prophylaxis, if appropriate. Review of records may occur without patient consent and shall be conducted at times and with such notice as is possible under the circumstances;

B) Performing interviews with the case or persons knowledgeable about the case to collect pertinent and relevant information about the causes of or risk factors for the reportable condition;

C) Medical examination and testing of persons, with their explicit consent;

D) Obtaining, from public or private businesses or institutions, the identities of and locating information about persons, travelers, passengers, or transportation crews with a similar or common potential exposure to the infectious agent as a reported case; such exposure may be current or have occurred in the past;

E) Interviewing or administering questionnaire surveys confidentially to any resident of any community, or any agent, owner, operator, employer, employee, or client of a public or private business or institution, who is epidemiologically associated either with the outbreak or with the reported dangerously contagious or infectious disease case or has had a similar exposure as a reported case;

F) Collecting environmental samples of substances or measurements of physical agents that may be related to the cause of an outbreak or reportable dangerously contagious or infectious disease;

G) Taking photographs related to the purpose of the investigation. If the photographs are taken in a business, the employer shall have the opportunity to review the photographs taken or obtained for the purpose of identifying those that contain or might reveal a trade secret; and

H) Entering a place of employment for the purpose of conducting investigations of those processes, conditions, structures, machines, apparatus, devices, equipment, records, and materials within the place of employment that are relevant, pertinent, and necessary to the investigation of the outbreak or reportable dangerously contagious or infectious disease. Investigations shall be conducted during regular business hours, if possible, and with such notice as is possible under the circumstances.

~~e) Disinfection.~~

~~1) Concurrent disinfection as required by this Part shall be carried out.~~

~~2) Disposable articles freshly soiled by discharges from the eyes, ears, nose, throat, and skin lesions shall be placed in biohazard bags and disposed of appropriately.~~

~~3) Food from the patient's room shall not be used by anyone except the patient. Solid food wastes may be put in the garbage can or garbage disposal. Liquid food wastes may be emptied into the kitchen sink.~~

~~4) Disposable items shall only be used by the same patient. Reusable items~~

~~shall be disinfected as described by the manufacturer before being used on a different patient.~~

~~5)~~ ~~Terminal cleaning, as required by this Part, shall be carried out at the termination of the period of isolation. Bed frames, chairs and other parts of the room likely to come in contact with secretions shall be thoroughly cleaned with water, soap or detergent, and disinfectant.~~

b~~f~~) Control of Food Products.~~Milk, Milk Products and Other Food Stuffs.~~ Whenever a case, a carrier, or a suspected case or carrier of the following diseases exists in a home or establishment where food is produced that is ~~the home of a distributor, or on any farm or dairy producing milk, cream, butter, cheese or other foods~~ likely to be consumed raw or handled after pasteurization and before final packaging, the sale, exchange, removal or distribution of the~~such~~ food items from the~~such~~ home or establishment~~, farm or dairy~~ may be prohibited as deemed necessary by the Department or the local health authority to prevent the transmission of communicable diseases.

~~1)~~ ~~Amebiasis~~

~~2)~~ ~~Campylobacteriosis~~

1~~3~~) Cholera

2) Cryptosporidiosis

3~~4~~) Diphtheria

4~~5~~) E. coli infections (Shiga toxin-producing E. coli, Enterotoxigenic E. coli, Enteropathogenic E. coli and Enteroinvasive E. coli)~~due to serotype 0157:H7~~

5~~6~~) Foodborne or waterborne illness

6~~7~~) Giardiasis

7~~8~~) Hepatitis A

~~9)~~ ~~Hepatitis, viral, other~~

8) Norovirus

9~~10~~) Salmonellosis

10~~11~~) Shigellosis

11~~12~~) Smallpox

12) Staphylococcal skin infections

13) Streptococcal infections

14) Typhoid fever

15) Yersiniosis

c~~g~~) Schools, Child Care Facilities, and Colleges/Universities.

1) Except in an emergency, the occurrence of a case of a communicable disease in a school, child care facility or college/university should not be considered a reason for closing of the school, facility or college/university.~~When a case of communicable disease occurs in a school, day care center, or college/university, this fact should not be considered a reason for the facility to be closed, except in the event of an emergency.~~

2) Persons suspected of being infected with a reportable infectious disease for which isolation is required, or persons with diarrhea believed to be infectious in nature, shall be refused admittance to the school or child care facility while acute symptoms are present.

3) School, child care facility, and college/university authorities shall handle contacts of infectious disease cases in the manner prescribed in this Part~~these rules and regulations~~, or as recommended by the local health authority.

d~~h~~) Release of Specimens.

1) Whenever this Part requires the submission of laboratory specimens for release from imposed restrictions~~isolation or quarantine~~, the results of the~~such~~ examinations will not be accepted unless the specimens have been examined in the Department's laboratory or an acceptable laboratory.~~a laboratory of the Department or in a laboratory acceptable to the Department for the specific tests required. To determine if a given private laboratory is acceptable, specific inquiry to the Department must be made.~~ The number of specimens needed for release, as detailed under specific diseases~~disease~~, is the minimum and may be increased when deemed necessary by the Department.

2) The local health authority may require testing of foodhandlers for specific pathogens, including, but not limited to, Norovirus, as deemed necessary in response to an outbreak.

~~i) Hospitalization.~~

~~1) If proper isolation of the patient cannot be accomplished in the home, hospitalization may be required by the Department or the local health authority. Neither public health agency shall bear the cost of such hospitalization.~~

~~2) Every person who has a contagious or communicable disease and is ordered by the Director of the Department or by the local health authority to be isolated in conformity with the rules of the Department shall immediately comply with such order and be so isolated until such time as the Director of the Department or local health authority shall certify him to be no longer a danger to the public health.~~

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.1010 Incorporated and Referenced Materials

a) The following federal guidelines~~materials~~ are incorporated ~~or referenced~~ in this Part:

1) "Recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures", U.S. Department of Health and

Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), July 12, 1991, Vol. 40, No. RR-8, pages 1-9).

2) "Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), June 29, 2001, Vol. 50, No. RR-11; pages 1-42).

3) "Prevention and Control of Meningococcal Disease", Recommendations of the Advisory Committee on Immunization Practices (ACIP), U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), May 27, 2005, Vol. 54, No. RR-7, pages 1-21).

4) "Public Health Guidance for Community-Level Preparedness and Response to Severe Acute Respiratory Syndrome (SARS) Version 2", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (January 8, 2004).

5) "Investigation and control of vancomycin-intermediate and -resistant Staphylococcus aureus: A Guide for Health Departments and Infection Control Personnel", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (September 2006).

6) "Interim Guidelines for Prevention and Control of Staphylococcal Infections Associated with Reduced Susceptibility to Vancomycin", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), July 11, 1997, Vol. 46, No. RR-27, pages 626-628, 635).

7) "Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, June 2007", U.S. Department of

Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (June 25, 2007).

8) "A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States: Part 1 – Immunization of Infants, Children, and Adolescents", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), December 1997, Vol. 54, No. RR-16, pages 1-23).

~~1)~~ " ~~CDC Guidelines for Isolation Precautions in Hospitals", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333, HHS Publication No. (CDC) 83-8314 (1983).~~

~~2)~~ ~~"Recommendations for Prevention of HIV Transmission in Health-Care Settings", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), August 21, 1987, Vol. 36, No. S2, pages 35-185).~~

~~3)~~ ~~"Protection Against Viral Hepatitis", Recommendations of the Advisory Committee on Immunization Practices (ACIP), U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), February 9, 1990, Vol. 39, No. RR-2, pages 1-26).~~

~~4)~~ ~~"Foodborne Pathogenic Microorganisms & Natural Toxins", Center for Food Safety and Applied Nutrition (March 2000), U.S. Food and Drug Administration, Washington, D.C. 20204-0001.~~

~~5)~~ ~~"Recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), July 12, 1991, Vol. 40, No. RR-8, pages 1-9).~~

~~6)~~ ~~"Human Rabies Prevention – United States, 1999", Recommendations of~~

~~the Advisory Committee on Immunization Practices, U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), January 8, 1999, Vol. 48, No. RR-1, pages 1-21).~~

~~7)~~ ~~"Prevention of Hepatitis A Through Active or Passive Immunization", Recommendations of the Advisory Committee on Immunization Practices (ACIP), U.S. Department of Health and Human Service, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), October 1, 1999, Vol. 48, No. RR-12, pages 1-37).~~

~~8)~~ ~~"Control and Prevention of Meningococcal Disease and Control and Prevention of Serogroup C Meningococcal Disease: Evaluation and Management of Suspected Outbreaks", Recommendations of the Advisory Committee on Immunization Practices (ACIP), U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), February 14, 1997, Vol. 46, No. RR-5, pages 1-21).~~

~~9)~~ ~~"Recommendations for Prevention and Control of Hepatitis C Virus (HCV) Infection and HCV-Related Chronic Disease", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), October 16, 1998, Vol. 47, No. RR-19, pages 1-39).~~

~~10)~~ ~~"Prevention of Perinatal Group B Streptococcal Disease: A Public Health Perspective", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), May 31, 1996, Vol. 45, No. RR-7, pages 1-24).~~

~~11)~~ ~~"Preventing Pneumococcal Disease Among Infants and Young Children", Recommendations of the Advisory Committee on Immunization Practices (ACIP), U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), October 6,~~

~~2000, Vol. 49, No. 5, RR-9, pages 1-35).~~

~~12) "Prevention of Pneumococcal Disease", Recommendations of the Advisory Committee on Immunization Practices (ACIP), U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), April 4, 1997, Vol. 46, No. RR-8, pages 1-24).~~

~~13) "Guidelines for Isolation Precautions in Hospitals", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Infection Control and Hospital Epidemiology, January 1996, Vol. 17(1):54-80).~~

~~14) "Recommendations for Test Performance and Interpretation from the Second National Conference on Serologic Diagnosis of Lyme Disease", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), August 11, 1995, page 590).~~

~~15) "Prevention and Control of Meningococcal Disease and Meningococcal Disease and College Students", Recommendations of the Advisory Committee on Immunization Practices (ACIP), U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), June 30, 2000, Vol. 49, No. RR-7, pages 1-21).~~

~~16) "Recommendations for Preventing the Spread of Vancomycin Resistance", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR), September 22, 1995, Vol. 44, No. RR-12).~~

~~17) Laboratory Requirements; 42 CFR 493 (2000). Federal regulations implementing the Clinical Laboratory Improvement Amendments of 1988 (42 USC 263a), promulgated by the Centers for Medicare and Medicaid Services, Department of Health and Human Services.~~

b) The following standards are incorporated in this Part:

1) "World Health Organization Infection Control Guidelines for Transmissible Spongiform Encephalopathies", Report of a WHO Consultation, Avenue Apia 20, CH-1211, Geneva 27, Switzerland 23-26, March 1999.

2) "Red Book: 2006 Report of the Committee on Infectious Diseases, 27th ed.", American Academy of Pediatrics, 141 Northwest Point Blvd., Elk Grove Village, Illinois 60007.

c) The following federal regulations are incorporated in this Part:

1) Privacy Rule (Standards for Privacy of Individually Identifiable Health Information) of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (45 CFR 164.512(a) and (k)(6) (October 1, 2007)).

2) Centers for Medicare and Medicaid Services, Department of Health and Human Services, Laboratory Requirements (42 CFR 493 (October 1, 2007)).

d~~b~~) All incorporations by reference of federal regulations and guidelines and the standards~~standard~~ of nationally recognized organizations refer to the regulations, guidelines and standards on the date specified and do not include any editions or amendments~~additions or deletions~~ subsequent to the date specified.

e) The following federal and State laws and rules are referenced in this Part:

1) Illinois Statutes

A) Communicable Disease Report Act [745 ILCS 45]

B) Department of Public Health Act [20 ILCS 2305]

C) Civil Administrative Code of Illinois (Department of Public Health Powers and Duties Law) [20 ILCS 2310]

D) Code of Civil Procedure [735 ILCS 5]

E) Animal Control Act [510 ILCS 5]

F) Freedom of Information Act [5 ILCS 140]

G) Illinois Emergency Management Act [20 ILCS 3305]

2) Illinois Rules

A) Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693)

B) Illinois Clinical Laboratories Code (77 Ill. Adm. Code 450)

C) Certified Local Health Department Code (77 Ill. Adm. Code 600)

D) Child Health Examination Code (77 Ill. Adm. Code 665)

E) Immunization Code (77 Ill. Adm. Code 695)

F) College Immunization Code (77 Ill. Adm. Code 694)

G) Control of Tuberculosis Code (77 Ill. Adm. Code 696)

3) Federal Statutes

A) Health Insurance Portability and Accountability Act of 1996 (HIPAA) (42 USC 1320d-2)

B) Clinical Laboratory Improvement Amendments of 1988 (CLIA) (42 USC 263a)

C) Homeland Security Act of 2002 (6 USC 101)

(Source: Amended at 32 Ill. Reg. 3777, effective March 3, 2008)

SUBPART H: ISOLATION, QUARANTINE, AND CLOSURE

Section 690. 1300 General Purpose

The purpose of this Subpart is to implement the powers of the Department of Public Health in matters of quarantine and isolation, as authorized in Section 2 of the Department of Public Health Act. This Subpart establishes provisions for Department orders for isolation; quarantine; facility closure; physical examinations and tests; administration of vaccines, medications, and treatments; and observation and monitoring. This Subpart applies to Tuberculosis infection and disease, which is also regulated under the Control of Tuberculosis Code (77 Ill. Adm. Code 696).

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.1305 Department of Public Health Authority

a) The Department *has supreme authority in matters of quarantine and isolation, and may declare and enforce quarantine and isolation when none exists, and may modify or relax quarantine and isolation when it has been established.* (Section 2(a) of the Act) *The Department may order a person or a group of persons to be quarantined or isolated or may order a place to be closed and made off limits to the public on an immediate basis without prior consent or court order if, in the reasonable judgment of the Department, immediate action is required to protect the public from a dangerously contagious or infectious disease*. (Section 2(c) of the Act)

b) The Department *may order physical examinations and tests and collect laboratory specimens as necessary for the diagnosis or treatment of individuals in order to prevent the probable spread of a dangerously contagious or infectious disease.* (Section 2(d) of the Act)

c) The Department *may order the administration of vaccines, medications, or other treatments to persons as necessary in order to prevent the probable spread of a dangerously contagious or infectious disease.* (Section 2(e) of the Act)

d) The Department *may order observation and monitoring of persons to prevent the probable spread of a dangerously contagious or infectious disease*. (Section 2(f) of the Act)

e) In addition to the public health measures in this Subpart, the Department may take actions that it considers necessary to prevent the spread of any dangerously contagious or infectious disease, based on the Department's evaluation of the actions taken by the certified local health department and whether the disease has spread since the certified local health department's actions were initiated.

f) The Department has primary jurisdiction to isolate or quarantine persons or groups of persons if a dangerously contagious or infectious outbreak has affected more than one county or has multi-county, statewide or interstate public health implications. If isolation is imposed by the Department, the certified local health department may not alter, amend, modify, or rescind any Department order without the express permission of the Department. The Department may rescind any order issued by a certified local health department if the need arises and shall notify the local authority of that action.

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.1310 Local Health Authority

a) *All local boards of health, health authorities and officers, police officers, sheriffs and all other officers and employees of the State or any locality shall enforce the rules* in this Subpart *and orders issued by the Department pursuant to* Section 2 of the Act. (Section 2(a) of the Act)

b) This Subpart applies to all local health departments certified pursuant to the Certified Local Health Department Code (77 Ill. Adm. Code 600).

c) In accordance with Section 2310-15 of the Department of Public Health Powers and Duties Law, the Department has the general authority to delegate to a certified local health department, for the purpose of local administration and enforcement, the duties that the Department is authorized to enforce. Due to the need for immediate action to respond to a threat of a dangerously contagious or infectious disease, the Department delegates its powers to issue orders for isolation, quarantine or closure; physical examinations and tests; collection of specimens; administration of vaccines, medications and treatments; and observation and monitoring and to issue and enforce orders to certified local health departments within the State of Illinois.

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.1315 Responsibilities and Duties of the Certified Local Health Department

a) The certified local health department shall, in coordination with the Department, administer and enforce the standards set forth in this Subpart.

b) The certified local health department shall have the authority to:

1) Investigate any case or suspected case of a reportable communicable disease or condition; and

2) Institute disease control and contamination control measures, including physical examination, testing, counseling, treatment, vaccination, decontamination of persons, isolation, quarantine, inspection and closure of buildings and facilities, or other measures considered necessary.

c) The certified local health department shall be responsible for the surveillance and investigation of any dangerously contagious or infectious disease that occurs in its jurisdiction and shall report all surveillance and investigations to the Department. (See Section 690.200.) In cooperation with the Department, the certified local health department is responsible for instituting measures for disease control, which may include implementing the isolation, quarantine and closure orders of the Department.

d) For each reported case or suspected case of a reportable condition, the certified local health department shall assess the situation and, in consultation with the Department, identify the least restrictive means of controlling the transmission of the disease.

e) The certified local health department shall notify the Department upon issuing any order for isolation, quarantine or closure. The notification shall be made telephonically within 3 hours after issuance of the order unless otherwise directed by the Department.

f) In consultation with local health care providers, health facilities, emergency management personnel, law enforcement agencies, animal control, schools, the local judicial system, and any other entity that the certified local health department considers necessary, the certified local health department shall establish plans, policies, and procedures for instituting and maintaining emergency measures necessary to prevent the spread of a dangerously contagious or infectious disease or contamination.

g) The certified local health department shall notify health care providers that are within the certified local health department's jurisdiction regarding the requirements of this Subpart.

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.1320 Responsibilities and Duties of Health Care Providers

a) Every health care provider shall provide adequate, understandable instruction to the following persons in control measures designed to prevent the spread of disease:

1) Each patient with a dangerously contagious or infectious disease who is under his or her care; and

2) Other persons as appropriate to prevent the spread of disease.

b) Every health care provider shall cooperate with the Department and the certified local health department during the investigation of:

1) A case or suspected case of a dangerously contagious or infectious disease; and

2) An outbreak or suspected outbreak of a dangerously contagious or infectious disease.

c) If any health care provider having under observation or care any person with a dangerously contagious disease is of the opinion that the person is uncooperative or unwilling to adhere to prescribed treatment or medical instruction, the health care provider shall report the facts to the Department or certified local health department, which shall investigate or have investigated the circumstances alleged.

d) If a person subject to isolation or quarantine is already in a health care facility, the Department or the certified local health department may direct the facility to hold the person. If a health care facility has grounds to believe that a patient may leave the health care facility without authorization, the health care facility shall contact the Department or certified local health department immediately and be prepared to provide the Department or certified local health department with all records and

information related to the treatment and management of the person. The facility shall take all reasonable measures to encourage the person to remain in the facility through non-coercive means such as education and counseling, and, when necessary, by utilizing appropriate restrictions to prevent the person from exposing others to the disease. The facility shall not allow persons considered infectious and inappropriate for discharge to leave the facility by signing out against medical advise. Upon receipt of notification from a health care facility about a potential patient elopement from the facility, the certified local health department shall investigate or have investigated the circumstances alleged and may issue a verbal order for isolation or quarantine.

e) If proper isolation or quarantine of a person cannot be accomplished in a home setting, hospitalization may be required by the Department or certified local health department. Neither public health agency shall bear the cost of such hospitalization.

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.1325 Conditions and Principles for Isolation and Quarantine

a) The Department and the certified local health department shall adhere to the following conditions and principles when ordering the isolation or quarantine of a person or group of persons:

1) Isolation or quarantine shall be by the least restrictive means necessary to prevent the spread of a dangerously contagious or infectious disease to others consistent with the rules of the Department or in guidelines issued by the Centers for Disease Control and Prevention, and may include, but is not limited to, confinement to private homes or other public or private premises;

2) Isolated individuals shall be confined separately from quarantined individuals;

3) The health status of isolated or quarantined individuals shall be monitored regularly to determine whether they require continued isolation or quarantine;

4) A quarantined individual shall promptly be placed in isolation if the individual subsequently becomes infected or is reasonably believed to have become infected with a dangerously contagious or infectious disease that the Department or certified local health department believes poses a significant threat to the health and safety of other quarantined individuals;

5) Isolated or quarantined individuals shall be released when the Department or certified local health department determines that the individuals pose no substantial risk of transmitting a dangerously contagious or infectious disease that would constitute a serious or imminent threat to the health and safety of others;

6) To the extent possible, cultural and religious beliefs shall be considered in addressing the needs of individuals and in establishing and maintaining isolation or quarantine premises;

7) Isolation or quarantine shall not abridge the right of any person to rely exclusively on spiritual means (e.g., through prayer) to treat a dangerously contagious or infectious disease in accordance with religious tenets and practices, nor shall anything in this Subpart be deemed to prohibit a person so relying who is infected with a dangerously contagious or infectious disease from being isolated or quarantined in a private place of his or her own choice, provided that the location is approved by the Department or certified local health department. The Department or certified local health department may isolate infected individuals who decline treatment for the period of time they are believed to be infectious and may quarantine individuals for the period during which they may become infectious. The department or

b) An individual who is subject to an order of isolation or quarantine may supply the addresses and/or telephone numbers of friends and/or relatives to receive notification of the person's detention and the Department or the certified local health department shall, upon request, provide notice to at least one such contact person and, where reasonably practicable under the totality of the circumstances, may provide notice to a reasonably number of persons that the individual is being detained.

c) An individual who is detained in a medical facility, premises or other isolation or quarantine facility shall not conduct himself or herself in a disorderly manner, and

shall not leave or attempt to leave such facility or premises until he or she is discharged pursuant to this Subpart.

d) Management of a dangerously contagious or infectious disease for an affected area may require the coordinated use of local, regional, State, and national resources to specify one or more affected areas to be placed under isolation or quarantine or to be closed, so as to protect as many people as possible in the least restrictive means. If defining the precise boundaries and time frame of the exposure is not possible, or changes as additional information becomes available, the Department or certified local health department shall work with emergency management authorities to communicate the latest available information to persons in the affected area.

e) The Department encourages certified local health departments to collaborate with State, federal and local entities in meeting the needs of isolated or quarantined persons in a systematic and competent fashion, including, but not limited to, the need for adequate food, clothing, shelter, communication with persons outside these settings, medication, and medical care.

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.1330 Order and Procedure for Isolation, Quarantine and Closure

a) *The Department or* certified local health department *may order a person or group of persons to be quarantined or isolated or may order a place to be closed and made off limits to the public on an immediate basis without prior consent or court order if, in the reasonable judgment of the Department* or certified local health department, *immediate action is required to protect the public from a dangerously contagious or infectious disease*. (Section 2(c) of the Act) The determination that immediate action is required shall be based on the following:

1) The Department or the certified local health department has reason to believe that a person or group of persons is, or is suspected to be, infected with, exposed to, or contaminated with a dangerously contagious or infectious disease that could spread to or contaminate others if remedial action is not taken; and

2) The Department or the certified local health department has reason to believe that the person or group of persons would pose a serious and

imminent risk to the health and safety of others if not detained for isolation; and

3) The Department or the certified local health department has first made efforts, which shall be documented, to obtain voluntary compliance with requests for medical examination, testing, treatment, counseling, vaccination, decontamination of persons or animals, isolation, and inspection and closure of facilities, or has determined that seeking voluntary compliance would create a risk of serious harm.

b) *All police officers, sheriffs and all other officers and employees of the State or any locality shall enforce the rules and regulations so adopted and orders issued by the Department* or the certified local health department. (Section 2(a) of the Act) The Department or certified local health department may request the assistance of police officers, sheriffs, and all other officers and employees of any political subdivision within the jurisdiction of the Department or certified local health department to immediately enforce an order given to effectuate the purposes of this Subpart.

c) If the Department or certified local health department orders the immediate isolation or quarantine of a person or group of persons:

1) The immediate isolation or quarantine order shall be for a period not to exceed the period of incubation and communicability, as determined by the Department or certified local health department, for the dangerously contagious or infectious disease.

2) The Department or certified local health department shall issue a written isolation or quarantine order within 24 hours after the commencement of isolation or quarantine pursuant to a verbal order, which shall specify the following:

A) The identity of all persons or groups subject to quarantine or isolation, if known;

B) The premises subject to quarantine, isolation or closure;

C) *Notice of the right to counsel;*

D) *Notice that if the person or owner is indigent, the court will appoint counsel for that person or owner;*

E) *Notice of the reason for the order for isolation, quarantine or closure*, including the suspected dangerously contagious or infectious disease, if known;

F) *Notice of whether the order is an immediate order, and if so, the time frame for the Department* or certified local health department *to seek consent or to file a petition requesting a court order;*

G) *Notice of the anticipated duration of the isolation, quarantine, or closure*, including the dates and times at which isolation, quarantine, or closure commences and ends (Section 2(c) of the Act);

H) A statement of the measures taken by the Department or the certified local health department to seek voluntary compliance or the basis on which the Department or the certified local health department determined that seeking voluntary compliance would create a risk of serious harm;

I) A statement regarding the medical basis on which isolation, quarantine, or closure is justified, e.g., clinical manifestations; physical examination; laboratory tests, diagnostic tests or other medical tests; epidemiologic information; or other evidence of exposure or infection available to the Department or certified local health department at the time;

J) A statement that such persons may refuse examination, medical monitoring, medical treatment, prophylaxis, or vaccination, but remain subject to isolation or quarantine; and

K) A statement that, at any time while the isolation, quarantine or closure order is in effect, persons under isolation, quarantine, or closure may request a hearing to review the isolation, quarantine or closure order as set forth in Section 690.1345 of this Subpart.

d) Verbal Orders.

1) The Department or certified local health department may issue a verbal order of isolation, quarantine, or closure without prior notice to the person or group of persons if the delay in imposing a written order of isolation, quarantine, or closure would jeopardize the Department's or certified local health department's ability to prevent or limit:

A) The transmission of a dangerously contagious or infectious disease that poses a threat to the public; or

B) The transmission of an infectious agent or possibly infectious agent that poses a threat to the public health;

2) A verbal order of isolation, quarantine, or closure issued under this Subpart:

A) Is valid for 24 hours and shall be followed up with a written order;

B) May be verbally communicated by a first responder to the person or group of persons subject to isolation, quarantine, or closure; and

C) May be enforced by the first responder until a written order is issued.

e) *In the event of an immediate order issued without prior consent or court order, the Department* or certified local health department *shall, as soon as practical, within 48 hours after issuing the order, obtain the consent of the person or owner or file a petition requesting a court order authorizing the isolation, quarantine or closure. When exigent circumstances exist that cause the court system to be unavailable or that make it impossible to obtain consent or file a petition within 48 hours after issuance of an immediate order, the Department* or certified local health department *must obtain consent or file a petition requesting a court order as soon as reasonably possible.* (Section 2(c) of the Act)

1) The petition for a court order authorizing involuntary isolation or quarantine of a person or group of persons or the closure of premises shall specify the following:

A) The identity of all persons or groups subject to isolation or quarantine, if known;

B) The premises subject to isolation, quarantine or closure;

C) The reason for the order for isolation, quarantine or closure, including the suspected dangerously contagious or infectious disease if known;

D) The date and time at which isolation, quarantine or closure will commence;

E) The anticipated duration of isolation, quarantine, or closure based on the suspected dangerously contagious or infectious disease, if known;

F) The measures taken by the Department or the certified local health department to seek voluntary compliance or the basis on which the Department or the certified local health department determined that seeking voluntary compliance would create a risk of serious harm;

G) The medical basis on which isolation, quarantine or closure is justified, e.g., clinical manifestations; physical examination; laboratory tests, diagnostic tests or other medical tests; epidemiologic information; or other evidence of exposure or infection available to the Department or certified local health department at the time.

2) The petition shall be accompanied by the declaration of the Department or the certified local health department attesting to the facts asserted in the petition, together with any further information that may be relevant and material to the court's consideration.

f) Upon filing a petition requesting a court order authorizing the isolation, quarantine or closure, or a petition requesting continued isolation, quarantine, or closure, the Department or certified local health department shall serve a notice of the hearing upon the person or persons who are being quarantined or isolated or upon the owner of the property that is being closed at least 24 hours before the hearing. If it is impractical to provide individual notice to large groups who are

isolated or quarantined, a copy of the notice shall be posted in a designated location. The notice shall contain the following information:

1) The time, date and place of the hearing;

2) The grounds and underlying facts upon which continued isolation, quarantine or closure is sought;

3) The person's right to appear at the hearing; and

4) The person's right to counsel, including the right, if the person is indigent, to be represented by counsel designated by the court.

g) *To obtain a court order, the Department* or certified local health department, *by clear and convincing evidence, must prove that the public's health and welfare are significantly endangered by a person or group of persons that has, that is suspected of having, that has been exposed to, or that is reasonably believed to have been exposed to a dangerously contagious or infectious disease, including non-compliant tuberculosis patients or* that the public's health and welfare have been significantly endangered *by a place where there is a significant amount of activity likely to spread a dangerously contagious or infectious disease. The Department* or certified local health department *must also prove that all other reasonable means of correcting the problem have been exhausted and no less restrictive alternative exists. For purposes of this subsection, in determining whether no less restrictive alternative exists, the court shall consider evidence showing that, under the circumstances presented by the case in which an order is sought, quarantine or isolation is the measure provided for in a rule of the Department or in guidelines issued by the Centers for Disease Control and Prevention or the World Health Organization.* (Section 2(c) of the Act)

1) Isolation, quarantine, or closure authorized as a result of a court order shall be for a period not to exceed 30 days from the date of issuance of the court order.

2) The Department or certified local health department may petition the court to continue the isolation, quarantine, or closure beyond the initial 30 days.

3) The Department or the certified local health department may petition the court to provide interpreters.

4) Prior to the expiration of a court order for continued isolation, quarantine, or closure, the Department or certified local health department may petition the court to continue isolation, quarantine, or closure, provided that:

A) The Department or certified local health department provides the court with a reasonable basis to require continued isolation, quarantine, or closure to prevent a serious and imminent threat to the health and safety of others.

B) The request for a continued order shall be for a period not to exceed 30 days.

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.1335 Isolation or Quarantine Premises

a) Entry into isolation and quarantine premises shall be restricted under the following conditions:

1) The Department or certified local health department shall authorize health care providers or others to have access to individuals in isolation or quarantine as necessary to meet the needs of isolated or quarantined persons;

2) No person, other than the persons authorized by the Department or certified local health department, shall enter the isolation or quarantine premises;

3) Any person entering isolation or quarantine premises shall be provided by the Department or the certified local health department with infection control information and may be required to wear personal protective equipment or to receive medication or vaccination as appropriate;

4) Any person entering isolation or quarantine premises with or without authorization by the Department or certified local health department may be isolated or quarantined; and

5) The Department or certified local health department shall permit a reasonable number of individuals to enter the isolation or quarantine area if the individual signs a consent form stating that he or she has been informed of the potential health risks, isolation and quarantine guidelines of the Department or the certified local health department, and the consequences of entering the area. The individual may not hold the Department, the certified local health department, the unit of local government, or the State or any employees or agents thereof, responsible for any consequences of entering the isolation or quarantine area. If an individual poses a danger to public health by entering an isolation or quarantine area, the individual shall be subject to isolation or quarantine according to this Section.

b) Persons who are subject to isolation and quarantine and persons who enter isolation and quarantine premises shall obey the isolation or quarantine orders of the Department or the certified local health department. Failure to do so shall constitute a Class A misdemeanor pursuant to 20 ILCS 2305/2(k) and 20 ILCS 2305/8.1.

c) Sites of isolation, quarantine, or closure shall be prominently placarded with isolation, quarantine, or closure signs prescribed and furnished by the Department or certified local health department and posted on all sides of the building wherever access is possible.

d) Premises used for isolation or quarantine shall be maintained to minimize the likelihood of further transmission of infection or other harm to persons isolated and quarantined;

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.1340 Enforcement

a) An order issued by the Department, a certified local health department or the circuit court in accordance with this Subpart shall be enforced by all local and statewide law enforcement, and all other officers and employees of any political subdivision within the jurisdiction of the certified local health department.

b) The Department or certified local health department may request the assistance of police officers, sheriffs, and all other officers and employees of any political

subdivision within the jurisdiction of the Department or certified local health department to apprehend, hold, transport, quarantine or isolate a person who is subject to an order if that person is uncooperative or unwilling to adhere to prescribed treatment or medical instruction of the Department or certified local health department.

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.1345 Relief from Isolation, Quarantine, or Closure

a) Any person or group of persons who are isolated or quarantined or who are owners of places subject to closure may seek relief from the local circuit court. Any person or persons who are isolated or quarantined or who are owners of places subject to closure by order of the Department or certified local health department may apply to the court for an order to show cause why the individual or group should be released or the place should be opened.

b) A request for a hearing under this Section shall not stay or enjoin an isolation, quarantine or closure order. To obtain release from a public health order, the person or persons, by clear and convincing evidence, must prove that the public's health and welfare are not significantly endangered by the person, persons or place subject to the order.

c) In any proceedings brought for relief under this Section, in extraordinary circumstances and for good cause shown, the Department or certified local health department may move the court to extend the time for a hearing. The court, in its discretion, may grant the extension, giving due regard to the rights of the affected persons, the protection of the public's health, the severity of the emergency and the availability of necessary witnesses and evidence.

d) Any hearing for relief under this Section involving a petitioner or petitioners considered to be contagious for a dangerously contagious or infectious disease shall be conducted in a manner that uses appropriate infection control precautions and minimizes the risk of disease transmission.

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.1350 Consolidation

In any proceeding brought pursuant to this Subpart, to promote the fair and efficient operation of justice and having given due regard to the rights of the affected persons, the severity of the threat to the public's health, and the availability of necessary witnesses and evidence, the Department or the certified local health department may petition the court to order the consolidation of individual claims into group claims when:

a) The number of individuals involved or to be affected is so large as to render individual participation impractical;

b) There are questions of law or fact common to the individual claims or rights to be determined;

c) The group claims or rights to be determined are typical of the affected persons' claims or rights; and

d) The entire group will be adequately represented in the consolidation.

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.1355 Access to Medical or Health Information

a) *To prevent the spread of a dangerously contagious or infectious disease, the Department, local boards of health, and local public health authorities shall have emergency access to medical or health information or records or data upon the condition that the Department, local boards of health, and local public health authorities shall protect the privacy and confidentiality of any medical or health information or records or data obtained pursuant to this Section in accordance with federal and State law.* (Section 2(h) of the Act)

b) *Any medical or health information or records or data* provided to the Department or certified local health department *shall be exempt from inspection and copying under the Freedom of Information Act. Other than a hearing* held in accordance with this Part, *any information, records, reports, statements, notes, memoranda, or other data in the possession of the Department, local boards of health, or local public health authorities shall not be admissible as evidence, nor discoverable in any action of any kind in any court or before any tribunal, board, agency, or person.* (Section 2(h) of the Act)

c) Copies of Medical Records and Diagnostic Tests

1) Health care providers and governmental entities shall, when requested, provide a copy of the medical records and diagnostic test results that are relevant to a public health order to the Department or certified local health department and to the individual who is subject to the public health order.

2) The records requested under this Section shall be provided as soon as possible after the request is submitted to the health care provider, or as soon as possible after the health care provider receives the results of any relevant diagnostic testing of the individual.

3) The production of records under this Section is for the benefit of the public health and safety of the citizens of the State. A health care provider is encouraged to provide copies of the medical records or other records necessary to carry out the purpose of this Subpart free of charge.

4) A health care provider that is a State governmental entity shall provide medical records or other records necessary to carry out the purposes of this Subpart free of charge.

d) *The privileged quality of communication between a professional person or any facility shall not constitute grounds for failure to provide emergency access* to the Department or certified local health department. (Section 2(h) of the Act)

e) Medical records held by a court related to orders of isolation, quarantine or closure shall be sealed by the circuit court.

f) *Any person, facility, institution, or agency that provides emergency access to health information and data shall have immunity from any civil or criminal liability, or any other type of liability that might otherwise result by reason of these actions except in the event of willful and wanton misconduct.* (Section 2(h) of the Act)

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.1360 Right to Counsel

a) *Persons who are or are about to be ordered to be isolated or quarantined and owners of places that are or are about to be closed and made off limits to the public shall have the right to counsel*. (Section 2(c) of the Act)

b) *If a person or owner is indigent, the court shall appoint counsel for that person or owner*. (Section 2(c) of the Act)

c) The Department or certified local health department may petition the court to allow alternate communication between the affected groups or persons and their representative for the court hearing and occasions outside the court hearing, depending on the mode of transmission of the disease.

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.1365 Service of Isolation, Quarantine, or Closure Order

a) Orders for isolation, quarantine or closure shall be delivered in a manner reasonably calculated to give the person actual notice of the terms of the order. The Department or certified local health department shall serve notice of the isolation, quarantine or closure order as follows:

1) By personal service to the person, except in cases where personal delivery would represent a spread of or exposure to a dangerously contagious or infectious disease; or

2) By certified mail, postage prepaid, return receipt requested to the person's last known address; or

3) By electronic transmission via e-mail or telefacsimile, provided that any available means of determining and recording receipt of such notice will be made and further provided that notice by certified mail shall accompany electronic transmission.

b) The individual making personal service pursuant to this Section shall provide a written declaration under penalty of perjury identifying the person served and the time, date, and manner of service as proof of service.

c) If the order for isolation, quarantine or closure applies to a group of persons and it is impractical under the circumstances to provide individual notice, the

Department or certified local health department may post or publish the order in a conspicuous location as an acceptable alternative to personal service. If the notice is posted or published, the Department or certified local health department shall omit the names and identities of persons and shall take other measures respecting the privacy of the persons.

d) If the Department or certified local health department determines that serving or posting the order according to subsections (a) and (c) of this Section is impractical because of the number of persons to be isolated or quarantined or the geographical area affected, the Department or certified local health department shall use the best means available, such as through the media or automated emergency telephone systems, to fully inform the affected persons of the order. If, upon petition by the Department or certified local health department, the court rules that the method used is an alternate form of personal service, then the order shall proceed as an enforceable order under this Subpart.

e) Where there is no personal service of an order, the order shall be deemed an advisory directive and shall not trigger any rights of judicial review or be enforceable by law enforcement.

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.1370 Documentation

The Department or certified local health department shall keep a record of each person or group of persons subject to an isolation, quarantine, or closure order. Each record shall, when applicable, consist of the isolation, quarantine, or closure order; any medical, laboratory, epidemiologic, or other information in support of the order; evidence submitted by the person under isolation, quarantine, or closure; written findings and recommendations of the Department or any certified local health department; and any summary notes of the hearing.

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.1375 Voluntary Isolation, Quarantine, or Closure

a) Prior to instituting mandatory isolation, quarantine, or closure pursuant to this Subpart, the Department or certified local health department may request that a person or group of persons voluntarily confine themselves to a private home or other facility.

b) When isolation is initiated by a hospital or physician, such isolation is voluntary and not at a public health order. When a patient with a dangerously contagious or infectious disease no longer consents to or has left isolation against a physician's orders, the hospital or physician shall immediately inform the certified local health department.

c) If the Department or certified local health department obtains voluntary consent, the consent shall be in writing and shall inform the person or group of persons of the following:

1) The terms and duration of the isolation, quarantine, or closure;

2) The importance of complying with the order of isolation, quarantine, or closure to protect the public's health;

3) That each person has the right to agree or refuse to agree to the order of isolation, quarantine, or closure and to seek a judicial review of the order;

4) That for any person who consents to the order of isolation, quarantine, or closure:

A) The order of isolation, quarantine, or closure will not be reviewed by the court unless the person withdraws consent to the order for isolation, quarantine, or closure; and

B) The person shall notify the certified local health department verbally, confirmed in writing immediately, but not later than 24 hours, if the person intends to withdraw consent to the order for isolation, quarantine, or closure; and

5) A breach of a consent agreement or revocation of a consent agreement prior to the end of the order of isolation, quarantine, or closure shall subject the person to an involuntary order of isolation, quarantine, or closure.

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.1380 Physical Examination, Testing and Collection of Laboratory Specimens

a) *The Department* or certified local health department *may order physical examinations and tests and collect laboratory specimens as necessary for the diagnosis or treatment of individuals in order to prevent the probable spread of a dangerously contagious or infectious disease*. (Section 2(d) of the Act)

b) Persons who are subject to physical examination, tests and collection of laboratory specimens shall report for physical examinations, tests, and collection of laboratory specimens and comply with other conditions of examinations, tests, and collection as the Department or certified local health department orders.

c) *An individual may refuse to consent to a physical examination, test, or collection of laboratory specimens*, but shall remain subject to isolation or quarantine, provided that, if those persons are isolated or quarantined, they may request a hearing in accordance with this Subpart. (Section 2(d) of the Act)

d) *An individual shall be given a written notice that shall include notice of the following:*

1) *That the individual may refuse to consent to physical examination, test, or collection of laboratory specimens;*

2) *That if the individual consents to physical examination, tests, or collection of laboratory specimens, the results of that examination, test, or collection of laboratory specimens may subject the individual to isolation or quarantine pursuant to the provisions of* this Subpart*;*

3) *That if the individual refuses to consent to physical examinations, tests, or collection of laboratory specimens and that refusal results in uncertainty regarding whether he or she has been exposed to or is infected with a dangerously contagious or infectious disease or otherwise poses a danger to the public's health, the individual may be subject to isolation or quarantine pursuant to the provisions of* this Subpart*; and*

4) *That if the individual refuses to consent to physical examinations, tests, or collection of laboratory specimens and becomes subject to isolation and quarantine, he or she shall have the right to counsel pursuant to the provisions of* this Subpart. (Section 2(d) of the Act)

e) All specimens collected shall be clearly marked.

f) Specimen collection, handling, storage, and transport to the testing site shall be performed in a manner that will reasonably preclude specimen contamination or adulteration and provide for the safe collection, storage, handling, and transport of the specimen.

g) Any person authorized to collect specimens or perform tests shall use chain of custody procedures to ensure proper record keeping, handling, labeling, and identification of specimens to be tested. This requirement applies to all specimens, including specimens collected using on-site testing kits.

h) Nothing in this Section shall be construed to limit the Department or certified local health department's ability to conduct physical examinations and tests or to collect laboratory specimens on a voluntary basis or from engaging in other methods of voluntary disease surveillance.

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.1385 Vaccinations, Medications, or Other Treatments

a) *The Department* or certified local health department *may order the administration of* vaccinations*, medications, or other treatments to persons as necessary in order to prevent the probable spread of a dangerously contagious or infectious disease.* (Section 2(e) of the Act)

b) Persons who are required to receive treatment, including, but not limited to, vaccination and medication, shall comply with other conditions of vaccination, medication, or other treatment as the Department or certified local health department orders.

c) *An individual may refuse to receive* vaccinations*, medications, or other treatments*, but shall remain subject to isolation or quarantine, provided that, if the individual is isolated or quarantined, he or she may request a hearing in accordance with this Subpart. (Section 2(e) of the Act)

d) *An individual shall be given a written notice that shall include notice of the following:*

1) *That the individual may refuse to consent to* vaccinations*, medications, or other treatments;*

2) *That if the individual refuses to receive* vaccinations*, medications, or other treatments, the individual may be subject to isolation or quarantine pursuant to the provisions of* this Subpart*; and*

3) *That if the individual refuses to receive* vaccinations*, medications, or other treatments and becomes subject to isolation and quarantine, he or she shall have the right to counsel pursuant to the provisions of* this Subpart. (Section 2(f) of the Act)

e) Nothing in this Section shall be construed to limit the Department's or certified local health department's ability to administer vaccinations, medications, or other treatments on a voluntary basis or to prohibit the Department or certified local health department from engaging in other methods of voluntary disease surveillance.

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.1390 Observation and Monitoring

a) *The Department* or certified local health department *may order observation and monitoring of persons to prevent the probable spread of a dangerously contagious or infectious disease.* (Section 2(f) of the Act)

b) Persons who are subject to observation and monitoring shall comply with other conditions of observation and monitoring as the Department or certified local health department orders.

c) *An individual may refuse to undergo observation or monitoring,* but shall remain subject to isolation or quarantine, provided that, if an individual is isolated or quarantined, he or she may request a hearing in accordance with this Subpart. (Section 2(f) of the Act)

d) *An individual shall be given a written notice that shall include notice of the following:*

1) *That the individual may refuse to undergo observation and monitoring;*

2) *That, if the individual consents to observation and monitoring, the results of that observation and monitoring may subject the individual to isolation or quarantine pursuant to the provisions of* this Subpart*;*

3) *That if the individual refuses to undergo observation or monitoring and that refusal results in uncertainty regarding whether the individual has been exposed to or is infected with a dangerously contagious or infectious disease or otherwise poses a danger to the public's health, the individual may be subject to isolation or quarantine pursuant to the provisions of* this Subpart; *and*

4) *That, if the individual refuses to undergo observation or monitoring and becomes subject to isolation and quarantine, he or she shall have the right to counsel pursuant to the provisions of* this Subpart. (Section 2(f) of the Act)

e) Nothing in this Section shall be construed to limit the Department's or certified local health department's ability to conduct observation and monitoring on a voluntary basis or to prohibit the Department or certified local health department from engaging in other methods of voluntary disease surveillance.

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.1400 Transportation of Persons Subject to Public Health or Court Order

The Department or certified local health department shall work with local law enforcement, local emergency medical services and health providers in their jurisdiction to identify appropriate methods of transporting persons to court or to a place for examination, quarantine, isolation, or treatment of the person or group of persons who are subject to a public health order or court order under this Subpart.

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.1405 Information Sharing

a) Whenever a certified local health department learns of a case of a reportable illness or health condition, an unusual cluster, or a suspicious event that may be the cause of a public health emergency as that term is defined in Section 4 of the

Illinois Emergency Management Agency Act, it shall immediately notify the Department, the Illinois Emergency Management Agency, and the appropriate State and local law enforcement authorities.

b) Sharing of medical information on persons with reportable illnesses or health conditions, unusual disease or symptom clusters, or suspicious events between the Department, certified local health departments and law enforcement authorities shall be restricted to information necessary for the treatment, control of, investigation of, containment of, and prevention of a public health emergency, as that term is defined in Section 4 of the Illinois Emergency Management Act, or for criminal investigation or criminal prosecution of or arising out of that matter.

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.1410 Amendment and Termination of Orders

a) The Department or certified local health department that issued the order of isolation, quarantine, or closure shall periodically reexamine the reasons upon which the order of isolation, quarantine, or closure was based. This reexamination shall occur upon any significant change in circumstances or scientific recommendations, but in any event must be done at least every 30 days.

b) If, at any time, the Department or certified local health department determines that the conditions justifying the order of isolation, quarantine, or closure no longer exist, the Department or certified local health department shall:

1) Immediately discharge the person or group of persons or the owner whose place was subject to closure from the order of isolation, quarantine, or closure if the order was issued by the Department or certified local health department; or

2) File a petition with the local circuit court requesting that the person or group of persons be discharged and the court order for isolation, quarantine or closure be terminated.

c) If the Department or certified local health department determines that the conditions justifying the order of isolation, quarantine, or closure continue to exist, the Department or certified local health department shall send to the person or group of persons a written notice of:

1) The Department's or certified local health department's findings, the expected duration of the order of isolation, quarantine or closure, and the reason for the decision; and

2) The individual's right to a judicial review of the order of isolation, quarantine, or closure by the court if the individual requests a review.

d) Upon an individual's request for judicial review, the Department or certified local health department shall file a petition with the local circuit court within 48 hours after the individual's request.

e) The Department or certified local health department shall give the affected persons an official written document providing evidence of termination of the previous order of isolation, quarantine or closure.

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

Section 690.1415 Penalties

a) *Any person who knowingly or maliciously disseminates any false information or report concerning the existence of any dangerously contagious or infectious disease in connection with the Department* or certified local health department's *power of quarantine, isolation and closure or refuses to comply with a quarantine, isolation or closure order is guilty of a Class A misdemeanor.* (Section 2(k) of the Act)

b) A public health order issued by a certified local health department under this Subpart is equivalent to, shall be enforced as, and carries the same penalty as an order issued by the Department directly.

(Source: Added at 32 Ill. Reg. 3777, effective March 3, 2008)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Control of Tuberculosis Code

2) Code Citation: 77 Ill. Adm. Code 696

3)

Section Numbers:	Adopted Action:
696.100	Amend
696.110	Amend
696.130	Amend
696.140	Amend
696.150	Amend
696.160	Amend
696.170	Amend
696.200	Amend
696.APPENDIX A	Amend
696.APPENDIX B	Amend

4) Statutory Authority: Implementing the Communicable Disease Report Act [745 ILCS 45] and implementing and authorized by the Department of Public Health Act [20 ILCS 2305].

5) Effective Date of Rulemaking: February 29, 2008

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 and available for public inspection at the Illinois Department of Public Health, 525 W. Jefferson Street, Springfield, Illinois 62761-0001.

9) Notice of Proposed Published in the Illinois Register: March 9, 2007; 31 Ill. Reg. 3940

10) Has JCAR issued a Statement of Objection to this rulemaking? No

11) Differences between proposal and final version: In response to comments received during the first notice or public comment period, the Department changed the heading in Appendix B to read "Waivers for Initial TB Screening Tests".

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? No agreements were necessary.

13) Will this rulemaking replace any emergency rulemaking currently in effect? No

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of Rulemaking: The proposed rule amendments are needed because of the availability of the first test in over 100 years for persons with latent tuberculosis infection (LTBI). The test can also be used as part of an evaluation for individuals with active or suspected TB disease. In some testing situations the FDA approved blood test provides more specific, efficient and effective means of screening for LTBI or active TB disease. In particular the current TST has false positive reactions because it cannot distinguish between persons who are infected with *M. tuberculosis* complex (MTB) and those either infected with other non-tuberculosis Mycobacterium (e.g., *M. avium* complex) or persons recently vaccinated with the TB vaccine Bacillus of Calmette and Guerin (BCG) which is used in many countries where TB is an endemic disease (e.g., the new FDA blood test, Quantiferon® Gold test does not cross react with *M. avium* or BCG).

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

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

217/782-2043
(E-mail: DPHRULES@illinois.gov)

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER k: COMMUNICABLE DISEASE CONTROL AND IMMUNIZATIONS

PART 696
CONTROL OF TUBERCULOSIS CODE

SUBPART A: GENERAL PROVISIONS

Section
696.100 Definition of Terms
696.110 Incorporated Materials

SUBPART B: TUBERCULOSIS PREVENTION AND CONTROL MEASURES

Section
696.130 Responsibilities of High-Risk Congregate Settings and Programs Providing Alcohol and Drug Treatment
696.140 Screening for Tuberculosis Infection and Disease
696.150 Management of Persons with Tuberculosis Infection
696.160 Diagnosis and Management of Persons with Suspected and Confirmed Tuberculosis Disease
696.170 Reporting

SUBPART C: ENFORCEMENT OF TUBERCULOSIS PREVENTION AND CONTROL MEASURES

Section
696.180 Role of the Department in Enforcement
696.190 Role of the Local Tuberculosis Control Authority in Enforcement
696.200 Types of Directives
696.210 Potential Recipients of Directives

696.APPENDIX A Mantoux Skin Testing Procedures
696.APPENDIX B Waivers for Initial TB Screening Tests~~Mantoux Skin Testing Requirements~~
696.APPENDIX C Summary of the Interpretation of Tuberculin Skin Test Results

AUTHORITY: Implementing the Communicable Disease Report Act [745 ILCS 45] and

implementing and authorized by the Department of Public Health Act [20 ILCS 2305].

SOURCE: Adopted at 22 Ill. Reg. 10870, effective June 5, 1998; amended at 32 Ill. Reg. 4010, effective February 29, 2008.

SUBPART A: GENERAL PROVISIONS

Section 696.100 Definition of Terms

For the purpose of this Part, the following shall be the accepted definitions of the terms used herein:

"Anergy" means the absence of a reaction to skin test antigens, such as tuberculin (when the person is infected with the organism tested) because of immunosuppression. The absence of a reaction to the tuberculin skin test does not rule out the diagnosis of tuberculosis (TB) infection or disease. Anergy may be caused by many factors, such as HIV infection, overwhelming miliary or pulmonary TB, severe or febrile illness, measles or other viral infections, Hodgkin's disease, sarcoidosis, live virus vaccination, and the administration of corticosteroids or immunosuppressive drugs.

"Bacteriologic Examinations" means tests done in a mycobacteriology laboratory to diagnose TB disease, including smears for acid-fast bacilli (AFB), cultures and other tests for Mycobacterium (M.) tuberculosis, and drug susceptibility tests.

"BCG Vaccine" means a TB vaccine used in many parts of the world.

"Checklist of Signs and Symptoms of TB Disease" means a list that includes the following signs and symptoms: pulmonary – productive prolonged cough, chest pain, hemoptysis; generalized – fever, chills, night sweats, easy fatigability, loss of appetite and weight loss.

"Close Contacts" means those sharing the same household or other enclosed environments of persons known or suspected to have TB.

"Confirmed Case" means an occurrence of TB disease that is laboratory confirmed or, in the absence of laboratory confirmation, an occurrence that meets the clinical case definition.

Laboratory confirmation – Laboratory criteria for diagnosis includes isolation of M. tuberculosis from a clinical specimen; demonstration of M. tuberculosis from a clinical specimen by DNA probe or mycolic acid pattern on high-pressure liquid chromatography; or demonstration of acid-fast bacilli in a clinical specimen when a culture has not been or cannot be obtained.

Clinical case definition – A clinical case meets all the following criteria: a positive TB screening test~~Mantoux tuberculin skin test (Mantoux skin test)~~; other signs and symptoms compatible with TB, such as an abnormal, unstable (worsening or improving) chest radiograph, or clinical evidence of current disease; treatment with two or more anti-tuberculosis medications; and completed diagnostic evaluation.

"Department" means the Illinois Department of Public Health.

"Diagnostic Evaluation" means a process used to diagnose TB disease, which includes a physical examination, medical history, TB screening test~~Mantoux skin test~~, chest radiograph and bacteriologic examinations.

"Directly Observed Therapy" or "~~(~~DOT~~)~~" means a process by which a trained healthcare worker or other designated trained person watches the patient swallow each dose of TB medication. Family members are generally not recommended to provide DOT.

"Directly Observed Preventive Therapy" or "~~(~~DOPT~~)~~" means a process by which a trained healthcare worker or other designated trained person watches the patient swallow each dose of preventive TB medication. Family members are generally not recommended to provide DOPT.

"Employee" means a full-time, part-time or temporary worker who receives compensation. (See definition of "Volunteer".)

"Facility" means any organization or unit of an organization.

"Healthcare Facility" means a hospital, medical ward in a correctional facility, nursing home or hospice. (See definition of "Other Healthcare Setting".)

"Healthcare Worker" means an employee or volunteer in a healthcare facility who

has the potential for exposure to M. tuberculosis. Healthcare workers may include, but are not limited to, physicians, nurses, aides, dental workers, technicians, workers in laboratories and morgues, emergency medical service personnel, part-time personnel, temporary staff (such as students) not employed by the healthcare facility, and persons who are not involved directly in patient care but who are potentially at risk for occupational exposure to M. tuberculosis (e.g., volunteers, or dietary, housekeeping, maintenance, clerical, and janitorial staff).

"High-Risk Congregate Setting" means, but is not limited to, detention centers, in-patient healthcare facilities, nursing homes and other long-term care facilities for the elderly, mental health facilities, licensed supportive residences for HIV-infected persons, shelters for the homeless, other long-term residential facilities and programs that treat persons who inject non-prescribed drugs or other substance users in locally identified high-risk groups (e.g., crack cocaine users). Other long-term care facilities include facilities that care for the developmentally disabled, are designed for retirees, or others, and that are considered high-risk congregate settings according to a risk assessment performed in cooperation with the local TB control authority.

"High-Risk for Nonadherence to a Prescribed Treatment Regimen" means any person who has a history of treatment nonadherence; whose treatment has failed or disease has relapsed; who uses alcohol or controlled substances; who has mental, emotional, or physical impairments that interfere with the ability to self-administer medications; or who is a child or adolescent.

"High-Risk Groups" means the following categories of people who should be screened for TB infection because of an increased probability of becoming infected with TB, and/or who, once infected, have increased probability of progressing to TB disease:

close contacts;

persons who inject non-prescribed drugs or other substance users in locally identified high-risk groups (e.g., crack cocaine users);

persons who have medical risk factors known to increase the risk for disease if infection occurs. Medical risk factors means the following conditions: infection with HIV/AIDS; diabetes mellitus; conditions

requiring prolonged high-dose corticosteroid therapy and other immunosuppressive therapy (including bone marrow and organ transplantation); chronic renal failure; some hematologic disorders (e.g., leukemias and lymphomas); other specific malignancies (carcinoma of the head or neck); body weight of 10% or more below ideal body weight; silicosis; gastrectomy; jejunoileal bypass; abnormal chest radiographs showing fibrotic lesions consistent with healed TB; and abnormal chest radiographs showing parenchymal lung scarring in persons with a positive TB screening test~~skin test~~ who have not previously received TB treatment or preventive therapy;

clients, employees and volunteers of high-risk congregate settings;

healthcare workers who serve clients in high-risk groups;

foreign-born persons, including children, who have arrived within the past five~~5~~ years from countries that have a high TB incidence or prevalence;

groups defined locally as high risk~~high-risk~~ (e.g., some medically underserved low-income populations and some racial or ethnic minority populations);

Infants, children and adolescents exposed to adults in high-risk categories.

"Infection" means the condition in which organisms (e.g., M. tuberculosis) capable of causing disease enter the body and elicit a response from the host's immune defenses. TB infection may or may not progress to clinical disease.

"Infectious" means a person who has, or is suspected of having, pulmonary or laryngeal TB and who:

coughs, is undergoing cough-inducing or aerosol-generating procedures, or has sputum smears that contain acid-fast bacilli (AFB)~~AFB~~; and

is not receiving treatment, has just begun treatment, or has a poor clinical or bacteriologic response to treatment. A person on treatment for one month or less is considered to have just begun treatment. A poor clinical response to treatment can be suggested by a failure of signs and symptoms to improve after two months of treatment. A poor bacteriologic response

to treatment can be suggested by a failure of AFB on smear to decrease after two weeks of treatment.

"Intermittent Therapy" means therapy administered either two~~2~~ or three~~3~~ times per week, rather than each day.

"Isolation" means the separation of a person with suspected or confirmed tuberculosis disease from other persons using universally-accepted techniques that effectively prevent transmission of M. tuberculosis during that person's period of communicability.

"Isolation Rooms" means rooms with special characteristics, including negative-pressure ventilation, to prevent the spread of droplet nuclei expelled by a TB patient.

"Likely to Become Infectious" means a person whose treatment has failed; whose disease has relapsed; who does not consistently adhere to or complete a prescribed treatment regimen; who has received inadequate treatment; or who has drug-resistant disease.

"Local TB Control Authority" means the agency at the local level recognized by the Department as having jurisdiction over the prevention and control of tuberculosis. The local TB control authority may be an autonomous TB board or a TB program within a local health department.

"Long-Term Inmate" means an inmate who will remain in custody for a period of 14 days or longer.

"Mantoux Tuberculin Skin Test or Mantoux Skin Test" means a method of skin testing that is performed by injecting 0.1 mL of purified protein derivative (PPD) tuberculin containing five~~5~~ tuberculin units into the dermis of the forearm with a needle and syringe.

"Negative Cultures" means cultures that contain no detectable tubercle bacilli.

"Nonadherence" means not following the recommended course of treatment or therapy by not taking all the medications in the manner prescribed for the entire length of time.

"Not Infectious" means a person previously determined to be infectious who now meets the following criteria:

received a treatment regimen for two or more weeks composed of multiple drugs to which the organisms are susceptible in accordance with the incorporated publication, Treatment of TB and TB Infection;

has favorable clinical response to treatment; and

has three~~3~~ consecutive negative sputum smear results from sputum collected on different days.

"OSHA" means the U.S. Department of Labor, Occupational Safety and Health Administration.

"Other Healthcare Setting" means an ambulatory care facility, emergency department, home healthcare setting, emergency medical services, medical and dental office or any location where medical care is provided. (See definition of "Healthcare Facility".)

"Past or Present Behavior that Indicates a Substantial Likelihood of Not Cooperating with Prevention and Control Measures" means, but is not limited to:

refusal or failure to keep appointments for diagnosis or treatment;

refusal or failure to consistently adhere to and complete a prescribed preventive therapy or disease treatment regimen;

refusal or failure to participate in DOPT or DOT;

disregard for isolation procedures;

leaving the hospital against medical advice; or

inability or unwillingness to voluntarily use prevention and control measures.

"Preventive Therapy" means treatment of TB infection to prevent the progression to clinically active disease.

"Relapse" means the return of TB disease after a partial recovery from disease.

"Short-Term Inmate" means an inmate who remains in custody for less than 14 days, especially pretrial detainees likely to be released without supervision or placed in the community under court supervision.

"Suspected Case" means an occurrence that is being considered as TB disease while diagnostic procedures are being completed, whether or not treatment has been started.

"TB Screening Test" means a federal Food and Drug Administration (FDA) approved screening test to detect latent TB Infection. Examples of screening tests include, but are not limited to, the Mantoux tuberculin skin test and whole blood interferon-gamma release assays.

"Treatment Failure" means TB disease in patients who do not respond to chemotherapy and whose disease worsens after having improved initially.

"Volunteer" means a person who, for a period of time, provides services of his or her own free will with no promise of compensation. (See definition of "employee".)

(Source: Amended at 32 Ill. Reg. 4010, effective February 29, 2008)

Section 696.110 Incorporated Materials

a) The following materials are incorporated by reference in this Part:

1) "Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC - U.S. Department of Health and Human Services, Coordinating Center for Health Information and Service, Centers for Disease Control and Prevention, Atlanta GA 30333 (Morbidity and Mortality Weekly Report (MMWR) 2006; 55 (No. RR9):1-44).~~"Controlling TB in Correctional Facilities", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (1995).~~

2) "Core Curriculum on Tuberculosis, What the Clinician Should Know"

(Core Curriculum), U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333~~,~~ (1994).

3) "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005" (Guidelines for Health-Care Settings), U.S. Department of Health and Human Services, Coordinating Center for Health Information and Service, Centers for Disease Control and Prevention, Atlanta GA 30333 (Morbidity and Mortality Weekly Report (MMWR) 2005; 54 (No. RR17):1-141).~~"Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Facilities, 1994" (Guidelines for Healthcare Facilities), U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR) 1994; 43 (No. RR-13)).~~

4) "OSHA Instruction CPL.106, February 9, 1996" (OSHA Instruction).

5) "Prevention and Control of Tuberculosis in Correctional Facilities", U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR) 1996; 45 (No. RR8~~RR-8~~)).

6) "The Role of BCG Vaccine in the Prevention and Control of Tuberculosis in the United States" (The Role of BCG Vaccine), U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333 (Morbidity and Mortality Weekly Report (MMWR) 1996; 45 (No. RR4~~RR-4~~)).

7) "Screening for Tuberculosis and Tuberculosis Infection in High-risk Populations" (Screening High-risk Populations), U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, Atlanta, Georgia 30333, HHS Publication No. (CDC) 95-8017 (1995).

8) "Treatment of Tuberculosis and Tuberculosis Infection in Adults and Children" (Treatment of TB and TB Infection), American Thoracic Society, Medical Section of the American Lung Association, New York,

New York 10006, U.S. G.P.O.:1994-533-001:501.

9) "Guidelines for Using the QuantiFERON®-TB Gold Test for Detecting Mycobacterium tuberculosis Infection, United States" (Guidelines for QuantiFERON®-TB Gold), U.S. Department of Health and Human Services, Coordinating Center for Health Information and Service, Centers for Disease Control and Prevention, Atlanta GA 30333 (Morbidity and Mortality Weekly Report (MMWR) 2005; 54 (No. RR15):49-55).

b) All incorporations by reference of guidelines of federal agencies and the standards of nationally recognized organizations refer to the guidelines and standards on the date specified and do not include any amendments or editions~~additions or deletions~~ subsequent to the date specified.

(Source: Amended at 32 Ill. Reg. 4010, effective February 29, 2008)

SUBPART B: TUBERCULOSIS PREVENTION AND CONTROL MEASURES

Section 696.130 Responsibilities of High-Risk Congregate Settings and Programs Providing Alcohol and Drug Treatment

a) Written Plans. A written plan shall be developed that includes protocols for the screening and management of infection among employees, volunteers and clients; protocols for the screening, diagnosis and management of TB disease among employees, volunteers and clients; data collection; evaluation of data; reporting of persons with signs or symptoms of TB to the local TB control authority; and an employee and volunteer education program. All components of the plan shall reflect compliance with this Part. The plan shall include the: name of the person or persons responsible for the TB prevention and control program at each facility; procedures for the purpose of protecting employees, volunteers and clients from contracting tuberculosis; and a referral mechanism to ensure prevention of transmission and completion of treatment for clients with TB who leave the facility. The written plan shall be updated at least annually. (See the incorporated publications, Guidelines for Health-Care Settings~~Healthcare Facilities~~ and the OSHA Instruction.)

b) TB Prevention and Control Program. A program shall be executed in accordance with the written plan.

c) Employee and Volunteer Education. Training about TB shall be provided or arranged. All employees and volunteers shall be trained upon hiring and periodically thereafter to ensure employee knowledge equivalent to the employee's work responsibilities and the level of risk in the facility. OSHA-regulated settings and programs shall comply with the incorporated publications, OSHA Instruction. (See the incorporated publications, Core Curriculum and Controlling TB in Correctional Facilities.)

d) Collaboration. The settings and programs listed above shall consult with the local TB control authority, as necessary, to determine their respective responsibilities in the screening, diagnosis and management of TB infection and disease, reporting of disease, and the education of employees and volunteers.

e) Records. Records shall be maintained on TB screening test results~~Mantoux skin test results~~; TB diagnostic evaluation results (including whether the tuberculosis was drug-resistant); other information about any persons exposed to tuberculosis; and the current written plan as required in subsection (a) of this Section. Individual and aggregate data should be analyzed periodically to identify the facility's level of risk and changes in the risk of TB transmission. Correctional facilities should maintain a retrievable aggregate record system in accordance with the incorporated publication, Prevention and Control of Tuberculosis in Correctional Facilities. All records required in this subsection shall be made available for inspection by the Department or the local TB authority upon request.

(Source: Amended at 32 Ill. Reg. 4010, effective February 29, 2008)

Section 696.140 Screening for Tuberculosis Infection and Disease

The TB screening test~~Mantoux skin test~~ shall be used when screening persons for infection. (See Appendices A, B, and C of this Part.) Chest radiographs and bacteriologic examinations can be used when screening certain persons for disease. (See subsection (b)(2) of this Section.) Persons who have signs and symptoms of disease or~~, a~~ positive TB screening test results~~skin test or other positive screening test results~~ shall have additional diagnostic tests as recommended in the incorporated publications Treatment of TB and TB Infection and Guidelines for Health-Care Settings~~Healthcare Facilities~~.

a) Screening for TB Infection. Persons in high-risk groups should be screened for tuberculosis. Local health department clients who are in high-risk groups should be screened and records maintained of TB screening~~Mantoux skin~~ test results.

These screening requirements can be modified or waived in accordance with Appendix B of this Part. In addition:

1) Close Contacts. Persons who are close contacts to suspected or confirmed cases of TB disease shall be tested with a TB screening~~the Mantoux skin~~ test to identify infection. Close contacts shall be retested three~~3~~ months after the last exposure if their reaction to the first TB screening~~skin~~ test was negative. A high priority should be given to evaluating contacts who are children or contacts infected with HIV/AIDS.

2) Employees, Volunteers and Clients of High-Risk Congregate Settings and Programs Providing Alcohol and Drug Treatment. Screening shall be done in accordance with this subsection, Appendices A, B, and C, and the following incorporated publications: Screening High-Risk Populations; Guidelines for Health-Care Settings~~Healthcare Facilities~~; Prevention and Control of Tuberculosis in Correctional Facilities; and the OSHA Instruction.

A) All employees and volunteers in high-risk congregate settings and programs providing alcohol and drug treatment shall obtain a TB screening~~Mantoux skin~~ test within seven~~7~~ days after being employed. If Mantoux skin testing is used, two-step testing should be done. Employees and volunteers who are part of a routine, periodic screening program shall initially be screened by TB screening tests.~~two-step testing. Routine, periodic screening of employees and volunteers should be determined by a risk assessment performed in cooperation with the local TB control authority. Persons who are not part of a routine, periodic screening program may be screened by a single Mantoux skin test.~~

B) All clients in high-risk congregate settings and clients in high-risk groups in programs providing alcohol and drug treatment shall obtain a TB screening ~~Mantoux skin~~ test within seven~~7~~ days after admission. If Mantoux skin testing is used, two-step testing should be done. ~~All clients who are part of a routine, periodic screening program should be initially screened by two-step testing. Routine, periodic screening of clients should be determined by a risk assessment performed in cooperation with the local TB control authority. Persons who are not part of a routine, periodic screening~~

~~program may be screened by a single Mantoux skin test.~~ In addition:

i) Nursing home residents, persons who inject non-prescribed drugs and other substance users in locally identified high-risk groups (e.g., crack cocaine users) in treatment programs, and clients of programs providing methadone maintenance therapy shall obtain a TB screening test~~be screened with the first Mantoux skin test of a two-step test~~ within seven~~7~~ days after admission. If Mantoux skin testing is used, two-step testing shall be done.

ii) Routine, periodic screening of the homeless should be done when feasible. (See subsection (b) of this Section.)

iii) Long-term inmates in detention centers shall obtain a TB screening test~~Mantoux skin test~~ within seven~~7~~ days after admission. If Mantoux skin testing is used, two~~Two~~-step testing should be done when feasible. Routine, periodic screening of long-term inmates should be done. Short-term inmates in detention centers should obtain a Mantoux skin test or another TB screening test within seven~~7~~ days after admission, when feasible. Regardless of TB screening~~skin~~ test results, inmates who have HIV infection and those at risk for HIV infection but whose HIV status is unknown should have a chest radiograph as part of the initial screening. (See subsection (b) of this Section for requirements for screening short-term and long-term inmates for disease.) Inmates of detention centers shall be screened in accordance with the ~~following incorporated~~ publications incorporated in this Part.~~: Prevention and Control of Tuberculosis in Correctional Facilities and Screening High-Risk Populations.~~

3) Employees, Volunteers and Clients of Other Healthcare Settings. Other healthcare settings should conduct screening programs based upon a risk assessment performed in cooperation with the local TB control authority. Screening programs should be conducted in accordance with the following incorporated publications: Guidelines for Health-Care Settings~~Healthcare~~

~~Facilities~~ and Screening High-Risk Populations.

4) Employees, Volunteers and Students in a School (Pupil Attendance Center) or School District.

A) Initial screening~~skin testing~~ of employees and volunteers in a school or a school district shall be performed using~~by~~ a TB screening~~Mantoux skin~~ test within seven~~7~~ days after beginning employment. This requirement can be modified or waived in accordance with Appendix B of this Part.

B) When a community, school, or school district has a higher than expected prevalence of TB infection, the local TB control authority or the Department may institute routine, periodic skin testing of school employees, volunteers and students. Any such testing program should take into consideration:

i) epidemiologic factors and currently accepted public health standards pertaining to the prevention and control of TB; and

ii) the identification and availability of necessary school, school district and local TB control authority resources and facilities.

5) Day Care Center Employees and Volunteers. Day care center employees and volunteers shall obtain a TB screening test~~the first Mantoux skin test of a two-step test~~ within seven~~7~~ days after being employed. If Mantoux skin testing is used, two-step testing shall be done. Routine, periodic screening of employees and volunteers should be determined by a risk assessment performed in cooperation with the local TB control authority.

b) Screening for TB Disease.

1) Checklist of Signs and Symptoms. A checklist that includes but is not limited to pulmonary symptoms (productive prolonged cough, chest pain, hemoptysis) and generalized signs and symptoms (fever, chills, night sweats, easy fatigability, loss of appetite and weight loss) shall be used to screen for TB disease in the following circumstances:

A) Persons with a documented ~~prior~~ positive TB screening test result~~Mantoux skin test~~ who are required to receive TB screening~~a skin test or skin~~ tests routinely and periodically shall, instead of receiving such screening tests~~a skin test~~, complete a signs and symptoms checklist. A checklist takes the place of a TB screening~~skin~~ test for these persons. Repeat screening tests are~~skin testing is~~ not needed or required. Routine, periodic chest radiographs should not be done. Chest radiographs do not take the place of a TB screening~~skin~~ test or checklist.

B) Clients admitted to high-risk congregate settings and programs providing alcohol and drug treatment shall be screened for current disease status with a signs and symptoms checklist in addition to meeting other screening requirements for infection.

2) Chest Radiography or Bacteriologic Examinations. The use of chest radiography or bacteriologic examinations should be considered in certain instances in addition to a signs and symptoms checklist.

A) Chest radiography may be the best screening method in jails, homeless shelters, and single-room-occupancy facilities that house the homeless for more than one night. Also, inmates who either have HIV infection or are at risk for HIV infection, but whose HIV status is unknown, should receive a chest radiograph as part of the initial screening, regardless of TB screening~~skin~~ test results.

B) Screening for disease among the homeless may also include sputum smears and cultures.

(Source: Amended at 32 Ill. Reg. 4010, effective February 29, 2008)

Section 696.150 Management of Persons with Tuberculosis Infection

a) Preventive Therapy. Before therapy is started, persons with a positive TB screening test result~~skin test reaction~~ shall receive a diagnostic evaluation for TB disease. See Appendix C for information on how to interpret skin test results. If there is no evidence of disease, persons with TB infection should be considered for preventive therapy. Preventive therapy shall be conducted in accordance with

the incorporated publication, Treatment of TB and TB Infection.

1) The following persons with positive TB screening test results~~skin tests~~ should be considered for preventive therapy regardless of age:

A) Persons with HIV/AIDS and persons with risk factors for HIV/AIDS whose HIV infection status is unknown;

B) Close contacts of persons with newly diagnosed infectious tuberculosis;

C) Recent tuberculin skin test converters (equal to or greater than a 10 mm increase within a two-year period for persons younger than 35 years of age; equal to or greater than a 15 mm increase for persons 35 years of age or older);

D) All infants and children younger than four~~4~~ years of age with a skin test reaction equal to or greater than 10 mm;

E) Persons with medical risk factors that may increase the risk of tuberculosis (e.g., diabetes mellitus, prolonged therapy with adrenocorticosteroids, immunosuppressive therapy, some hematologic and reticuloendothelial diseases such as leukemia or Hodgkin's disease), injection drug users known to be HIV-seronegative, end-stage renal disease, and clinical situations associated with substantial rapid weight loss or chronic undernutrition;

F) Adults~~Tuberculin-positive adults~~ with positive results from a TB screening test with abnormal chest radiographs that show fibrotic lesions likely representative of old healed tuberculosis and adults diagnosed with silicosis. These persons should usually receive 4-month multiple-drug chemotherapy. Alternatively, such persons may receive 12 months of isoniazid preventive therapy.

G) Persons converting from a negative to a positive TB screening test result, other than a Mantoux skin test.

2) In the absence of risk factors listed in subsections (a)(1)(A) through

(G)~~(E)~~ of this Section, the following persons younger than 35 years of age with a positive TB screening test result~~skin tests~~ should be considered for preventive therapy:

A) Foreign-born persons from high-prevalence countries including those in Latin America, Asia, and Africa;

B) Medically underserved low-income populations, including high-risk racial or ethnic minority populations, especially blacks, Hispanics and Native Americans;

C) Residents of high-risk congregate settings; and

D) Persons with no risk factors.

3) The following persons with a negative TB screening test result~~skin tests~~ should be considered for preventive therapy:

A) Children who have been close contacts to infectious cases within the last three months. If the TB screening test~~skin test~~ remains negative after 12 weeks and there has been no continued exposure, preventive therapy need not be continued; and

B) Anergic HIV-infected adults.

4) ~~Positive Skin Test Reaction in Persons in High-Risk Groups.~~ All persons in high-risk groups, with a positive TB screening test result, should be considered for preventive therapy. (See Appendix C and the incorporated publications, Screening High-Risk Populations and Treatment of TB and TB Infection.)

b) BCG Vaccine and Preventive Therapy. A diagnosis of TB infection and the use of preventive therapy should be considered for any BCG-vaccinated person with a positive TB screening test result~~Mantoux skin test reaction~~. (See the incorporated publication, The Role of BCG Vaccine.)

c) Directly Observed Preventive Therapy (DOPT). In settings where DOPT can be given by a responsible and trained employee or volunteer, twice-a-week DOPT should be considered. DOPT should especially be considered for persons who are

at high-risk for TB disease, or at high-risk of nonadherence to preventive therapy.

d) Monitoring for Adverse Reactions. At a minimum, patients should be seen monthly during therapy and evaluated for adverse drug reactions.

(Source: Amended at 32 Ill. Reg. 4010, effective February 29, 2008)

Section 696.160 Diagnosis and Management of Persons with Suspected or Confirmed Tuberculosis Disease

a) Diagnostic Evaluation. The evaluation of persons with suspected or confirmed TB disease shall include but not be limited to:

1) Medical History;

2) Physical Examination;

3) TB Screening Test~~Mantoux Skin Test~~;

4) Chest Radiograph; and

5) Bacteriologic Examinations on Available Specimens (e.g., smears, cultures and other tests for M. tuberculosis, and drug susceptibility tests).

AGENCY NOTE~~Agency note~~: TB is sometimes overlooked in the differential diagnosis of pulmonary conditions (e.g., pneumonia), especially in the elderly.

b) Clinical Management of Persons with Suspected or Confirmed TB Disease.

1) Infection Control Measures. If infectious TB disease is suspected, precautions shall be taken to prevent transmission in accordance with the incorporated publications: Guidelines for Health-Care Settings~~Healthcare Facilities~~ and OSHA Instruction.

A) In settings that serve infectious TB patients, precautions that shall be implemented include early identification and isolation of patients with suspected or confirmed TB disease. Infection control measures shall be maintained until it is determined that the patient is not infectious.

i) Precautions shall include the use of ventilation systems in TB isolation rooms to maintain negative pressure and to exhaust air in such a manner to prevent transmission of M. tuberculosis.

ii) Personal respirators that meet the requirements in the incorporated publication, OSHA Instruction, shall be used by workers in areas (e.g., TB isolation rooms, rooms where cough-inducing procedures are done) where exposure cannot be avoided or there is an increased risk of exposure. Patients may be masked with a surgical mask if they must leave the isolation room while they are infectious and coughing.

iii) In in-patient settings, continuous isolation should be considered for patients with multiple drug-resistant TB.

B) Infectious TB patients may be confined to their homes in order to prevent transmission of disease. Personal respirators that meet the requirements in the incorporated publication, OSHA Instruction, shall be used by workers when in the homes of patients with infectious TB and when transporting infectious patients.

C) Once determined to be infectious, a person is considered infectious until medically determined to be not infectious and likely not to become infectious again, as evidenced by compliance with a multiple-drug treatment regimen to which the organisms are susceptible. When a consensus cannot be reached concerning the infectious or not infectious status of a suspected or confirmed case of TB, a final decision of infectiousness will be made only by the Department.

2) Treatment of Suspected or Confirmed TB Disease. Suspected or confirmed TB disease shall be treated with multiple drugs in accordance with the incorporated publication, Treatment of TB and TB Infection. Agency Note: TB disease in infants and children younger than four years of age and in immunosuppressed individuals (such as HIV/AIDS patients) is more likely to spread throughout the body and progress rapidly with

severe consequences; prompt and vigorous treatment is appropriate as soon as TB is suspected.

A) Directly Observed Therapy (DOT). Treatment of all patients with TB should be conducted by DOT.

B) Monitoring for Response to Antituberculosis Chemotherapy. Persons with M. tuberculosis identified in sputum shall be monitored by sputum smears and cultures until conversion is documented. Drug susceptibility testing shall be done initially on culture positive specimens.

i) Sputum smears should be repeated until three~~3~~ consecutive negative sputum smear results are obtained from sputum collected on different days.

ii) Sputum cultures should be monitored at least monthly until negative cultures are obtained. Patients whose cultures have not become negative or whose symptoms do not resolve after two months of therapy shall be reevaluated for drug-resistant disease, as well as for failure to adhere to the regimen. For patients receiving self-administered therapy, the remainder of treatment should be directly observed.

iii) In patients with multiple drug-resistant disease, sputum cultures should be monitored monthly for the entire course of treatment.

C) Monitoring for Adverse Reactions. Adults treated for TB disease should have baseline tests to detect any abnormality that would complicate treatment or require a modified regimen. Baseline tests, except visual acuity, are unnecessary in children unless a complicating condition is known or clinically suspected. At a minimum, patients should be seen monthly during treatment and evaluated for adverse reactions. If symptoms suggesting drug toxicity occur, then appropriate laboratory testing should be performed to confirm or exclude such toxicity. (See the incorporated publication, Treatment of TB and TB Infection.)

c) Contact Investigation. Close contacts to suspected or confirmed cases of TB disease shall obtain a TB screening test~~be tested with a Mantoux skin test~~ to identify infection. Close contacts shall be retested three~~3~~ months after the last exposure if their reaction to the first TB screening test~~skin test~~ was negative. A high priority should be given to evaluating contacts who are children or contacts infected with HIV/AIDS. (See Section 696.150(a)(3) for information regarding preventive therapy.)

(Source: Amended at 32 Ill. Reg. 4010, effective February 29, 2008)

Section 696.170 Reporting

Health professionals listed in subsection (a)(1) shall report suspected and confirmed cases of TB to the local TB control authority or, in the absence of a local TB control authority, to the TB Control Section of the Department. The local TB control authority shall report to the Department.

a) Reports to the Local TB Control Authority.

1) Health Professionals Required to Report. Reports shall be made by physicians, physician assistants, nurses, dentists, laboratory personnel and the health coordinator of settings serving high-risk groups to the local TB control authority or, in the absence of a local TB control authority, to the TB Control Section of the Department.

2) Report Forms and Transmission of Reports. Reports of suspected and confirmed cases of TB shall be made on forms available from the local TB control authority or the Department. To facilitate prompt reporting, telephone or facsimile reports are acceptable if followed by a written report sent through the mail.

3) Reports of Suspected and Confirmed Cases of TB. Persons required to report under subsection (a)(1) of this Section (except for laboratory personnel) shall, within seven~~7~~ calendar days after the diagnosis of a suspected or confirmed case of TB, notify the local TB control authority of the following:

A) Diagnosis. Information shall be provided about the diagnosis of a suspected or confirmed case of TB, including the dates and results

of TB screening tests (Mantoux skin test results shall be recorded in millimeters)~~in millimeters of Mantoux skin tests~~ and the results of bacteriologic examinations and chest radiographs. When an apparent occurrence of TB does not have laboratory confirmation or meet the clinical case definition, the local TB control authority should consult with the Department.

B) Clinical Management Information. Information shall be provided about the clinical management of a suspected or confirmed case of TB, including the determination of the infectious or not infectious status, isolation precautions taken, treatment regimen, whether the client is at high-risk for nonadherence to a prescribed treatment regimen, and past or present behavior that indicates a substantial likelihood of not cooperating with prevention and control measures.

C) Surveillance Information. Reportable demographic and locating information regarding the suspected or confirmed case of TB should include the name, address, date of birth, gender, race, ethnic origin, country of origin, month and year the person arrived in the United States (if applicable), non-prescribed drug use and excess alcohol use within the year before the date of submission, occupation, address changes, names and addresses of close contacts, and other information required to complete the tuberculosis reporting form of the Department and the Centers for Disease Control and Prevention, the Report of Verified Case of TB (RVCT) form.

D) Other Information. Any other relevant information requested by the local TB control authority or the Department should be provided. Such information may include hospital discharge plans for out-patient follow-up and locating information for persons with TB infection.

b) Reports to the Department from Local TB Control Authorities. Local TB control authorities shall report to the Department on the diagnosis, clinical management and surveillance of suspected and confirmed cases of TB and the investigation of contacts, as follows. The local TB control authority shall make their records available for inspection by the Department when requested in order to carry out

the provisions of this Part.

1) Reports of Suspected or Confirmed Cases of TB. Within seven~~7~~ calendar days after a local TB control authority's receipt of a report of a suspected or confirmed case of TB, the Department shall receive available information on an~~a~~ RVCT form.

2) Reports Due Within 30 Calendar Days After the Department's Request for Information. The Department shall be notified of the status of drug susceptibility test results, contact investigation information, case completion of therapy and other relevant information within 30 calendar days after the Department's request for information.

c) Reports from Laboratories. Within one calendar day after obtaining results, laboratories shall report to the person who requested the test, to the local TB control authority and to the Department smears positive for acid-fast bacilli, cultures or other tests positive for *M. tuberculosis*, and drug susceptibility test results.

d) Confidentiality.

1) It is the policy of the Department to maintain the confidentiality of information that would identify individual patients.

2) *Whenever any statute of this State or any ordinance or resolution of a municipal corporation or political subdivision enacted pursuant to statute or any rule of an administrative agency adopted pursuant to statute requires medical practitioners or other persons to report cases of* tuberculosis *to any governmental agency or officer, such reports shall be confidential, and any medical practitioner or other person making such report in good faith shall be immune from suit or slander or libel based upon any statements contained in such report. The identity of any individual contained in a report of* tuberculosis *or an investigation conducted pursuant to a report of* tuberculosis *shall be confidential and such identity shall not be disclosed publicly in any action of any kind in any court or before any tribunal, board or agency.* (Communicable Disease Report Act [745 ILCS 45])

(Source: Amended at 32 Ill. Reg. 4010, effective February 29, 2008)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

SUBPART C: ENFORCEMENT OF TUBERCULOSIS PREVENTION AND CONTROL MEASURES

Section 696.200 Types of Directives

a) Initiation or Completion of the Diagnostic Evaluation. This directive requires the initiation or completion of the diagnostic evaluation for TB infection or disease in accordance with the following incorporated publication: Guidelines for Healthcare Facilities. The diagnostic evaluation may include, but is not limited to, a medical history, physical examination, TB screening test~~Mantoux skin test~~, chest radiograph and bacteriologic examinations.

b) Preventive Therapy or Disease Treatment. This directive requires completion of a prescribed course of preventive therapy for TB infection or a prescribed course of treatment for TB disease, and bacteriologic or other tests needed to monitor response to treatment or adverse reactions in accordance with the following incorporated publication: Treatment of TB and TB Infection.

c) DOPT or DOT. This directive requires completion of a course of preventive therapy by DOPT for infection or treatment by DOT for disease, in accordance with the following incorporated publications: Guidelines for Healthcare Facilities and Treatment of TB and TB Infection.

d) Isolation. This directive requires isolation, in accordance with Section 696.160(b)(1) and the incorporated publications: Guidelines for Health~~-~~Care Settings~~Healthcare Facilities~~, and the OSHA Instruction, for any person with suspected or confirmed TB disease who is considered to be infectious or likely to become infectious, according to the definitions in this Part.

(Source: Amended at 32 Ill. Reg. 4010, effective February 29, 2008)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Section 696.APPENDIX A Mantoux Skin Testing Procedures

Mantoux Skin Test. The Mantoux skin test or other TB screening test shall be used when identifying persons with infection, regardless of whether a BCG vaccination was received in the past. (See the incorporated publication, The Role of BCG Vaccine.) Multiple puncture tuberculin tests should not be used to determine whether a person has TB infection. The following applies to Mantoux skin testing only:

a) Administration. A trained person shall administer the Mantoux skin test in accordance with the incorporated publication, Core Curriculum.

b) Reading Reactions. Mantoux skin test reactions should be read 48 to 72 hours after administration in accordance with Appendix C and the incorporated publication Core Curriculum, and recorded in millimeters of induration. A positive reaction can be documented up to seven~~7~~ days after the skin test was performed. A negative reaction shall not be documented beyond 72 hours after the skin test was performed. A trained person shall read the test. The recipient of a skin test should not read his or her own skin test, even if the recipient is a trained health care worker.

c) Interpreting Reactions. The millimeter reading for defining a positive reaction shall depend on a person's risk factors for TB. (See Appendix C and the incorporated publications, Screening for High-Risk Populations and Treatment of TB and TB Infection, for further information about interpreting reactions in specific groups.)
AGENCY NOTE~~Agency Note~~: Anergy. The absence of a reaction to the tuberculin skin test does not rule out the diagnosis of TB infection or disease. Anergy should be considered in immunosuppressed persons who have no reaction to the skin test.

d) Two-Step Testing. Testing of persons who will be retested periodically (such as persons at high risk of exposure to TB) and who do not have a documented negative skin test reaction during the preceding 12 months shall be done by two-step testing, except as provided for in Section 696.140(a)(2)(B). The first Mantoux skin test in two-step testing can be read from 48 hours to seven~~7~~ days after the test is administered. If the reaction to the first test is positive, a person shall be considered infected. If the reaction to the first skin test is negative, a second test shall be administered seven~~7~~ to 21 days after the first test was administered. The second test shall be read 48 to 72 hours after administration.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

(See Appendix B.)

(Source: Amended at 32 Ill. Reg. 4010, effective February 29, 2008)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENTS

Section 696.APPENDIX B Waivers for Initial TB Screening Tests~~Mantoux Skin Testing Requirements~~

a) Persons Who are Not Part of a Routine, Periodic Screening Program. TB screening test~~Mantoux skin testing~~ requirements can be waived when documentation is available of a TB screening~~Mantoux skin~~ test result read within 90 days before employment.

b) Persons Who are Part of a Routine, Periodic Screening Program. TB screening test~~Mantoux skin testing~~ requirements can be waived with documentation of:

1) Two or more negative Mantoux skin test results read within one year before employment/admission, with the most recent Mantoux skin test read within 90 days before employment/admission; or

2) A negative TB screening test~~Mantoux skin test~~ result read within one year before employment/admission, provided that the employee shall then receive an additional TB screening test~~Mantoux skin test~~ within seven~~7~~ days after employment/admission; or

3) Negative Mantoux two-step testing or other TB screening test results read within 90 days before employment/admission; or

4) Negative Mantoux two-step testing or other TB screening test results read within one year before employment/admission, followed by a negative Mantoux skin test result read within 90 days before employment/admission; or

5) Negative two-step testing results read within one year before employment/admission, provided that the employee shall then receive an additional Mantoux skin test within seven~~7~~ days after employment/admission.

c) Employees Re-hired or Clients Re-admitted Within a 12-Month Period. Employees and clients sometimes leave a facility for a period of time and later return to that facility. These employees and clients, who have previously met TB screening test~~skin testing~~ requirements, may have such~~the skin test~~ requirements for new hires or new admissions waived if indicated by a risk assessment and, in the judgement of the facility's medical director, these persons were at low risk of

exposure to tuberculosis during their absence from the facility. Consultation should be obtained from the local TB control authority as necessary. A waiver signed by the facility's medical director shall be included in the employees' files.

d) Persons with Documentation of a Previous Positive TB Screening Test Result.~~Reaction.~~ Repeat skin testing is not needed or required for persons with documentation of a previous positive test result~~reaction to a Mantoux skin test~~. (See Section 696.140(b) for screening procedures for persons with documentation of a previous positive result~~reaction~~.)

e) Volunteers. At workplaces, screening requirements for volunteers may be waived based on the results of a risk assessment performed by the local TB control authority. Documentation of such waiver shall be kept on file at the facility.

(Source: Amended at 32 Ill. Reg. 4010, effective February 29, 2008)

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENT

1) Heading of the Part: Health Care Professional Credentials Data Collection Code

2) Code Citation: 77 Ill. Adm. Code 965

3) Section Number: 965.130 — Adopted Action: Amendment

4) Statutory Authority: Health Care Professionals Data Collection Act [410 ILCS 517]

5) Effective Date of Rulemaking: February 27, 2008

6) Does this rulemaking contain an automatic repeal date? No

7) Does this rulemaking contain incorporations by reference? No

8) A copy of the adopted amendment, including any material incorporated by reference, is on file in the Department's principal office and is available for public inspection.

9) Notice of Proposal Published in Illinois Register: March 9, 2007; 31 Ill. Reg. 3971

10) Has JCAR issued a Statement of Objection to this rulemaking? No

11) Differences between proposal and final version: None

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

12) Have all the changes agreed upon by the agency and JCAR been made as indicated in the agreements issued by JCAR? Yes

13) Will this rulemaking replace any emergency rulemaking currently in effect? No

14) Are there any amendments pending on this Part? No

15) Summary and Purpose of the Rulemaking: Part 965 regulates the process for credentialing health care professionals, including credentialing forms, complaints, violations, fines, and waivers. The amendments to Section 965.130 (Use of Uniform Credentialing Forms) clarify that nothing in the Health Care Professional Credentials Data Collection Act [410 ILCS 517] or Part 965 prohibits hospitals from granting disaster

privileges under the appropriate conditions. The amendment implements Public Act 93-829, which established procedures for handling an emergency or disaster.

16) Information and questions regarding this adopted rulemaking shall be directed to:

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

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

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

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENT

TITLE 77: PUBLIC HEALTH
CHAPTER I: DEPARTMENT OF PUBLIC HEALTH
SUBCHAPTER u: MISCELLANEOUS PROGRAMS AND SERVICES

PART 965
HEALTH CARE PROFESSIONAL CREDENTIALS DATA COLLECTION CODE

SUBPART A: GENERAL

Section
965.110 Definitions
965.120 Referenced Materials
965.130 Use of Uniform Credentialing Forms
965.140 Required Policies and Procedures

SUBPART B: ENFORCEMENT ACTION

Section
965.210 Complaints
965.220 Notice of Violation
965.230 Adverse Action
965.240 Fines and Penalties
965.250 Hearings
965.300 Single Credentialing Cycle
965.310 Waiver from Single Credentialing Cycle

965.APPENDIX A Health Care Professional Credentialing and Business Data Gathering Form
965.APPENDIX B Health Care Professional Recredentialing and Business Data Gathering Form
965.APPENDIX C Health Care Professional Update Data Gathering Form

AUTHORITY: Implementing and authorized by the Health Care Professionals Data Collection Act [410 ILCS 517].

SOURCE: Adopted at 24 Ill. Reg. 11476, effective August 24, 2001; amended at 26 Ill. Reg. 18416, effective December 15, 2002; expedited correction at 27 Ill. Reg. 14271, effective December 15, 2002; amended at 32 Ill. Reg. 4040, effective February 27, 2008.

DEPARTMENT OF PUBLIC HEALTH

NOTICE OF ADOPTED AMENDMENT

SUBPART A: GENERAL

Section 965.130 Use of Uniform Credentialing Forms

a) The Department shall establish uniform forms for the purpose of credentialing, recredentialing, and information updates as required in Section 15 of the Act. The forms shall be coordinated to avoid the need for duplication of effort and information in submission.

b) Hard copies and/or electronic copies of the forms shall be provided by the credentialing entity to applicants and current providers for use in their process. Copies may be obtained through the Department electronically via the website at www.idph.state.il.us or in hard copy upon request. No health care entity, health care plan, or hospital may require submission of the form in a specific format, either paper or electronic, until a date has been established under this Part whereby electronic submission can be required.

c) Beginning January 1, 2002, all health care entities, health care plans, and hospitals that credential health care professionals shall only require the submission of the following forms, as specified in Section 15 of the Act:

1) For credentialing, the Uniform Health Care Credentials Form (Appendix A).

2) For recredentialing, the Uniform Health Care Recredentials Form (Appendix B).

3) For updating credentials information, the Uniform Updating Form (Appendix C).

4) Any additional credentials data requested.

d) Credentialing and recredentialing applications and forms distributed before January 1, 2002 may continue to be accepted, but only through June 30, 2002. Health care plans, health care entities, and hospitals need not require that the forms adopted in this Part be filed for a health care professional whose credentialing is already in process prior to January 1, 2002.

e) This Section does not prohibit or *restrict the right of* a *health care entity, health*

care plan or hospital to request additional information necessary for credentialing or recredentialing. (Section 15(i) of the Act) Nothing in this Part prohibits a pre-application process from being in place at a health care entity, health care plan, or hospital. Individual attestation and release forms may be unique to each health care plan, hospital, or health care entity as a part of the credentialing or recredentialing process.

f) The forms adopted in this Part cannot be altered in structure. Nothing prohibits the use of pre-populated or double-sided forms as long as the structure of each page remains as adopted and as appearing on the Department website at www.idph.state.il.us.

g) Nothing in the Act or this Part requires a health care entity, health care plan, or hospital to seek all of the credentials data that may be provided in the mandated credentials data gathering forms. The extent to which a health care entity, health care plan, or hospital requires a health care professional to complete the applicable sections of the forms is within the discretion of the health care entity, health care plan, or hospital. However, no health care entity, plan, or hospital may reject or deny a form that includes more information than the requirements of the individual entity, plan, or hospital.

h) Keeping current and making changes in information, *corrections, updates, and modifications to* a health care professional's credentials data on file with health care entities, health care plans, and hospitals is the responsibility of the health care professional. Data and information changes shall be submitted by the health care professional in accordance with the following time frames:

1) *Within 5 business days for state health care professional license revocation, federal drug enforcement agency license revocation, Medicare or Medicaid sanctions, revocation of hospital privileges, any lapse in professional liability coverage required by a health care entity, health care plan or hospital, or conviction of a felony.*

2) *Within 45 days for any other change in the information from the date the health care professional knew of the change.* (Section 15(g) of the Act)

i) *All updates shall be made on the updating forms* in Appendix C of this Part. (Section 15(g) of the Act) Updated information will be based on the information submitted to a health care plan, health care entity or hospital in the form in

Appendix B of this Part.

j) Collection of the information contained in the forms under this Part does not require health care entities, health care plans or hospitals to use all of the data and fields in the credentialing process. Nothing in the Act or this Part mandates whether or how credentials data must be verified or assessed as part of the credentialing process. All decisions about whether and how to verify and assess any or all of the credentials data submitted to a health care entity, health care plan or hospital by a health care professional is exclusively within the lawful discretion of the health care entity, health care plan, or hospital that is credentialing that health care professional.

k) *Nothing in the Act* or this Part *prohibits a hospital from granting disaster privileges pursuant to the provisions of Section 10.4 of the Hospital Licensing Act. When a hospital grants disaster privileges pursuant to Section 10.4 of the Hospital Licensing Act, that hospital is not required to collect credentials data pursuant to* the *Act*. (Section 15(m) of the Act)

(Source: Amended at 32 Ill. Reg. 4040, effective February 27, 2008)

STATE BOARD OF EDUCATION

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: Providers of Supplemental Educational Services

2) Code Citation: 23 Ill. Adm. Code 675

3)

Section Numbers:	Adopted Action:
675.30	Amendment
675.40	Amendment
675.50	Amendment
675.60	Amendment
675.65	New Section
675.70	Amendment
675.150	Amendment
675.175	Amendment
675.230	Amendment
675.240	Amendment

4) Statutory Authority: 105 ILCS 5/2-3.6

5) Effective Date of Rulemaking: February 26, 2008

6) Does this rulemaking contain an automatic repeal date? No

7) Does this rulemaking contain incorporations by reference? No

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 Proposal Published in Illinois Register: October 5, 2007; 31 Ill. Reg. 13487

10) Has JCAR issued a Statement of Objection to this rulemaking? No

11) Differences between proposal and final version:

The introductory sentence to Section 675.30, referring only to providers, was struck, and several provisions were added relating to ethical behavior of school district employees.

Subsection 675.30(p) was revised to acknowledge the permissible use of parental contact information by providers.

STATE BOARD OF EDUCATION

NOTICE OF ADOPTED AMENDMENTS

The introduction to Section 675.40 was revised to make it clear that on-line tutoring of children in private dwellings is permitted although tutoring face-to-face in private homes is not.

A change was made in Section 675.50(a)(5) to accommodate providers that need to specify minimum numbers of students to be served by attendance center rather than by district.

The period of ineligibility stated in Section 675.60 was reduced from five fiscal years to three.

Section 675.70 was made more straightforward by restricting all districts and providers to use of ISBE's student tracking system.

The reference to the "provider's cost of services" was struck from Section 675.150(b) and replaced with a reference to programmatic criteria.

The last sentence of Section 675.175(a) was amplified to clarify the purpose of ISBE's review of the notifications sent by districts to parents of students who are eligible for SES. Subsection (a)(3) of this rulemaking was rewritten to ensure parents' timely receipt of these notices. Subsection (c) was revised to make clear when the provision of tutoring must start.

The annual reporting deadline stated in Section 675.230(a) was changed to accommodate the various ending dates of providers' fiscal years, and the amount that districts are authorized to withhold pending receipt of final information was changed from 20 percent to 10 percent of the total amount payable.

Minor nonsubstantive technical changes were made in response to suggestions by 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 any emergency rulemaking currently in effect? No

14) Are there any other amendments pending on this Part? No

STATE BOARD OF EDUCATION

NOTICE OF ADOPTED AMENDMENTS

15) Summary and Purpose of Amendments: These amendments involve numerous aspects of the supplemental educational services (SES) system and have arisen from the agency's experience with administration of this system over the last two years.

First, there are several areas in which the code of ethics for providers (Section 675.30) needed to be strengthened. On the other hand, it has been brought to our attention that some additional flexibility is needed in the allowable roles for district employees when a district is also a provider of SES. It was never our intention to preclude such districts from employing staff to manage those services, and that distinction needs to be set forth in the rules; see Section 675.30(h).

The rules have not previously set forth requirements for the qualifications of tutors. However, since SES programs are supported with federal funds under Title I of the No Child Left Behind Act (NCLB), individuals may not be assigned as tutors unless they hold at least the qualifications required of paraprofessionals in Title I programs. Since there are several options that qualify individuals for that type of paraprofessional approval, a cross-reference to the relevant portion of the certification rules (23 Ill. Adm. Code 25.510) has been included as the simplest way of ensuring providers' awareness of this requirement.

Another personnel matter relates to the use (in on-line SES programs) of tutors who live in other countries. In principle, there is no reason to prohibit this practice, but permitting it introduces some further complexity in connection with criminal background checks. Under Section 10-21.9 of the School Code, the employees of firms holding contracts with school districts are subject to the same requirements as apply to district employees, and it is the district that must initiate the checks. However, it is not reasonable to expect that school districts will know the countries of residence of providers' employees or be able to contact the responsible authorities. New material in Section 675.150 (Provider's Relationship with District) sets up a mechanism by which districts will include this as a responsibility of the provider when applicable and discusses how the results will be transmitted.

A number of improvements and clarifications have been made with regard to the approval process. For example, it is sufficient to require the submission of a more general estimate of typical program cost rather than an estimate for each district the provider wishes to serve. We also determined that it would be beneficial to establish a uniform understanding of timing issues associated with the approval of providers. In particular, we saw a need to establish a clear annual cycle, incorporate some flexibility

for unforeseen difficulties, and allow latitude for districts in response to changes that occur after the beginning of a particular year. See new Section 675.65.

ISBE is required by the U.S. Department of Education to review and approve the communications districts use annually to advise parents of the availability of SES. Section 675.175(a) is being expanded to cover this point. In order to eliminate as much unnecessary paperwork as possible, we have provided for districts to avoid repetitive submissions by assuring the State Superintendent that materials previously approved will not be changed in any substantive way.

Section 675.230 requires that "agreed-upon procedures" be performed by certified public accountants (CPAs) with respect to the records of nongovernmental providers that serve more than 50 students. ISBE has not prescribed a standard format for the CPAs' reports, and the level of detail presented has varied widely. We evidently need to ensure that CPAs not only perform the required procedures but also report on discrepancies and areas of non-compliance if any are identified. The revisions in Section 675.230(a) will elicit that information without imposing a rigid format.

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

Randy Niles
Accountability Division
Illinois State Board of Education
100 North First Street
Springfield, Illinois 62777-0001

217/782-2948

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

STATE BOARD OF EDUCATION

NOTICE OF ADOPTED AMENDMENTS

TITLE 23: EDUCATION AND CULTURAL RESOURCES
SUBTITLE A: EDUCATION
CHAPTER I: STATE BOARD OF EDUCATION
SUBCHAPTER o: MISCELLANEOUS

PART 675
PROVIDERS OF SUPPLEMENTAL EDUCATIONAL SERVICES

SUBPART A: GENERAL PROVISIONS

Section
675.10 Purpose and Scope
675.20 Definitions
675.30 Code of Ethics
675.40 Programmatic Requirements
675.50 Application Requirements
675.60 Application Process
675.65 Mid-Year Changes
675.70 Reporting Requirement
675.80 Retention of Records; Access to Premises
675.90 Evaluation of Providers' Performance, Providers' Status, Sanctions, and Removal
675.100 Public Information
675.110 Removal When No Services Offered
675.150 Provider's Relationship with District
675.175 Timetable for Implementation of the Program

SUBPART B: FINANCIAL REQUIREMENTS

Section
675.200 Financial Framework for SES
675.210 District Program Cost
675.220 Non-Reimbursable Expenses and Revenue Offsets
675.230 ~~Cost~~ Reports of Actual Costs
675.240 Establishment of Contract Amount and Payment Provisions
675.245 Basis for Invoices and Payments
675.250 Appeals

675.APPENDIX A Calculation of Effect Size
675.APPENDIX B Evaluation Rubric

STATE BOARD OF EDUCATION

NOTICE OF ADOPTED AMENDMENTS

675.APPENDIX C Decision Matrix

AUTHORITY: Implementing Section 1116(e) of Public Law 107-110, the No Child Left Behind Act of 2001 (20 USC 6316(e)) (34 CFR 200.45 through 200.48), and authorized by Section 2-3.6 of the School Code [105 ILCS 5/2-3.6].

SOURCE: Emergency rules adopted at 29 Ill. Reg. 9516, effective June 17, 2005, for a maximum of 150 days; emergency expired November 13, 2005; adopted at 29 Ill. Reg. 19942, effective November 23, 2005; amended at 30 Ill. Reg. 14325, effective August 18, 2006; amended at 32 Ill. Reg. 4046, effective February 26, 2008.

SUBPART A: GENERAL PROVISIONS

Section 675.30 Code of Ethics

~~In addition to all other requirements imposed by law, all providers of SES must abide by a code of ethics consisting of the following requirements:~~

a) Providers must accurately and completely describe services to consumers in terms that are easy to understand. Providers' statements regarding the number of hours of service offered in their programs must match the number of hours for which districts have contracted. That is, a provider shall not charge a district for a portion of the hours of service offered and indicate that the remaining hours of service are to be provided free of charge.

b) Providers must create and use promotional materials and advertisements that are consistent with their approved applications and free from deception. Upon request, providers shall submit all promotional materials and advertisements related to the SES program to ISBE or the school districts in which they wish to serve.

c) Providers must not misrepresent to anyone the location of a provider's program or the approval status of a program. If the location of services is contingent upon a minimum student enrollment or the approval of a district, the provider shall indicate the applicable contingencies in its marketing materials.

d) Providers must not publicly criticize or disparage other providers.

e) Providers must not distribute a district enrollment form that has the selected provider's name pre-printed as part of the form. Providers must not distribute enrollment forms with directions for how to complete the forms.

f) Providers must maintain a system of addressing consumer grievances and concerns and must immediately report any grievances to both the district and ISBE.

g) Providers must not compensate district employees in exchange for access to facilities, to obtain student lists, or for any illegal purpose. Providers must not solicit or accept an exclusive arrangement with any district or school (including, but not limited to, an exclusive right to conduct in-school assemblies or other marketing activities).

h) Except as otherwise provided in this subsection (h), district~~District~~ personnel may be hired for instructional purposes only~~, except that district~~. District personnel hired for instructional purposes shall not recruit students to a provider's program, engage in marketing activities on behalf of a provider, distribute or collect enrollment forms, or otherwise promote or encourage students to enroll in a provider's program.

1) District personnel without responsibility for or involvement in the district's administration of SES may be employed to perform solely clerical functions having no relationship to the marketing of a provider's program or the recruitment of students.~~ District personnel hired for instructional purposes shall not recruit students to a provider's program, engage in marketing activities on behalf of a provider, distribute or collect enrollment forms, or otherwise promote or encourage students to enroll in a provider's program.~~

2) Where a school district or a school is also a provider of SES, an individual may be employed as coordinator or site manager for the SES program it provides if the individual will have no other responsibilities apart from oversight and management of that SES program, which may include marketing and recruitment, subject to the following additional requirements.

A) The individual employed by the district for this purpose shall not present marketing or recruitment information on any occasion

unless all other providers approved for the schools served are offered the same opportunity to present information or recruit students.

B) The district shall ensure that the individual has no greater access to parents and students at provider fairs, school assemblies, and other, similar occasions than is afforded to all other providers. "Access" means the amount of speaking time available, the space used, and any other resources allocated to providers.

C) The individual's duties related to the SES program for which the district is the provider shall be entirely distinct from those of any other district employee who performs oversight with respect to the provision of SES generally, such as serving as the district's liaison to all SES providers within a school or schools.

i) Each restriction applicable to a school district employee under this Section shall apply equally to a member of any governmental or nonprofit organization formed to support or advise a particular school in which the provider seeks to offer services.

j) Each parent of an eligible student who is hired by a provider must have a written job description and must be compensated on the same basis as all other employees of the provider who perform similar work. No parent may receive any commission or other benefit related to the enrollment of his or her child in a provider's program, nor may a parent be subject to any employment action by the provider on account of the parent's selection of an SES program for his or her child.

k) Providers must not make payments or in-kind contributions to a district, exclusive of customary fees for facility utilization.

l) Providers must not offer or advertise economic incentives or gratuities of any kind to parents or students to solicit them to select the provider for SES. Providers may not offer any incentives to potential students in the course of informational sessions, but may offer promotional materials of negligible value, such as pencils, balloons, or magnets.

m) During the provision of SES, providers may offer only nominal rewards to students for achievement of program milestones or objectives that cannot be attained through attendance alone, or for above-average attendance when given after the mid-point of the provider's program. Providers shall not spend more than $50 per pupil on rewards, exclusive of rewards that consist of materials and equipment used directly in the provision of services.

n) Providers must not encourage or induce students or parents to switch providers once enrolled.

o) Providers must not attempt to influence or bias parents when performing an evaluation of the provider's services and achievement of the objectives in the student's Individual Learning Plan.

p) A provider shall not use information provided by parents of students served under this Part for any commercial purpose without securing the parent's prior written consent for the intended use of the specified information, except that a provider may use parental contact information to communicate about SES with the parents of students served by that specific provider in any prior year.

q) School district personnel shall treat all providers of SES impartially. Whether or not the employing district or school is a provider, school personnel shall not:

1) promote or disparage specific SES providers;

2) distribute SES enrollment forms that include a pre-printed provider's name;

3) obstruct parents in exercising their right to select an SES provider;

4) seek to influence parents' choices among SES providers;

5) alter or destroy registration forms submitted by parents without specific authorization from the parents; or

6) encourage students to drop out of an SES program or switch providers once enrolled.

(Source: Amended at 32 Ill. Reg. 4046, effective February 26, 2008)

STATE BOARD OF EDUCATION

NOTICE OF ADOPTED AMENDMENTS

Section 675.40 Programmatic Requirements

Each provider's SES program shall be conducted at or from a location other than a private dwelling and:

a) include an appropriate, nationally recognized diagnostic assessment for use in identifying students' weaknesses and achievement gaps upon which to build an individual student plan and learning goals, except that, for the 2005-06 reporting period, a diagnostic assessment other than a nationally recognized assessment may be used by providers approved prior to July 1, 2005, upon notification to ISBE;

b) use targeted remediation/instruction that is aimed at addressing the individual skill gaps revealed during the assessment and that is based upon an individual learning plan;

c) include a post assessment linked to the diagnostic assessment to determine whether student gains occurred and to further develop a plan for either re-teaching skills or identifying new skills for instruction;

d) align with the Illinois Learning Standards set forth at 23 Ill. Adm. Code 1, Appendix D, in the area of reading and/or mathematics;

e) be consistent with the academic program a student experiences in the regular school day; ~~and~~

f) use instructional practices that are high-quality, research-based, and specifically designed to increase students' academic achievement; and

g) assign as tutors only individuals who hold or are qualified to hold the letter of approval that is required for service as a paraprofessional in a program supported with federal funds under Title I, Part A, of the ESEA, as described in the rules of the State Board of Education at 23 Ill. Adm. Code 25.510 (Paraprofessionals; Teacher Aides), provided that, in the case of tutors who reside outside the United States, the requirement for United States citizenship or legal presence in the United States shall not apply.

(Source: Amended at 32 Ill. Reg. 4046, effective February 26, 2008)

Section 675.50 Application Requirements

Each application for approval to provide SES in Illinois shall consist of the components described in this Section.

a) A summary of services that indicates:

1) the subject areas available (i.e., reading and/or mathematics);

2) the grade levels served;

3) the total program hours per student, provided that, for any program proposing fewer than 30 instructional hours per subject, the applicant must supply specific evidence that the program has resulted in increased student achievement in that subject, including verification from school district administrators in which the program has been previously provided;

4) the proposed locations of service delivery;

5) the minimum number of students required by the eligible applicant in order to offer SES to a district and an indication of any districts in which that minimum will apply to each site served rather than to the district in the aggregate~~and the maximum number, if any, for each proposed district~~;

6) whether the eligible applicant can provide services to students of limited English proficiency and, if so, the languages in which the eligible applicant provides instruction and the maximum number of LEP students the eligible applicant can serve in each district;

7) whether the eligible applicant can provide services to students with disabilities and, if so, the accommodations or modifications the eligible applicant can offer and the maximum number of students with disabilities the eligible applicant can serve in each district;

8) the time of day and months during which SES will be offered;

9) the ratio of instructors to children, as determined by the provider; and

10) the districts the eligible applicant seeks to serve.

b) A rationale for the eligible applicant's SES program, including:

1) Evidence that the program complies with Section 675.40 of this Part; and

2) Evidence of effectiveness that complies with either subsection (b)(2)(A) or subsection (b)(2)(B) of this Section.

A) General Method

i) Evidence that the program proposed in the application has a positive impact on students' achievement in reading and/or math, particularly for low-income, underachieving students, as demonstrated by scores on the State assessment or on a nationally recognized assessment; and

ii) At least five but no more than ten letters of reference from previous clients (families, districts, or teachers) offering testimonial information on the positive impact of the program proposed in the application and including contact information, starting and ending dates of service provided, and school and district names for each reference.

B) Alternate Method

i) Evidence that the eligible applicant has a minimum of three years' experience serving youth in the community where the eligible applicant intends to offer SES, through activities such as tutoring, mentoring or other extracurricular programs;

ii) Evidence that the curriculum to be used by the eligible applicant has been demonstrated to have a positive impact on students' achievement in reading and/or math, particularly for low-income, underachieving students, as demonstrated by scores on the State assessment or on a nationally recognized assessment;

iii) At least five but no more than ten letters of reference from previous clients (families, districts, or teachers) offering testimonial information on the positive impact of the youth services provided by the eligible applicant and including contact information, starting and ending dates of service provided, and school and district names for each reference; and

iv) An agreement to limit services to no more than 200 children during the first two years of SES.

c) The specific procedures to be used and frequency of reports of student progress to teachers, district staff, and parents/families (including a description of how information will be provided to parents and families in a format and language they can understand).

d) A description of the qualifications of instructional staff, including such resumes and other information on qualifications as ISBE may require. If the applicant intends to assign tutors who reside outside the United States, the application shall identify their countries of residence and, for each of those countries, the national and either regional or local law enforcement authorities from which fingerprint-based checks of criminal history records will be obtained that will be comparable to those required under Section 10-21.9 of the School Code [105 ILCS 5/10-21.9]. Individuals residing in countries where checks of these types are not available shall not be assigned as tutors.

e) Proof of liability insurance in amounts deemed sufficient by ISBE to protect the district and ISBE in light of the number of students to be served by the provider.

f) Evidence that the eligible applicant possesses a sound management structure.

g) Evidence that the provider has adequate financial, organizational and technical resources to administer the proposed program.

h) Proof of legal authority to conduct business in Illinois.

i) Information on the eligible applicant's estimated per-pupil ~~district~~ program cost, calculated as set forth in Section 675.210 of this Part for a sample or hypothetical district for which the provider assumes cost factors to be representative. If the

provider's costs will vary based on the number of students enrolled, costs must be provided for various enrollment ranges. Providers must specify the assumptions upon which occupancy costs are shown for services in district facilities.

j) Such certifications, assurances, and/or additional information as ISBE may require in order to verify any information reported by the eligible applicant or otherwise to fulfill its duties with respect to the administration of SES.

(Source: Amended at 32 Ill. Reg. 4046, effective February 26, 2008)

Section 675.60 Application Process

a) Applications for approval as SES providers will be accepted only from eligible applicants and only during the two application periods established by the State Superintendent of Education each fiscal year, unless an emergency application period is needed for a particular school district to enable students to continue receiving services through the remainder of a school year as required by NCLB. Each provider's approval shall take effect beginning with the fiscal year after the year in which the application was submitted, unless the State Superintendent makes an exception to account for circumstances at ISBE that have led to a delay, resulting in approval of a provider's application in the fiscal year after its original submission.

b) Upon receipt of an application, ISBE will provide it to the district in which an eligible applicant seeks to serve for the district's general review and comment, but in particular for an assessment by the district as to whether the program is consistent with the academic program a student experiences during the regular school day. For providers seeking to serve all eligible districts, ISBE may elect to provide the application to a group of representative districts for review. The district and ISBE may seek additional information and clarifications from the eligible applicant. These clarifications will then be made a part of the provider's application.

1) If an applicant fails to respond to a request for additional information or clarification, ISBE shall, upon 14 days' written notice, declare the~~an~~ application inactive. If an application is declared inactive under this subsection (b)(1), the applicant shall be required to submit an entirely new application using the then-current application form and within an

application period established by the State Superintendent for a subsequent fiscal year.

2) If attempts to clarify or revise an application fail to result in its approval by the end of the fiscal year for which it was submitted, it shall be declared inactive and a new application shall be required.

c) Applications meeting the requirements set forth in Sections 675.40 and 675.50 of this Part and all other requirements of NCLB will be approved, provided that, when applicable, ISBE shall also consider factors that have led to any other state's revocation of, or refusal to renew, a provider's approval. ISBE may reject an application if this information indicates that the provider violated any applicable law or regulatory requirement, failed to demonstrate the program's effectiveness, or otherwise acted in a manner contrary to the intent of NCLB. If an application is rejected, neither the eligible applicant nor any related organization shall be eligible to re-apply during the following 12-month period.

d) If a provider is removed from the State-approved list for any reason other than as described in Section 675.110 of this Part, the provider and any related organization shall be ineligible to re-apply for any of~~during~~ the following three fiscal years~~five-year period~~, except that ~~this period of ineligibility shall not apply to~~ a provider that is a public school or school district that has its eligibility restored by being removed from "improvement status" shall be eligible to re-apply for the fiscal year after the year of its removal from that status.

(Source: Amended at 32 Ill. Reg. 4046, effective February 26, 2008)

Section 675.65 Mid-Year Changes

Each provider shall implement its SES program in accordance with its approved application. Changes in any aspect of an approved program shall require prior written approval from ISBE. Applications for approval of changes shall be submitted in a format specified by the State Superintendent of Education. Except as otherwise provided in this Section, approved changes shall take effect beginning with the fiscal year after the year during which they are approved.

a) When a provider receives approval to serve an additional district after the beginning of a fiscal year, that district may either offer that provider's program as a choice for parents or wait until the next enrollment period or the next fiscal year before doing so.

b) Approved changes in a provider's program for a district, such as changes in the student/teacher ratio or grade levels to be served, may be placed into effect without waiting for the next fiscal year if the district agrees in writing to the changes as of a specified effective date. The provider shall provide a copy of the district's written agreement to the State Superintendent within 10 days after receipt of the agreement.

c) If circumstances change in a country to the extent that a previously approved method for obtaining checks of criminal history records for prospective tutors cannot be implemented (see Sections 675.50(d) and 675.150(f) of this Part), the affected provider shall seek approval for the necessary change in its application and shall implement the newly applicable method prior to assigning tutors who reside in that country.

(Source: Added at 32 Ill. Reg. 4046, effective February 26, 2008)

Section 675.70 Reporting Requirement

a) Each provider shall be required to use a tracking system for student enrollment and progress developed by ISBE. ~~Unless otherwise agreed to between the district and a provider, this~~ This tracking system shall also be used to determine the amount billable to the district for the provider's services.

b) Within 60 days after a provider's conclusion of SES for the SES reporting period, the provider shall submit a report to ISBE including the information identified in this subsection (b), which shall be submitted as specified by the State Superintendent~~and to each district in which the provider operates. This report shall include~~:

1) information on the students served;

2) details of any complaints received from teachers or parents;

3) the percentage of students meeting the academic goals set out in their Individual Learning Plans;

4) updates and revisions to any information set forth in the provider's approved application (including the submission of all information required

by Section 675.50 of this Part not previously reported by the provider); and

5) an assurance that all other information set forth on the provider's approved application, as may be updated from time to time, remains true and correct.

c) Upon the request of any district served by a provider, the provider shall, within 10 days after receipt of the district's request or after the provider's submission of the report to ISBE, whichever is later, furnish to the district the information specified in subsections (b)(2) and (3) of this Section as applicable to that district. However, a provider shall not be obligated to supply this information for any SES reporting period more than one year after the end of that period.

d) ISBE may request additional information from a provider that may be necessary for ISBE to verify any information reported by the provider or otherwise to fulfill its duties with respect to the administration of SES.

e~~d~~) Providers failing to submit timely and complete reports shall not be included on the list of eligible providers for the following SES reporting period.

(Source: Amended at 32 Ill. Reg. 4046, effective February 26, 2008)

Section 675.150 Provider's Relationship with District

a) A district may impose reasonable administrative and operational requirements through its agreements with providers that are consistent with requirements imposed generally on the district's contractors or requirements set by ISBE and that do not limit educational options for parents.

b) Districts may, but are not required to, allow the use of district facilities for SES. If a district determines that one or more facilities have a limited capacity to accommodate multiple providers for such reasons as limited available classroom space or a limit to the district's administrative capacity to oversee multiple contractors, the district may select those providers using an equitable selection process that considers ~~the provider's cost of services and other~~ reasonable programmatic, administrative, and operational criteria consistent with criteria generally used by the district in the selection of contractors.

c) A school district may, with notification to the State Superintendent of Education, terminate the services a provider is providing to a particular student if the provider is unable to meet the student's specific achievement goals within the timetable set out in the original agreement between the district and the provider.

d) For any other termination of services by a school district, the district shall provide prior written notification to the State Superintendent of Education if the district intends to terminate the services of a provider throughout the district or at a particular school.

1) The State Superintendent of Education shall require information from both the provider and the district to determine the validity of the complaint and to determine whether a corrective action plan should be implemented to address the complaint.

2) Upon receipt and review of information from both the district and provider, the State Superintendent of Education shall determine whether the district should be allowed to proceed with the termination.

e) No later than 30 days after the district's delivery to the provider of a district-approved list of students and a fully executed contract, a provider shall begin the provision of services to students in that district. See also Section 675.175 of this Part.

f) Each district shall ensure that the requirements of Section 10-21.9 of the School Code are met with respect to any tutor assigned to the district's students under the auspices of a provider of supplemental educational services. In the case of any tutor who resides outside the United States, the district's contract with the provider employing the tutor shall require that the provider request fingerprint-based checks of criminal history records to be performed by the national and either regional or local law enforcement authorities identified in the provider's approved application.

1) The provider shall identify for these authorities the regional superintendents of education to whom results of the records checks are to be sent. *Any information concerning the record of conviction and identification as a sex offender of any such employee obtained by the regional superintendent shall be promptly reported to the president of the appropriate school board or school boards.* [105 ILCS 5/10-21.9(f)]

2) If law enforcement authorities decline to correspond with regional superintendents and indicate that they will respond only to the requesting provider, the provider shall furnish the presidents of the appropriate school boards with the results of all completed background checks within five business days after receiving those results.

(Source: Amended at 32 Ill. Reg. 4046, effective February 26, 2008)

Section 675.175 Timetable for Implementation of the Program

The requirements of this Section shall pertain to a district's initial enrollment period for SES in each school year. Districts are strongly encouraged to undertake parental notification and student enrollment in advance of the timelines set forth in this Section. No provision of this Section shall be construed to limit a district's ability to offer multiple enrollment periods during the course of a school year. The deadline for each district's initial enrollment period shall be no later than 60 days after the first day of school or 60 days after the district's receipt of notification from ISBE as to its status, whichever occurs later.

a) In any school year when the performance of a district's schools obligates the district to offer supplemental educational services, the district shall distribute to parents of eligible students a notification to this effect, accompanied by a selection form for use by the parents. Each district's notification and selection form must be approved by the State Superintendent of Education annually to ensure that it includes the material required by Section 1116(e)(2)(A) of NCLB and, to the extent practicable, is written in language that will be understandable to parents.

1) No later than three weeks prior to the date on which the district plans to distribute its notification to parents, each district shall submit to the State Superintendent either:

A) the intended notification and the intended enrollment form, if separate; or

B) an assurance that its approved notification and enrollment form from the previous year will not be changed other than with respect to dates or available providers.

2) Within two weeks after receipt of a district's intended notification materials or assurance, the State Superintendent shall either approve the communication or specify areas of insufficiency that must be corrected before the notification can be released.

3) This notification shall be distributed in such a way as to reach parents~~no sooner than four weeks and~~ no later than two weeks prior to the close of~~deadline for~~ the district's initial enrollment period, and shall inform parents regarding all the approved providers that will be serving the schools attended by their respective students.

b) Prior to negotiating contracts with districts, each provider shall submit to ISBE, in the form specified by the State Superintendent, good-faith estimates of its per-pupil district program costs, as specified in Section 675.240 of this Part and based in each case on the approximate number of students expected to enroll in the provider's program. The State Superintendent shall make these estimates available to districts without delay. As soon as reasonably practicable, but in no event later than 45 days after the deadline for a~~the~~ district's initial enrollment period, the district shall submit to each provider a district-approved list of students whose parents have selected that provider. The district shall also use its best efforts to deliver a fully executed contract to each provider, based on the provider's estimated per-pupil district program cost, within this timeframe.

c) No later than 30 days after the district's delivery to the provider of a student list and fully executed contract, each school district shall verify that each provider with which the district has executed a contract has begun the provision of tutoring~~services~~ to the students whose families chose that provider. If any provider has not begun to provide services, the district shall notify the parents of the affected students to this effect and offer the parents a one-week opportunity to choose another approved provider. In any such instance, the district shall conclude any needed contractual revisions within one further week and ensure that the new provider begins serving each affected student no later than two weeks after receiving the applicable contract and the list of students. The other provisions of this subsection (c) notwithstanding, a district that has collected indications of parents' second choices may assign students to the programs selected and notify parents that this has occurred.

(Source: Amended at 32 Ill. Reg. 4046, effective February 26, 2008)

STATE BOARD OF EDUCATION

NOTICE OF ADOPTED AMENDMENTS

SUBPART B: FINANCIAL REQUIREMENTS

Section 675.230 ~~Cost~~ Reports of Actual Costs

a) ~~For each SES reporting period beginning on or after July 1, 2005, each~~ Each provider shall report to the State Board of Education, no later than September 30 following the end of the ~~60 days after the provider's conclusion of services for that~~ SES reporting period or 45 days after the end of the provider's fiscal year, whichever is later, and using a form provided by ISBE, the provider's district program cost for each district the provider served. The cost report shall also indicate the payments received or invoiced to the district for the SES reporting period, as well as the difference between these payments and the district program cost.

1) Each provider shall identify all transactions with related organizations and the actual cost of each transaction.

2) Each non-governmental provider serving more than 50 students within a district must engage an independent Licensed Certified Public Accountant (CPA) who is a member of the American Institute of Certified Public Accountants to perform agreed-upon procedures on its reported information. An agreed-upon procedures report must be submitted with the district program cost report required by this subsection (a). The agreed-upon procedures must include the following.

A) Obtain the general ledger trial balance as of the reporting date and agree or reconcile the balances in the trial balance to the cost report;

B) Inquire of members of management who have responsibility for financial and accounting matters concerning:

i) whether the cost report has been prepared using the accrual basis;

ii) the procedures for recording, classifying, and summarizing transactions and accumulating information;

iii) the method used to allocate curriculum development and administrative and general expenses to the district;

iv) known transactions with related organizations and whether the actual cost of such transactions was accurately reported; and

v) the provider's procedures for identifying non-reimbursable expenses;

C) Identify and report on results from~~relationships between recorded amounts and expectations that appear to be unusual by performing~~ the following procedures:

i) compare the actual average cost per pupil as shown on the cost report to the average cost per pupil shown in the contract ~~amount~~ with the district, and report on management's explanation for any differences greater than 10 percent; and

ii) compare ~~the difference between~~ current-year and prior-year cost results by report line item, and report on management's explanations for any differences in line item amounts that exceed 10 percent of the prior year's amounts, or if the total cost for the reporting period exceeds the total cost for the prior year by more than 5 percent; ~~and~~

~~iii) perform additional procedures to respond to unexpected differences;~~

D) For providers serving more than 200 students in a district, select a sample of program and curriculum and training expenses for source document testing. The sample must be representative of the population and represent no less than 25 percent of the expenses for each category. As a part of testing procedures, perform the following:

i) verify~~determine~~ that the provider properly classified costs according to the categories and subcategories set forth in

Section 675.210 of this Part, and report on sampled items that were not classified in accordance with that Section;

ii) verify~~determine~~ that sampled items are not~~the expense is not a~~ non-reimbursable ~~expense~~ as defined in Section 675.220 of this Part, and report on sampled items that are non-reimbursable as defined in that Section; and

iii) verify~~determine~~ that curriculum development and administrative and general expenses have been allocated to the district in an accurate and consistent manner and in accordance with Section 675.210(b) of this Part, and report on allocations for any sampled items that are not in accordance with that Section~~the appropriate allocation method~~; and

E) Report on whether, as determined by~~a part of~~ the procedures performed under subsection (a)(2)(D) of this Section, the sampled items contain~~cost report contains~~ errors, omissions, inconsistencies, or non-compliance with the cost reporting requirements set forth in this Section, and specify~~. Specify~~ each material error, omission, or inconsistency~~, or non-compliance with this Section~~.

3) An agreed-upon procedures report submitted pursuant to subsection (a)(2) of this Section shall indicate whether all elements of the provider's cost report comply with the requirements of this Subpart B. In addition to the specific items to be reported under subsection (a)(2) of this Section, the CPA shall also report on:

A) any unreconciled differences between the general ledger trial balance and the cost report;

B) any cost report that was not prepared on the accrual basis;

C) any entries that are not supported by or do not agree with documentation provided by management;

D) any cost allocation methods that are not in accordance with the requirements set forth in Section 675.210(b) of this Part; and

E) any other material error, omission, inconsistency, or area of non-compliance that comes to the CPA's attention during the course of conducting the agreed-upon procedures required by subsection (a)(2) of this Section.

b) Each provider shall report the number of students enrolled in the provider's program during each SES reporting period. If a student's services are terminated during the SES reporting period, the student shall be reported in accordance with the percentage of the program completed prior to termination of services. For example, a student who completed 60 percent of the provider's program prior to termination of services should be reported as .6 of a student on the provider's cost report.

c) All reporting shall be provided on an accrual basis.

~~d) All providers on the State-approved list as of June 16, 2005 shall report to ISBE, using a form provided by ISBE, the information required by subsections (a) and (b) of this Section for each district the provider served for the period from July 1, 2004 through June 30, 2005. This report shall be submitted no later than July 15, 2005, unless an extension of this deadline is granted by the State Superintendent of Education. By October 1, 2005, each non-governmental provider serving more than 50 students within a district shall also submit a letter from a Licensed Certified Public Accountant who provides evidence of meeting the requirements of subsection (a)(2) of this Section, indicating that the information has been reviewed as required.~~

~~e) Additional Requirement for New Providers~~
~~Within 30 days after the closure of the enrollment period within each district served, each newly approved provider must submit to ISBE adjusted estimates of its actual per-pupil cost of service, based upon the number of students enrolled in the provider's program within each district served.~~

(Source: Amended at 32 Ill. Reg. 4046, effective February 26, 2008)

Section 675.240 Establishment of Contract Amount and Payment Provisions

a) The initial per-pupil contract amount set forth in the provider's contract with a district shall be the lesser of:

1) the district's per-child allocation under Part A of Title I of NCLB; or

2) the provider's reasonable estimate of its actual cost of services during the SES reporting period that it seeks to charge to the district pursuant to the contract. ~~This estimate shall be submitted to ISBE on its district program cost report for the preceding SES reporting period.~~

b) A provider's reasonable estimate pursuant to subsection (a)(2) of this Section shall be established using the four expense categories set forth in Section 675.210(a) of this Part (i.e., program expenses, occupancy expenses, curriculum development expenses, and administrative and general expenses).

1) To the extent that any category of expenses in the estimate exceeds the per-pupil amount for the same category set out in the provider's district program cost report, the provider shall itemize the expenses and attach a specific justification for the increase based upon additional expenditures the provider reasonably expects to incur for reasons such as inflation, increased labor costs, or budgeted equipment expenditures or for another legitimate business purpose (e.g., additional investment in professional development for staff, increase in profit margins to reflect industry standards).

2) An estimate by a provider that will use a district's facilities shall specify the provider's assumptions for any occupancy costs and shall reflect the per-pupil savings the provider reasonably expects to receive, based upon:

A) operational savings associated with using the district's facilities;

B) the value of real estate provided by the district; and

C) the business advantages resulting from access to the district's facilities.

3) Except as otherwise provided in subsections (b)(4) and (b)(5) of this Section, at least 60 percent of funds paid to a provider from a district's Title I, Part A, allocation shall be used for either direct program expenses or occupancy expenses.

4) Any provider in good standing (with or without reservations) and with student achievement outcomes of "above standards" shall be exempt from the percentage restriction set forth in subsection (b)(3) of this Section, provided that the provider submits all cost estimates and cost reports required by this Part and accurately displays its elements of cost in all instances. The exemption provided by this subsection (b)(4) shall also be available on the same basis to any Web-based provider whose per-pupil district program cost is less than 50 percent of the mean actual cost reported for the prior year for either providers serving the Chicago Public Schools or providers serving all other school districts, as applicable to the district with respect to which the provider desires the exemption.

5) A provider whose reasonable estimate for administrative and general expenses is not more than 25 percent of the district's Title I, Part A, allocation per pupil may petition the State Superintendent for permission to spend less than the amount required for direct program expenses and occupancy expenses under subsection (b)(3) of this Section in order to allocate increased funds to curriculum development expenses. The petition must be received by the State Superintendent within 20 days after the provider's receipt of notification of its status in accordance with Section 675.90 of this Part and must:

A) demonstrate that the proposed cost structure will contribute to the increased academic achievement of students served and will allow the provider to deliver a program in accordance with its approved application;

B) specify the amount the provider seeks to establish for each of the four expense categories, including the specific cost items the provider is seeking to increase; and

C) demonstrate that the amounts specified as required by subsection (b)(5)(B) of this Section are properly attributed to the district in accordance with the cost principles set forth in Section 675.210 of this Part.

c) If the provider receives benefits from the use of district facilities not accounted for in the provider's assumptions, the provider's reasonable estimate pursuant to subsection (a)(2) of this Section shall be adjusted accordingly.

d) Prior to executing a contract with a district, a provider may petition ISBE for permission to revise the reasonable estimate provided pursuant to Section 675.50(i) of this Part, which shall be granted if based on administrative requirements imposed by the district that were not reasonably foreseeable when the estimate was submitted. After the execution of a contract with a district, a provider may seek a revision to its reasonable estimate in accordance with its contractual agreement with the district.

e) If permitted in the provider's contract with the district, the district may withhold no more than 10~~20~~ percent of the total amount payable to the provider until such time as the provider reports to ISBE its district program costs, the amount paid by or invoiced to the district, and the number of students enrolled during the SES reporting period to which the contract relates. If the actual cost for the SES reporting period to which the contract relates is less than the amount paid by or invoiced to the district based upon the initial per-pupil contract amount set forth in the contract, and provided the contract permits a cost adjustment, the district shall be responsible for paying to the provider only the actual cost of services for the SES reporting period to which the contract relates. The district shall not be liable for actual costs, on a per-pupil basis, that exceed the provider's reasonable estimate established for the relevant expense category in accordance with this Section.

(Source: Amended at 32 Ill. Reg. 4046, effective February 26, 2008)

TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS

NOTICE OF ADOPTED AMENDMENTS

1) Heading of the Part: The Administration and Operation of the Teachers' Retirement System

2) Code Citation: 80 Ill. Adm. Code 1650

3)

Section Numbers:	Adopted Action:
1650.1110	Amended
1650.1113	Amended
1650.1115	Amended
1650.1116	Amended
1650.1118	Amended
1650.1119	Amended
1650.1122	Amended
1650.1125	New

4) Statutory Authority: Implementing and authorized by Article 16 of the Illinois Pension Code [40 ILCS 5/16].

5) Effective Date of Amendments: February 28, 2008

6) Does this rulemaking contain an automatic repeal date? No

7) Does this rulemaking contain incorporations by reference? No

8) A copy of the adopted amendments, including any material incorporated by reference, is on file in the Teachers' Retirement System's principal office and is available for public inspection.

9) Notice of Proposal Published in Illinois Register: November 30, 2007; 31 Ill. Reg. 15988

10) Has JCAR issued a Statement of Objection to these amendments? No

11) Differences between proposal and final version: Various punctuation changes recommended by JCAR were made in the final version.

12) Have all the changes agreed upon by the agency and JCAR been as indicated in the agreements issued by JCAR? Yes

13) Will these amendments replace any emergency rulemaking currently in effect? No

TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS

NOTICE OF ADOPTED AMENDMENTS

14) Are there any amendments pending on this Part? Yes

Section:	Proposed Action:	Illinois Register Citation:
1650.561	New	32 Ill.Reg. 854; January 18, 2008

15) Summary and Purpose of Amendments: The amendments are technical refinements to the Teachers' Retirement System's existing Qualified Illinois Domestic Relations Order (QILDRO) rules, Subpart M. The amendments enhance the System's effective administration of the amended QILDRO law [40 ILCS 5/1-119] which became effective July 1, 2006. New rule 1650.1125 explains how the System will allocate lump-sum death benefits that are affected by a QILDRO.

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

Cynthia M. Fain Gray, Assistant General Counsel
Teachers Retirement System
2815 West Washington, P.O. Box 19253
Springfield, Illinois 62794-9253

217/753-0375

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

TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS

NOTICE OF ADOPTED AMENDMENTS

TITLE 80: PUBLIC OFFICIALS AND EMPLOYEES
SUBTITLE D: RETIREMENT SYSTEMS
CHAPTER III: TEACHERS' RETIREMENT SYSTEM OF THE STATE OF ILLINOIS

PART 1650
THE ADMINISTRATION AND OPERATION OF THE
TEACHERS' RETIREMENT SYSTEM

SUBPART A: REPORTS BY BOARD OF TRUSTEES

Section
1650.10 Annual Financial Report (Repealed)

SUBPART B: BASIC RECORDS AND ACCOUNTS

Section
1650.110 Membership Records
1650.120 Claims Records (Repealed)
1650.130 Individual Accounts (Repealed)
1650.140 Ledger and Accounts Books (Repealed)
1650.150 Statistics (Repealed)
1650.160 Confidentiality of Records
1650.180 Filing and Payment Requirements
1650.181 Early Retirement Incentive Payment Requirements
1650.182 Waiver of Additional Amounts Due
1650.183 Definition of Employer's Normal Cost

SUBPART C: FILING OF CLAIMS

Section
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AUTHORITY: Implementing and authorized by Articles 1 and 16 of the Illinois Pension Code [40 ILCS 5/Arts. 1 and 16]; Freedom of Information Act [5 ILCS 140]; Internal Revenue Code (26 USC 1 et seq.); Section 5-15 of the Illinois Administrative Procedure Act [5 ILCS 100/5-15].

SOURCE: Filed June 20, 1958; emergency rules adopted at 2 Ill. Reg. 49, p. 249, effective November 29, 1978, for a maximum of 150 days; adopted at 3 Ill. Reg. 9, p. 1, effective March 3, 1979; codified at 8 Ill. Reg. 16350; amended at 9 Ill. Reg. 20885, effective December 17, 1985; amended at 12 Ill. Reg. 16896, effective October 3, 1988; amended at 14 Ill. Reg. 18305, effective October 29, 1990; amended at 15 Ill. Reg. 16731, effective November 5, 1991; amended at 17 Ill. Reg. 1631, effective January 22, 1993; amended at 18 Ill. Reg. 6349, effective April 15, 1994; emergency amendment at 18 Ill. Reg. 8949, effective May 24, 1994, for a maximum of 150 days; emergency modified at 18 Ill. Reg. 12880; amended at 18 Ill. Reg. 15154, effective September 27, 1994; amended at 20 Ill. Reg. 3118, effective February 5, 1996; emergency amendment at 21 Ill. Reg. 483, effective January 1, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 2422, effective January 31, 1997; amended at 21 Ill. Reg. 4844, effective March 27, 1997; emergency amendment at 21 Ill. Reg. 17159, effective December 9, 1997, for a maximum of 150 days; amended at 22 Ill. Reg. 7243, effective April 9, 1998; emergency amendment at 22 Ill. Reg. 7314, effective April 9, 1998, for a maximum of 150 days; emergency amendment at 22 Ill. Reg. 9374, effective May 14, 1998, for a maximum of 150 days;

emergency rule modified in response to JCAR Objection at 22 Ill. Reg. 11640; emergency amendment at 22 Ill. Reg. 13151, effective June 29, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 15620, effective August 17, 1998; amended at 22 Ill. Reg. 19079, effective October 1, 1998; amended at 22 Ill. Reg. 22090, effective December 1, 1998; amended at 23 Ill. Reg. 3079, effective February 23, 1999; amended at 24 Ill. Reg. 2440, effective January 27, 2000; amended at 24 Ill. Reg. 10300, effective June 26, 2000; amended at 25 Ill. Reg. 203, effective December 22, 2000; amended at 26 Ill. Reg. 2758, effective February 11, 2002; amended at 26 Ill. Reg. 11476, effective July 11, 2002; amended at 27 Ill. Reg. 1668, effective January 17, 2003; amended at 27 Ill. Reg. 9209, effective May 28, 2003; amended at 28 Ill. Reg. 10055, effective June 29, 2004; amended at 29 Ill. Reg. 1546, effective January 14, 2005; amended at 29 Ill. Reg. 13244, effective August 9, 2005; amended at 30 Ill. Reg. 194, effective December 23, 2005; amended at 30 Ill. Reg. 472, effective December 21, 2005; amended at 30 Ill. Reg. 11728, effective June 23, 2006; amended at 30 Ill. Reg. 17525, effective October 18, 2006; amended at 31 Ill. Reg. 10688, effective July 13, 2007; amended at 32 Ill. Reg. 4073, effective February 28, 2008.

SUBPART M: QUALIFIED ILLINOIS DOMESTIC RELATIONS ORDERS

Section 1650.1110 Definitions

a) The definitions in Section 1-119(a) of the Illinois Pension Code (the "Act") [40 ILCS 5/1-119(a)] shall apply to this Subpart.

b) The phrase "death benefit" in Section 1-119(a)(2) of the Act [40 ILCS 5/1-119(a)(2)] includes:

1) A refund of any remaining accumulated contributions;

2) A refund payable to a deceased member's designated beneficiary because the member elected a 2.2 upgrade and dies before making the full upgrade contribution; or

3) A survivor benefit under Section 16-141 or Section 16-142 of the Act [40 ILCS 5/16-141, 16-142] if and only if payable as a lump sum.

c) The phrase "member's refund" in Section 1-119(a)(5) of the Act [40 ILCS 5/1-119(a)(5)] does not include an "error refund" as defined in subsection (d) of this Section.

d) The phrase "error refund" as used in this Subpart includes:

1) A refund paid to a member as the result of an error in a payment to the System; or

2) A refund payable to a living member resulting from an overpayment made by a TRS-covered employer for a 2.2 upgrade.

e) The phrase "disability benefit" in Section 1-119(a)(3) of the Act [40 ILCS 5/1-119(a)(3)] includes:

1) A disability benefit under Section 16-149 of the Act [40 ILCS 5/16-149];

2) An occupational disability benefit under Section 16-149.1 of the Act [40 ILCS 5/16-149.1]; or

3) A disability retirement annuity under Section 16-149.2 of the Act [40 ILCS 5/16-149.2].

f) The phrase "member's retirement benefit" as used in this Subpart means the total amount of the "retirement benefit" as defined in Section 1-119(a)(8) of the Act [40 ILCS 5/1-119(a)(8)] that would be payable to the member in the absence of a QILDRO.

g) The phrase "partial member's refund" as used in this Subpart includes:

1) A refund of survivor benefit contributions;

2) A partial refund of retirement contributions as provided under Section 16-152(d) of the Act [40 ILCS 5/16-152(d)];

3) An upgrade contribution refund payable to a living member who has elected a 2.2 upgrade, because:

A) The member has creditable service in excess of 34 years;

B) The member is entitled to a 1% reduction in the upgrade contribution for every three full years of creditable service;

C) An actuarial calculation provides a greater benefit than an upgraded final average salary calculation; or

D) The member failed to make the full upgrade contribution in a timely fashion;

4) A refund of contributions for excess optional service as provided in Section 1650.410(b); or

5) A refund of contributions for the Early Retirement Option under Section 16-152(e) of the Act [40 ILCS 5/16-152(e)].

h) The phrase "effective date of the QILDRO" or any similar phrase as used in this Subpart means the date that a retirement benefit, refund, or lump-sum death benefit to which the QILDRO applies becomes payable.~~, provided that:~~

~~1) No QILDRO will apply to a benefit or refund that becomes payable less than 30 days after the date the System received the QILDRO; and~~

~~2) If the QILDRO expresses any amount payable to the alternate payee as a percentage, the System must receive a valid QILDRO Calculation Order before the QILDRO becomes effective.~~

i) The phrase "valid receipt date" or any similar phrase as used in this Subpart means the date the System received a valid court order.

j) The phrase "valuation procedures established by the retirement system" in Section 503(b)(2) of the Illinois Marriage and Dissolution of Marriage Act [750 ILCS 5/503(b)(2)], with respect to the Teachers' Retirement System, means the benefit information provided by the System for divorce purposes in accordance with Section 1650.1122.

k) The phrase "percentage QILDRO" or any similar phrase as used in this Subpart means any portion of the QILDRO that expresses an amount payable to the alternate payee as a percentage rather than a specified dollar amount.

l) The phrase "alternate payee share" or any similar phrase as used in this Subpart means that portion of any benefit or refund allocated to the alternate payee in the QILDRO.

(Source: Amended at 32 Ill. Reg. 4073, effective February 28, 2008)

Section 1650.1113 Required Forms

a) A QILDRO, a Consent to Issuance of QILDRO, or a Calculation Order must be in the form adopted by the System as of the valid receipt date.

b) The ~~required~~ forms adopted by the System are available on the System's web site, trs.illinois.gov, or upon request.

c) A QILDRO, a Consent Form, or a Calculation Order that is not in the form adopted by the System as of the receipt date is invalid.

d) Re-typed forms and obsolete forms will be returned, unprocessed, to the sender.

(Source: Amended at 32 Ill. Reg. 4073, effective February 28, 2008)

Section 1650.1115 Benefits Affected by a QILDRO

a) A QILDRO may apply only to the following benefits administered by the System:

1) A monthly retirement benefit;

2) A single sum retirement benefit;

3) A termination refund;

4) A partial member's refund; or

5) A return of accumulated contributions payable to a member's designated beneficiary upon death; or

6) A survivor benefit, if and only if payable as a lump sum.

b) If a QILDRO applies to any partial member's refund that becomes payable, the aggregate amount paid to the alternate payee from all partial member's refunds shall not exceed the amount specified in the QILDRO.

c) A QILDRO shall not apply to any of the following:

1) A monthly survivor benefit;

2) A disability benefit as defined in Section 1650.1110(e) of this Subpart;

~~3) An occupational disability benefit;~~

~~4) A disability retirement annuity;~~

3~~5~~) A Teachers' Retirement Insurance Program ("TRIP") benefit or any other health insurance benefit; or

4~~6~~) An error refund as defined in Section 1650.1110(d) of this Subpart.

d) If a benefit or refund subject to a QILDRO is also subject to tax lien or withholding order, the System will deduct the amount due pursuant to the tax lien or withholding order prior to deducting the amount due pursuant to the QILDRO, until the System receives different instructions from the court that issued the QILDRO. It is the member's or alternate payee's responsibility to obtain clarification from the court if the QILDRO should take priority ahead of a competing tax lien or withholding order.

(Source: Amended at 32 Ill. Reg. 4073, effective February 28, 2008)

Section 1650.1116 Effect of a Valid QILDRO

a) If the QILDRO applies to a member who is not an annuitant of the System, the QILDRO will be placed in the member's file and will not be implemented until an affected benefit or refund to which the QILDRO applies becomes payable.

b) If the QILDRO applies to a member who is an annuitant of the System, payment to the alternate payee will begin with the first benefit or refund to which the QILDRO applies that falls at least 30 days after the valid receipt date of the QILDRO.

c) If the QILDRO expresses any amount payable to the alternate payee as a percentage, the System cannot pay the alternate payee such amount until the

System receives a valid Calculation Order corresponding to the percentage in the underlying QILDRO.

1) When a retirement benefit subject to a percentage QILDRO on file with the System becomes payable and the System has not received a valid Calculation Order corresponding to the retirement benefit, the System will determine an anticipated payment to the alternate payee based on information in the QILDRO, if it is possible to do so. The System will hold the alternate payee's anticipated payment and begin paying the member's retirement benefit, less the amount held for the alternate payee, until the System receives a valid Calculation Order corresponding to the retirement benefit.

2) When a member's refund, partial member's refund, or lump-sum death benefit subject to a percentage QILDRO on file with the System becomes payable and the System has not received a valid Calculation Order corresponding to that refund or lump-sum death benefit, the System will hold the refund or lump-sum death benefit until the System receives a valid Calculation Order corresponding to that benefit or refund.

3) Once the System receives a Calculation Order, the System will adjust the amounts payable in accordance with the Calculation Order and begin paying the alternate payee.

4) If it is not possible for the System to determine an anticipated payment based only on the percentage QILDRO, then neither the member nor the alternate payee will be paid until the System receives a valid corresponding Calculation Order.

d) If ~~a refund application is pending when~~ the System receives a valid QILDRO that purports to apply to a member's ~~the~~ refund, partial member's refund, or lump-sum death benefit that will be paid within 30 days after the valid receipt date, but the ~~refund~~ payment has not yet been vouchered, the System will hold the portion of the refund or lump-sum death benefit that would be payable to the alternate payee until it receives clarification from the court as to whether the QILDRO applies to that ~~pending~~ refund or lump-sum death benefit. It is the member's or alternate payee's responsibility to obtain such clarification from the court and to notify the System of the court's clarification.

e) If ~~a refund~~ payment has already been vouchered when the System receives a QILDRO that purports to apply to the refund or lump-sum death benefit, the QILDRO shall not apply to that payment ~~refund~~.

f) "Vouchered" as used in this Section means that the voucher has been signed and dated, even though the warrant has not been issued by the Office of the State Comptroller.

(Source: Amended at 32 Ill. Reg. 4073, effective February 28, 2008)

Section 1650.1118 Alternate Payee's Address

a) An alternate payee is responsible to report to the System in writing of each change in his or her name and mailing address.

b) When a member's retirement benefit, lump-sum death benefit, or refund subject to a QILDRO becomes payable, the System will send notice to the last address of the alternate payee reported to the System that the benefit or refund is payable. Other than sending such notice, the System shall have no duty to take any other action to locate an alternate payee.

c) The 180-day period during which the System will hold the retirement benefit, lump-sum death benefit, or refund as provided in Section 1-119(e)(2) of the Act [40 ILCS 5/1-119(e)(2)] begins on the date that the notice described in subsection (b) of this Section is sent to the last address of the alternate payee reported to the System, or on the date that the retirement benefit, lump-sum death benefit, or refund becomes payable, whichever is later. If the System does not receive written confirmation of the alternate payee's current mailing address within the 180-day period, any amounts held will be paid to the regular payee.

(Source: Amended at 32 Ill. Reg. 4073, effective February 28, 2008)

Section 1650.1119 Electing Form of Payment

a) A member's election either to receive or forego a proportional annuity under the Retirement Systems Reciprocal Act [40 ILCS 5/20] is not a prohibited election under Section 1-119(j)(1) of the Act [40 ILCS 5/1-119(j)(1)].

b) A member's election to take a refund is not a prohibited election under Section 1-

119(j)(1) of the Act. However, a member's election to roll over a refund payment does not affect the alternate payee's right to payment of the amount designated in the QILDRO.

c) A member's election of a form of payment of annuity that reduces the member's total benefit, while still allowing full payment to the alternate payee under a QILDRO at the date of the election, is not a prohibited election under Section 1-119(j)(1) of the Act.

d) A member's failure to elect a 2.2 upgrade, or failure to make all upgrade contributions in a timely fashion, is not a prohibited election under Section 1-119(j)(1) of the Act.

e) A dependent beneficiary's election to receive monthly survivor benefits is not a prohibited election under Section 1-119(j)(1) of the Act.

f) The System may, in its sole discretion, hold a proposed election until clarification is obtained from a court of competent jurisdiction as to whether the proposed election is a prohibited election under Section 1-119(j)(1) of the Act [40 ILCS 5/1-119(j)(1)]. It shall be the duty of the member or alternate payee to obtain such clarification upon request of the System.

(Source: Amended at 32 Ill. Reg. 4073, effective February 28, 2008)

Section 1650.1122 Providing Benefit Information for Divorce Purposes

a) Within 45 days after receiving a subpoena or request from a member, the System will provide a statement for divorce purposes regarding the value of a member's retirement benefit through June 30 of the last completed school year for which data are on file with the System. If requested, the System will also provide the TRS Member Guide, the TRS QILDRO publication, and this Subpart.

b) Within 45 days after receiving a percentage QILDRO, if the System receives the percentage QILDRO before the member has commenced receiving retirement benefits, the System will provide a statement including the following information:

1) School year of initial membership in the System;

2) Amount of permissive and regular service credit;

3) Non-reduced monthly retirement benefit estimate;

4) Earliest date when non-reduced monthly retirement benefit will become payable;

5) Permissive service credit purchased;

6) 2.2 upgrade information;

7) Refund upon termination of employment;

8) Survivor benefit contribution refund;

9) Lump-sum death benefit amount;

10) Whether the member has filed a retirement application; and

11) Intended retirement date, if the member has filed a retirement application.

c) Within 45 days after receiving a valid percentage QILDRO that designates an alternate payee share of the retirement benefit, and after the System receives all information necessary to determine the actual benefit payable, if the System receives the percentage QILDRO after the member has applied for or commenced receiving retirement benefits, the System will provide a statement including the following information:

1) Effective date of retirement;

2) Date retirement benefits commenced (or will commence);

3) Amount of permissive and regular service credit;

4) Actual monthly retirement benefit;

5) Survivor benefit contribution refund;

6) 2.2 upgrade refund; and

7) Lump-sum death benefit amount.

d) Within 45 days after the effective date of retirement of a member subject to a valid percentage QILDRO on file with the System that designates an alternate payee share of the retirement benefit, and after the System receives all information necessary to determine the actual benefit payable, the System shall provide a statement including the following information:

1) Effective date of retirement;

2) Date retirement benefits commenced (or will commence);

3) Amount of permissive and regular service credit;

4) Actual monthly retirement benefit;

5) Survivor benefit contribution refund;

6) 2.2 upgrade refund;

7) Lump-sum death benefit amount; and

8) If the QILDRO expresses any alternate payee share~~amount payable to the alternate payee~~ as a percentage~~ and the System has not received a Calculation Order for that QILDRO~~, the notice will specify that the System must receive a valid corresponding Calculation Order before the System can implement that portion of the QILDRO.

e) Within 45 days after receiving notice of the death of a member, if lump-sum death benefits are subject to a valid QILDRO on file with the System, the System shall provide a statement indicating the lump-sum death benefit amount.

f) Information provided by the System for divorce purposes does not include the value of a member's retirement benefit accrued during a school year for which data are not yet on file with the System.

g) Information provided by the System for divorce purposes does not reflect an actuarial opinion as to the present values of a member's retirement benefit, refund, or other interests.

h) Information provided by the System for divorce purposes reflects the member's total service career for which service credit in the System has accrued, does not include reciprocal service accrued with another retirement system, and is not isolated as to the marital period only.

i) The System does not calculate the amount of a member's retirement benefit or refund that would be payable to a former spouse pursuant to a divorce decree or dissolution judgment.

j) While the System makes every effort to provide accurate information for divorce purposes, benefit estimates are by their nature approximate and subject to revision due to errors, omissions, erroneous assumptions, or future changes in the rules and laws governing the System.

k) In accordance with Section 1650.160 of this Part pertaining to the confidentiality of member records, the System does not disclose information for divorce purposes to spouses, former spouses, relatives, or other third parties, including the member's attorney, except in response to the member's written authorization to release such information, in response to a subpoena, or as provided in this Section 1650.1122.

(Source: Amended at 32 Ill. Reg. 4073, effective February 28, 2008)

Section 1650.1125 Lump-Sum Death Benefit Allocation to Alternate Payee

The alternate payee share of any lump-sum death benefit will be satisfied as follows:

a) First, from any refund of accumulated or excess contributions, prior to any distribution to the designated beneficiaries.

b) Second, from any survivor benefit payable as a lump sum, prior to any distribution to the designated beneficiaries, subject to the following:

1) All eligible dependent beneficiaries will first elect whether to receive the survivor benefit in monthly payments or in a lump-sum payment.

2) If monthly payments are elected, no amount is payable to the alternate payee from those monthly survivor benefit payments.

3) If any portion of the survivor benefit is payable as a lump sum, the balance of any alternate payee share not paid from the refund of accumulated or excess contributions will be paid from the lump-sum survivor benefit, prior to any distribution to the designated beneficiaries.

c) If the refund of accumulated or excess contributions and the lump-sum survivor benefit are insufficient to satisfy the alternate payee share, no further amount is payable to the alternate payee.

d) The aggregate amount distributed to the alternate payee from any refund of accumulated or excess contributions and any lump-sum survivor benefit shall not exceed the alternate payee share.

e) All benefit overpayments will be deducted from any refund of accumulated or excess contributions and any lump-sum survivor benefit prior to paying the alternate payee share.

(Source: Added at 32 Ill. Reg. 4073, effective February 28, 2008)

DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY

NOTICE OF EMERGENCY RULES

1) Heading of the Part: High Speed Internet Services and Information Technology Program

2) Code Citation: 14 Ill. Adm. Code 547

3)

Section Numbers:	Emergency Action:
547.10	New
547.20	New
547.30	New
547.110	New
547.120	New
547.130	New
547.140	New
547.150	New
547.160	New
547.170	New
547.180	New
547.190	New

4) Statutory Authority: Authorized by Section 15(C) of the High Speed Internet Services and Information Technology Act. [20 ILCS 661]

5) Effective Date of Rulemaking: February 27, 2008

6) If this emergency rule is to expire before the end of the 150-day period, please specify the date on which it is to expire: This emergency rule will expire at the end of the 150-day period, or upon adoption of permanent rules, whichever comes first.

7) Date Filed with the Index Department: February 27, 2008

8) A statement that a copy of the adopted rule, including any material incorporated by reference, is on file in the agency's principal office and is available for public inspection: The Department maintains a copy of the adopted rule including any reference materials in its principal office in Springfield, Illinois and is available for public inspection.

9) Reason for Emergency: Legislation was passed this year implementing the new High Speed Internet Services and Information Technology Program. This program needs to be up and running as soon as possible so that the organization that is selected as part of the program's RFP process can accept federal funds (and so that the State funds can be applied as federal match).

DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY

NOTICE OF EMERGENCY RULES

10) A Complete Description of the Subjects and Issues Involved: The deployment and adoption of high speed Internet services and information technology has resulted in enhanced economic development and public safety for the State's communities, improved health care and educational opportunities, and a better quality of life for the State's residents. Continued progress in the deployment and adoption of high speed Internet services and information technology is vital to ensuring that this State remains competitive and continues to create business and job growth.

The purpose of the High Speed Internet Services and Information Technology Program (as authorized by PA 95-684) is to encourage and support the partnership of the public and private sectors in the continued growth of high speed Internet and information technology for the State's residents and businesses. The legislation (PA 95-684) was developed in cooperation with the Illinois Telecommunication Association and mirrors pending federal legislation that has the potential to provide federal funding for this initiative.

11) Are there any proposed amendments to this Part pending? No

12) Statement of Statewide Policy Objective: This rulemaking does not create or expand a State mandate as defined in Section 3(b) of the State Mandates Act [30 ILCS 805].

13) Information and questions regarding this rulemaking shall be directed to:

Jolene Clarke
Rules Administrator
Department of Commerce and Economic Opportunity
620 East Adams Street
Springfield, IL 62701

217/557-1820

The full text of the Emergency Rules begins on the next page:

DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY

NOTICE OF EMERGENCY RULES

TITLE 14: COMMERCE
SUBTITLE C: ECONOMIC DEVELOPMENT
CHAPTER I: DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY

PART 547
HIGH SPEED INTERNET SERVICES AND
INFORMATION TECHNOLOGY PROGRAM

SUBPART A: ADMINISTRATIVE REQUIREMENTS

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547.10 General Purpose
EMERGENCY
547.20 Definitions
EMERGENCY
547.30 Legal Requirements
EMERGENCY

SUBPART B: HIGH SPEED INTERNET SERVICES AND
INFORMATION TECHNOLOGY PROGRAM

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DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY

NOTICE OF EMERGENCY RULES

AUTHORITY: Authorized by Section 15(c) of the High Speed Internet Services and Information Technology Act [20 ILCS 661].

SOURCE: Emergency rule adopted at 32 Ill. Reg. 4093, effective February 27, 2008, for a maximum of 150 days.

SUBPART A: ADMINISTRATIVE REQUIREMENTS

Section 547.10 General Purpose
EMERGENCY

The deployment and adoption of high speed Internet services and information technology has resulted in enhanced economic development and public safety for the State's communities, improved health care and educational opportunities, and a better quality of life for the State's residents. Continued progress in the deployment and adoption of high speed Internet services and information technology is vital to ensuring that Illinois remains competitive and continues to create business and job growth. The purpose of the High Speed Internet Services and Information Technology Program is to encourage and support the partnership of the public and private sectors in the continued growth of high speed Internet and information technology for the State's residents and businesses. [20 ILCS 661/5]

Section 547.20 Definitions
EMERGENCY

The following words and phrases, for the purposes of this Part, have the same meaning respectively ascribed to them in Section 10 of the High Speed Internet Services and Information Technology Act.

"Act" means the High Speed Internet Services and Technology Act [20 ILCS 661].

"Department" means the Department of Commerce and Economic Opportunity. [20 ILCS 661/10]

"Director" means the Director of the Department of Commerce and Economic Opportunity.

"Grant Agreement" means a written and signed contractual document between the Grantee and the Department that includes a description of the activities to be performed, budget, and all terms and conditions of the contract.

"High speed Internet services", *"advanced telecommunications services"*, "advanced services", or "broadband" *means services capable of supporting, in at least one direction, a speed in excess of 200 kilobits per second (kbps) to the network demarcation point at the subscriber's premises.* [220 ILCS 5/13-517]

"Local technology planning team" means entities representing a cross section of the community, including, but not limited to, representatives of business, K-12 education, health care, libraries, higher education, community-based organizations, local government, tourism, parks and recreation, and agriculture. [20 ILCS 661/20]

"Nonprofit organization" means an organization that is described in section 501(c)(3) of the federal Internal Revenue Code of 1986 and exempt from tax under section 501(a) of that Code and is organized under, subject to, and has all the powers and duties of a not-for-profit corporation under the General Not For Profit Corporation Act of 1986 [805 ILCS 105]. [20 ILCS 661/10]

Section 547.30 Legal Requirements
EMERGENCY

a) Any entity awarded a grant under the High Speed Internet Services and Information Technology Program shall be required to execute a grant agreement that sets forth the rights and responsibilities of the Grantee and the Department. The Grant Agreement shall reflect all applicable State and federal statutory and administrative requirements, including but not limited to provisions covering the expenditure of grant funds and utilization of property purchased with grant funds.

b) When a grant has been awarded, the Grantee and the Department shall execute a Grant Agreement. The Agreement shall be executed by the Grantee and the Director of the Department or the Director's designee on behalf of the Department.

c) The Grant Agreement shall contain substantive provisions including, but not limited to, the following:

1) A recitation of legal authority under which the Agreement is made;

2) An identification of the Project scope and schedule, and the work or services to be performed or conducted by the Grantee;

3) An identification of the grant amount;

4) The conditions by and manner in which the Department shall pay the grant amount subject at all times to annual appropriation by the General Assembly;

5) A promise by the Grantee not to assign or transfer any of the rights, duties or obligations of the Grantee without the written consent of the Department;

6) A promise by the Grantee not to amend the Agreement without the written consent of the Department. Failure to do so will result in a cost disallowance. The project must be completed by the completion date on the notice of grant award unless a written request for an extension is submitted no later than 15 days prior to the award completion date;

7) A covenant that the Grantee shall expend the grant amount and any accrued interest only for the purposes of the Project as stated in the Grant Agreement and approved by the Department; and

8) A covenant that the Grantee shall refrain from entering into any written or oral agreement or understanding with any party that might be construed as an obligation of the State of Illinois or the Department for the payment of any funds under the Program.

SUBPART B: HIGH SPEED INTERNET SERVICES AND INFORMATION TECHNOLOGY PROGRAM

Section 547.110 Purpose
EMERGENCY

Subject to appropriation, the Department shall make grants to *a nonprofit organization to implement a comprehensive, Statewide high speed Internet deployment strategy and demand creation initiative with the purpose of:*

a) *ensuring that all State residents and businesses have access to affordable and reliable high speed Internet service;*

b) *achieving improved technology literacy, increased computer ownership, and home high speed Internet use among State residents and businesses;*

c) *establishing and empowering local technology planning teams in each county to plan for improved technology use across multiple community sectors; and*

d) *establishing and sustaining an environment ripe for high speed Internet access and technology investment Statewide*. [20 ILCS 661/15]

Section 547.120 Coordination with Economic Development Activities
EMERGENCY

The Department must coordinate the administration of the High Speed Internet Services and Information Technology Program with the Department's technology related planning and economic development initiatives.

Section 547.130 Eligible Applicants
EMERGENCY

Non-profit organizations are eligible applicants for grants under the High Speed Internet Services and Information Technology Program. Eligible non-profit organizations are subject to the following conditions:

a) *The nonprofit organization shall have a board of directors that is not composed of a majority of individuals who are also employed by, or otherwise associated with, any federal, State, or local government or agency. No part of the net earnings of the nonprofit organization may inure to the benefit of any member, founder, contributor, or individual.* [20 ILCS 661/10]

b) *The nonprofit organization and its Board of Directors shall exist separately and independently from the Department and any other governmental entity, but shall cooperate with other public or private entities it deems appropriate in carrying out its duties.* [20 ILCS 661/20]

c) *The nonprofit organization shall have an established competency and proven record of working with public and private sectors to accomplish wide-scale deployment and adoption of broadband and information technology in Illinois.* [20 ILCS 661/15]

d) *The nonprofit organization shall include the representation of constituencies throughout the State of Illinois.* [20 ILCS 661/10]

Section 547.140 Authorized Activities
EMERGENCY

In general, authorized activities shall include, but not be limited to, developing and implementing a high speed Internet deployment strategy and demand creation initiative. The activities of the nonprofit organization shall include:

a) *Creating a geographic statewide inventory of high speed Internet service and other relevant broadband and information technology services. The inventory shall:*

1) *Identify geographic gaps in high speed Internet service through a method of GIS mapping of service availability and GIS analysis at the census block level; and*

2) *Provide a baseline assessment of statewide high speed Internet deployment in terms of percentage of Illinois households with high speed Internet availability.*

b) *Tracking and identifying, through customer interviews and surveys and other publicly available sources, Statewide residential and business adoption of high speed Internet, computers, and related information technology and any barriers to adoption.*

c) *Building and facilitating in each county or designated region a local technology planning team. Each team shall benchmark technology use across relevant community sectors, set goals for improved technology use within each sector, and develop a plan for achieving its goals, with specific recommendations for online application development and demand creation.*

d) *Collaborating with high speed Internet providers and technology companies to encourage deployment and use, especially in underserved areas, by aggregating local demand, mapping analysis, and creating market intelligence to improve the business case for providers to deploy.*

e) *Collaborating with the Department in developing a program to increase computer ownership and broadband access for disenfranchised populations across the State. The program may include grants to local community technology centers that provide technology training, promote computer ownership, and increase broadband access.*

f) *Applying and implementing federal grants consistent with the objectives of the Act*.

g) *Obtaining or raising funds other than the grants received from the Department to implement the objectives consistent with the Act.* [20 ILCS 661/20]

Section 547.150 Allowable Costs
EMERGENCY

The grant funds shall be used for any reasonable and necessary expenses associated with the planning and implementation of the High Speed Internet Services and Information Technology project, as agreed to by the Department and as specified in an agreement between the Department and the grant recipient. Such costs may include expenses for:

a) Personal services;

b) Fringe benefits;

c) Travel;

d) Facilities costs;

e) Consultant services;

f) Sub-contractual costs; and

g) Other costs, as agreed upon by the Department and as specified in an agreement between the Department and the grant recipient.

DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY

NOTICE OF EMERGENCY RULES

Section 547.160 Proposal Content
EMERGENCY

Subject to appropriations, the Department shall issue instructions and formats to eligible applicants for the submittal of grant proposals. The proposal shall contain sufficient information to clearly explain the nature and potential benefits of the proposed project. The proposal will generally include the following sections:

a) An executive summary;

b) Assurances that the applicant is eligible to apply for a grant pursuant to the requirements of Section 547.130 of this Part;

c) A description of the applicant, including:

1) A description of the organization and the location of the applicant agency;

2) A description of the organization's current financial information;

3) A listing of the organization's Board of Directors;

4) A description of the services typically provided; and

5) A description of the applicant's participation in related programs and initiatives;

d) A description of the activities proposed by the applicant to be undertaken during the period of performance of the grant;

e) A description of the measurable outcomes and objectives to be achieved during the period of performance for the grant;

f) A description of the qualifications and related experience of key project staff;

g) A budget requesting grant funds for allowable costs and a justification for all costs requested; and

h) A schedule for the implementation of proposed activities.

DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY

NOTICE OF EMERGENCY RULES

Section 547.170 Review Criteria and Negotiation Procedures
EMERGENCY

Grant proposals shall be reviewed on a competitive basis. Based on the competitive review, applicants shall be selected to enter into negotiations with the Department for a grant. The purpose of negotiations shall be to arrive at mutually acceptable grant provisions, which will be reflected in the Grant Agreement, including general, budgetary, and scope-of-work provisions. The final decision to make a grant award will be made by the Director of the Department. The Department shall use the following criteria when reviewing grant proposals and making awards:

a) the experience of the nonprofit organization;

b) the related experience and qualification of the project staff;

c) the quality of the project work plan;

d) the proposed project costs in relationship to planned outcomes;

e) the relations of the project to the Department's economic development plans and initiatives; and

f) the quality of presentations made to the Department, if the Department requests information.

Section 547.180 Limitations
EMERGENCY

a) *Nothing in the High Speed Internet Services and Information Technology Program shall be construed as giving the Department, the nonprofit organization, or other entities associated with the program initiatives any additional authority, regulatory or otherwise, over providers of telecommunications, broadband, and information technology.* [20 ILCS 661/25]

b) *Any information that is designated confidential or proprietary by an entity providing the information to the nonprofit organization or any other entity to accomplish the objectives of the High Speed Internet Services and Information Technology Program shall be deemed confidential, proprietary, and a trade*

secret and treated by the nonprofit organization or anyone else possessing the information as such and shall not be disclosed. [20 ILCS 661/20].

Section 547.190 Reporting
EMERGENCY

a) *A nonprofit organization receiving grant funds under the Act shall provide a report to the Commission on Government Forecasting and Accountability on an annual basis for the first three complete State fiscal years following the execution of the Grant Agreement.* [20 ILCS 661/20]

b) Unless otherwise specified in the agreement between the Department and the recipient, an entity receiving a grant shall report financial and programmatic data to the Department on a regular basis using the format provided by the Department. The Department shall require semiannual reporting of expenditures and program achievements at a level of detail sufficient to provide for program accountability.

1) Expenditures: Unless otherwise specified in the agreement with the Department, an entity receiving a grant shall report actual expenditures using an expenditure report format supplied by the Department. Expenditure summaries are to be submitted to the Department by the 15th day following the end of the period in which any expenditure of grant funds is made (January 15 and July 15).

2) Program Report: Unless otherwise specified in the agreement with the Department, an entity receiving a grant shall submit a program report in a format provided by the Department. The program report shall include a narrative describing the entity's progress towards achieving objectives and activities as specified in the agreement with the Department. Program reports shall be submitted to the Department by the 15th day following the reporting period (January 15 and July 15).

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENT

1) Heading of the Part: Long Term Care Reimbursement Changes

2) Code Citation: 89 Ill. Adm. Code 153

3) Section Number: 153.126 — Emergency Action: New Section

4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13]

5) Effective Date: March 1, 2008

6) If this emergency amendment is to expire before the end of the 150-day period, please specify the date on which it is to expire: This emergency amendment will expire at the end of the 150-day period, or upon adoption of permanent rules, whichever comes first.

7) Date Filed with the Index Department: February 29, 2008

8) A copy of the emergency amendment, including any materials incorporated by reference, is on file in the agency's principal office and is available for public inspection.

9) Reason for Emergency: This emergency rulemaking is necessary to implement changes due to Public Act 95-707. Public Act 95-707 provides for the socio-development component of the rate for Institutions for Mental Disease (IMD) be increased by 253% and that rates for intermediate care facilities for persons with developmental disabilities (ICF/DD), skilled long term care facilities for persons under 22 years of age (SNF/Ped) and developmental training providers be increased by 2.2% and 2.5% respectively.

10) Complete Description of the Subjects and Issues Involved: Public Act 95-707 provides for the socio-development component of the rate for Institutions for Mental Disease (IMD) be increased by 253% and that rates for intermediate care facilities for persons with developmental disabilities (ICF/DD), skilled long term care facilities for persons under 22 years of age (SNF/Ped) and developmental training providers be increased by 2.2% and 2.5% respectively.

11) Are there any other proposed rulemakings pending on this Part? Yes

Section Number:	Proposed Action:	Illinois Register Citation:
153.125	Amendment	32 Ill. Reg. 307; 1/11/08

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENT

12) Statement of Statewide Policy Objectives: This emergency amendment neither creates nor expands any State mandate affecting units of local government.

13) Information and questions regarding this emergency amendment shall be directed to:

Tamara Tanzillo Hoffman
Chief of Staff
Illinois Department of Healthcare and Family Services
201 South Grand Avenue East, 3rd Floor
Springfield IL 62763-0002

217/557-7157

The full text of the Emergency Amendment begins on the next page:

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENT

TITLE 89: SOCIAL SERVICES
CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
SUBCHAPTER e: GENERAL TIME-LIMITED CHANGES

PART 153
LONG TERM CARE REIMBURSEMENT CHANGES

Section
153.100 Reimbursement for Long Term Care Services
153.125 Long Term Care Facility Rate Adjustments
153.126 Long Term Care Facility Medicaid Per Diem Adjustments EMERGENCY
153.150 Quality Assurance Review (Repealed)

AUTHORITY: Implementing and authorized by Articles III, IV, V, VI and Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. III, IV, V and VI and 12-13].

SOURCE: Emergency rules adopted at 18 Ill. Reg. 2159, effective January 18, 1994, for maximum of 150 days; adopted at 18 Ill. Reg. 10154, effective June 17, 1994; emergency amendment at 18 Ill. Reg. 11380, effective July 1, 1994, for a maximum of 150 days; amended at 18 Ill. Reg. 16669, effective November 1, 1994; emergency amendment at 19 Ill. Reg. 10245, effective June 30, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 16281, effective November 27, 1995; emergency amendment at 20 Ill. Reg. 9306, effective July 1, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 14840, effective November 1, 1996; emergency amendment at 21 Ill. Reg. 9568, effective July 1, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 13633, effective October 1, 1997; emergency amendment at 22 Ill. Reg. 13114, effective July 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 16285, effective August 28, 1998; amended at 22 Ill. Reg. 19872, effective October 30, 1998; emergency amendment at 23 Ill. Reg. 8229, effective July 1, 1999, for a maximum of 150 days; emergency amendment at 23 Ill. Reg. 12794, effective October 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 13638, effective November 1, 1999; emergency amendment at 24 Ill. Reg. 10421, effective July 1, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 15071, effective October 1, 2000; emergency amendment at 25 Ill. Reg. 8867, effective July 1, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 14952, effective November 1, 2001; emergency amendment at 26 Ill. Reg. 6003, effective April 11, 2002, for a maximum of 150 days; emergency amendment repealed at 26 Ill. Reg. 12791, effective August 9, 2002, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 11087, effective July 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 17817, effective November 27, 2002; emergency amendment at 27 Ill. Reg. 11088, effective July 1, 2003, for a maximum of 150 days; amended at

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENT

27 Ill. Reg. 18880, effective November 26, 2003; emergency amendment at 28 Ill. Reg. 10218, effective July 1, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 15584, effective November 24, 2004; emergency amendment at 29 Ill. Reg. 1026, effective January 1, 2005, for a maximum of 150 days; emergency amendment at 29 Ill. Reg. 4740, effective March 18, 2005, for a maximum of 150 days; amended at 29 Ill. Reg. 6979, effective May 1, 2005; amended at 29 Ill. Reg. 12452, effective August 1, 2005; emergency amendment at 30 Ill. Reg. 616, effective January 1, 2006, for a maximum of 150 days; emergency amendment modified pursuant to the Joint Committee on Administrative Rules Objection at 30 Ill. Reg. 7817, effective April 7, 2006, for the remainder of the maximum 150 days; amended at 30 Ill. Reg. 10417, effective May 26, 2006; emergency amendment at 30 Ill. Reg. 11853, effective July 1, 2006, for a maximum of 150 days; emergency expired November 27, 2006; amended at 30 Ill. Reg. 14315, effective August 18, 2006; emergency amendment at 30 Ill. Reg. 18779, effective November 28, 2006, for a maximum of 150 days; amended at 31 Ill. Reg. 6954, effective April 26, 2007; emergency amendment at 32 Ill. Reg. 535, effective January 1, 2008, for a maximum of 150 days; emergency amendment at 32 Ill. Reg. 4105, effective March 1, 2008, for a maximum of 150 days.

Section 153.126 Long Term Care Facility Medicaid Per Diem Adjustments EMERGENCY

a) Notwithstanding the provisions set forth in Section 153.100, the socio-development component for facilities that are federally defined as Institutions for Mental Disease (see 89 Ill. Adm. Code 145.30) shall be increased by 253 percent beginning with services provided on and after March 1, 2008.

b) Notwithstanding the provisions set forth in Section 153.100, daily residential rates effective on March 1, 2008, for intermediate care facilities for persons with developmental disabilities (ICF/DD), including skilled long term care facilities for persons under 22 years of age (SNF/Ped), for which a patient contribution is required, shall be increased by 2.2 percent.

c) Notwithstanding the provisions set forth in Section 153.100, developmental training rates effective on March 1, 2008 shall be increased by 2.5 percent.

(Source: Added by emergency rulemaking at 32 Ill. Reg. 4105, effective March 1, 2008, for a maximum of 150 days)

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF CORRECTION TO NOTICE ONLY

1) Heading of the Part: Medical Payment

2) Code Citation: 89 Ill. Adm. Code 140

3) The Notice of Proposed Amendments that is being corrected appeared at: 32 Ill. Reg.1553; February 8, 2008

4) The information being corrected is as follows on the Notice Page:

#5) Complete Description of the Subjects and Issues Involved: The proposed amendment makes a change due to P.A. 95-0005, that no longer requires change of ownership for long term care facilities, to go through the Health Facilities Planning Board. Change of ownership notifications to the Department will come from the Illinois Department of Public Health.

The correct Public Act reference is P.A. 95-543 and not P.A. 95-0005.

The Department regrets any inconvenience this error may have caused.

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

STATEMENT OF OBJECTION TO AND FILING PROHIBITION
OF PROPOSED RULEMAKING

DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

Heading of the Part: Medical Assistance Programs

Code Citation: 89 Ill. Adm. Code 120

Section Numbers: 120.32
120.33

Date Originally Published in the Illinois Register: 11/26/07
31 Ill. Reg. 15424

At its meeting on February 26, 2008, the Joint Committee on Administrative Rules voted to object to the above proposed rulemaking and prohibit its filing with the Secretary of State. The Committee found that the adoption of this rulemaking would constitute a serious threat to the public interest. The reason for the Objection and Prohibition is as follows:

> JCAR objected to and prohibited filing of the Department of Healthcare and Family Services' rulemaking titled Medical Assistance Programs (89 Ill. Adm. Code 120; 31 Ill. Reg. 15424) to the extent that it expands medical assistance to persons other than those formerly receiving medical coverage under a federal SCHIP waiver for caretaker relatives of children covered by SCHIP. The budgetary impact on the State is likely to be significant. An expansion of this magnitude should not be initiated without a specific legislative determination that adequate financial resources are, and will continue to be, available. The General Assembly did not include expanded FamilyCare during its formation of the FY08 budget. Further the General Assembly did not pass specific statutory authority for such expansion. To enter into this expansion without the assurance of available funding and specific statutory authority is not in the public interest.

The proposed rulemaking may not be filed with the Secretary of State or enforced by the Department of Healthcare and Family Services for any reason following receipt of this certification and statement by the Secretary of State for as long as the Filing Prohibition remains in effect.

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

The following second notices were received by the Joint Committee on Administrative Rules during the period of February 26, 2008 through March 3, 2008 and have been scheduled for review by the Committee at its March 11, 2008 of April 15, 2008 meetings. Other items not contained in this published list may also be considered. Members of the public wishing to express their views with respect to a rulemaking should submit written comments to the Committee at the following address: Joint Committee on Administrative Rules, 700 Stratton Bldg., Springfield IL 62706.

Second Notice Expires	Agency and Rule	Start Of First Notice	JCAR Meeting
4/9/08	Department of Natural Resources, Americans With Disabilities Act Grievance Procedure (4 Ill. Adm. Code 1000)	1/4/08 32 Ill. Reg. 20	3/11/08
4/9/08	Department of Financial and Professional Regulation, Real Estate License Act of 2000 (68 Ill. Adm. Code 1450)	1/4/08 32 Ill. Reg. 3	3/11/08
4/10/08	Department of Financial and Professional Regulation, Illinois Health Insurance Portability and Accountability Standards (50 Ill. Adm. Code 2025)	11/26/07 31 Ill. Reg. 15417	3/11/08
4/11/08	Health Facilities Planning Board, Narrative and Planning Policies (77 Ill. Adm. Code 1100)	12/14/07 31 Ill. Reg. 16387	3/11/08
4/13/08	State Board of Education, Secular Textbook Loan (23 Ill. Adm. Code 350)	11/30/07 31 Ill. Reg. 15981	3/11/08
4/13/08	State Board of Education, Dismissal of Tenured Teachers Under Article 24 and Dismissal of Tenured Teachers and Principals Under Article 34 of the School Code (23 Ill. Adm. Code 51)	11/30/07 31 Ill. Reg. 15969	3/11/08

JOINT COMMITTEE ON ADMINISTRATIVE RULES
ILLINOIS GENERAL ASSEMBLY

SECOND NOTICES RECEIVED

4/13/08	State Board of Education, Special Education (23 Ill. Adm. Code 226)	11/30/07 31 Ill. Reg. 15973	3/11/08
4/13/08	Department of Healthcare and Family Services, Child Support Enforcement (89 Ill. Adm. Code 160)	12/21/07 31 Ill. Reg. 16651	3/11/08
4/13/08	Department of Healthcare and Family Services, Medical Assistance Programs (89 Ill. Adm. Code 120)	12/21/07 31 Ill. Reg. 16629	3/11/08
4/16/08	Department of Financial and Professional Regulation, Pharmacy Practice Act (68 Ill. Adm. Code 1330)	11/26/07 31 Ill. Reg. 15399	4/15/08

OFFICE OF THE TREASURER

NOTICE OF PUBLIC INFORMATION

NOTICE OF NAMES OF PERSONS APPEARING
TO BE OWNERS OF ABANDONED PROPERTY WHOSE
LAST KNOWN ADDRESSES ARE IN CERTAIN STATES

Pursuant to Public Act 91-16, the Illinois State Treasure's Office is publishing the names and last known addresses of abandoned property owners whose last known addresses are allegedly in a state other than Illinois. The other state does not have a reciprocity arrangement with Illinois.

If your name or that of a person you represent appears below, you may contact this agency for further information about the assets.

INQUIRIES MUST BE IN WRITING. The written inquiry should include the name and address as listed, and the correct name and address for reply. If inquiring about a name other than your own, you must indicate your authority to act on behalf of that person.

Address written inquiries to:

ILLINOIS STATE TREASURER'S OFFICE
UNCLAIMED PROPERTY DIVISION
P.O. Box 19495
Springfield, Illinois 62794-9495

AUTHORITY: Implementing and required by the Illinois Uniform Disposition of Unclaimed Property Act [765 ILCS 1025/12].

OFFICE OF THE TREASURER

NOTICE OF PUBLIC INFORMATION

NOTICE OF NAMES OF PERSONS APPEARING
TO BE OWNERS OF ABANDONED PROPERTY WHOSE
LAST KNOWN ADDRESSES ARE IN CERTAIN STATES

ALABAMA STATE LICENSING BOARD		
ALASKARI HANEEN ALAAUDDIN ABDO	PO BOX 45656	RIYADH
ALSHUMAIMERI AHMED		RIYADH
AMERITECH INDIANA		
BECKETT LINDA B	175 BLOOR ST E NORTH TOWER	TORONTO ON
BECKETT THOMAS B	175 BLOOR ST E NORTH TOWER	TORONTO ON
BEDFORD NIGEL DR	WANCHAI RM 906 CC WU B	
BRUJAS JOSE V	SAO PAULO 12995 7TH ANDAR	
CALAS DELIA L	PASEO DE LA CASTELLANA 174 8B	MADRID
CARIAGA CHARITO C	BOX 45	FPO
CARIAGA PATERNO R	BOX 45	FPO
CASSIE BRUCE HARVEY	AU 2 06 0 3 SIMBA ROAD SUNNING	JOHANNESBURG
CHALOUPKA DALE J	PSC 78 BOX 1199	APO
CHALOUPKA ROBERTA	PSC 78 BOX 1199	APO
CITY OF YONKERS		
COLEMAN WILLIE	505 RUBERTSON APT 3	FRANKLIN LA
COLWELL BERNARD M	1001 W MARION AVE APT 9	PUNTA GORDA
DELANNOY ERIC	39 AVENUE DU ROULE	NEUILLY SEINE
DELANNOY NICOLE	39 AVENUE DU ROULE	NEUILLY SEINE
DRAXLER SCOTT	PSC 3 GENERAL DELIVERY	APO
ELLER JOSHUA T	PSC 78 BOX 2122	APO

OFFICE OF THE TREASURER

NOTICE OF PUBLIC INFORMATION

NOTICE OF NAMES OF PERSONS APPEARING
TO BE OWNERS OF ABANDONED PROPERTY WHOSE
LAST KNOWN ADDRESSES ARE IN CERTAIN STATES

FLORISSI STEFANO	AV JOAO PESSOA 52 SALA 33B	
GILQUIST MARK	746 WHEELOCK PKWY E	SAINT PAUL
HADJEZENONOS NADIA	9 AVLONOS STR APT A42 PO BOX 20648	1661 NICOSIA
HAMMOND BRIAN K	PSC 4 BOX 6382	APO
HAMMOND JEANNE E	PSC 4 BOX 6382	APO
HERMAN ALVIN H	6851 HIGH GROVE	IL
HERNANDEZ CATA ELENA	PASEO DE LA CASTELLANA 174 8B	MADRID
HERTZ CLAIM	HOUNSLOW MIDDX TW5 3462 STAINES ROAD	
HUENE MELANIE HOYNINGEN	EBERTALLEE 61	OSHABRUECK
IGARASHI MAKI	TOKYO 10505 JAPAN 21 SHIBAURA 1CHOME MINATOKU	JAPAN
JACOBS BILL A	PO BOX 2962	KOKOMO
JAWOREK ZYGMUNT	MALOPOSKIE/POLSKA WIOSNY LUDOW 12	
JAWOREK ZYGMUNT	WIOSNY LUDOW 12	MALOPOSKIE/POLSKA
JOHNSON JOHN	MC 547	
KANSANS FOR KASSEBAUM COMMITTEE		
KANSAS INS DEPT		
KARAUL MEHMET	CHEMIN DES CHEVRES 26	CHAMBESY
KAWAI KAWAI	324PAYPERIOD V1	
KHAN SHAISTA	LAHORE PAKISTAN 11 DANE LANE GORI	PAKISTAN
KRESOVICH LISA	UNIT 45010 BOX 64	APO
KWON HELEN	CHEMIN DES CHEVRES 26	CHAMBESY
LEABY MARIANN	ORIENTAL MINDORO	THE PHILIPINS

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LEABY MARIANN V	ORIENTAL MINDORO	THE PHILIPPINS
LEO BURNETT COMPANY LTD	175 BLOOR ST E NORTH TOWER	TORONTO ON
LIU SONG	4 SHANGBUZHONGLU RD RM 1419 SHENKAN MANSION	
LUNA RICHARD	CMR 420 BOX 528	APO
MCCOLLISTER CHARLES O	CMR 407 BOX 898	APO
MELOUN CATHERINE J	31 POLESDEN GARDENS	
MENDEZ ADAN	C TEHUACAN 10140202 TIJUANA MEXICO	
NATOUR	TEL AVIV 53 BEN YEHUDA STREET	
OKLAHOMA COUNTY RECORDER		
PERSONAL SUPPORT ACTIVITY	BOX 45	FPO
PORTLAND CITY OF		
REVUCKAS ALGIS	BIRSTONO VIENKIEMIS 4490 GOJOS 33	
SERAFINI JOSEPH A	1 PREQUAL DR	PREQUAL
SERIO BERNADETTE		
SERIO JOE		
SOUTHWEST CHICAGO CHAPTER CREDIT UNION		
STADLEMANN P	17 CHEMIN DES MEMISES	
STATE OF MICHIGAN		
STOCK EXCHANGE OF THAILAND		
TAYLOR DANIEL OPS DEPARTMENT	CV63	FPO
TENNESSEE STATE UNIVERSITY		
TOWN OF FENWICK ISLAND		WORTH

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UNIVERSITY OF SOUTHERN CALIFORNIA		
UTAH DIVISON OF REAL ESTATE		
VARANAVICIENE KRISTINA	SIAULIAI 5400 GRINKEVICIAUS 819	
VARANAVICIUS RAMUNAS	SIAULIAI 5400 GRINKEVICIAUS 819	
VELIZARIZA MIRIAM	REVISTA YSABELA PASTEUR	103 GAZCUE
WARREN CHARLES EDWARD	D 138 FA BN UNIT 15419	APO
WERENNE OLIVIER ERIC	30 RUE LABROUSTE	PARIS
WOOD WAYNE	232 STARWOOD LANE	TECUMSEH

PROCLAMATIONS

2008-67
GUBERNATORIAL PROCLAMATION

A severe snow storm occurred on February 5-6, 2008, causing hardships and threatening the health and safety of the public in several counties within the State of Illinois. Record and near-record snowfall in northern Illinois, combined with blowing and drifting snow and frigid temperatures resulted in hazardous travel conditions, road closures, school closings, and has taxed State and local snow removal resources.

In the interest of aiding the citizens of Illinois and the local governments responsible for ensuring public health and safety, I hereby declare a disaster exists in Boone, Carroll, Jo Daviess, Lake, McHenry, Ogle, Stephenson and Winnebago counties, pursuant to the provisions of Section 3305/7 of the Illinois Emergency Management Agency Act, 20 ILCS 3305/7 (1992).

This gubernatorial proclamation of disaster will assist the Illinois Emergency Management Agency in coordinating State resources to assist local governments and makes possible a request for Federal snow assistance in accordance with 44 CFR, §206.227.

Issued by the Governor February 26, 2008
Filed by the Secretary of State February 26, 2008

2008-68
Cultural Month of Guerrero

WHEREAS, the Guerrerences represent one of the largest groups of Mexican immigrants living in the United States; and

WHEREAS, of the 320,000 Guerrerences living in the Midwest, 200,000 of them have chosen the State of Illinois as their newly adopted home; and

WHEREAS, through educational, cultural, civic and social projects, the Federacion de Guerrero en Chicago promotes the wellbeing and advancement of the Guerrerences in the Midwest as well as Mexico. Using a bi-national context, the projects empower citizens to seek full participation in the societies in which they live; and

WHEREAS, Federacion de Guerrero has distinguished itself as a federation that welcomes, cultivates and encourages leadership by immigrants to fully represent the diversity of Illinois' population and strengthen their presence in the Midwest:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim February 2008 as **CULTURAL MONTH OF GUERRERO** in Illinois.

Issued by the Governor February 25, 2008
Filed by the Secretary of State February 29, 2008

2008-69
Army Corporal Albert Bitton

WHEREAS, on Wednesday, February 20, Army Corporal Albert Bitton from Chicago died at age 20 of wounds suffered after his vehicle encountered a roadside bomb in Baghdad on Tuesday, February 19; and

WHEREAS, Cpl. Bitton, of West Rogers Park, joined the Army as a medic in December 2005 and had dreams of becoming a surgeon; and

WHEREAS, assigned to the 1st Battalion, 502nd Infantry Regiment, 2nd Brigade Combat Team of the 101st Airborne Division (Air Assault), Cpl. Bitton had been stationed in Iraq since last October; and

WHEREAS, also killed were Army Sergeant Conrad Alvarez, 22, of Big Spring, Texas and Army Specialist Michael B. Matlock, Jr., 21, of Glen Burnie, Maryland; and

WHEREAS, a funeral will be held on Tuesday, February 26 for Cpl. Bitton, who is survived by his wife, Melissa Handelman, and mother and father, Sylvia and Elai Bitton:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby order all State facilities to fly their flags at half-staff from sunrise on February 25, 2008 until sunset on February 27, 2008 in honor and remembrance of Cpl. Bitton, whose selfless service and sacrifice is an inspiration.

Issued by the Governor February 25, 2008
Filed by the Secretary of State February 29, 2008.

2008-70
Ghana Independence Day

WHEREAS, the Republic of Ghana is a nation in West Africa. In 1957, Ghana became the first sub-Saharan country in colonial Africa to gain its independence; and

WHEREAS, Ghana gained independence from the United Kingdom on March 6; and

WHEREAS, Ghana has 9 regions and the Ghana National Council is made up of three representatives of each region as well as the chairman, president and vice president; and

WHEREAS, the Ghana National Council of Metropolitan Chicago is dedicated to sponsoring various events and activities that create unity within the Ghanaian community in Metropolitan Chicago, as well as help develop surrounding communities. Their hard work is part of a collaborative effort to foster relationships within the Chicago Metropolitan area and the global community; and

WHEREAS, this year, the Ghana National Council of Metropolitan Chicago and the Ghanaian community are coming together to celebrate the 51st Anniversary of Ghana's Independence March 8, 2008:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim March 8, 2008 as **GHANA INDEPENDENCE DAY** in Illinois in recognition of the country's 51st Anniversary of Independence, and in tribute to all the Ghanaian Americans who call Illinois their home.

Issued by the Governor February 27, 2008
Filed by the Secretary of State February 29, 2008.

2008-71
Great American Meatout Day

WHEREAS, a wholesome diet of vegetables, fresh fruits, and whole grains promotes health and reduces the risk of heart disease, stroke, cancer, diabetes, and other chronic diseases that debilitate then kill 1.3 million Americans annually; and

WHEREAS, such a diet helps preserve topsoil, water, energy, and other food production resources that are essential to human survival; and

WHEREAS, as a result, a change in eating habits will help preserve our forests, grasslands, and other wildlife habitats and reduces pollution of our waterways by crop debris, manure, and pesticides; and

WHEREAS, a healthy diet can help prevent the suffering and death of more than ten billion sentient animals each year in the US; and

WHEREAS, each year, dedicated Illinois Meatout volunteers encourage their neighbors to explore such a diet:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim March 20, 2008 as **GREAT AMERICAN MEATOUT DAY** in Illinois, and encourage all citizens to explore a wholesome diet of vegetables, fresh fruits, and whole grains.

Issued by the Governor February 28, 2008
Filed by the Secretary of State February 29, 2008.

2008-72
National Association of Women Business Owners Day

WHEREAS, the National Association of Women Business Owners (NAWBO) maintains more than 90 chapters in the United States; and

WHEREAS, the Chicago Area Chapter is among the largest with more than 600 members representing businesses in all major industrial, service, and retail sectors; and

WHEREAS, since 1978, Chicago NAWBO has provided women business owners with leadership, education, procurement, and networking opportunities. It also serves as a voice for its members on economic, social, and public policy issues; and

WHEREAS, currently, there are over 450,000 women business owners in Illinois, with 70 percent of these businesses in the Chicagoland area; and

WHEREAS, NAWBO is an organization with a customer first philosophy that: strengthens the wealth creating capacity of its members and promotes economic development, creates innovative and effective changes in the business culture, builds strategic alliances, coalitions and affiliations, and transforms public policy and influences opinion makers; and

WHEREAS, NAWBO represents and gives women opportunities to expand and excel in the business world:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim April 22, 2008 as the **NATIONAL ASSOCIATION OF WOMEN BUSINESS OWNERS DAY** in Illinois, and encourage all citizens to commemorate its 30 years of service to all women entrepreneurs.

Issued by the Governor February 28, 2008
Filed by the Secretary of State February 29, 2008.

PROCLAMATIONS

2008-73
GFWC Galesburg Junior Woman's Club Week

WHEREAS, the General Federation of Women's Clubs (GFWC) is a worldwide service organization that also supports a variety of important community issues such as the arts, education, and civic responsibility; and

WHEREAS, today, the GFWC has 6,000 clubs and approximately 220,000 volunteers throughout the United States, including the State of Illinois; and

WHEREAS, the GFWC Illinois Junior Woman's Club has served Illinois for more than 60 years and presently has 73 clubs and more than 2,000 volunteers across the state; and

WHEREAS, one of these is the GFWC Galesburg Junior Woman's Club, which has been serving the community for 70 years. The object of the GFWC Galesburg Junior Woman's club is to train women to be leaders, to help develop organizational and interpersonal skills, and to encourage volunteerism and community service; and

WHEREAS, in past years, Illinois members have volunteered hundreds of thousand of hours of their time to more than 5,000 different projects. Furthermore, their clubs donated over $1.8 million to a variety of charitable organizations such as the Children's Research Foundation, which they have supported for the past 29 years; and

WHEREAS, the Illinois Junior Woman's Club also supports initiatives like Advocates for Children, Literacy and Safety for Older Americans, and Prevention of Child Abuse: A Safe Place for Every Child. The current director is promoting a special initiative to help the families of deployed soldiers and Veterans Affairs facilities; and

WHEREAS, this year, during the week of March 17-22, the GFWC Galesburg Junior Woman's Club will celebrate their 70th anniversary:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim the week of March 17-22, 2008 as **GFWC GALESBURG JUNIOR WOMAN'S CLUB WEEK** in Illinois in recognition of their years of service and many accomplishments incurred from March 1938 to the present.

Issued by the Governor February 29, 2008
Filed by the Secretary of State February 29, 2008.

2008-74

PROCLAMATIONS

Armenian Martyrs Day

WHEREAS, the Armenian community, as well as the global community, remembers the Armenian Genocide, which occurred 93 years ago; and

WHEREAS, during this tragic historical period between the years of 1915 and 1923, Armenians were forced to witness the genocide of their loved ones and the loss of their ancestral homelands; and

WHEREAS, this extermination and forced relocation of over 1.5 million Armenians by the Ottoman Turks is recognized every year; and

WHEREAS, Armenians continue to be a people full of hope, courage, faith, and pride in their heritage, working together to rebuild a firm foundation for Armenia; and

WHEREAS, many of the fifteen-thousand Armenian-Americans in Illinois are descendents or survivors of the Armenian genocide, and have been forthright in their efforts to preserve their culture, heritage, and language, while contributing much to our state and our nation's diverse society and economy; and

WHEREAS, both recognition and education concerning past atrocities such as the Armenian Genocide are crucial in the prevention of future crimes against humanity:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim April 24, 2008 as **ARMENIAN MARTYRS DAY** in Illinois, in honor of the 93rd Anniversary of the Armenian Genocide.

Issued by the Governor February 29, 2008
Filed by the Secretary of State February 29, 2008.

2008-75
Playground Safety Week

WHEREAS, the safety and well being of children is a priority of this State; and

WHEREAS, more than 200,000 children are injured on playgrounds in the United States each year, equaling an average of one playground-related emergency room visit every two-and-one-half minutes; and

WHEREAS, the National Program for Playground Safety was created at the University of Northern Iowa to help inform the nation about playground injuries, and possible ways to reduce them; and

WHEREAS, the National Program for Playground Safety has identified key areas that could help substantially reduce the number of playground injuries and keep our children SAFE – providing: proper **S**upervision, **A**ge appropriate equipment, materials to soften **F**alls to the surface, and **E**quipment maintenance; and

WHEREAS, spring is often a time that children head to the playground; as a result, a large percentage of playground injuries occur in the months of April through June; and

WHEREAS, child care centers, schools, parks and other public facilities are preparing for summer season and playground participants. It is essential that we take the time to inspect, repair, and sustain the many playgrounds that provide our children with much needed exercise and enjoyment; and

WHEREAS, the State of Illinois is committed to the notion that no child should play on an unsafe playground:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim April 21 – 25, 2008 as **PLAYGROUND SAFETY WEEK** in Illinois, and encourage all citizens to help to keep our children safe on community playgrounds.

Issued by the Governor February 29, 2008
Filed by the Secretary of State February 29, 2008.

2008-76
Radiologic Technology Week

WHEREAS, the health and well-being of our citizens is a major concern of Illinois health care professionals; and

WHEREAS, qualified practitioners who specialize in the use of medical radiation and imaging technology to aid in the diagnosis and treatment of disease, share a commitment to creating for the people of this state a safer and more compassionate environment; and

WHEREAS, professionals in the radiologic sciences continually maintain their highest standards of professionalism through education, lifelong learning, credentialing and personal commitment; and

WHEREAS, Radiologic Technology Week, in conjunction with the 73rd Annual Illinois State Society of Radiologic Technologists (ISSRT) Conference, will focus on the safe, medical radiation environment provided through the skilled and conscientious efforts of radiologic technologists:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim April 22 – 25, 2008 as **RADIOLOGIC TECHNOLOGY WEEK** in Illinois, and encourage all citizens to recognize the importance of radiologic technology to the health industry in this state, and across the country.

Issued by the Governor February 29, 2008
Filed by the Secretary of State February 29, 2008.

2008-77
Better Hearing and Speech Month

WHEREAS, the Illinois Speech-Language-Hearing Association (ISHA) is a non-profit organization representing licensed speech-language pathologists and audiologists; and

WHEREAS, speech-language pathologists are specialists trained to identify, evaluate, and remediate communication or swallowing problems, and determine the best treatment solutions; and

WHEREAS, audiologists specialize in the prevention, identification, and evaluation of hearing and balance disorders and the habilitation/rehabilitation of individuals with hearing impairment; and

WHEREAS, founded in 1960, ISHA has three main goals: to make the public aware of services available to persons with speech, language and hearing disorders; to advocate for quality hearing services throughout the state; and to support the scientific study of human communication and its disorders; and

WHEREAS, approximately 46 million Americans are affected by communicative disorders, including 28 million individuals with hearing loss and 16 million individuals with speech, voice or language disorders; and

WHEREAS, 45 percent of individuals reported to have a chronic speech and/or language disorder are under the age of 18:

THEREFORE, I, Rod R. Blagojevich, Governor of the State of Illinois, do hereby proclaim May 2008 as **BETTER HEARING AND SPEECH MONTH** in Illinois to raise awareness of the contributions of speech-language pathologists and audiologists and the help that is available to those individuals with a speech, language or hearing problem.

Issued by the Governor February 29, 2008
Filed by the Secretary of State February 29, 2008.

ILLINOIS ADMINISTRATIVE CODE
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