

**Section 515.865 COVID-19 Vaccination of Provider Personnel
EMERGENCY**

- a) For the purposes of this Section:
- 1) "Staff" means any EMS personnel including EMR, EMT, EMT-I, AEMT or Paramedic, PHRN, PHPA, PHAPN licensed by the Department of Public Health that is employed or volunteers by a public or private EMS provider or contracts with a hospital to provide pre-hospital emergency care or interfacility transports and is in close contact (fewer than 6 feet) with other persons during work hours for more than 15 minutes at least once a week on a regular basis.
 - 2) "Provider" means any individual, group of individuals, corporation, partnership, association, trust, joint venture, unit of local government or other public or private ownership entity that owns and operates a business or service using one or more ambulances or EMS vehicles for the transportation or care of emergency patients.
 - 3) "COVID-19 vaccine" means a vaccine for COVID-19 that has been authorized for emergency use, licensed, or otherwise approved by the U.S. Food and Drug Administration (FDA).
 - 4) An individual is "fully vaccinated against COVID-19" two weeks after receiving the second dose in a two-dose series of a COVID-19 vaccine authorized for emergency use, licensed, or otherwise approved by the FDA, or two weeks after receiving a single-dose COVID-19 vaccine authorized for emergency use, licensed, or otherwise approved by the FDA.
 - 5) "Outbreak" means a situation when two or more individuals within the same outbreak setting at the provider:
 - A) are laboratory positive for SARS-CoV-2 by antigen or PCR testing;
 - B) are epidemiologically linked to the outbreak setting;
 - C) have onset of illness or a positive SARS-Co-V test (if asymptomatic) within the same 14- day period;
 - D) do not share a household; and

- E) are not listed as a close contact of each other outside of the outbreak setting.
 - 6) "Outbreak setting" means a place where people congregate to learn, work, receive or provide care, dine or conduct business, and is generally limited to parts of a provider building unless the COVID-19 outbreak among individuals is widely dispersed throughout the entire building. Examples of outbreak settings include but are not limited to, learning centers, hospital units, procedural areas, outpatient service areas, and administrative offices.
- b) Each provider shall require all staff to be fully vaccinated against COVID-19 or be tested in a manner consistent with the requirements of subsection (c).
- 1) Each provider shall require staff who are not fully vaccinated against COVID-19 to have, at a minimum, the first dose of a two-dose vaccination series or a single-dose vaccination by September 19, 2021, the second dose within 30 days following administration of their first dose in a two-dose vaccination series.
 - 2) Staff starting employment after September 19, 2021 must receive or have received, at a minimum, the first dose of a two-dose vaccine series or a single dose vaccine no later than 10 days after their start date with the provider and if applicable, the second dose of a two-dose COVID-19 vaccine series within 30 days after administration of their first dose, or be tested consistent with the requirements of subsection (c).
 - 3) Each provider shall require current or newly hired staff who are fully vaccinated against COVID-19 to submit proof of full vaccination against COVID-19. Proof of vaccination may be met by providing to the facility one of the following:
 - A) A Centers for Disease Control and Prevention (CDC) COVID-19 vaccination record card or photo of the card;
 - B) Documentation of vaccination from a health care provider or electronic health record; or
 - C) State immunization records.
 - 4) Each provider shall make available opportunities for staff to be fully vaccinated against COVID-19 through an arrangement with a pharmacy partner, local health department, or other appropriate health entity.

- 5) Each provider shall exempt current or newly hired individual staff members from the requirement that all staff be fully vaccinated against COVID-19 if:
 - A) Vaccination is medically contraindicated, including any individual staff member who is entitled to an accommodation under the Americans with Disabilities Act or any other law applicable to a disability-related reasonable accommodation; or
 - B) Vaccination would require the individual staff member to violate or forgo a sincerely held religious belief, practice, or observance.
 - 6) Staff that fall within the exemption in subsection (b)(5) shall undergo the testing requirements set forth in subsection (c).
 - 7) Providers may adopt more stringent policies requiring all staff to be vaccinated. Nothing in the Section supersedes or modifies the date such policies are designated by the provider to take effect.
- c) Beginning September 19, 2021, except as provided in subsection (d), each provider shall require its staff who are not fully vaccinated against COVID-19 to undergo testing for COVID-19, weekly, at a minimum. If staff who are not fully vaccinated against COVID-19 are not tested as required by this subsection, the staff shall not be permitted to enter or work at the provider.
- 1) The COVID-19 test shall either have Emergency Use Authorization by the FDA or be operated pursuant to the Laboratory Developed Test requirements of the U.S. Centers for Medicare and Medicaid Services.
 - 2) The testing shall be conducted on-site at the provider or the provider shall obtain proof or confirmation from the staff person of the negative test result obtained elsewhere.
 - 3) At-home tests or self-test kits for COVID-19 are available for purchase from retail pharmacies or other outlets. Some of these tests require supervision from a health care provider through telehealth, who will then confirm the identity of the person taking the test (e.g., by showing photo ID), while others are fully self-administered. At home or self-tests should be a last resort test option to fulfill the requirements of Executive Order 2021-22 and health care workers should only use those tests that are observed and verifiable by a healthcare provider.

- 4) If a staff person tests positive for COVID-19, the provider shall exclude the staff person from the facility, and the staff person shall be subject to all applicable isolation and quarantine rules and facility policies.
 - 5) Staff who are not fully vaccinated may be permitted to enter or work at the provider while they are waiting to receive the results of their weekly test.
- d) When the provider's service area is located in a county of high or substantial transmission, as indicated by the CDC COVID 19 Integrated County View, available at <https://covid.cdc.gov/covid-data-tracker/#county-view>, the facility shall require, in accordance with the requirements of subsection (c), its staff who are not fully vaccinated against COVID-19 to undergo testing for COVID-19, twice weekly, with tests administered at least two days apart as long as the county in which the provider and primary service area is located remains in a high or substantial transmission status.
- e) Each provider shall ensure that all individuals who administer the COVID-19 vaccines on site for staff pursuant to this Section are qualified and trained to administer the vaccine in accordance with all applicable federal and State laws and rules.
- f) Each provider shall post conspicuous signage throughout the provider facility notifying staff that the provider makes available opportunities for staff to be fully vaccinated against COVID-19. The signs shall be on 8.5 by 11-inch white paper, with text in Calibri (body) font and 26-point type in black letters.
- g) Each provider shall provide its newly hired and current staff educational materials on the benefits and potential risks associated with the COVID-19 vaccine. Within 14 days, each provider shall provide its unvaccinated staff a minimum of 90 minutes of clear and accurate instruction covering: vaccine education, effectiveness, benefits, risks, common reactions, hesitancy and misinformation. Examples of Department approved training and educational resources include those offered for health care professionals by the CDC, FDA, Immunization Action Coalition (IAC), and Mayo Clinic. Records of training shall be made available to the Department upon request.
- 1) CDC, available at <https://www.cdc.gov/vaccines/covid-19/training-education/index.html>;
 - 2) FDA, available at <https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines>;

- 3) Immunization Action Coalition (IAC), available at <https://immunize.org/>; and
 - 4) Mayo Clinic, available at <https://ce.mayo.edu/online-education/content/covid-19-vaccines-myths-mysteries-misinformation-myopia-and-miracles-online-cme-course> and <https://ce.mayo.edu/online-education/content/covid-19-vaccine-education-and-debunking-myth-online-cme-course>
- h) Each provider shall maintain a record of fully vaccinated staff, unvaccinated staff, and weekly testing.
 - i) The provider shall maintain documentation in each staff person's confidential medical file, in accordance with federal and state privacy laws, regarding COVID-19 vaccinations and tests, including the following:
 - 1) Proof of vaccination for the staff person;
 - 2) The results of COVID-19 tests for each staff person; and
 - 3) Written declination of the vaccination if offered by the provider.
 - j) Nothing in this emergency amendment prohibits any provider from implementing vaccination or testing requirements for staff that exceed the requirements of this Section.
 - k) Failure to comply with any of the requirements set forth in this Section creates a substantial probability of risk of death or serious mental or physical harm and shall result in a violation as defined in Section 515.160. In determining the amount of a fine or penalty, the Department shall consider the severity of the actual or potential harm to the individual or the public and any other factors established pursuant to Section 515.160(c). Any violation of this Part is subject to enforcement action by the Department to the greatest extent permitted by law.

(Source: Added by emergency rulemaking at 45 Ill. Reg. _____, effective _____, for a maximum of 150 days)