**Section 250.720 General Requirements**

a) Each hospital shall provide adequate facilities for the provision of immediate life saving measures.

b) Policies and procedures governing the acceptance and care of emergency patients shall be established. These shall be in accordance with the category of emergency services established in the hospital. Specific policies shall be adopted and implemented in regard to rendering emergency care in the hospital's emergency department, in the hospital but away from the emergency department, and within proximity to the hospital. In developing these policies, the hospital shall take into consideration any available national or state guidelines on the standard of practice in this area. These policies shall be included as a part of any initial employee orientation/training and shall be reviewed annually with staff.

c) An appropriate record shall be maintained on each patient who presents for emergency services.

d) Appropriate supplies and equipment shall be available and ready for use.

e) This Section shall not be construed to affect hospital-patient arrangements regarding payment for care.

f) Hospitals providing obstetric services shall have a *written policy and conduct continuing education yearly* (calendar) *for providers and staff of obstetric medicine, and of the emergency department, and other staff that may care for pregnant or postpartum women. The written policy and continuing education shall include management of severe maternal hypertension and obstetric hemorrhage, addressing airway emergencies experienced during childbirth, and management of other leading causes of maternal mortality for units that care for pregnant or postpartum women*. Hospitals providing obstetric services shall *demonstrate compliance with these written policy and education requirements.* (Section 2310-222(b) of the Department of Public Health Powers and Duties Law) (See also Section 250.1830(n) and (o)).

g) A REH shall have an agreement with at least one licensed and Medicare-certified hospital that is a level I or level II trauma center for the referral and transfer of patients requiring emergency medical care beyond the capabilities of the REH.

h) *The use of latex gloves by* hospital staff *is prohibited. If a crisis exists that interrupts* a hospital's *ability to reliably source nonlatex gloves,* hospital staff *may use latex gloves upon a patient. However, during the crisis,* hospital staff *shall prioritize, to the extent feasible, using nonlatex gloves for the treatment of any patient with self-identified allergy to latex; and any patient upon whom the latex gloves are to be used who is unconscious or otherwise physically unable to communicate and whose medical history lacks sufficient information to indicate whether or not the patient has a latex allergy.* (Sections 10(c) and 15 of the Latex Glove Ban Act)

(Source: Amended at 48 Ill. Reg. 7321, effective May 3, 2024)