**Section 615.340 Common Requirements**

a) All activities performed under this Part shall be governed in all respects by the laws of the State of Illinois. Personnel performing the programs described in this Subpart C shall meet the applicable requirements of the Medical Practice Act of 1987, the Nurse Practice Act, and the Environmental Health Practitioner Licensing Act.

b) All local health departments shall maintain a 24-hour notification system that the Department, hospitals or members of the general public can contact to promptly reach a staff person to report a suspect or actual public health incident or event. Local health departments shall document, at least quarterly, that this 24-hour notification system is operational. In addition, local health departments shall document and provide to the Department's Office of Preparedness and Response Emergency Response Coordinator (ERC)and the Department's Regional Health Officer the procedure that the Department, hospitals or members of the general public will use to activate this 24-hour notification system.

c) All local health departments are required to maintain a current all hazard emergency response/disaster plan for their jurisdiction. "All hazard" includes, but is not limited to, natural, technological and intentionally caused emergency events, including disease outbreaks, bioterrorism, floods, severe weather, environmental incidents, food protection incidents and other events most likely to occur in the jurisdiction. All local health departments shall electronically submit the plan for their jurisdiction to the Department's Office of Preparedness and Response ERC upon request. All future amendments to the plan shall be electronically submitted to the Department's Office of Preparedness and Response ERC immediately. All local health departments shall keep a copy of the plan on file in their principal office. The Department will review each plan once at least every three years, or as often as necessary, as part of the local health department's program review process conducted in accordance with Section 615.220. The emergency response/disaster plan shall provide a framework for response operations of the local health department singly or as part of a multi-jurisdiction agency, and shall outline specific actions for local response and recovery activities. The plan shall provide guidance for the local health department's primary programs to support jurisdiction-wide emergency operations and prescribe, among other items, when plan elements may be activated, the availability of personnel and response needs and provisions. The following items are minimum elements of an approved emergency response/disaster plan:

1) A procedure for 24-hour availability of the local health department to receive information on a significant or potential emergency situation from the general public or a federal, State or local governmental agency;

2) A procedure for internal notification ("call-tree") to alert key staff within the local health department of an emergency situation;

3) A procedure that details how and when the local health department will notify the local emergency management agency, local law enforcement agency and the Department of an emergency situation;

4) A procedure that will outline mutual aid requests to other local health departments, notifying and managing volunteers, and the rapid mobilization of non-essential staff of the local health department to assist with the emergency situation, including the identification of critical programs administered by the local health department;

5) A procedure for disseminating information to first responders, local health care providers, hospitals, clinics and pharmacies within the jurisdiction to alert them of a significant or potential emergency situation; and

6) A procedure for implementing a mass vaccination and prophylaxis and treatment, or distributing and managing of stockpiles of pharmaceuticals or other medical countermeasures in response to a significant or potential communicable disease situation or other public health emergency within the jurisdiction.

d) The local health department shall submit information in a manner prescribed by the Department concerning activities that the local health department conducted in each program. Local health protection grant program statistical information for food protection, potable water supply, and private sewage disposal programs shall include information for each quarter of the State fiscal year and shall be submitted to the Department within 30 days after the end of each quarter for which information is being reported. Reporting for infectious disease control programs shall be conducted in accordance with Section 615.300.

e) The local health department shall maintain documentation of activities conducted in accordance with this Part for a minimum of five years after the completion of the grant period or for the time period specified by the Illinois Secretary of State, whichever is longer. The documentation shall be available for review by the Department upon request.

f) The Department will develop a list of approved training courses that satisfy the local health department staff training requirements described in this Subpart C and make the list available upon request. A local health department may submit a request for approval of a training course to the Department at least 60 days prior to the training. The Department will review the course description, the course subject matter, the course content and the number of training hours. If the Department determines that the training course provides instruction relevant to the health protection program, the Department will approve the training course and notify the local health department. The Department will add an approved training course to the list of approved training courses. If the Department determines that the training course does not provide instruction relevant to the health protection program, the Department will deny the training course and notify the local health department.

(Source: Amended at 38 Ill. Reg. 5860, effective April 10, 2015)