**Section 330.710 Resident Care Policies**

a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part.

b) All of the information contained in the policies shall be available for review by the Department, residents, staff and the public.

c) The written policies shall include, but are not limited to, the following provisions:

1) Admission, transfer and discharge of residents, including categories of residents accepted and not accepted, residents that will be transferred or discharged, transfers within the facility from one room to another, and other types of transfers.

2) Resident care services including physician services, emergency services, personal care services, activity services, dietary services and social services.

3) *A policy to identify, assess, and develop strategies to control risk of injury to residents and nurses and other health care workers associated with the lifting, transferring, repositioning, or movement of a resident. The policy shall establish a process that, at a minimum, includes all of the following:*

A) *Analysis of the risk of injury to residents and nurses and other health care workers, taking into account the resident handling needs of the resident populations served by the facility and the physical environment in which the resident handling and movement occurs.*

B) *Education and training of nurses and other direct resident care providers in the identification, assessment, and control of risks of injury to residents and nurses and other health care workers during resident handling and on safe lifting policies and techniques and current lifting equipment.*

C) *Evaluation of alternative ways to reduce risks associated with resident handling, including evaluation of equipment and the environment.*

D) *Restriction, to the extent feasible with existing equipment and aids, of manual resident handling or movement of all or most of a resident's weight, except for emergency, life-threatening, or otherwise exceptional circumstances.*

E) *Procedures for a nurse to refuse to perform or be involved in resident handling or movement that the nurse, in good faith, believes will expose a resident or nurse or other health care worker to an unacceptable risk of injury.*

F) *Development of strategies to control risk of injury to residents and nurses and other health care workers associated with the lifting, transferring, repositioning, or movement of a resident.*

G) *Consideration of the feasibility of incorporating resident handling equipment or the physical space and construction design needed to incorporate that equipment* when *developing architectural plans for construction or remodeling of a facility or unit of a facility in which resident handling and movement occurs.*

H) *Fostering and maintaining resident safety, dignity, self-determination, and choice.* (Section 3-206.05 of the Act)

d) For the purposes of subsection (c)(3):

1) *"Health care worker" means an individual providing direct resident care services who may be required to lift, transfer, reposition, or move a resident.* (Section 3-206.05 of the Act)

2) *"Nurse" means an advanced practice registered nurse, a registered nurse, or a licensed practical nurse licensed under the Nurse Practice Act.*  (Section 3-206.05 of the Act)

e) The facility shall have a written agreement with one or more hospitals to provide diagnostic, emergency and acute care services. The Department will waive this requirement if the facility can document that it is unable to meet the requirement because of its remote location or refusal of local hospitals to enter an agreement. The services shall include:

1) Emergency admissions;

2) Admission of facility residents who are in need of hospital care;

3) Diagnostic services; and

4) Any other hospital-based services needed by the resident.

f) *An identification wristlet may be employed for any resident upon a physician's order, which shall document the need for the identification wristlet in the resident's clinical record. A facility may require a resident residing in an Alzheimer's disease unit,* as defined in Subpart U of 77 Ill. Adm. Code 300, *with a history of wandering to wear an identification wristlet, unless the resident's guardian or power of attorney directs that the wristlet be removed. All identification wristlets shall include, at a minimum, the resident's name and the name, telephone number, and address of the facility issuing the identification wristlet.* (Section 2-106a of the Act)

(Source: Amended at 48 Ill. Reg. 7397, effective May 3, 2024)