Chapter 441A of NAC

LCB File No. T003-06

PROPOSED TEMPORARY REGULATION OF THE STATE BOARD OF HEALTH

(This version replaces the proposed agency draft posted on 8/15/06)

COMMUNICABLE DISEASES

ISOLATION AND QUARANTINE

EXPLANATION – Matter in ***italics*** is new

Section 1. Chapter 441A of NAC is hereby amended by adding thereto the provisions set forth as sections 2 to 5, inclusive of this regulation**.**

Sec 2.

1. Any person detained for isolation or quarantine pursuant to NRS 441A.500 to 441A.720 by the health authority shall be provided a copy of any order and a written notice of rights, which shall at a minimum contain:

(a). You have the right to make a reasonable number of completed telephone calls from the place of isolation or quarantine as soon as reasonable after isolation or quarantine NRS 441A.520(1)(a).

(b). You have the right to possess and use a cellular phone or other similar communication device in the place of isolation or quarantine NRS 441A.520(1)(b).

(c). You have the right to refuse treatment unless ordered otherwise by a court NRS 441A.530.

(d). If you were admitted into a medical facility and your status was subsequently changed to involuntary isolation or quarantine, you cannot be involuntarily detained more than 48 hours after your status change unless you voluntarily consent or otherwise a health authority files a petition with the court NRS 441A.540(2).

(e). You have the right to voluntarily consent to continuing isolation or quarantine NRS 441A.550(1).

(f). You have the right to be released within 72 hours of isolation or quarantine unless you voluntarily consent to further isolation or quarantine or the health authority files a petition with the court NRS 441A.550(2).

(g). You have the right to immediately seek a court injunction or other appropriate process in a district court to challenge any involuntary isolation or quarantine NRS 441A.540(2)(b); NRS 441A.550(3).

(h). You have the right to a noticed court hearing within 5 judicial days after the court's receipt of a health authority's petition for involuntary isolation or quarantine NRS 441A.620.

(i). You have the right to a court-appointed medical examination or assessment regarding a health authority's petition for involuntary isolation or quarantine NRS 441A.630.

(j). You (or a relative or friend on your behalf) have the right to retain an attorney to represent you during the court's consideration of a petition for involuntary court-ordered isolation or quarantine NRS 441A.660(1).

(k). You have the right to a court-appointed public defender if you refuse to (or cannot) secure a private attorney, and you will be financially responsible for such public services unless you are indigent or otherwise succeed in your challenge against the petition for involuntary isolation or quarantine NRS 441A.660)(1) and (2).

(l). You have the right to be present by live telephonic conferencing or videoconferencing with the court at proceedings for involuntary court-ordered isolation or quarantine, and to testify to the extent that you can do so without endangering the health of others NRS 441A.680.

2. The health authority shall provide a person who is isolated or quarantined the documents described in subsection 1 upon initiation of the isolation or quarantine if reasonably possible, but no later than 18 hours after the initiation.

Sec. 3.

1. For either the purpose of early detection of an occurrence of biological, chemical, or radiological weapons attack or for the purpose of early detection or situational awareness of a disease outbreak, a health authority may require syndromic reporting of patient data from emergency rooms or may engage in active surveillance by initiating direct contact with emergency rooms to direct queries regarding patient data.

2. Reporting or active surveillance required pursuant to paragraphs 1 shall be for a period of time deemed necessary by the health authority surrounding the following circumstances:

(a). A United States Homeland Security threat level "Red."

(b). A suspected or confirmed release of a biological, chemical or radiological agent within the United States.

(c). A suspected national or global pandemic.

(d). A local outbreak of illness suspected or confirmed to be related to a biological, chemical, or radiological weapon.

Other circumstances, which in the judgment of the health authority, warrant enhanced public health surveillance.

3. A health authority may request long-term syndromic reporting patient data from one or more emergency rooms.

4. Information reported to a health authority pursuant to this regulation is confidential and subject to the requirements of NRS 441A.220.

5. For purposes of this regulation, situational awareness is defined as the ability to monitor trends in disease occurrence once and after an increase has been identified or confirmed.

Sec. 4.

1. When mandatory reporting of emergency room is in place, one or more of the following syndromes shall be reported for each patient:

(a). Botulism-like, cranial nerve impairment with weakness, or any bilateral weakness of the face or limbs.

(b). Fever.

(c). Gastrointestinal syndrome including diarrhea, gastroenteritis with or without vomiting or abdominal cramps.

(d). Hemorrhagic illnesses.

(e). Rash, Blisters and Localized Skin Lesions

(f). Lymphadenitis

(g). Neurological syndrome including meningitis, encephalitis, unexplained acute encephalopathy, or mental status change

(h). Respiratory syndrome including shortness of breath with or without fever

(i). Specific Infection, sepsis or non traumatic (septic, hemorrhagic or toxic) shock

(j). Severe illness and unexplained death with or without a history of one or more of the above.

(k). None of the above

2. A health authority may add or remove a syndrome to those identified in paragraph 1 of this section based on his or her professional judgment and exigent circumstances.

3. When voluntary reporting is requested, the syndromes identified in paragraph 1 of this section may be reported and the health authority may request other clinical or demographic data such as chief complaints, discharge diagnosis, other syndromes, or similar clinical information, age of patient, gender of patient, or address of patient's residence, work or school.

Sec. 5.

1. Syndromic reports shall include the following information on each patient:

(a). Name of the hospital emergency room making the report

(b). Date of report

(c). Date of illness onset

(d). Time of illness onset

(e). Syndrome as identified in Section 4

2. The health authority may require additional information including the identities of patients.

3. Syndromic reports for patients seen in emergency rooms shall be submitted to the health authority at least once every 12 hours when mandatory reporting is in place or at agreed upon intervals when a facility is voluntarily reporting.

4. A syndromic report to the health authority should be made by the official method specified by the health authority.