**Chapter 441A of NAC**

**LCB File No. T003-06**

# ADOPTED TEMPORARY REGULATION OF THE STATE BOARD OF HEALTH

**Filed with the Secretary of State on January 17, 2007**

## 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.***

**NOTICE OF ADOPTION OF TEMPORARY REGULATION**
**LCB File No. T003-06**

The State Board of Health adopted temporary regulations assigned LCB File No. T003-06 which pertain to chapter 441A of the Nevada Administrative Code on December 8, 2006.

## INFORMATIONAL STATEMENT

1. DESCRIPTION OF HOW PUBLIC COMMENT WAS SOLICITED, SUMMARY OF PUBLIC RESPONSE, AND AN EXPLANATION OF HOW OTHER INTERESTED PERSONS MAY OBTAIN A COPY OF THE SUMMARY.

In order to determine the impact of that this amendment will have on small businesses, Nevada State Health Division mailed out July 31st 2006, about one thousand two hundred packages to small businesses in the state. To further solicit public comments, opinions and input, three public workshops were held; the first was September 7th 2006 at the Southern Nevada Health District, and the second was simultaneously videoconferenced from the Department of Transportation in Carson City to the Department of Transportation in Elko. The third workshop was held September 12th 2006 at Washoe County District Health Department in Reno.

There was no opposition for the proposed amendment and no negative public comments were provided at any of the public workshops. Most of the comments agreed that adapting the regulations related to isolation, quarantine and syndromic surveillance will help controlling and preventing the spread of communicable diseases and it will also develop a process of early detection of communicable diseases and quick infection control and containment.

There were no written or public comments at the Las Vegas, Carson City, Elko or Reno workshops.

Notice of public hearing regarding the Board of Health intent to adopt amendments was published in the Las Vegas Review Journal, Reno Gazette Journal, Nevada Appeal and the Lahanton Valley News Paper, and proposed regulations were mailed to all county libraries in Nevada, health care facilities, and interested parties. The notice of public hearing was mailed to the Southern Nevada Health District, Washoe County District Health Department, and Carson City County Health Department.

Copies of the Board of Health hearing minutes may be obtained by calling the Nevada State Health Division at (775) 684-4200.

2. THE NUMBER OF PERSONS WHO:

(A) ATTENDED THE HEARING;

Approximately 25 people attended the December 8, 2006, Board of Health hearing.

(B) TESTIFIED AT EACH HEARING; AND

No one in attendance testified on Isolation and Quarantine temporary regulation amendments.

(C) SUBMITTED TO THE AGENCY WRITTEN STATEMENTS.

No written statements were submitted.

3. A DESCRIPTION OF HOW COMMENT WAS SOLICITED FROM AFFECTED BUSINESSES, A SUMMARY OF THEIR RESPONSE, AND AN EXPLANATION HOW OTHER INTERESTED PERSONS MAY OBTAIN A COPY OF THE SUMMARY

In order to determine the impact that these new regulations will have on small businesses, Nevada State Health Division mailed out July 31st 2006, one thousand two hundred packages to small businesses in the state; each included:

- Small Business Impact Questionnaire
- A copy of the proposed changes to NAC 441A
- Notice of public workshops and Board of Health hearing
- A letter inviting small businesses to complete and return the Small Business Impact Questionnaire to the State Health Division if they believe that their business will be affected. The letter also explained the background and process of adopting new regulations.

The questions on the Small Business Impact Questionnaire were:

1. How many employees are currently employed by your business?
2. Will a specific regulation have an adverse economic effect upon your business?
3. Will the regulation(s) have any beneficial effect upon your business?
4. Do you anticipate any indirect adverse effects upon your business?
5. Do you anticipate any indirect beneficial effects upon your business?

The feedback of small businesses was very supportive for adapting the new regulations.

4. IF THE REGULATION WAS ADOPTED WITHOUT CHANGING ANY PART OF THE PROPOSED REGULATION, A SUMMARY OF THE REASONS FOR ADOPTING THE REGULATION WITHOUT CHANGE.

No testimony was received in opposition to the proposed regulation or which suggested changes to the proposed regulation.

5. THE ESTIMATED ECONOMIC EFFECT OF THE REGULATION ON THE BUSINESS WHICH IT IS TO REGULATE AND ON THE PUBLIC. THESE MUST BE STATED SEPARATELY, AND IN EACH CASE MUST INCLUDE:

(A) BOTH ADVERSE AND BENEFICIAL EFFECTS; AND

Anticipated effects on the business which NAC 441A regulates.

Adverse: There is no estimated indirect adverse economic effect of the proposed regulations on the small businesses which NAC 441A regulates.

Beneficial: Adapting the regulations will help controlling and preventing the spread of communicable diseases within the facilities and the community as a whole and will provide near real time situational awareness.

Anticipated effects on the public:

Adverse: None

Beneficial: Early detection of disease outbreaks and prompt control and prevention of natural or intentional disease outbreaks.

(B) BOTH IMMEDIATE AND LONG TERM EFFECTS.

Anticipated effects on the business which NAC 441A regulates.
Immediate: None.
Long-term: Develop a process of infectious diseases early detection and quick infection control and containment
Anticipated effects on the public:

Anticipated effects on the public
Immediate: None
Long-term: Improvement of the public health system capability to provide active disease tracking in order to prevent diseases outbreaks and promote health

6. THE ESTIMATED COST TO THE AGENCY FOR ENFORCEMENT OF THE PROPOSED REGULATION.

There is no anticipated additional cost to the agency for enforcement of the proposed regulation changes.

7. A DESCRIPTION OF ANY REGULATIONS OF OTHER STATE OR GOVERNMENT AGENCIES WHICH THE PROPOSED REGULATION OVERLAPS OR DUPLICATES AND A STATEMENT EXPLAINING WHY THE DUPLICATION OR

OVERLAPPING IS NECESSARY. IF THE REGULATION OVERLAPS OR DUPLICATES A FEDERAL REGULATION, NAME THE REGULATING FEDERAL AGENCY.

There is no duplication or overlap of other state or local government agency's regulations.

8. IF THE REGULATION INCLUDES PROVISION WHICH ARE MORE STRINGENT THAN A FEDERAL REGULATION WHICH REGULATES THE SAME ACTIVITY, A SUMMARY OF SUCH PROVISION.

These proposed regulations do not overlap or duplicate federal regulations. The regulations do not have a counterpart in the code of federal regulations.

9. IF THE REGULATION PROVIDES A NEW FEE OR INCREASES AN EXISTING FEE, THE TOTAL ANNUAL AMOUNT THE AGENCY EXPECTS TO COLLECT AND THE MANNER IN WHICH THE MONEY WILL BE USED.

The amendments do not establish any new fees or increase any existing fees.