

**PROPOSED REGULATION OF THE  
STATE BOARD OF HEALTH**

**LCB FILE NO. R123-12**

**Section 1.**

**NAC 441A.235 Duty of director or other person in charge of medical laboratory to report findings of communicable disease, causative agent of communicable disease or immune response to causative agent; contents of report; submission of certain microbiologic cultures, subcultures, or other specimen or clinical material; reportable level of CD4 lymphocyte counts.**

1. Except as otherwise provided in NAC 441A.240, the director or other person in charge of a medical laboratory in which a test or examination of any specimen derived from the human body yields evidence suggesting the presence of a communicable disease, a causative agent of a communicable disease or an immune response to a causative agent of a communicable disease shall:

(a) If the medical laboratory is in this State, report the findings to the health authority having jurisdiction where the office of the health care provider who ordered the test or examination is located or to an electronic clearinghouse approved by the health authority.

(b) If the medical laboratory performed the test or examination on specimens obtained in this State or from residents of this State, and the medical laboratory is located outside of this State, report the findings to the State Health Officer.

The report must be made in the manner provided in NAC 441A.225.

2. The report must include:

(a) The date and result of the test or examination performed.

(b) The name, address and, if available, telephone number of the person from whom the specimen was obtained.

(c) The age or date of birth *and sex* of the person from whom the specimen was obtained, if available.

(d) The name of the health care provider who ordered the test or examination.

(e) The name and the address or telephone number of the medical laboratory making the report.

(f) Any other information requested by the health authority, if available.

3. The director or other person in charge of the medical laboratory shall also submit microbiologic cultures, subcultures, or other specimens or clinical material, if available, to the State Public Health Laboratory or other laboratory designated by the health authority for diagnosis, confirmation or further testing if:

(a) Requested by the health authority;

(b) The communicable disease is included on the list of diseases published by the health authority pursuant to subsection 4 and the health authority has provided the director or other person in charge of the medical laboratory with a copy of the list; or

(c) The microbiologic cultures, subcultures, or other specimens or clinical material consist of:

(1) Isolates of *Bordetella pertussis* or *Bordetella parapertussis*;

(2) Isolates of non-motile and non-hemolytic *Bacillus* spp.;

(3) Isolates of *Brucella* spp.;

- (4) Isolates of *Burkholderia mallei* or *Burkholderia pseudomallei*;
- (5) Isolates of *Campylobacter* spp.;
- (6) Isolates of *Clostridium botulinum*;
- (7) Isolates of *Clostridium tetani*;
- (8) Isolates of *Corynebacterium diphtheriae*;
- (9) Isolates of *Coxiella burnetii*;
- (10) Isolates of *E. coli* O157:H7;
- (11) Isolates of *Francisella tularensis*;
- (12) Isolates of *Haemophilus influenzae* (invasive only);
- (13) Isolates of *Legionella* spp.;
- (14) Isolates of *Listeria monocytogenes*;
- (15) Isolates of *Mycobacterium* spp.;
- (16) Isolates of *Neisseria meningitidis* from a sterile site;
- (17) Blood smears containing *Plasmodium* spp.;
- (18) Isolates of *Salmonella* spp.;
- (19) Isolates of, or broth positive results for, Shiga-toxin producing *E. coli*;
- (20) Isolates of *Shigella* spp.;
- (21) Isolates of *Vibrio* spp.;
- (22) Isolates of Vancomycin-intermediate *Staphylococcus aureus*;
- (23) Isolates of Vancomycin-resistant *Staphylococcus aureus*;
- (24) Isolates of *Yersinia pestis*; or
- (25) Isolates of *Yersinia* spp., other than *Yersinia pestis*.

4. The health authority shall annually publish and post on its Internet website a list of communicable diseases for which microbiologic cultures, subcultures, or other specimens or clinical material, if available, must be submitted pursuant to subsection 3. For each communicable disease included on the list, the health authority must specify:

- (a) The microbiologic cultures, subcultures, or other specimens or clinical material to be submitted;
- (b) The justification for requiring the microbiologic cultures, subcultures, or other specimens or clinical material to be submitted;
- (c) The name of the medical laboratory to which the microbiologic cultures, subcultures, or other specimens or clinical material must be submitted; and
- (d) The process by which the microbiologic cultures, subcultures, or other specimens or clinical material must be submitted.

5. ***Laboratories shall be required to report, as required by this section, every test result that is diagnostic of, highly correlated with, indeterminate or indicative of HIV or AIDS infection, HIV-related illness, or components of HIV, including, but not limited to all CD4+ T-lymphocyte absolute counts and percents, all viral load (HIV RNA levels) test results, regardless of whether the result is detectable or undetectable, or any other FDA-approved tests that establish the presence of HIV and AIDS infection. [A test or examination that is performed by a medical laboratory and reveals CD4 lymphocyte counts of less than 500 cells per microliter constitutes evidence suggesting the presence of a communicable disease and must be reported as required by this section.]***

(Added to NAC by Bd. of Health, eff. 1-24-92; A 11-1-95; R087-08, 1-13-2011)

## Section 2.

*Duty of a public agency, law enforcement agency, and political subdivision to share information and medical records with health authority. (NRS 441A.167) A public agency, law enforcement agency, or political subdivision shall, upon request by a health authority, share information and medical records relevant to an investigation relating to an infectious disease or exposure to a biological, radiological or chemical agent.*

- 1. Public agencies include local county, school district, municipal corporation, public corporation or other local governmental agency departments, state commission, board, bureau or other agency of the Executive, Legislative and Judicial Branches of State Government, including, the Nevada System of Higher Education.*
- 2. As requested by a health authority, public agencies, law enforcement agencies, and political subdivisions shall share information and medical records relevant to an investigation relating to an infectious disease or exposure to a biological, radiological or chemical agent. The requested information shall be shared in the manner provided in NAC 441A.225. The report must include:*
  - a. The infectious disease or the biological, radiological, or chemical agent exposed to.*
  - b. The name, address and, if available, telephone number of the person known or suspected to have an infectious disease or have been exposed to a biological, radiological, or chemical agent.*
  - c. The name, address and telephone number of the person sharing the information.*
  - d. Any other information requested by the health authority, if available.*
- 3. Any shared protected health information must be handled in a confidential manner pursuant to NRS 441A.220.*

## Section 3.

**NAC 441A.350 Health care provider to report certain cases and suspected cases within 24 hours of discovery.** (NRS 441A.120) A health care provider shall notify the health authority within 24 hours of discovery of any case having active tuberculosis or any suspected case considered to have active tuberculosis, *and those* who fail~~[s]~~ to submit to medical treatment or who discontinues or fails to complete ~~[an effective]~~*the prescribed* course of medical treatment.

(Added to NAC by Bd. of Health, eff. 1-24-92)

## Section 4.

**NAC 441A.370 Correctional facilities: Testing and surveillance of employees and inmates; *management of active tuberculosis cases*; investigation for contacts; course of preventive treatment for person with tuberculosis infection; documentation.** (NRS 441A.120)

*1. Each correctional facility shall develop and implement an in-facility tuberculosis infection-control program to include the following: tuberculosis screening, containment and assessment. The health authority can assist correctional facilities in formulating, implementing and evaluating these activities.*

~~11~~2. An employee of a correctional facility who does not have a documented history of a positive tuberculosis screening test shall submit to such test upon initial employment by the correctional facility.

~~12~~3. ~~An~~*Inmates of long and short-term correctional* facilities ~~who is expected to remain in a correctional facility for at least 6 continuous months and~~ who do~~es~~ not have a documented history of a positive tuberculosis screening test shall submit to such test upon initial detention in the correctional facility.

~~13~~4. If a tuberculosis screening test administered pursuant to subsection ~~11~~2 or ~~12~~3 is negative, the person shall be retested annually.

~~14~~5. If a skin test administered pursuant to subsection ~~11~~2 or ~~12~~3 is positive or if the person has a documented history of a positive tuberculosis screening test and has not completed an adequate course of medical treatment, the person shall submit to a chest X ray and a medical evaluation to determine the presence of active tuberculosis.

~~15~~6. Surveillance of employees of a correctional facility and inmates must be maintained for the purpose of identifying any development of symptoms of active tuberculosis. If active tuberculosis is suspected or diagnosed, the case or suspected case must be cared for in a manner consistent with the provisions of NAC 441A.375.

~~16~~7. If a case having active tuberculosis is located in a correctional facility, the medical staff of the correctional facility *shall provide information to the health authority on possible exposed inmates to determine and identify contacts within 7 days of initiating the investigation. The medical staff of the correctional facility* shall carry out an investigation for contacts in a manner consistent with the provisions of NAC 441A.355.

~~17~~8. A person who has tuberculosis infection but does not have active tuberculosis must be offered a course of preventive treatment unless medically contraindicated.

~~18~~9. Any action carried out pursuant to this section and the results thereof must be documented in the person's medical record.

*10. If an inmate or detainee receives treatment for active tuberculosis disease while incarcerated the correctional facility must notify the health authority within 24 hours of initiating treatment. The correctional facilities medical staff will, at least quarterly, provide a medical status report to the health authority for each case of tuberculosis.*

*11. Correctional facilities must coordinate discharge planning or referral planning for all inmates that are receiving treatment for tuberculosis and being either released or transferred prior to the completion of therapy.*

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R084-06, 7-14-2006)

## Section 5.

**NAC 441A.375 Medical facilities~~,~~ and facilities for the dependent~~, homes for individual residential care and outpatient facilities~~: Management of cases and suspected cases; surveillance and testing of employees; counseling and preventive treatment.** (NRS 441A.120, 449.448)

1. A case having tuberculosis or suspected case considered to have tuberculosis in a medical facility, a facility for the dependent or outpatient facility must be managed in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.

2. A medical facility~~,~~ *or* a facility for the dependent~~, a home for individual residential care or an outpatient facility~~ shall maintain surveillance *for tuberculosis and tuberculosis*

*infection* of employees *and persons who provide direct patient, resident or client care services on behalf* of the facility ~~[or home for tuberculosis and tuberculosis infection]~~. The surveillance of employees *and persons providing direct care* must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.

3. Before initial employment, a person employed *and those providing direct care services* in a medical facility ~~[;]~~ *or* a facility for the dependent ~~[, a home for individual residential care or an outpatient facility]~~ shall have a:

(a) Physical examination or certification from a licensed ~~[physician]~~ *health care provider* that the person is in a state of good health, is free from active tuberculosis ~~[and any other communicable disease in a contagious stage]~~; and

(b) Tuberculosis screening test within the preceding 12 months, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination.

If the employee *and those providing direct care services* has only completed the first step of a 2-step Mantoux tuberculin skin test within the preceding 12 months, then the second step of the 2-step Mantoux tuberculin skin test or other single-step tuberculosis screening test must be administered. A single annual tuberculosis screening test must be administered thereafter, unless the medical director of the facility or a designee thereof ~~[or another licensed physician]~~ determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination *annually*. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.

4. An employee *and those providing direct care services* with a documented history of a positive tuberculosis screening test is exempt from *future tuberculosis screening tests but must have documented annual evaluations for signs and symptoms of tuberculosis*. ~~[screening with skin tests or chest radiographs unless]~~ *If* the employee develops *signs or* symptoms suggestive of tuberculosis, *additional diagnostic testing (e.g., chest radiograph) will be required*.

5. A person who demonstrates a positive tuberculosis screening test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis.

6. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.

7. A medical facility shall maintain surveillance of employees *and those providing direct care services* for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculosis screening test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medical facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis.

8. As used in this section, “outpatient facility” has the meaning ascribed to it in NAC 449.999417.

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R084-06, 7-14-2006; R179-09, 7-22-2010)

## Section 6.

**NAC 441A.380 Admission of persons to certain medical facilities~~[,]~~or facilities for the dependent~~[ or homes for individual residential care]~~: Testing; respiratory isolation; medical treatment; counseling and preventive treatment; documentation.** (NRS 441A.120)

1. Except as otherwise provided in this section, ~~[before admitting a person to a medical facility for extended care, skilled nursing or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility.]~~

~~— 2. Except as otherwise provided in this section,]~~ the staff of a facility for the dependent~~[, a home for individual residential care]~~ or a medical facility for extended care, skilled nursing or intermediate care shall:

(a) Before admitting a person to the facility or home, determine if the person:

- (1) Has had a cough for more than 3 weeks;
- (2) Has a cough which is productive;
- (3) Has blood in his or her sputum;
- (4) Has a fever which is not associated with a cold, flu or other apparent illness;
- (5) Is experiencing night sweats;
- (6) Is experiencing unexplained weight loss; or
- (7) Has been in close contact with a person who has active tuberculosis.

(b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless *there is a documented negative single screening test or a negative two-step TB skin test performed in the preceding 12 months and the person is free from signs and symptoms of tuberculosis* or there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5 days after the patient is admitted, whichever is sooner.

(c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or a designee thereof ~~[or another licensed physician ]~~determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination *annually*. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.

~~[3]2.~~ A person with a documented history of a positive tuberculosis screening test is exempt from *tuberculosis screening*~~[skin]~~ testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of *signs or* symptoms of tuberculosis.

~~[4]3.~~ If the staff of the facility or home determines that a person has had a cough for more than 3 weeks and that the person has one or more of the other symptoms described in paragraph (a) of subsection ~~[2]1~~, the person may be admitted to the facility or home if the staff keeps the person in respiratory isolation in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC

441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation, the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis.

~~§~~4. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home or, if he or she has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. *A person with a test or evaluation indicating that the person has suspected or active tuberculosis may be admitted to a medical facility for extended care, skilled nursing or intermediate care and be allowed to remain in the facility if respiratory isolation accommodations are provided.* The person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he or she is no longer infectious. A health care provider shall not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFB smears which were collected on separate days *and the person has been on appropriate treatment for a minimum of two weeks. The health care provider must coordinate a treatment and discharge and follow-up plan with the health authority prior to rescinding orders for isolation.*

~~§~~5. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis. The recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200.

~~§~~6. The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200.

~~§~~7. The staff of the facility or home shall ensure that any action carried out pursuant to this section and the results thereof are documented in the person's medical record.

(Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96; R084-06, 7-14-2006)