

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

LCB File No. R121-14

EXPLANATION – Matter in *italics* is new; matter in brackets ~~omitted material~~ is material to be omitted.

AUTHORITY: §1, NRS 441A.120 and 441A.167; §§2 and 5-13, NRS 441A.120; §§3 and 4, NRS 441A.167.

A REGULATION relating to communicable diseases; requiring the director of a medical laboratory to report the findings of certain tests or examinations to a health authority; requiring certain public agencies and political subdivisions to provide to a health authority certain information concerning investigations relating to infectious disease or exposure to certain agents; revising provisions related to the investigation, reporting and surveillance of cases and suspected cases of tuberculosis; requiring each correctional facility to develop and implement an infection control program; requiring independent contractors hired by certain facilities to submit to tuberculosis testing; revising tuberculosis screening requirements before the admission of persons to certain facilities; making various other changes relating to communicable diseases; and providing other matters properly relating thereto.

Section 1. ~~[Chapter 441A of NAC is hereby amended by adding thereto the provisions set forth as sections 2, 3 and 4 of this regulation.]~~

Sec. 2. ~~[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 is performed of any specimen derived from the human body that is approved by the Federal Drug Enforcement Agency to confirm the presence or absence of the human immunodeficiency virus or to monitor the progression of a human immunodeficiency virus infection, including, without limitation, a CD4 lymphocyte count or percent, a viral load count or an HIV RNA level test, 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 Chief Medical Officer.~~

~~—2. The report submitted pursuant to subsection 1 must be made in the manner provided in NAC 441A.225 and 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 sex, age and date of birth 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 requirements of this section apply to a director or other person in charge of a medical laboratory in which a test or examination described in subsection 1 is performed regardless of whether the test or examination shows a detectable or an undetectable viral load or HIV RNA level.}~~

Sec. 3. ~~{As used in NRS 441A.167 and section 4 of this regulation:~~

~~—1. “Law enforcement agency” means an agency, office or bureau, the primary duty of which is to enforce the law.~~

~~—2. “Political subdivision” means any:~~

~~—(a) County;~~

~~—(b) Incorporated city;~~

~~—(c) Unincorporated town; or~~

~~—(d) Airport authority created by a special legislative act.~~

~~—3. “Public agency” means an agency, bureau, board, commission, department or division of this State.†~~

Sec. 4. 1. A public agency, law enforcement agency or political subdivision that receives a request for information, medical records or reports from a health authority pursuant to subsection 1 of NRS 441A.167 shall provide the information, medical records or reports to the health authority within 10 calendar days after receiving the request.

2. A health authority that receives information, medical records or reports from a public agency, law enforcement agency or political subdivision shall ensure that any protected health information remains confidential to the extent required by state and federal law and the regulations adopted pursuant thereto.

Sec. 5. NAC 441A.235 is hereby amended to read as follows:

441A.235 1. Except as otherwise provided in NAC 441A.240 ~~†~~ *and section 2 of this regulation*, 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}~~ *Chief Medical* 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 *sex*, age ~~{or}~~ *and* date of birth 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 influenza* (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. — 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.}~~ *Except otherwise provided in NAC441A.240, the director or other person in charge of a medical laboratory in which a test of any specimen derived from the human body that is approved by the Food and Drug Administration (FDA) to confirm the presence of the human immunodeficiency virus (HIV) to monitor the progression of a HIV infection, including without limitation all levels of CD4 and both detectable and undetectable viral loads.*

Sec. 6. NAC 441A.290 is hereby amended to read as follows:

441A.290 1. A district health officer who knows, suspects or is informed of the existence within his or her jurisdiction of a communicable disease shall:

(a) Use as a guideline for the investigation, prevention, suppression and control of the communicable disease, the recommended guidelines for the investigation, prevention, suppression and control of communicable disease set forth in:

(1) “General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices,” adopted by reference pursuant to NAC 441A.200;

(2) *Manual for the Surveillance of Vaccine-Preventable Diseases*, adopted by reference pursuant to NAC 441A.200;

(3) *Control of Communicable Diseases Manual*, adopted by reference pursuant to NAC 441A.200; and

(4) *Red Book: 2009 Report of the Committee on Infectious Diseases*, adopted by reference pursuant to NAC 441A.200; and

(b) Carry out the measures for the investigation, prevention, suppression and control of the communicable disease specified in this chapter.

2. Upon receiving a report from a medical laboratory pursuant to NAC 441A.235 **H** *or section 2 of this regulation*, the district health officer shall notify the health care provider who ordered the test or examination and discuss the circumstances of the case or suspected case before initiating an investigation or notifying the case or suspected case. If, after a reasonable effort, the district health officer is unable to notify the health care provider who ordered the test or examination before the time an investigation must be initiated to protect the public health, the district health officer may proceed with the investigation, including notifying the case or

suspected case, and may carry out measures for the prevention, suppression and control of the communicable disease.

3. The district health officer shall notify the ~~{State Health}~~ *Chief Medical* Officer, or a representative thereof, as soon as possible of any case reported in his or her jurisdiction:

(a) Having anthrax, foodborne botulism, botulism other than foodborne botulism, infant botulism or wound botulism, cholera, diphtheria, extraordinary occurrence of illness, measles, plague, rabies, rubella, severe acute respiratory syndrome (SARS), smallpox (variola), tularemia or typhoid fever;

(b) That is part of a foodborne disease outbreak; or

(c) That is known or suspected to be related to an act of intentional transmission or biological terrorism.

4. The district health officer shall prepare a case report for each case reported in his or her jurisdiction pursuant to the provisions of this chapter. The report must be made on a form approved or provided by the Division and be submitted to the ~~{State Health}~~ *Chief Medical* Officer, or the representative, within 7 days after completing the investigation of the case. The district health officer shall provide all available information requested by the ~~{State Health}~~ *Chief Medical* Officer, or the representative, for each case reported, unless the provision of that information is prohibited by federal law.

5. If the district health officer suspects that there may be an association between two or more cases infected with the same communicable disease, the district health officer shall:

(a) Conduct an investigation to determine whether the cases share a common source of infection; and

(b) If he or she identifies a common source of infection that poses a threat to the public health:

- (1) Inform the public of the common source of infection;
- (2) Provide education to the public concerning the risk, transmission, prevention and control of the communicable disease; and
- (3) Notify the ~~{State Health}~~ *Chief Medical* Officer.

6. The district health officer shall inform persons within his or her jurisdiction who are subject to the provisions of this chapter of the requirements of this chapter.

7. The district health officer may require, in his or her jurisdiction, the reporting of an infectious disease not specified in NAC 441A.040 as a communicable disease.

Sec. 7. NAC 441A.295 is hereby amended to read as follows:

441A.295 1. If the ~~{State Health}~~ *Chief Medical* Officer knows, suspects or is informed of the existence within his or her jurisdiction of a communicable disease, he or she shall:

(a) Use as a guideline for the investigation, prevention, suppression and control of the communicable disease, the recommended guidelines for the investigation, prevention, suppression and control of the communicable disease set forth in:

(1) “General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices,” adopted by reference pursuant to NAC 441A.200;

(2) *Manual for the Surveillance of Vaccine-Preventable Diseases*, adopted by reference pursuant to NAC 441A.200;

(3) *Control of Communicable Diseases Manual*, adopted by reference pursuant to NAC 441A.200; and

(4) *Red Book: 2009 Report of the Committee on Infectious Diseases*, adopted by reference pursuant to NAC 441A.200; and

(b) Carry out the measures for the investigation, prevention, suppression and control of the communicable disease specified in the provisions of this chapter.

2. Upon receiving a report from a medical laboratory pursuant to NAC 441A.235 ~~§~~ *or section 2 of this regulation*, the ~~{State-Health}~~ *Chief Medical* Officer shall contact the health care provider who ordered the test or examination and discuss the circumstances of the case or suspected case before initiating an investigation or contacting the case or suspected case. If, after a reasonable effort, the ~~{State-Health}~~ *Chief Medical* Officer is unable to contact the health care provider who ordered the test or examination before the time when an investigation must be initiated to protect the public health, the ~~{State-Health}~~ *Chief Medical* Officer may proceed with the investigation, including contacting the case or suspected case, and may carry out measures for the prevention, suppression and control of the communicable disease.

3. If the ~~{State-Health}~~ *Chief Medical* Officer suspects that there may be an association between two or more cases infected with the same communicable disease, the ~~{State-Health}~~ *Chief Medical* Officer shall:

(a) Conduct an investigation to determine whether the cases share a common source of infection; and

(b) If he or she identifies a common source of infection that poses a threat to the public health:

(1) Inform the public of the common source of infection; and

(2) Provide education to the public concerning the risk, transmission, prevention and control of the communicable disease.

4. The ~~{State Health}~~ *Chief Medical* Officer shall inform persons within his or her jurisdiction who are subject to the provisions of this chapter of the requirements of this chapter.

Sec. 8. NAC 441A.350 is hereby amended to read as follows:

441A.350 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 who fails to submit to medical treatment or who discontinues or fails to complete an effective course of medical treatment *in accordance with NAC 441A.200.*

Sec. 9. NAC 441A.355 is hereby amended to read as follows:

441A.355 1. The health authority shall investigate each report of a case having active tuberculosis or *a* suspected case considered to have active tuberculosis to confirm the diagnosis, to identify any contacts, to identify any associated cases, to identify the source of infection and to ensure that the case or suspected case is under the care of a health care provider who has completed a diagnostic evaluation and has instituted ~~{an effective}~~ *a* course of medical treatment ~~{}~~ *prescribed by a health care provider according to NAC 441A.200.*

2. The health authority shall, pursuant to NRS 441A.160, take all necessary measures within his or her authority to ensure that a case having active tuberculosis completes ~~{an effective}~~ *the* course of medical treatment *prescribed by the health care provider according to NAC 441A.200* or is isolated or quarantined to protect the public health. Except as otherwise provided in NRS 441A.210, if the case or suspected case refuses to submit himself or herself for examination or medical treatment, the health authority shall, pursuant to NRS 441A.160, issue an order requiring the case or suspected case to submit to any medical examination or test which is necessary to verify the presence of active tuberculosis and shall issue an order requiring the isolation,

quarantine or medical treatment of the case or suspected case if he or she believes such action is necessary to protect the public health.

3. The health authority shall evaluate for tuberculosis infection any contact of a case having active tuberculosis. A tuberculosis screening test must be administered to a contact residing in the same household as the case or other similarly close contact. If the tuberculosis screening test is negative, the tuberculosis screening test must be repeated 8 to 10 weeks after the last date of exposure to the case having active tuberculosis. If the initial or second tuberculosis screening test is positive, the contact must be referred for a chest X ray and medical evaluation for active tuberculosis. Any contact found to have active tuberculosis or tuberculosis infection must be advised to complete ~~an effective~~ a course of treatment *prescribed by a health care provider according to NAC 441A.200* in accordance with the recommendations for the counseling of and effective treatment for a person having active tuberculosis or tuberculosis infection 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.

4. A child or other high-risk contact whose initial tuberculosis screening test administered pursuant to subsection 3 is negative must be advised to take preventive treatment, unless medically contraindicated. Preventive treatment may be discontinued if the second tuberculosis screening test administered pursuant to subsection 3 is negative.

5. The health authority may issue an order for a medical examination to any contact who refuses to submit to a medical examination pursuant to subsection 3, to determine if he or she has active tuberculosis or tuberculosis infection.

Sec. 10. NAC 441A.370 is hereby amended to read as follows:

441A.370 1. An employee , *independent contractor, or volunteer* of a correctional facility *who provides direct or prolonged care to an inmate in the custody of a correctional facility and* who does not have a documented history of a positive tuberculosis screening test shall submit to such test ~~upon initial employment by~~ *before working in* the correctional facility.

2. An inmate who is expected to remain in a correctional facility for at least 6 continuous months and who does not have a documented history of a positive tuberculosis screening test shall submit to such test upon initial detention in the correctional facility.

3. If a tuberculosis screening test administered pursuant to subsection 1 or 2 is negative, the person shall be retested annually.

4. If a skin test administered pursuant to subsection 1 or 2 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.

5. 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.

6. If a case having active tuberculosis is located in a correctional facility, 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.

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

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

Sec. 11. NAC 441A.375 is hereby amended to read as follows:

441A.375 1. A case having tuberculosis or *a* suspected case considered to have tuberculosis in a medical facility, a facility for the dependent or *an* 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, a facility for the dependent, a home for individual residential care or an outpatient facility shall maintain surveillance of employees *and independent contractors* of the facility or home *who provide direct care or prolonged exposure to a patient, resident or client of the facility or home* for tuberculosis and tuberculosis infection. The surveillance of *such* employees *and independent contractors* 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~~ *an employee or independent contractor described in subsection 2 begins working* in a medical facility, a facility for the dependent, a home for individual residential care or an outpatient facility ~~shall~~, *the employee or independent contractor must* have a:

(a) Physical examination or certification from a ~~licensed physician~~ *health care provider which indicates* that the ~~person~~ *employee or independent contractor* is in a state of good

health ~~{}~~ and 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 *or independent contractor* 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}~~ *An* 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 ~~{}~~ *at least 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 ~~{with}~~ *or independent contractor described in subsection 2 who has* a documented history of a positive tuberculosis screening test is exempt from screening with skin tests or chest radiographs . ~~{unless the}~~ *Such an employee or independent contractor must be evaluated at least annually for signs and symptoms of tuberculosis. An employee or independent contractor who* develops *signs or* symptoms *which are* suggestive of tuberculosis ~~{}~~ *must submit to a diagnostic tuberculosis screening testing for the presence of active TB required by the director or other person in charge of the facility or home, or his or her designee.*

~~{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 independent contractors described in subsection 2* 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}~~ *or independent contractor must* be evaluated for tuberculosis.

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

Sec. 12. NAC 441A.380 is hereby amended to read as follows:

441A.380 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}~~ :

(1) The person had a documented tuberculosis screening test within the immediately preceding 12 months, the tuberculosis screening test is negative and the person does not exhibit any of the signs or symptoms of tuberculosis set forth in paragraph (a); or

(2) 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}~~

2. Except as otherwise provided in this section, 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 ~~for another licensed physician~~ determines that the risk of exposure is appropriate for ~~a lesser frequency of~~ testing *at a more frequent or less frequent interval* and documents that determination ~~is~~ *at least 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. A person with a documented history of a positive tuberculosis screening test is exempt from ~~skin testing and routine~~ annual *tuberculosis screening tests and* 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. 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.

5. 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. The person must be kept in respiratory isolation until a health care provider ~~determines~~ :

(a) *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 ~~††~~; *and*

(b) *Coordinates a plan for the treatment and discharge of the person with the health authority having jurisdiction where the facility is located.*

6. A health care provider shall not *determine that the person does not have active tuberculosis or* certify that a person with active tuberculosis is not infectious *pursuant to subsection 5* unless ~~†the†~~ :

(a) *The person has been on a prescribed course of medical treatment for at least 14 days; and*

(b) *The* health care provider has obtained not less than three consecutive negative sputum AFB smears which were collected on separate days.

~~†6.†~~ 7. 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.

~~†7.†~~ 8. 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.

~~†8.†~~ 9. 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.

Sec. 13. NAC 449.782 is hereby amended to read as follows:

449.782 A home health agency shall establish written policies concerning the qualifications, responsibilities and conditions of employment for each type of personnel, including licensure if required by law. The written policies must be reviewed as needed and made available to the members of the staff and the advisory groups. The personnel policies must provide for:

1. Wage and hour policies;
2. Eligibility for vacation, sick leave and other fringe benefits;
3. The orientation of all health personnel to the policies and objectives of the agency, training while on the job, and continuing education;
4. Periodic evaluation of employees' performances;
5. Job descriptions for each category of personnel which are specific and include the type of activity each may carry out;
6. The maintenance of employee records which confirm that personnel policies are followed; and
7. The maintenance of a health record for each employee as required by *chapter 441A of NAC . ~~441A.375.~~*

NAC 441A.420 is hereby amended to read as follows:

441A.420 1. The rabies control authority shall investigate each report of a case having animal rabies or suspected case considered to have animal rabies to confirm the diagnosis, to identify the source of infection, to identify any human or animal contacts, to order the disposition of rabid or suspected rabid animals and to make recommendations for postexposure rabies prophylaxis.

2. If the rabies control authority is not the health authority, recommendations concerning postexposure prophylaxis must be made in accordance with a protocol established by the health authority.

3. The rabies control authority may enter private property for the purpose of ~~seizing an animal that has bitten a person, to determine if any animal kept or harbored therein has rabies or has been exposed to rabies, or to implement orders for quarantine, confinement, confiscation or euthanasia of an animal.~~ *of investigating an animal bite and assessment of animals that have been in close contact with an animal suspected or known have rabies;*

a) seizing an animal that has bitten a person;

b) to determine if any animal kept or harbored therein has rabies or has been exposed to rabies;

c) or to implement orders for quarantine, confinement, confiscation or euthanasia or an animal.

4. Unless authorized by the rabies control authority, a person shall not destroy or allow to be destroyed the head of a rabies-susceptible animal which has bitten a person.

NAC 441A.430 is hereby amended to read as follows:

441A.430 1. Except as otherwise provided in this section, a wild or exotic animal that is rabies-susceptible and in close contact with an animal suspected or known to have rabies must be euthanized immediately. The rabies control authority may exempt a rare or valuable animal from the provisions of this section.

2. Unless the owner of the animal objects, a dog, cat or ferret which has not been vaccinated pursuant to NAC 441A.435 and which is considered by the rabies control authority to have been

in close contact with an animal suspected or known to have rabies must be euthanized immediately. If the owner of the animal objects, the dog, cat or ferret must be quarantined within an enclosure or with restraints deemed adequate by the rabies control authority to prevent direct contact with a person or an animal for 180 days, under the supervision of a licensed veterinarian, *animal rescue or service organization* or any other person designated by the rabies control authority. The dog, cat or ferret must be vaccinated 1 month before release.

3. A dog, cat or ferret which has been vaccinated pursuant to NAC 441A.435 and which is considered by the rabies control authority to have been in close contact with an animal suspected or known to have rabies must be:

(a) Immediately revaccinated and confined for 45 days in a manner prescribed by the rabies control authority; or

(b) Upon the request of the owner of the dog, cat or ferret, euthanized.

4. A domesticated animal of a rabies-susceptible species, other than a dog, cat or ferret, which is considered by the rabies control authority to have been in close contact with an animal suspected or known to have rabies must be managed according to the discretion of the rabies control authority.

5. The owner of an animal confined pursuant to the provisions of this section is responsible for all costs of confinement and veterinary care and examination.

6. As used in this section, “in close contact with an animal suspected or known to have rabies” means, within the past 180 days, to have been bitten, mouthed or mauled by, or closely confined on the same premises with, an animal suspected or known to have rabies.