

**PROPOSED REGULATION OF THE
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH OF THE DEPARTMENT
OF HEALTH AND HUMAN SERVICES**

LCB FILE NO. R174-24I

**THE FOLLOWING DOCUMENT IS THE INITIAL DRAFT REGULATION
PROPOSED
BY THE AGENCY SUBMITTED ON 06/27/2024**

PROPOSED NAC 441A UPDATES:

CORONAVIRUS DISEASE 2019

This section would be removed in NAC 441A:

NAC 441A would be updated to reflect:

The health authority shall:

- a) For purposes of surveillance and reporting, obtain sufficient information of each:
 - a. Case having coronavirus disease 2019 that:
 - i. Results in hospitalization and is confirmed by a laboratory; or
 - ii. Death of a person who suffered from coronavirus disease 2019 at the time of death, as confirmed by a laboratory.
 - b) If a case having coronavirus disease 2019 is in a medical facility, the medical facility shall provide care to the case in accordance with the appropriate disease specific precautions.

MONKEYPOX UPDATES

All references to monkeypox should be changed to mpox.

TUBERCULOSIS (ALL NEW LANGUAGE)

Proposed Languages for NAC amendments to include TB testing in educational settings

NAC 441A.367 Primary and Secondary Educational institutions: TB risk assessments and TB screening tests for employees, contractors, and volunteers. (NRS 441A.120, NRS 439.200)

1. An educational institution that is considered public, charter, private, or parochial for primary and secondary education shall maintain surveillance of all employees, contractors, and volunteers of the educational institution, to detect risk for tuberculosis infection and symptoms of tuberculosis among these persons before commencing work in the educational institution, and annually thereafter. The surveillance of such employees, contractors, and volunteers must be conducted in accordance with the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis through identifying persons at high risk for tuberculosis and screening for tuberculosis as set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in NAC 441A.200 [subsection 1\(g\) 3.](#)

2. Before an employee, contractor, or volunteer commences work in an educational institution as described in subsection 1, the person must submit to a tuberculosis risk assessment and symptom questionnaire; the educational institution will utilize a tuberculosis risk assessment and symptom questionnaire, which must be

(a) Developed by the Nevada Division of Public and Behavioral Health and includes applicable screening guidelines and recommendations set forth in **NAC 441A.200** through adoption by reference; or,

(b) Developed by an alternate agency or organization and include equivalent content pursuant to subsection 2 a; and,

(c) Reviewed by a qualified health care provider, which includes a licensed Doctor of Medicine, Doctor of Osteopathic Medicine, Physician Assistant, Advanced Practice Registered Nurse, or Registered Nurse.

3. If new tuberculosis risk factors are identified and no symptoms of active tuberculosis are reported on the questionnaire, the employee, contractor, or volunteer must receive and produce documentation within 60 days of:

a) Results from a tuberculosis screening test recognized by the United States Food and Drug Administration that are either obtained after or not greater than 12 months before the date of the TB risk assessment questionnaire; and

1. If the tuberculosis screening test is positive, the positive tuberculosis screening test must be followed by

i. A chest radiograph; and,

ii. Physical examination by a licensed health care provider, which includes a Doctor of Medicine, Doctor of Osteopathic Medicine, Physician Assistant, Advanced Practice Registered Nurse, and the health care provider's signed statement or certificate which specifies the employee, contractor, or volunteer is free of infectious tuberculosis; and

iii. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines adopted by reference of **NAC 441A.200**.

b) The employee, contractor, or volunteer shall file with the educational institution the signed statement or certificate from the examining health care provider showing the individual was examined and found to be free of infectious tuberculosis.

4. If new tuberculosis risk factors and symptoms of active tuberculosis are identified on the questionnaire, the educational institution must ensure the employee, contractor or volunteer is excluded from in-person duties at the educational institution until the employee, contractor, or volunteer receives and produces documentation of:

- a) Results from a tuberculosis screening test recognized by the United States Food and Drug Administration that obtained after the date of the TB risk assessment questionnaire; and
 - 1. If the tuberculosis screening test is positive, the positive tuberculosis screening test must be followed by
 - i. A chest radiograph; and,
 - ii. Physical examination by a licensed health care provider, which includes a Doctor of Medicine, Doctor of Osteopathic Medicine, Physician Assistant, Advanced Practice Registered Nurse, and the health care provider's signed statement or certificate which specifies the employee, contractor, or volunteer is free of infectious tuberculosis; and
 - iii. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines adopted by reference of **NAC 441A.200**.
- b) The employee, contractor, or volunteer shall file with the educational institution the signed statement or certificate from the examining health care provider showing the individual was examined and found to be free of infectious tuberculosis.

5. Individuals with documented history of a positive tuberculosis screening test and chest radiograph result not consistent with tuberculosis, shall

- a) Submit to the tuberculosis risk assessment and symptom questionnaire for identification of new TB risk factors and symptoms of active tuberculosis.
 - i. If new tuberculosis risk factors are identified and no symptoms of active tuberculosis are reported on the questionnaire, the employee, contractor, or volunteer must receive and produce documentation within 60 days of a physical examination by a licensed health care provider, which includes a Doctor of Medicine, Doctor of Osteopathic

Medicine, Physician Assistant, Advanced Practice Registered Nurse, and the health care provider's signed statement or certificate which specifies the employee, contractor, or volunteer is free of infectious tuberculosis.

- ii. If symptoms of active tuberculosis are identified, the educational institution must ensure the employee, contractor or volunteer is excluded from in-person duties at the educational institution until the employee, contractor, or volunteer receives and produces documentation of a physical examination by a licensed health care provider, which includes a Doctor of Medicine, Doctor of Osteopathic Medicine, Physician Assistant, Advanced Practice Registered Nurse, and the health care provider's signed statement or certificate which specifies the employee, contractor, or volunteer is free of infectious tuberculosis.

- b) The employee, contractor, or volunteer shall file with the educational institution the signed statement or certificate from the examining health care provider showing the individual was examined and found to be free of infectious tuberculosis.

6. An employee, contractor, or volunteer who transfers employment from one school or school district to another school or school district shall be deemed to meet the requirements of subsection 2 if the person can produce documentation of,

- a) A tuberculosis risk assessment and symptom questionnaire equivalent in content and dated not more than 12 months before transfer; and

- b) If the risk factors or symptoms of active TB were identified, pursuant to subsections 3, 4, and 5 produce documentation of the tuberculosis screening test, chest radiograph, and signed statement or certificate from the examining health care provider dated not more than 12 months before transfer.

7. Thereafter, an employee, contractor, or volunteer, as described in subsection 1, shall be required to undergo a tuberculosis risk assessment and symptom questionnaire at least once every twelve months to identify new risk factors or symptoms of active tuberculosis.

8. Duties of the Superintendent, Director of the educational institution, or their designee:

- a) Maintain a file containing an up-to-date tuberculosis risk assessment and examination certificate if applicable for each person covered in this Section; and
- b) Report persons with positive tuberculosis screening test and examination certificate to the local health authority within 5 business days pursuant to NAC 441A.350 subsection 2

9. Duties of the local health authority to include:

- a) Ensure that the provisions in this Section are observed;
- b) Ensure active tuberculosis case investigation is conducted and active tuberculosis treatment is completed per NAC 441A.355, and;
- c) Consult and provide guidance to the superintendent, Director of the educational institution, or their designee for development, implementation, and maintenance of the provisions in this Section.

TUBERCULOSIS (UPDATES TO EXISTING NAC)

NAC 441A.375 Medical facilities, facilities for the dependent, homes for individual residential care and outpatient facilities: Management of cases and suspected cases; surveillance and testing of certain employees and independent contractors; counseling and preventive treatment. ([NRS 439.200](#), [441A.120](#), [441A.167](#), [449.448](#))

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 services 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 an employee or independent contractor described in subsection 2 first commences to work in a medical facility, a facility for the dependent, a home for individual residential care or an outpatient facility, the employee or independent contractor must have a:

(a) Physical examination or certification from a health care provider which indicates that the employee or independent contractor is in a state of good health and is free from active tuberculosis and any other communicable disease which may, in the opinion of that health care provider, pose an immediate threat to the patients, residents or clients of the medical facility, facility for the dependent, home for individual residential care or outpatient facility; and

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

È 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.

4. ~~A tuberculosis screening test must be administered to each employee or independent contractor described in subsection 3 not later than 12 months after the last day of the month on which the employee accepted the offer of employment, and annually thereafter, unless the medical director of the facility or a designee thereof determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination at least annually.~~

A medical facility, a facility for the dependent, a home for individual residential care or an outpatient facility must annually evaluate ~~the~~ the risk of tuberculosis exposure within the facility 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](#).

5. An employee or independent contractor described in subsection 2 who has a documented history of a positive tuberculosis screening test shall, not later than 6 months after commencing employment, submit to a chest radiograph or produce documentation of a chest radiograph and be declared free of tuberculosis disease based on the results of that chest radiograph. Such an employee or independent contractor:

- (a) Is exempt from screening with blood or skin tests or additional chest radiographs; and
- (b) Must be evaluated at least annually for signs and symptoms of tuberculosis.

6. An employee or independent contractor described in subsection 2 who develops signs or symptoms which are suggestive of tuberculosis must submit to diagnostic tuberculosis screening testing for the presence of active tuberculosis as required by the medical director or other person in charge of the applicable facility or home, or his or her designee.

7. Counseling and preventive treatment must be offered to a person with a positive tuberculosis screening test in accordance with the guidelines adopted by reference in paragraph (g) of subsection 1 of [NAC 441A.200](#).

8. 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 or independent contractor must be evaluated for tuberculosis.

9. 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; R121-14, 10-27-2015; R187-18, 6-26-2019)

NAC 441A.200 Adoption by reference and availability of certain recommendations, guidelines and publications; most current version of adopted recommendation, guideline or publication deemed adopted; exception. (NRS 439.200, 441A.120)

1. Except as otherwise provided in subsection 2, the following recommendations, guidelines and publications are adopted by reference:

(a) The standard precautions to prevent transmission of disease by contact with blood or other body fluids as recommended by the Centers for Disease Control and Prevention in “Perspectives in Disease Prevention and Health Promotion Update: Universal Precautions for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and Other Bloodborne Pathogens in Health-Care Settings,” *Morbidity and Mortality Weekly Report* [37(24):377-388, June 24, 1988], published by the United States Department of Health and Human Services and available at no cost on the Internet at <http://www.cdc.gov/mmwr>, or, if that Internet website ceases to exist, from the Division.

(b) The Centers for Disease Control and Prevention’s *2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*, published by the United States Department of Health and Human Services and available at no cost on the Internet at <https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines.pdf>, or, if that Internet website ceases to exist, from the Division.

(c) The recommended guidelines for the investigation, prevention, suppression and control of communicable disease set forth by the Centers for Disease Control and Prevention in:

(1) “General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices,” *Morbidity and Mortality Weekly Report* [55(RR15):1-48, December 1, 2006], published by the United States Department of Health and Human Services and available at no cost on the Internet at <http://www.cdc.gov/mmwr>, or, if that Internet website ceases to exist, from the Division; and

(2) *Manual for the Surveillance of Vaccine-Preventable Diseases*, 4th edition, published by the United States Department of Health and Human Services and available at no cost on the Internet at <http://www.cdc.gov/vaccines/pubs/surv-manual/index.html>, or, if that Internet website ceases to exist, from the Division.

(d) The recommended guidelines for the investigation, prevention, suppression and control of communicable diseases contained in *Control of Communicable Diseases Manual*, 20th edition, published by the American Public Health Association and available for the price of \$38.50 for members and \$55.00 for nonmembers from the American Public Health Association, 800 I Street, N.W., Washington, D.C. 20001-3710, or at the Internet address <http://www.apha.org>.

(e) The recommended guidelines for the investigation, prevention, suppression and control of communicable diseases contained in *Red Book: 2015 Report of the Committee on Infectious Diseases*, 30th edition, published by the American Academy of Pediatrics and available for the price of \$75.00 for

members and \$149.95 for nonmembers from the American Academy of Pediatrics, 141 Northwest Point Boulevard, Elk Grove Village, Illinois 60007, or at the Internet address <http://www.aap.org>.

(f) The recommendations for the testing, treatment, prevention, suppression and control of chancroid, *Chlamydia trachomatis*, gonococcal infection, granuloma inguinale, lymphogranuloma venereum and infectious syphilis as are specified in "Sexually Transmitted Diseases Treatment Guidelines, 2006," *Morbidity and Mortality Weekly Report* [55(RR11):1-94, August 4, 2006], published by the United States Department of Health and Human Services and available at no cost on the Internet at <http://www.cdc.gov/mmwr>, or, if that Internet website ceases to exist, from the Division.

(g) The recommendations for the counseling of and effective treatment for a person having active tuberculosis or tuberculosis infection as set forth in:

(1) "Controlling Tuberculosis in the United States: Recommendations from the American Thoracic Society, CDC, and the Infectious Diseases Society of America," *Morbidity and Mortality Weekly Report* [54(RR12):1-81, November 4, 2005], published by the United States Department of Health and Human Services and available at no cost on the Internet at <http://www.cdc.gov/mmwr>, or, if that Internet website ceases to exist, from the Division;

(2) "Treatment of Tuberculosis," *Morbidity and Mortality Weekly Report* [52(RR11):1-77, June 20, 2003], published by the United States Department of Health and Human Services and available at no cost on the Internet at <http://www.cdc.gov/mmwr>, or, if that Internet website ceases to exist, from the Division;

(3) "Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection," *Morbidity and Mortality Weekly Report* [49(RR06):1-54, June 9, 2000], published by the United States Department of Health and Human Services and available at no cost on the Internet at <http://www.cdc.gov/mmwr>, or, if that Internet website ceases to exist, from the Division;

(4) The recommendations of the Centers for Disease Control and Prevention for preventing and controlling tuberculosis in correctional and detention facilities set forth in "Prevention and Control of Tuberculosis in Correctional and Detention Facilities: Recommendations from CDC," *Morbidity and Mortality Weekly Report* [55(RR9):1-44, July 7, 2006], published by the United States Department of Health and Human Services and available at no cost on the Internet at <http://www.cdc.gov/mmwr>, or, if that Internet website ceases to exist, from the Division; and

(5) "Guidelines for the Investigation of Contacts of Persons with Infectious Tuberculosis: Recommendations from the National Tuberculosis Controllers Association and CDC," *Morbidity and*

Mortality Weekly Report [54(RR15):1-37, December 16, 2005], published by the United States Department of Health and Human Services and available at no cost on the Internet at <http://www.cdc.gov/mmwr>, or, if that Internet website ceases to exist, from the Division.

(h) (1) Except as otherwise provided in paragraph h of subsection 2, the recommendations of the Centers for Disease Control and Prevention for preventing the transmission of tuberculosis in facilities providing health care set forth in ~~(4)~~“Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005,” *Morbidity and Mortality Weekly Report* [54(RR17):1-141, December 30, 2005], published by the United States Department of Health and Human Services and available at no cost on the Internet at <http://www.cdc.gov/mmwr>, or, if that Internet website ceases to exist, from the Division;

(2) The health care personnel screening and testing sections of the Centers for Disease Control and Preventions “Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019,” *Morbidity and Mortality Weekly Report* [68(19);439-443, May 17, 2019] replace the screening and testing sections of the document referenced in paragraph h subsection 1, published by the United States Department of Health and Human Services and available at no cost on the Internet at <http://www.cdc.gov/mmwr>, or, if that Internet website ceases to exist, from the Division.

(i) “Case Definitions for Infectious Conditions Under Public Health Surveillance,” *Morbidity and Mortality Weekly Report* [46(RR10):1-55, May 2, 1997], published by the United States Department of Health and Human Services and available at no cost on the Internet at <http://www.cdc.gov/mmwr>, or, if that Internet website ceases to exist, from the Division.

(j) “Recommended Antimicrobial Agents for Treatment and Postexposure Prophylaxis of Pertussis: 2005 CDC Guidelines,” *Morbidity and Mortality Weekly Report* [54(RR14):1-16, December 9, 2005], published by the United States Department of Health and Human Services and available at no cost on the Internet at <http://www.cdc.gov/mmwr>, or, if that Internet website ceases to exist, from the Division.

(k) “Updated Recommendations for Isolation of Persons with Mumps,” *Morbidity and Mortality Weekly Report* [57(40):1103-1105, October 10, 2008], published by the United States Department of Health and Human Services and available at no cost on the Internet at <http://www.cdc.gov/mmwr>, or, if that Internet website ceases to exist, from the Division.

(l) “Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection,” *Morbidity and Mortality Weekly Report* [57(RR09):1-83, November 7, 2008], published by the United States Department of Health and Human Services and available at no cost on the Internet at <http://www.cdc.gov/mmwr>, or, if that Internet website ceases to exist, from the Division.

(m) “Facility Guidance for Control of Carbapenem-resistant Enterobacteriaceae (CRE),” published by the United States Department of Health and Human Services and available at no cost from the Centers for Disease Control and Prevention of the United States Department of Health and Human Services on the Internet at <https://www.cdc.gov/hai/organisms/cre/cre-toolkit/index.html>, or, if that Internet website ceases to exist, from the Division.

(n) “Interim guidance for a Health Response to Contain Novel or Targeted Multidrug-resistant Organisms (MRDOs),” published by the United States Department of Health and Human Services and available at no cost from the Centers for Disease Control and Prevention of the United States Department of Health and Human Services on the Internet at <https://www.cdc.gov/hai/outbreaks/docs/Health-Response-Contain-MDRO.pdf>, or, if that Internet website ceases to exist, from the Division.

(o) The guidelines for the prevention, postexposure management and control of rabies as specified in the “Compendium of Animal Rabies Prevention and Control, 2016,” published by the National Association of State Public Health Veterinarians and available at no cost on the Internet at <http://nasphv.org/documentsCompendiaRabies.html>, or, if that Internet website ceases to exist, from the Division.

(p) “Carbapenemase Producing Carbapenem-Resistant Enterobacteriaceae (CP-CRE) 2018 Case Definition,” published by the United States Department of Health and Human Services and available at no cost on the Internet at <https://wwwn.cdc.gov/nndss/conditions/carbapenemase-producing-carbapenem-resistant-enterobacteriaceae/case-definition/2018/>, or, if that Internet website ceases to exist, from the Division.

2. Except as otherwise provided in this subsection, the most current version of a recommendation, guideline or publication adopted by reference pursuant to subsection 1 which is published will be deemed to be adopted by reference. If both the state and local health authorities determine that an update of or revision to a recommendation, guideline or publication described in subsection 1 is not appropriate for use in the State of Nevada, the Chief Medical Officer will present this determination to

the Board and the update or revision, as applicable, will not be adopted. If the agency or other entity that publishes a recommendation, guideline or publication described in subsection 1 ceases to publish the recommendation, guideline or publication:

(a) The last version of the recommendation, guideline or publication that was published before the agency or entity ceased to publish the recommendation, guideline or publication shall be deemed to be the current version; and

(b) The recommendation, guideline or publication will be made available on an Internet website maintained by the Division.

(Added to NAC by Bd. of Health, eff. 1-24-92; A by R047-99, 9-27-99; R084-06, 7-14-2006; R087-08, 1-13-2011; R121-14, 10-27-2015; R187-18, 6-26-2019)

NAC 441A.380 Admission of persons to certain medical facilities, facilities for the dependent or homes for individual residential care: Testing; respiratory isolation; medical treatment; counseling and preventive treatment; documentation in medical record. ([NRS 439.200](#), [441A.120](#))

1. 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:

(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.

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 tuberculosis screening test annually thereafter, unless the medical director or a designee thereof determines that the risk of exposure is appropriate for~~

~~testing at a more frequent or less frequent interval and documents that determination at least annually.~~
A medical facility, a facility for the dependent, a home for individual residential care or an outpatient facility must annually evaluate the risk of tuberculosis exposure within the facility 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](#).

3. A person with a documented history of a positive tuberculosis screening test shall, upon admission to a facility or home described in subsection 1, submit to a chest radiograph or produce documentation of a chest radiograph and be declared free of tuberculosis disease based on the results of that chest radiograph. Such a person is exempt from 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 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 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:

(a) Determines, in accordance with the guidelines adopted by reference in paragraph (h) of subsection 1 of [NAC 441A.200](#), that the person does not have active tuberculosis or certifies in accordance with those guidelines 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:

(a) The health care provider has obtained not less than three consecutive negative sputum AFB smear results, with the specimens being collected at intervals of 8 to 24 hours and at least one specimen collected during the early morning; and

(b) If the health care provider determines that the person likely suffers from active tuberculosis disease:

(1) The person has been on a prescribed course of medical treatment for at least 14 days and his or her clinical symptoms are improving; and

(2) The health care provider has determined that the tuberculosis is not likely to be drug resistant.

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, as adopted by reference in paragraph (g) of subsection 1 of [NAC 441A.200](#).

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](#).

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.

(Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96; R084-06, 7-14-2006; R121-14, 10-27-2015; R187-18, 6-26-2019)