

OREGON ADMINISTRATIVE RULES
OREGON HEALTH AUTHORITY, PUBLIC HEALTH DIVISION
CHAPTER 333

DIVISION 17

DISEASE CONTROL (DEFINITIONS AND REFERENCES)

General

333-017-0000

Definitions

For purposes of OAR chapter 333, divisions 17, 18 and 19, unless the context requires otherwise or a rule contains a more specific definition, the following definitions shall apply.

- (1) "AIDS": AIDS is an acronym for acquired immunodeficiency syndrome. An individual is considered to have AIDS when their illness meets criteria published in Morbidity and Mortality Weekly Report, Volume 41, Number RR-17, pages 1–4, December 18, 1992.
- (2) "Animal Suspected of Having Rabies": An animal is suspected of having rabies when:
 - (a) It is a dog, cat, or ferret not known to be satisfactorily vaccinated against rabies (as defined in OAR 333-019-0017), or it is any other mammal; and
 - (b) It exhibits one or more of the following aberrant behaviors or clinical signs: unprovoked biting of persons or other animals, paralysis or partial paralysis of limbs, marked excitation, muscle spasms, difficulty swallowing, apprehensiveness, delirium, or convulsions; and it has no other diagnosed illness that could explain the neurological signs.
- (3) "Approved Fecal Specimen" means a specimen of feces from a person who has not taken any antibiotic orally or parenterally for at least 48 hours prior to the collection of the specimen. Improper storage or transportation of a specimen, or inadequate growth of the culture suggestive of recent antibiotic usage can, at the discretion of public health microbiologists, result in specimen rejection.
- (4) "Authority" means the Oregon Health Authority.
- (5) "Bite, Biting, Bitten": The words bite, biting, and bitten refer to breaking of the skin by the teeth of an animal, or mouthing a fresh abrasion of the skin by an animal.
- (6) "Case" means a person who has been diagnosed by a health care provider as having a particular disease, infection, or condition, or whose illness meets defining criteria published in the Authority's Investigative Guidelines.
- (7) "Children's facility" means:
 - (a) A certified child care facility as described in ORS 329A.030 and 329A.250 to 329A.450, except an "exempted children's facility" as defined in OAR 333-050-0010;
 - (b) A program operated by, or sharing the premises with, a certified child care facility, school or post-secondary institution where care is provided to children, six weeks of age to kindergarten entry, except an "exempted children's facility" as defined in OAR 333-050-0010; or
 - (c) A program providing child care or educational services to children, six weeks of age to kindergarten entry, in a residential or nonresidential setting, except an "exempted children's facility" as defined in OAR 333-050-0010.
- (8) "Control" has the meaning given that term in ORS 433.001.
- (9) "Disease outbreak" has the meaning given that term in ORS 431A.005.

(10) "Enterobacteriaceae family" means the family of bacteria that includes but is not limited to the following genera and taxonomic groups:

- (a) Budvicia;
- (b) Buttiauxella;
- (c) Cedecea;
- (d) Citrobacter;
- (e) Edwardsiella;
- (f) Enteric Group 58;
- (g) Enteric Group 59;
- (h) Enteric Group 60;
- (i) Enteric Group 63;
- (j) Enteric Group 64;
- (k) Enteric Group 68;
- (l) Enteric Group 69;
- (m) Enteric Group 137;
- (n) Enterobacter;
- (o) Escherichia;
- (p) Ewingella;
- (q) Hafnia;
- (r) Klebsiella;
- (s) Kluyvera;
- (t) Leclercia;
- (u) Leminorella;
- (v) Moellerella;
- (w) Morganella;
- (x) Obesumbacterium;
- (y) Pantoea;
- (z) Photorhabdus;
- (aa) Plesiomonas;
- (bb) Pragia;
- (cc) Proteus;
- (dd) Providencia;
- (ee) Rahnella;
- (ff) Salmonella;
- (gg) Serratia;
- (hh) Shigella;
- (ii) Tatumella;
- (jj) Trabulsiella;
- (kk) Xenorhabdus;
- (ll) Yersinia;
- (mm) Yokenella.

(11) "Food Handler" means any business owner or employee who handles food utensils or who prepares, processes, handles or serves food for people other than members of their immediate household, for example restaurant, delicatessen, and cafeteria workers, caterers, and concession stand operators.

(12) "Food Service Facility" means an establishment that processes or serves food for sale.

- (13) "Health Care Facility" has the meaning given that term in ORS 442.015.
- (14) "Health Care Provider" has the meaning given that term in ORS 433.443.
- (15) "HIV" means the human immunodeficiency virus, the causative agent of AIDS.
- (16) "HIV Test" means a Food and Drug Administration (FDA)-approved test for the presence of HIV (including RNA testing), or for antibodies or antigens that result from HIV infection, or for any other substance specifically associated with HIV infection and not with other diseases or conditions.
- (17) "HIV Positive Test" means a positive result on the most definitive HIV test procedure used to test a particular individual. In the absence of the recommended confirmation tests, this means the results of the initial test done.
- (18) "Lead Poisoning" means:
- (a) A confirmed blood lead level of at least 5 micrograms per deciliter for children under 18 years of age; or
 - (b) A confirmed blood lead level of at least 10 micrograms per deciliter for people 18 years of age and older.
- (19) "Licensed Laboratory" means a medical diagnostic laboratory that is inspected and licensed by the Authority or otherwise licensed according to the provisions of the federal Clinical Laboratory Improvement Amendments of 1988 (42 U.S.C. § 263a). Any laboratory operated by the U.S. Centers for Disease Control and Prevention shall also be considered a Licensed Laboratory.
- (20) "Licensed Physician" means any physician who is licensed by the Oregon Medical Board or the Board of Naturopathic Medicine.
- (21) "Licensed Veterinarian" means a veterinarian licensed by the Oregon Veterinary Medical Examining Board.
- (22) "Local Public Health Administrator" has the meaning given that term in ORS 431.260.
- (23) "Local Public Health Authority" has the meaning given that term in ORS 431.260.
- (24) "Non-Susceptible to any Carbapenem Antibiotic" means the finding of any of the following:
- (a) Gene sequence specific for carbapenemase;
 - (b) Phenotypic test (for example, Carba NP) positive for production of carbapenemase; or
 - (c) Resistance to any carbapenem antibiotic with elevated minimum inhibitory concentration (MIC):
 - (A) MIC for imipenem greater than or equal to 4 mcg/ml; or
 - (B) MIC for meropenem greater than or equal to 4 mcg/ml; or
 - (C) MIC for ertapenem greater than or equal to 2 mcg/ml.
- (25) "Novel Influenza" means influenza A virus that cannot be subtyped by commercially distributed assays.
- (26) "Onset": Unless otherwise qualified, onset refers to the earliest time of appearance of signs or symptoms of an illness.
- (27) "Pesticide Poisoning" means illness in a human that is caused by acute or chronic exposure to:
- (a) Any substance or mixture of substances intended for preventing, destroying, repelling, or mitigating any pest; or
 - (b) Any substance or mixture of substances intended for use as a plant regulator, defoliant, or desiccant as defined in ORS 634.006.
- (28) "Public Health Division (Division)" means the Public Health Division within the Oregon Health Authority.

- (29) "School" means a public, private, parochial, charter or alternative educational program offering kindergarten through grade 12 or any part thereof.
- (30) "School Administrator" means the principal or other person having general control and supervision of a school or children's facility and has the same meaning as "administrator" in ORS 433.235.
- (31) "Specimen Source Site" means the source from which the specimen was obtained.
- (a) For environmental samples, "specimen source site" means the location of the source of the specimen.
- (b) For biological samples, "specimen source site" means the anatomical site from which the specimen was collected.
- (32) "Specimen Type" means the description of the source material of the specimen.
- (33) "Suspected Case" means a person whose illness is thought by a health care provider to have a significant likelihood of being due to a reportable disease, infection, or condition, based on facts such as but not limited to the patient's signs and symptoms, possible exposure to a reportable disease, laboratory findings, or the presence or absence of an alternate explanation for the illness.
- (34) "Uncommon Illness of Potential Public Health Significance": These illnesses include:
- (a) Any infectious disease with potentially life-threatening consequences that is exotic to or uncommon in Oregon, for example, variola (smallpox) or viral hemorrhagic disease;
- (b) Any illness related to a contaminated medical device or product; or
- (c) Any acute illness suspected to be related to environmental exposure to any infectious or toxic agent or to any household product.
- (35) "Veterinary Laboratory" means a laboratory whose primary function is handling and testing diagnostic specimens of animal origin.
- [Publications: Publications referenced are available from the Agency.]
- Stat. Auth.: ORS 413.042, 433.004, 437.010, 616.745 & 624.080
- Stats. Implemented: ORS 433.004, 433.360, 437.030, 616.745 & 624.380
- Hist.: HD 15-1981, f. 8-13-81, ef. 8-15-81; HD 12-1983, f. & ef. 8-1-83; HD 4-1987, f. 6-12-87, ef. 6-19-87; HD 13-1990(Temp), f. 3-25-90, cert. ef. 8-1-90; HD 5-1991, f. 5-29-91, cert. ef. 4-1-91; HD 10-1991, f. & cert. ef. 7-23-91; HD 9-1992, f. & cert. ef. 8-14-92; HD 29-1994, f. & cert. ef. 12-2-94; OHD 2-2002, f. & cert. ef. 3-4-02; PH 11-2005, f. 6-30-05, cert. ef. 7-5-05; PH 5-2010, f. & cert. ef. 3-11-10; PH 7-2011, f. & cert. ef. 8-19-11; PH 16-2013, f. 12-26-13, cert. ef. 1-1-14; PH 10-2015, f. 7-2-15, cert. ef. 7-3-15

DIVISION 18

DISEASE REPORTING

333-018-0015

What Is to Be Reported and When

(1) Health care providers shall report all human cases or suspected human cases of the diseases, infections, microorganisms, and conditions specified below. The timing of health care provider reports is specified to reflect the severity of the illness or condition and the potential value of rapid intervention by public health agencies.

(2) When local public health administrators cannot be reached within the specified time limits, reports shall be made directly to the Authority, which shall maintain an around-the-clock public health consultation service.

(3) Licensed laboratories shall report all test results indicative of and specific for the diseases, infections, microorganisms, and conditions specified below for humans. Such tests include but are not limited to: microbiological culture, isolation, or identification; assays for specific antibodies; and identification of specific antigens, toxins, or nucleic acid sequences.

(4) Human reportable diseases, infections, microorganisms, intoxications, and conditions, and the time frames within which they must be reported are as follows:

(a) Immediately, day or night:

(A) Select biological agents and toxins: Avian influenza virus; *Bacillus anthracis* (anthrax); Botulinum neurotoxins; Botulinum neurotoxin-producing species of *Clostridium*; *Brucella* (brucellosis); *Burkholderia mallei* (glanders); *Burkholderia pseudomallei* (melioidosis); Conotoxins; *Clostridium botulinum* (botulism); *Coxiella burnetii* (Q fever); Crimean-Congo hemorrhagic fever virus; Diacetoxyscirpenol; Eastern Equine Encephalitis virus; Ebola virus; *Francisella tularensis* (tularemia); Hendra virus; Lassa fever virus; Lujo virus; Marburg virus; Monkeypox virus; Newcastle disease virus; Nipah virus; Reconstructed replication-competent forms of the 1918 pandemic influenza virus containing any portion of the coding regions of all eight gene segments (Reconstructed 1918 Influenza virus); Ruminants virus, Ricin; *Rickettsia prowazekii* (louse-borne typhus); Rift Valley fever virus; Severe Acute Respiratory Syndrome (SARS) and infection by SARS coronavirus; Saxitoxin (paralytic shellfish poisoning); South American Hemorrhagic Fever viruses (Chapare, Guanarito, Junin, Machupo, Sabia); Staphylococcal enterotoxins A,B,C,D,E subtypes; T-2 toxin; Tetrodotoxin (puffer fish poisoning); Tick-borne encephalitis complex (flavi) viruses (Far Eastern subtype, Siberian subtype); Kyasanur Forest disease virus; Omsk hemorrhagic fever virus, *Variola major* (Smallpox virus); *Variola minor* virus (Alastrim);

(B) The following other infections, microorganisms, and conditions: *Corynebacterium diphtheriae* (diphtheria); novel influenza; poliomyelitis; rabies (human); measles (rubeola); rubella; *Vibrio cholerae* O1, O139, or toxigenic (cholera); yellow fever; intoxication caused by marine microorganisms or their byproducts (for example, domoic acid intoxication, ciguatera, scombroid);

(C) Any known or suspected disease outbreak, including any outbreak associated with health care, regardless of whether the disease, infection, microorganism, or condition is specified in this rule; and

(D) Any uncommon illness of potential public health significance.

(b) Within 24 hours (including weekends and holidays): *Haemophilus influenzae* (any invasive disease; for laboratories, any isolation or identification from a normally sterile site); *Neisseria meningitidis* (any invasive disease; for laboratories, any isolation or identification from a normally sterile site); and pesticide poisoning.

(c) Within one local public health authority working day: amebic infection of the central nervous system (for example, by *Naegleria* or *Balamuthia*), *Bordetella pertussis* (pertussis); *Borrelia* (relapsing fever, Lyme disease); cadmium demonstrated by laboratory testing of urine; *Campylobacter* (campylobacteriosis); *Chlamydomyces* (*Chlamydia*) *psittaci* (psittacosis); *Chlamydia trachomatis* (chlamydiosis; lymphogranuloma venereum); *Clostridium tetani* (tetanus); *Coccidioides* (coccidioidomycosis), Creutzfeldt-Jakob disease and other transmissible spongiform encephalopathies; *Cryptococcus* (cryptococcosis), *Cryptosporidium*

(cryptosporidiosis); *Cyclospora cayetanensis* (cyclosporiasis); bacteria of the Enterobacteriaceae family found to be resistant to any carbapenem antibiotic ; *Escherichia coli* (Shiga-toxigenic, including *E. coli* O157 and other serogroups); *Giardia* (giardiasis); *Grimontia*; *Haemophilus ducreyi* (chancroid); hantavirus; hepatitis A; hepatitis B (acute or chronic infection); hepatitis C; hepatitis D (delta); hepatitis E; HIV infection (does not apply to anonymous testing) and AIDS; death of a person <18 years of age with laboratory-confirmed influenza; lead poisoning; *Legionella* (legionellosis); *Leptospira* (leptospirosis); *Listeria monocytogenes* (listeriosis); mumps; *Mycobacterium tuberculosis* and *M. bovis* (tuberculosis); nonrespiratory infection with nontuberculous mycobacteria; *Neisseria gonorrhoeae* (gonococcal infections); *Plasmodium* (malaria); *Rickettsia* (other than *proWazekii*: Rocky Mountain spotted fever, typhus, others); *Salmonella* (salmonellosis, including typhoid); *Shigella* (shigellosis); *Taenia solium* (including cysticercosis and undifferentiated *Taenia* infections); *Treponema pallidum* (syphilis); *Trichinella* (trichinosis); *Vibrio* (other than *Vibrio cholerae* O1, O139, or toxigenic; vibriosis); *Yersinia* (other than *pestis*; yersiniosis); any infection that is typically arthropod vector-borne (for example: babesiosis, California encephalitis, Colorado tick fever, dengue, Eastern equine encephalitis, ehrlichiosis, Heartland virus infection, St. Louis encephalitis, West Nile fever, Western equine encephalitis, Zika, etc.); a human bitten by any other mammal; and hemolytic uremic syndrome.

(d) Within seven days: Any blood lead level tests including the result.

(5) Licensed laboratories shall report, within seven days, the results of all tests of CD4+ T-lymphocyte absolute counts and the percent of total lymphocytes that are CD4 positive, and HIV nucleic acid (viral load) tests.

Stat. Auth.: ORS 413.042, 433.004 & 433.006

Stats. Implemented: ORS 433.004 & 437.010

Hist.: HD 15-1981, f. 8-13-81, ef. 8-15-81; HD 20-1985(Temp), f. & ef. 9-30-85; HD 4-1987, f. 6-12-87, ef. 6-19-87; HD 15-1988, f. 7-11-88, cert. ef. 9-1-88; HD 13-1990(Temp), f. 5-25-90, cert. ef. 8-1-90; HD 5-1991, f. 3-29-91, cert. ef. 4-1-91; HD 10-1991, f. & cert. ef. 7-23-91; HD 9-1992, f. & cert. ef. 8-14-92; HD 29-1994, f. & cert. ef. 12-2-94; OHD 22-2001, f. & cert. ef. 10-19-01; OHD 3-2002, f. & cert. ef. 3-4-02; PH 11-2005, f. 6-30-05, cert. ef. 7-5-05; PH 7-2006, f. & cert. ef. 4-17-06; PH 13-2006(Temp), f. 6-27-06, cert. ef. 7-1-06 thru 12-27-06; PH 19-2006, f. & cert. ef. 9-13-06; PH 11-2007(Temp), f. & cert. ef. 8-22-07 thru 2-18-08; PH 13-2007, f. & cert. ef. 11-7-07; PH 8-2009(Temp), f. & cert. ef. 9-1-09 thru 2-26-10; PH 5-2010, f. & cert. ef. 3-11-10; PH 7-2011, f. & cert. ef. 8-19-11; PH 16-2013, f. 12-26-13, cert. ef. 1-1-14; PH 10-2015, f. 7-2-15, cert. ef. 7-3-15

333-018-0018

Submission of Organisms or Specimens to the Public Health Laboratory

Licensed laboratories are required to forward aliquots, specimens or cultures of the following organisms to the Oregon State Public Health Laboratory:

(1) Select biological agents and toxins: Avian influenza virus; *Bacillus anthracis*; *Botulinum* neurotoxins; *Botulinum* neurotoxin producing species of *Clostridium*; *Brucella abortus*; *Brucella melitensis*; *Brucella suis*; *Burkholderia mallei*; *Burkholderia pseudomallei*; Conotoxin; *Coxiella burnetii*; Crimean-Congo hemorrhagic fever virus; Diacetoxyscirpenol; Eastern Equine Encephalitis virus; Ebola virus; *Francisella tularensis*; Hendra virus; Lassa fever virus; Lujovirus; Marburg virus; Monkeypox virus; Newcastle disease virus; Nipah virus; Reconstructed replication competent forms of the 1918 pandemic influenza virus containing any portion of the

coding regions of all eight gene segments (Reconstructed 1918 Influenza virus); Ruminants virus; Ricin; Rickettsia prowazekii; Rift Valley fever virus; SARS-associated coronavirus (SARS-CoV), Saxitoxin; Sheep pox virus; South American Hemorrhagic Fever viruses (Chapare, Guanarito, Junin, Machupo, Sabia); Staphylococcal enterotoxins A,B,C,D,E subtypes; T-2 toxin, Tetrodotoxin; Tick-borne encephalitis complex (flavi) viruses (Far Eastern subtype; Siberian subtype); Kyasanur Forest disease virus; Omsk hemorrhagic fever virus; Variola major virus (Smallpox virus); Variola minor virus (Alastrim); Venezuelan equine encephalitis virus; and Yersinia pestis.(2) Other organisms or specimens including:

(a) From persons of any age:

(A) All isolates of Corynebacterium diphtheriae, Grimontia spp., Listeria spp., Mycobacterium tuberculosis and M. bovis, Salmonella spp., Shigella spp., Vibrio spp., Yersinia spp. and suspected Shiga-toxigenic Escherichia coli (STEC), including E. coli O157;

(B) Isolates of the Enterobacteriaceae family resistant to any carbapenem antibiotic;

(C) Suspected Neisseria meningitidis and Haemophilus influenzae isolated from normally sterile sites;

(D) All novel and highly pathogenic avian influenza isolates, Measles (rubeola), poliomyelitis, rabies (human), rubella, and yellow fever; and

(E) All Coccidioides spp. and Cryptococcus spp. isolates.

(b) From persons under the age of 18 years who died with laboratory-confirmed influenza: respiratory specimens or viral isolates, any Staphylococcus aureus isolates, and, after consulting with the Oregon Public Health Division, autopsy specimens.-

Stat. Auth.: ORS 413.042, 433.004 & 438.450

Stats. Implemented: ORS 433.004 & 438.310

Hist.: HB 248, f. 6-30-70, ef. 7-25-70; HD 28-1988, f. & cert. ef. 12-7-88; HD 20-1994, f. & cert. ef. 7-20-94; HD 6-1995, f. & cert. ef. 9-13-95; OHD 11-2001, f. & cert. ef. 5-16-01, Renumbered from 333-024-0050(5); OHD 3-2002, f. & cert. ef. 3-4-02; PH 11-2005, f. 6-30-05, cert. ef. 7-5-05; PH 28-2006, f. 11-30-06, cert. ef. 12-18-06; PH 5-2010, f. & cert. ef. 3-11-10; PH 7-2011, f. & cert. ef. 8-19-11; PH 16-2013, f. 12-26-13, cert. ef. 1-1-14; PH 10-2015, f. 7-2-15, cert. ef. 7-3-15

Health Care Acquired Infection Reporting and Public Disclosure

333-018-0100

Definitions

The following definitions apply to OAR 333-018-0100 through 333-018-0145:

(1) "Adult ICU" means all specialty and non-specialty intensive care units that care for adults as defined in the NHSN Manual.

(2) "ASC" means an ambulatory surgical center as defined in ORS 442.015 and that is licensed pursuant to ORS 441.015.

(3) "Authority" means the Oregon Health Authority.

(4) "CBGB" means coronary bypass graft surgery with both chest and graft incisions, as defined in the NHSN Manual.

(5) "CAUTI" means catheter-associated urinary tract infection as defined in the NHSN Manual.

(6) "CDC" means the federal Centers for Disease Control and Prevention.

(7) "CDI" means Clostridium difficile infection as defined in the NHSN Manual.

- (8) "CLABSI" means central line associated bloodstream infection as defined in the NHSN Manual.
- (9) "CMS" means the federal Centers for Medicare and Medicaid Services.
- (10) "Collection Month" means the month in which an infection was identified.
- (11) "COLO" means colon procedures as defined in the NHSN Manual.
- (12) "Committee" means the Health Care Acquired Infections Advisory Committee established in section 4, chapter 838, Oregon Laws 2007.
- (13) "Dialysis facility" means outpatient renal dialysis facility as defined in ORS 442.015.
- (14) "Dialysis Event" means an event that occurs in individuals who receive dialysis as defined by the NHSN Manual.
- (15) "Follow-up" means post-discharge surveillance intended to detect CBGB, COLO, HPRO, HYST, KRPO, and LAM surgical site infection (SSI) cases occurring after a procedure.
- (16) "HAI" means health care acquired infection as defined in section 2, chapter 838, Oregon Laws 2007.
- (17) "Health care facility" means a facility as defined in ORS 442.015.
- (18) "Hospital" means a facility as defined in ORS 442.015 and that is licensed pursuant to ORS 441.015.
- (19) "Hospital Inpatient Quality Reporting Program (HIQRP)" means the initiative administered by CMS that provides a financial incentive to hospitals to report designated quality measures, mandated by section 501(b) of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003.
- (20) "HPRO" means hip prosthesis procedure as defined in the NHSN Manual.
- (21) "HYST" means abdominal hysterectomy procedure as defined in the NHSN Manual.
- (22) "Inpatient rehabilitation ward" means an area within a hospital used for evaluation, treatment, and restoration of function to patients who have lost function due to acute or chronic pain, musculoskeletal problems, stroke, brain or spinal cord dysfunction, or catastrophic events resulting in complete or partial paralysis.
- (23) "ICU" means an intensive care unit as defined in the NHSN Manual.
- (24) "KPRO" means knee prosthesis procedure as defined in the NHSN Manual.
- (25) "Lab ID" means laboratory-identified event as defined in the NHSN Manual.
- (26) "LAM" means laminectomy procedure as defined in the NHSN Manual.
- (27) "Licensed satellite" has the meaning given that term in OAR 333-500-0010.
- (28) "LTCHF" means a long term care facility as defined in ORS 442.015.
- (29) "MDS" means the CMS minimum data set nursing home resident assessment and screening tool.
- (30) "Medical ICU" means a non-specialty intensive care unit in which at least 80 percent of patients served are adult medical patients.
- (31) "Medical/Surgical ICU" means a non-specialty intensive care unit in which less than 80 percent of patients served are adult medical, adult surgical, or specialty patients.
- (32) "Medical ward" means an area within a hospital used for the evaluation and treatment of patients with medical conditions or disorders.
- (33) "Medical/surgical ward" means an area within a hospital used for the evaluation of patients with medical or surgical conditions.
- (34) "MRSA" means methicillin-resistant Staphylococcus aureus as defined in the NHSN Manual.
- (35) "NHSN" means the CDC's National Healthcare Safety Network.

- (36) "NHSN Inpatient" means a patient whose date of admission to the healthcare facility and the date of discharge are different days as defined in the NHSN Manual.
- (37) "NHSN Manual" means the 2014 patient safety component protocols, established by the CDC's NHSN, which govern the HAIs and other information required by CMS to be reported by health care facilities, found at <http://www.cdc.gov/nhsn/Training/patient-safety-component/>, and incorporated by reference.
- (38) "NICU" means a specialty intensive care unit that cares for neonatal patients.
- (39) "Non-specialty ICU" means an intensive care unit in which patients are medical, surgical, or medical/surgical patients.
- (40) "Oregon HAI group" means the NHSN group administered by the Authority.
- (41) "Overall-facility wide" means data are collected for the entire facility as defined in the NHSN Manual.
- (42) "Patient information" means individually identifiable health information as defined in ORS 179.505.
- (43) "Pediatric inpatient rehabilitation ward" means an area within a hospital used for evaluation, treatment, and restoration of function to patients under 18 years of age who have lost function due to acute or chronic pain, musculoskeletal problems, stroke, brain or spinal cord dysfunction, or catastrophic events resulting in complete or partial paralysis
- (44) "Pediatric ICU" means a specialty intensive care unit that cares for pediatric patients.
- (45) "Pediatric medical ward" means an area within a hospital used for the evaluation and treatment of patients under 18 years of age with medical conditions or disorders.
- (46) "Pediatric medical/surgical ward" means a hospital area where patients under 18 years of age with medical or surgical conditions are managed.
- (47) "Pediatric surgical ward" means an area within a hospital used for the evaluation and treatment of patients under 18 years of age who have undergone a surgical procedure.
- (48) "Person" has the meaning given that term in ORS 442.015.(49) "Procedure" means an operative procedure as defined in the NHSN Manual.
- (50) "Provider" means health care services provider as defined in ORS 179.505.
- (51) "QIO" means the quality improvement organization designated by CMS for Oregon.
- (52) "SCIP" means the Surgical Care Improvement Project, established through collaborative efforts of the Joint Commission and CMS.
- (53) "SCIP-Inf-1" means the HAI process measure defined as prophylactic antibiotic received within one hour prior to surgical incision, published by SCIP effective July 1, 2006.
- (54) "SCIP-Inf-2" means the HAI process measure defined as prophylactic antibiotic selection for surgical patients, published by SCIP effective July 1, 2006.
- (55) "SCIP-Inf-3" means the HAI process measure defined as prophylactic antibiotics discontinued within 24 hours after surgery end time (48 hours for cardiac patients), published by SCIP effective July 1, 2006.
- (56) "SCIP-Inf-4" means the HAI process measure defined as cardiac surgery patients with controlled 6 a.m. postoperative serum glucose, published by SCIP effective July 1, 2006.
- (57) "SCIP-Inf-6" means the HAI process measure defined as surgery patients with appropriate hair removal, published by SCIP effective July 1, 2006.
- (58) "SCIP-Inf-9" means the HAI process measure defined as urinary catheter removed on postoperative day one or postoperative day two with day of surgery being day zero, published by SCIP effective July 1, 2006.

- (59) "SCIP-Inf-10" means the HAI process measure defined as surgery patients with perioperative temperature management, published by SCIP effective July 1, 2006.
- (60) "Specialty ICU" means an intensive care unit in which at least 80 percent of adult patients served are specialty patients, including but not limited to oncology, trauma, and neurology.
- (61) "SSI" means a surgical site infection event as defined in the NHSN manual.
- (62) "Staff" means any employee of a health care facility or any person contracted to work within a health care facility.
- (63) "State agency" has the meaning given that term in ORS 192.410.
- (64) "Surgical ICU" means a non-specialty intensive care unit in which at least 80 percent of patients served are adult surgical patients.
- (65) "Surgical ward" means an area within a hospital used for the evaluation and treatment of patients who have undergone a surgical procedure.
- Stat. Auth.: ORS 442.420 & OL 2007, Ch. 838 | 1-6 & 12
- Stats. Implemented: ORS 179.505, 192.410, 192.496, 192.502, 441.015, 442.400, 442.405, & OL 2007, Ch. 838 | 1-6 & 12

333-018-0110

HAI Reporting for Hospitals

- (1) Hospitals must report to the Authority the following HAIs:
- (a) CLABSI in:
- (A) Adult, pediatric, and neonatal ICUs; and
- (B) Adult and pediatric, medical, surgical, and medical/surgical wards.
- (b) SSIs for inpatient CBGB, COLO, HPRO, HYST, KPRO and LAM procedures.
- (c) CAUTI in:
- (A) Adult and pediatric ICUs; and
- (B) Adult and pediatric medical, surgical, medical/surgical wards, and inpatient rehabilitation wards.
- (d) Inpatient CDI facility-wide lab ID events, excluding neonatal and well-baby units.
- (e) Inpatient MRSA bacteremia lab ID events.
- (2) Hospitals must report to the Authority all fields required to be reported by NHSN in accordance with the NHSN manual, including discharge dates.
- (3) A hospital must report the information required in section (1) of this rule to the Authority no later than 30 days after the end of the collection month.
- (4) A hospital must have an infection preventionist (IP) who actively seeks out HAIs required to be reported under this rule by screening a variety of data from various sources that may include but are not limited to:
- (a) Laboratory;
- (b) Pharmacy;
- (c) Admission;
- (d) Discharge;
- (e) Transfer;
- (f) Radiology;
- (g) Imaging;
- (h) Pathology; and
- (i) Patient charts, including history and physical notes, nurses' and physicians' notes, and temperature charts.

(5) An IP shall use follow-up surveillance methods to detect SSIs for procedures listed in section (1) of this rule using at least one of the following:

- (a) Direct examination of patients' wounds during follow-up visits to either surgery clinics or physicians' offices;
- (b) Review of medical records, subsequent hospitalization records, or surgery clinic records;
- (c) Surgeon surveys by mail or telephone;
- (d) Patient surveys by mail or telephone; or
- (e) Other facility surveys by mail or telephone.

(6) A hospital may train others employed by the facility to screen data sources for these infections required to be reported in section (1) of this rule but the IP must determine that the infection meets the criteria established by these rules.

(7) Hospitals that report the information in subsection (1)(a) to (e) of this rule through NHSN in order to meet CMS reporting requirements, may, in lieu of reporting this information directly to the Authority, permit the Authority to access the information through NHSN. A hospital that permits the Authority to access the information through NHSN must:

- (a) Join the Oregon HAI group in NHSN;
- (b) Authorize disclosure of NHSN data to the Authority as necessary for compliance with these rules, including but not limited to summary data and denominator data for all SSIs, the annual hospital survey and data analysis components for all SSIs, and summary data and denominator data for all adult, pediatric and neonatal ICUs; and
- (c) Permit the Authority to access data reported through NHSN dating back to when reporting was first required by CMS for the different HAIs.

(8) All hospitals must report to the Authority on a quarterly basis the following HAI process measures, including but not limited to definitions, data collection, data reporting and training requirements:

- (a) SCIP-Inf-1;
- (b) SCIP-Inf-2;
- (c) SCIP-Inf-3;
- (d) SCIP-Inf-4;
- (e) SCIP-Inf-6;
- (f) SCIP-Inf-9; and
- (g) SCIP-Inf-10.

(9) Hospitals that report the information in section (8) of this rule to CMS or the Joint Commission do not have to provide the information directly to the Authority; the Authority will access the information through CMS or the Joint Commission. If a hospital is not reporting the information in section (8) of this rule to CMS or the Joint Commission, in accordance with CMS or Joint Commission reporting requirements, it must provide the information to the Authority no later than on the 15th calendar day, four months after the end of the quarter. As CMS reporting requirements for SCIP measures are removed, reporting requirements for the Authority will change accordingly.

Stat. Auth.: ORS 442.420 & 2007 OL Ch. 838 § 1-6 & 12

Stats. Implemented: ORS 442.405 & 2007 OL Ch. 838 § 1-6 & 12

333-018-0127

Annual Influenza Summary

Each hospital, including licensed satellites, ASC, Dialysis facility, LTCF, and IRF must submit an annual survey to the Authority, no later than May 31, on a form prescribed by the Authority, regarding influenza vaccination of staff. Facilities must report at least the following information:

- (1) Number of staff with a documented influenza vaccination during the previous influenza season;
- (2) Number of staff with a documented medical contraindication to influenza vaccination during the previous influenza season;
- (3) Number of staff with a documented refusal of influenza vaccination during the previous influenza season; and
- (4) Facility assessment of influenza vaccine coverage of facility staff during the previous influenza season and plans to improve vaccine coverage of facility staff during the upcoming influenza season.

Stat. Auth.: ORS 442.420 & OL 2007, Ch. 838 | 1-6 and 12

Stats. Implemented: ORS 442.405 & OL 2007, Ch. 838 | 1-6 and 12

DIVISION 19

INVESTIGATION AND CONTROL OF DISEASES: GENERAL POWERS AND RESPONSIBILITIES

Disease-Related School, Child Care, and Worksite Restrictions

333-019-0010

Imposition of Restrictions

(1) For purposes of this rule:

(a) "Restrictable disease":

(A) As applied to food service facilities includes but is not limited to diphtheria, hepatitis A, measles, Salmonella enterica serotype Typhi infection, Shiga-toxigenic Escherichia coli (STEC) infection, shigellosis, tuberculosis disease, open or draining skin lesions infected with Staphylococcus aureus or Streptococcus pyogenes, and any illness accompanied by diarrhea or vomiting.

(B) As applied to schools, children's facilities, and health care facilities, includes but is not limited to chickenpox, diphtheria, hepatitis A, measles, mumps, pertussis, rubella, Salmonella enterica serotype Typhi infection, scabies, Shiga-toxigenic Escherichia coli (STEC) infection, shigellosis, and tuberculosis disease and may include a communicable stage of hepatitis B infection if, in the opinion of the local health officer, the child poses an unusually high risk to other children (for example, exhibits uncontrollable biting or spitting).

(C) Includes any other communicable disease identified in an order issued by the Authority or a local public health administrator as posing a danger to the public's health.

(b) "Susceptible" means being at risk of contracting a restrictable disease by virtue of being in one or more of the following categories:

(A) Not being complete on the immunizations required by OAR chapter 333, division 50;

(B) Possessing a medical exemption from any of the vaccines required by OAR chapter 333, division 50 due to a specific medical diagnosis based on a specific medical contraindication; or

(C) Possessing a nonmedical exemption for any of the vaccines required by OAR chapter 333, division 50.

(c) "Reportable disease" means a human reportable disease, infection, microorganism, or condition specified by OAR chapter 333, division 18.

(2) To protect the public health, an individual who attends or works at a school or child care facility, or who works at a health care facility or food service facility may not attend or work at a school or facility while in a communicable stage of a restrictable disease, unless otherwise authorized to do so under these rules.

(3) A susceptible child or employee in a school or children's facility who has been exposed to a restrictable disease that is also a reportable disease for which an immunization is required under OAR 333-050-0050 must be excluded by the school administrator, unless the local health officer determines, in accordance with section (4) of this rule, that exclusion is not necessary to protect the public's health.

(4) A school administrator may request that the local health officer determine whether an exclusion under section (3) of this rule is necessary. In making such a determination the local health officer may, in consultation as needed with the Authority, consider factors including but not limited to the following:

(a) The severity of the disease;

(b) The means of transmission of the disease;

(c) The intensity of the child's or employee's exposure; and

(d) The exposed child's or employee's susceptibility to the disease, as indicated by:

(A) A previous occurrence of the disease;

(B) Vaccination records;

(C) Evidence of immunity as indicated by laboratory testing;

(D) Year of birth; or

(E) History of geographic residence and the prevalence of the disease in those areas.

(5) The length of exclusion under section (3) of this rule is one incubation period following the child or employee's most recent exposure to the disease.

(6) A susceptible child or employee may be excluded under this rule notwithstanding any claim of exemption under ORS 433.267(1).

(7) Nothing in these rules prohibits a school or children's facility from adopting more stringent exclusion standards under ORS 433.284.

(8) The infection control committee at all health care facilities shall adopt policies to restrict the work of employees with restrictable diseases in accordance with recognized principles of infection control. Nothing in these rules prohibits health care facilities or the local public health authority from adopting additional or more stringent rules for exclusion from these facilities.

Stat. Auth.: ORS 413.042, 431.110, 433.004, 433.255, 433.260, 433.284, 433.329, 433.332, 616.750 & 624.005

Stats. Implemented: ORS 433.255, 433.260, 433.407, 433.411 & 433.419

Hist.: HD 15-1981, f. 8-13-81, ef. 8-15-81; OHD 4-2002, f. & cert. ef. 3-4-02; PH 11-2005, f. 6-30-05, cert. ef. 7-5-05; PH 7-2011, f. & cert. ef. 8-19-11; PH 16-2013, f. 12-26-13, cert. ef. 1-1-14; PH 1-2015(Temp), f. & cert. ef. 1-7-15 thru 7-5-15; PH 10-2015, f. 7-2-15, cert. ef. 7-3-15

Pet Licensing, Animal Bites, and Rabies

333-019-0017

Rabies Vaccination for Animals

(1) Except where specifically exempt, all dogs at least three months old shall be immunized against rabies by the age of six months. The following are exempt:

(a) Dogs brought temporarily into the state for periods of less than 30 days and kept under strict supervision by their owners;

(b) Dogs for which rabies immunization is contraindicated for health reasons, as determined by a licensed veterinarian subsequent to an examination. The reasons for the exemption and a specific description of the dog, including name, age, sex, breed, and color, shall be recorded by the examining veterinarian on a Rabies Vaccination Certificate, which shall bear the owner's name and address. The veterinarian shall also record whether the exemption is permanent, and if it is not, the date the exemption ends;

(c) Dogs that are owned by dealers, breeders, or exhibitors exclusively for sale or exhibition purposes and that are confined to kennels except for transportation under strict supervision to and from dog shows or fairs.

(2) Vaccination of an animal against rabies is valid only when performed:

(a) By a licensed veterinarian as specified by ORS 686.350 through 686.370 and OAR 875-010-0006;

(b) By a veterinary technician (certified according to OAR 875-030-0010) under the direct supervision of a licensed veterinarian; or

(c) In the case of a need to vaccinate and the lack of an available veterinarian, by another person approved for this purpose by the State Public Health Veterinarian.

(3) To be considered immunized against rabies, dogs and cats must be vaccinated according to guidelines published by the U.S. Centers for Disease Control and Prevention in the *Compendium of animal rabies prevention and control*, 2016 from the National Association of State Public Health Veterinarians.

(4) A Rabies Vaccination Certificate shall be completed and signed by a licensed veterinarian; electronic signatures are acceptable. That individual shall give the original and one copy to the dog's owner and retain one copy for the period for which the vaccination is in force. The Certificate must include at least the following information: owner's name and address; dog description by age, sex, color, breed; date of vaccination; due date for revaccination; type and lot number of vaccine used; and name and address of vaccinator.

[Publications: Publications referenced are available from the agency.]

Stat. Auth.: ORS 413.042 & 433.365

Stats. Implemented: ORS 433.365

Hist.: OHD 4-2002, f. & cert. ef. 3-4-02; PH 6-2003, f. & cert. ef. 5-22-03; PH 11-2005, f. 6-30-05, cert. ef. 7-5-05; PH 5-2010, f. & cert. ef. 3-11-10

333-019-0027

Management of Possibly Rabid Animals

(1) An animal is considered to have been in close contact with an animal suspected of having rabies when, within the past 180 days, it has been bitten, mouthed, mauled by, or closely confined with a rabid animal or any mammal suspected of having rabies.

(2) The disposition of such animals and of animals suspected of having rabies that have not bitten humans shall be determined by the local public health authority as follows:

(a) Inadequately vaccinated dogs, cats, and ferrets shall be destroyed immediately, if the owner permits. If the owner does not agree to this, the animal shall be confined as prescribed by the

local public health authority for a period of four months for dogs and cats and six months for ferrets under the observation of a licensed veterinarian or a person designated by the local public health authority. A rabies vaccine must be administered at the time of entry into quarantine to bring the animal up to current rabies vaccination status.

(b) Dogs, cats, and ferrets that are adequately vaccinated shall be revaccinated immediately and observed in confinement for 45 days by a person designated by the local public health authority. If the owner prefers, such animals can be destroyed (in lieu of confinement) with the concurrence of the local public health authority.

(c) Unless the owner prefers to hold any unvaccinated livestock or wild animals born and raised in captivity in confinement for six months, such animals shall be destroyed. Livestock that are current on rabies vaccination with a USDA-licensed vaccine approved for that species should be given a booster vaccination immediately and observed for 45 days.

(d) Unless otherwise specified, all other mammals shall be destroyed.

(e) For the purposes of this rule, confinement shall be within an enclosure or with restraints deemed adequate by the local public health authority to prevent contact with any member of the public or any other animal. Nothing in these rules or in OAR 333-019-0024 shall be interpreted to require any public authority to bear the costs of such confinement.

(3) Nothing in these rules is intended or shall be construed to limit the power of any city, city and county, county or district in its authority to enact more stringent requirements to regulate and control animals within its jurisdiction.

Stat. Auth.: ORS 413.042 & 433.360

Stats. Implemented: ORS 433.360

Hist.: OHD 4-2002, f. & cert. ef. 3-4-02; PH 5-2010, f. & cert. ef. 3-11-10