

## **TITLE 410 INDIANA STATE DEPARTMENT OF HEALTH**

*NOTE: Under IC 16-1-1-6, the name of the Indiana State Board of Health is changed to Indiana State Department of Health, effective January 1, 1992.*

### **ARTICLE 1. COMMUNICABLE DISEASE CONTROL**

#### **Rule 1. Immunization of School Children**

*NOTE: IC 20-8.1 was repealed by P.L.1-2005, SECTION 240, effective July 1, 2005.*

##### **410 IAC 1-1-1 Immunization requirements**

Authority: IC 20-8.1-7-9.5

Affected: IC 20-8.1-7

Sec. 1. Immunization Requirements. For those diseases listed in IC 20-8.1-7 [*IC 20-8.1 was repealed by P.L.1-2005, SECTION 240, effective July 1, 2005.*] (diphtheria, tetanus, whooping cough, poliomyelitis, measles, and rubella), the adequately immunizing doses and the child's age for administering each vaccine shall be those recommended in the current Report of the Committee on Infectious Diseases of the American Academy of Pediatrics ("Red Book") or those currently recommended by the United States Public Health Service Advisory Committee on Immunization Practices. (*Indiana State Department of Health; Reg HCD 32, Sec 1; filed Aug 12, 1976, 10:09 am: Rules and Regs. 1977, p. 217; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

##### **410 IAC 1-1-2 Immunization history; parental statement**

Authority: IC 20-8.1-7-9.5

Affected: IC 20-8.1-7

Sec. 2. Statement of Immunization History. When a child enrolls for the first time in a school corporation the parents shall furnish to the governing body of that corporation an adequately documented statement of the child's immunizations which shall show that the child has received at least the minimum number of doses for his age as recommended by the official bodies named in Section 1 [*410 IAC 1-1-1*]. The statement shall also show whether the child has been tested for sickle cell anemia or for lead poisoning and the results of any such testing. (*Indiana State Department of Health; Reg HCD 32, Sec 2; filed Aug 12, 1976, 10:09 am: Rules and Regs. 1977, p. 217; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

##### **410 IAC 1-1-3 Documentation of immunization history**

Authority: IC 20-8.1-7-9.5

Affected: IC 20-8.1-7

Sec. 3. Documentation. Adequate documentation of an immunization history shall consist of:

- (a) a physician's certificate, if available; or
- (b) immunization records forwarded from another school corporation; or
- (c) a record maintained by the parent showing the month and year during which each dose of vaccine was administered.

*(Indiana State Department of Health; Reg HCD 32, Sec 3; filed Aug 12, 1976, 10:09 am: Rules and Regs. 1977, p. 218; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

##### **410 IAC 1-1-4 Report forms submitted by school corporations**

Authority: IC 20-8.1-7-9.5

Affected: IC 20-8.1-7

Sec. 4. Reports of Immunization and Testing to the State Board of Health. All reports required to be made to the State Board of Health by school corporations shall be submitted on forms prescribed and provided by the Board for those purposes. (*Indiana State Department of Health; Reg HCD 32, Sec 4; filed Aug 12, 1976, 10:09 am: Rules and Regs. 1977, p. 218; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

#### **Rule 2. Communicable Disease Reporting and Control (Repealed)**

*(Repealed by Indiana State Department of Health; filed Jul 27, 1988, 2:50 pm: 11 IR 4098)*

**Rule 2.1. Disease Reporting and Control (Repealed)**

*(Repealed by Indiana State Department of Health; filed Sep 11, 2000, 1:36 p.m.: 24 IR 369)*

**Rule 2.2. Notification of Person at Risk**

**410 IAC 1-2.2-1 “Carrier” defined**

Authority: IC 16-41-7-4

Affected: IC 16-41-7

Sec. 1. As used in this rule, “carrier” means a person infected with human immunodeficiency virus (HIV) or acquired immune deficiency syndrome (AIDS) or tested positive for Hepatitis B surface antigen. *(Indiana State Department of Health; 410 IAC 1-2.2-1; filed Mar 21, 1994, 5:00 p.m.: 17 IR 1882; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

**410 IAC 1-2.2-2 “Department” defined**

Authority: IC 16-41-7-4

Affected: IC 16-41-7

Sec. 2. As used in this rule, “department” means the Indiana state department of health. *(Indiana State Department of Health; 410 IAC 1-2.2-2; filed Mar 21, 1994, 5:00 p.m.: 17 IR 1882; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

**410 IAC 1-2.2-3 “High risk activity” defined**

Authority: IC 16-41-7-4

Affected: IC 16-41-7

Sec. 3. As used in this rule, “high risk activity” means sexual or needle sharing contact that has been demonstrated epidemiologically to transmit a dangerous communicable disease, such as human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS), or Hepatitis B. *(Indiana State Department of Health; 410 IAC 1-2.2-3; filed Mar 21, 1994, 5:00 p.m.: 17 IR 1882; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

**410 IAC 1-2.2-4 “Person at risk” defined**

Authority: IC 16-41-7-4

Affected: IC 16-41-7

Sec. 4. As used in this rule, “person at risk” means an individual who, in the best judgment of a physician, has engaged in high risk activity or is in imminent danger of engaging in high risk activity. *(Indiana State Department of Health; 410 IAC 1-2.2-4; filed Mar 21, 1994, 5:00 p.m.: 17 IR 1882; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

**410 IAC 1-2.2-5 Reports to local health officer**

Authority: IC 16-41-7-4

Affected: IC 16-41-7

Sec. 5. (a) If a health officer is notified in writing by a physician of a patient for whom the physician has medical verification that the patient is a carrier, and who, in the best judgment of the physician, is a serious and present danger to the health of others, the health officer shall make an investigation of the carrier to determine whether the environmental conditions surrounding the carrier or the conduct of the carrier requires the intervention by the health officer or designated health official to prevent the spread of disease to others. This investigation shall include the following:

- (1) A determination of the environmental conditions or specific conduct of the carrier that pose a risk of spreading the disease.
- (2) A determination of the epidemiological significance of the risk of spreading disease caused by the environmental conditions or the conduct of the carrier.

(b) If it is determined, following the investigation, that the condition or conduct warrants further intervention, this action shall

be handled by the local health officer or referred to the department for further action. (*Indiana State Department of Health; 410 IAC 1-2.2-5; filed Mar 21, 1994, 5:00 p.m.: 17 IR 1882; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 1-2.2-6 Contact by department**

Authority: IC 16-41-7-4  
Affected: IC 16-41-7-3

Sec. 6. (a) If the department is requested in writing by a physician who has complied with IC 16-41-7-3(b)(2) to notify a person at risk, the department shall contact the physician to determine that the physician:

- (1) has medical verification that the patient is a carrier;
  - (2) knows the identity of the person at risk and has a reasonable belief of a significant risk of harm to the identified person at risk;
  - (3) has reason to believe the identified person at risk has not been informed and will not be informed of the risk by the patient or another person; and
  - (4) has made reasonable efforts to inform the carrier of the physician's intent to make or cause the department to make a disclosure to the person at risk.
- (b) The department shall notify the person at risk unless, in the opinion of the department, the person at risk:
- (1) has already been notified;
  - (2) will be notified; or
  - (3) will otherwise be made aware that they are a person at risk.

(*Indiana State Department of Health; 410 IAC 1-2.2-6; filed Mar 21, 1994, 5:00 p.m.: 17 IR 1883; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 1-2.2-7 Confidentiality of notice**

Authority: IC 16-41-7-4  
Affected: IC 16-41-7

Sec. 7. All notifications of persons at risk shall be conducted confidentially and in person by trained public health disease intervention specialists (DIS). All identified persons at risk shall receive information about counseling and be offered serologic testing. (*Indiana State Department of Health; 410 IAC 1-2.2-7; filed Mar 21, 1994, 5:00 p.m.: 17 IR 1883; errata filed Apr 14, 1994, 5:00 p.m.: 17 IR 2080; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 1-2.2-8 Registry**

Authority: IC 16-41-7-4  
Affected: IC 16-41-7

Sec. 8. The department shall establish a confidential registry of all persons submitting written requests pursuant to section 6 of this rule. The registry shall include the following information about the physician:

- (1) Full name.
- (2) Street address.
- (3) City.
- (4) Zip code.
- (5) County.
- (6) Telephone number.

(*Indiana State Department of Health; 410 IAC 1-2.2-8; filed Mar 21, 1994, 5:00 p.m.: 17 IR 1883; errata filed Apr 14, 1994, 5:00 p.m.: 17 IR 2080; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**Rule 2.3. Disease Reporting and Control**

**410 IAC 1-2.3-1 Applicability**

Authority: IC 16-41-2-1  
Affected: IC 16-41-2

Sec. 1. The definitions in this rule apply throughout this rule. (*Indiana State Department of Health; 410 IAC 1-2.3-1; filed Sep 11, 2000, 1:36 p.m.: 24 IR 334*)

**410 IAC 1-2.3-2 “Active surveillance” defined**

Authority: IC 16-41-2-1  
Affected: IC 16-41-2

Sec. 2. “Active surveillance” means taking measures to identify all cases of an infectious disease by the local health officer or department, including, but not limited to, calling or otherwise contacting:

- (1) physicians;
- (2) hospitals;
- (3) clinics;
- (4) laboratories; and
- (5) others who might be aware of cases of disease.

(*Indiana State Department of Health; 410 IAC 1-2.3-2; filed Sep 11, 2000, 1:36 p.m.: 24 IR 334*)

**410 IAC 1-2.3-3 “Airborne precautions” defined**

Authority: IC 16-41-2-1  
Affected: IC 16-41-2

Sec. 3. “Airborne precautions” means transmission-based precautions for health care facilities designed to reduce the risk of airborne transmission of infectious agents. Requirements for airborne precautions are presented in Guidelines for Isolation Precautions in Hospitals, Infection Control and Hospital Epidemiology, Volume 17, No. 1, January 1996. (*Indiana State Department of Health; 410 IAC 1-2.3-3; filed Sep 11, 2000, 1:36 p.m.: 24 IR 334*)

**410 IAC 1-2.3-4 “Bloodborne pathogens” defined**

Authority: IC 16-41-2-1  
Affected: IC 16-41-2

Sec. 4. “Bloodborne pathogens” means pathogenic micro-organisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, the following:

- (1) HBV.
- (2) HCV.
- (3) HIV.

(*Indiana State Department of Health; 410 IAC 1-2.3-4; filed Sep 11, 2000, 1:36 p.m.: 24 IR 334*)

**410 IAC 1-2.3-5 “Carrier” defined**

Authority: IC 16-41-2-1  
Affected: IC 16-41-2

Sec. 5. “Carrier” means a person who harbors a specific infectious agent without discernible clinical disease and serves as a potential source of infection. (*Indiana State Department of Health; 410 IAC 1-2.3-5; filed Sep 11, 2000, 1:36 p.m.: 24 IR 334*)

**410 IAC 1-2.3-6 “Case” defined**

Authority: IC 16-41-2-1  
Affected: IC 16-41-2

Sec. 6. "Case" means a person who harbors a communicable disease, usually in the presence of discernible clinical disease, symptoms, or signs and may serve as a potential source of infection. Specific case definitions are defined in the Centers for Disease Control and Prevention publication Case Definitions for Infectious Conditions Under Public Health Surveillance, MMWR, Recommendations and Reports, May 2, 1997, Volume 46, No. RR-10 and by reference are incorporated into this rule. (*Indiana State Department of Health; 410 IAC 1-2.3-6; filed Sep 11, 2000, 1:36 p.m.: 24 IR 334*)

**410 IAC 1-2.3-7 "Case ascertainment" defined**

Authority: IC 16-41-2-1  
Affected: IC 16-41-2

Sec. 7. "Case ascertainment" means collecting clinical, laboratory, and epidemiological information for the purpose of determining whether a reported case of disease met the standard clinical or laboratory case definition for the disease, or both. (*Indiana State Department of Health; 410 IAC 1-2.3-7; filed Sep 11, 2000, 1:36 p.m.: 24 IR 334*)

**410 IAC 1-2.3-8 "Case management" defined**

Authority: IC 16-41-2-1  
Affected: IC 16-41-2

Sec. 8. "Case management" means systematic monitoring and quality assurance of diagnosis, treatment, control, and prevention strategies performed by public health employees, including, but not limited to, local health officers and their designees. (*Indiana State Department of Health; 410 IAC 1-2.3-8; filed Sep 11, 2000, 1:36 p.m.: 24 IR 335*)

**410 IAC 1-2.3-9 "Cleaning" defined**

Authority: IC 16-41-2-1  
Affected: IC 16-41-2

Sec. 9. "Cleaning" means the removal by scrubbing and washing, as with water and soap or suitable detergent, or by vacuum cleaning of infectious agents and of organic matter from surfaces on which and in which infectious agents may find favorable conditions for surviving or multiplying. (*Indiana State Department of Health; 410 IAC 1-2.3-9; filed Sep 11, 2000, 1:36 p.m.: 24 IR 335*)

**410 IAC 1-2.3-10 "Commissioner" defined**

Authority: IC 16-41-2-1  
Affected: IC 16-41-2

Sec. 10. "Commissioner" means the state health commissioner or authorized officers, employees, or agents of the department. (*Indiana State Department of Health; 410 IAC 1-2.3-10; filed Sep 11, 2000, 1:36 p.m.: 24 IR 335*)

**410 IAC 1-2.3-11 "Communicable disease" defined**

Authority: IC 16-41-2-1  
Affected: IC 16-41-2

Sec. 11. "Communicable disease" means an illness due to a specific infectious agent or its toxic products that arises through transmission of that agent or its products from an infected person, animal, or inanimate reservoir to a susceptible host, either directly or indirectly, through an intermediate plant or animal host, vector, or the inanimate environment. (*Indiana State Department of Health; 410 IAC 1-2.3-11; filed Sep 11, 2000, 1:36 p.m.: 24 IR 335*)

**410 IAC 1-2.3-12 "Concurrent disinfection" defined**

Authority: IC 16-41-2-1  
Affected: IC 16-41-2

Sec. 12. "Concurrent disinfection" means the application of disinfective measures including use of an EPA approved disinfectant cleaning agent as soon as possible after the discharge of infectious material from the body of an infected person or after the soiling of articles with such infectious discharges. (*Indiana State Department of Health; 410 IAC 1-2.3-12; filed Sep 11, 2000, 1:36 p.m.: 24 IR 335*)

**410 IAC 1-2.3-13 "Contact" defined**

Authority: IC 16-41-2-1

Affected: IC 16-41-2

Sec. 13. "Contact" means a person or animal that has been in association with an infected person or animal, or a contaminated environment that is likely to provide an opportunity to acquire the infection. (*Indiana State Department of Health; 410 IAC 1-2.3-13; filed Sep 11, 2000, 1:36 p.m.: 24 IR 335*)

**410 IAC 1-2.3-14 "Contact precautions" defined**

Authority: IC 16-41-2-1

Affected: IC 16-41-2

Sec. 14. "Contact precautions" means procedures in addition to standard precautions to prevent transmission in health care facilities of diseases or conditions which are spread primarily by direct or indirect contact. Direct contact transmission involves skin-to-skin contact and physical transfer of micro-organisms to a susceptible host from an infected or colonized person. For details of the precautions see Guideline for Isolation Precautions in Hospitals, Infection Control and Hospital Epidemiology, Volume 17, No. 1, January 1996. (*Indiana State Department of Health; 410 IAC 1-2.3-14; filed Sep 11, 2000, 1:36 p.m.: 24 IR 335*)

**410 IAC 1-2.3-15 "Contact tracing" defined**

Authority: IC 16-41-2-1

Affected: IC 16-41-2

Sec. 15. "Contact tracing" means the use of epidemiological methods to confidentially locate, counsel, and refer for medical evaluation and possible treatment of person or persons who have been in contact with someone with a communicable disease in a manner that might provide an opportunity to acquire the disease. (*Indiana State Department of Health; 410 IAC 1-2.3-15; filed Sep 11, 2000, 1:36 p.m.: 24 IR 335*)

**410 IAC 1-2.3-16 "Contaminated sharp" defined**

Authority: IC 16-41-2-1

Affected: IC 16-41-2

Sec. 16. (a) "Contaminated sharp" means an object that meets the following conditions:

- (1) Is capable of cutting or penetrating the skin.
- (2) Has been in contact with blood or other potentially infectious materials.
- (b) The term includes, but is not limited to, the following:
  - (1) Hypodermic or suture needle.
  - (2) Scalpel blade.
  - (3) Pipette.
  - (4) Lancet.
  - (5) Broken glass.

(*Indiana State Department of Health; 410 IAC 1-2.3-16; filed Sep 11, 2000, 1:36 p.m.: 24 IR 335*)

**410 IAC 1-2.3-17 "Contamination" defined**

Authority: IC 16-41-2-1

Affected: IC 16-41-2

Sec. 17. "Contamination" means the presence of an infectious agent:

- (1) on a body surface;
- (2) in clothes;
- (3) in bedding;
- (4) on toys;
- (5) on surgical instruments or dressings; or
- (6) in or on other inanimate articles or substances, including water and food.

*(Indiana State Department of Health; 410 IAC 1-2.3-17; filed Sep 11, 2000, 1:36 p.m.: 24 IR 336)*

**410 IAC 1-2.3-18 "Control measures" defined**

Authority: IC 16-41-2-1

Affected: IC 16-41-2

Sec. 18. "Control measures" means those measures to reduce the threat of disease transmission from a case of communicable disease. *(Indiana State Department of Health; 410 IAC 1-2.3-18; filed Sep 11, 2000, 1:36 p.m.: 24 IR 336)*

**410 IAC 1-2.3-19 "Counseling and testing site" defined**

Authority: IC 16-41-2-1

Affected: IC 16-41-2

Sec. 19. "Counseling and testing site" means a place that has been designated, approved, and registered with the department to counsel and test individuals anonymously or confidentially, or both, for HIV. *(Indiana State Department of Health; 410 IAC 1-2.3-19; filed Sep 11, 2000, 1:36 p.m.: 24 IR 336)*

**410 IAC 1-2.3-20 "Day care center" defined**

Authority: IC 16-41-2-1

Affected: IC 16-41-2

Sec. 20. "Day care center" means a day nursery that is any institution operated for the purpose of providing care and maintenance to children separated from their parent, guardian, or custodian during a part of the day for two (2) or more consecutive weeks, except a school or other bona fide educational institution. *(Indiana State Department of Health; 410 IAC 1-2.3-20; filed Sep 11, 2000, 1:36 p.m.: 24 IR 336)*

**410 IAC 1-2.3-21 "Decontamination" defined**

Authority: IC 16-41-2-1

Affected: IC 16-41-2

Sec. 21. "Decontamination" means the use of physical or chemical means to remove, inactivate, or destroy bloodborne and other pathogens on a surface or item that does not require sterilization, thus rendering the item safe for handling, use, or disposal. *(Indiana State Department of Health; 410 IAC 1-2.3-21; filed Sep 11, 2000, 1:36 p.m.: 24 IR 336)*

**410 IAC 1-2.3-22 "Department" defined**

Authority: IC 16-41-2-1

Affected: IC 16-41-2

Sec. 22. "Department" means the Indiana state department of health. *(Indiana State Department of Health; 410 IAC 1-2.3-22; filed Sep 11, 2000, 1:36 p.m.: 24 IR 336)*

**410 IAC 1-2.3-23 "Droplet precautions" defined**

Authority: IC 16-41-2-1

Affected: IC 16-41-2

Sec. 23. “Droplet precautions” means measures to reduce the risk of droplet transmission of infectious agents. Droplet transmission involves contact of the conjunctivae or the mucous membranes of the nose or mouth of a susceptible person with large-particle droplets (larger than five (5) micrometers in size) containing micro-organisms generated from a person who has a clinical disease or who is a carrier of the micro-organism. For complete description, see Guideline for Isolation Precautions in Hospitals, Infection Control and Hospital Epidemiology, Volume 17, No. 1, 1996. (*Indiana State Department of Health; 410 IAC 1-2.3-23; filed Sep 11, 2000, 1:36 p.m.: 24 IR 336*)

**410 IAC 1-2.3-24 “Food handler” defined**

Authority: IC 16-41-2-1  
Affected: IC 16-41-2

Sec. 24. “Food handler” means an individual who works with unpackaged food, food equipment or utensils, or food contact surfaces. (*Indiana State Department of Health; 410 IAC 1-2.3-24; filed Sep 11, 2000, 1:36 p.m.: 24 IR 336*)

**410 IAC 1-2.3-25 “Hand washing procedures” defined**

Authority: IC 16-41-2-1  
Affected: IC 16-41-2

Sec. 25. “Hand washing procedures” means vigorous washing of hands using soap and running water from an approved water supply, followed by drying hands using clean paper or single use cloth toweling or air drying devices. An alcohol-based hand rinse/foam may be used when hands are not visibly soiled and in accordance with manufacturer’s guidelines. (*Indiana State Department of Health; 410 IAC 1-2.3-25; filed Sep 11, 2000, 1:36 p.m.: 24 IR 336*)

**410 IAC 1-2.3-26 “HBV” defined**

Authority: IC 16-41-2-1  
Affected: IC 16-41-2

Sec. 26. “HBV” means hepatitis B virus. (*Indiana State Department of Health; 410 IAC 1-2.3-26; filed Sep 11, 2000, 1:36 p.m.: 24 IR 336*)

**410 IAC 1-2.3-27 “HCV” defined**

Authority: IC 16-41-2-1  
Affected: IC 16-41-2

Sec. 27. “HCV” means hepatitis C virus. (*Indiana State Department of Health; 410 IAC 1-2.3-27; filed Sep 11, 2000, 1:36 p.m.: 24 IR 336*)

**410 IAC 1-2.3-28 “Health care facility” defined**

Authority: IC 16-41-2-1  
Affected: IC 12-25; IC 16-21-2; IC 16-24-1; IC 16-28; IC 16-41-2

Sec. 28. “Health care facility” includes the following:

- (1) Hospitals licensed under IC 16-21-2, private mental health institutions licensed under IC 12-25, and tuberculosis hospitals established under IC 16-24-1.
- (2) Health facilities licensed under IC 16-28.
- (3) Rehabilitation facilities and kidney disease treatment centers.

(*Indiana State Department of Health; 410 IAC 1-2.3-28; filed Sep 11, 2000, 1:36 p.m.: 24 IR 337*)

**410 IAC 1-2.3-29 “Health care worker” defined**

Authority: IC 16-41-2-1  
Affected: IC 16-41-2



Sec. 29. "Health care worker" means a person who provides services whether as an individual health care provider, volunteer, or student at or employee of a health care facility. (*Indiana State Department of Health; 410 IAC 1-2.3-29; filed Sep 11, 2000, 1:36 p.m.: 24 IR 337*)

**410 IAC 1-2.3-30 "HIV" defined**

Authority: IC 16-41-2-1  
Affected: IC 16-41-2

Sec. 30. "HIV" means human immunodeficiency virus. (*Indiana State Department of Health; 410 IAC 1-2.3-30; filed Sep 11, 2000, 1:36 p.m.: 24 IR 337*)

**410 IAC 1-2.3-31 "HIV infection/disease" defined**

Authority: IC 16-41-2-1  
Affected: IC 16-41-2

Sec. 31. "HIV infection/disease" means a condition that meets the criteria of one (1) of the following:

- (1) Persons who meet the Centers for Disease Control and Prevention (CDC) definition of AIDS, as found in Morbidity and Mortality Weekly Report, Volume 41, Recommendations and Reports No. RR-17, December 18, 1992.
- (2) Persons who have serologic evidence of HIV infection.
- (3) Other persons with signs or symptoms, or both, that cause the attending physician to strongly suspect HIV infection.
- (4) Infants born to mothers with HIV infection/disease and who have not been determined to be a seroreverter as defined in the Morbidity and Mortality Weekly Report Volume 43, No. RR-12, 1994 Revised Classified System for Human Immunodeficiency Virus Infection in Children Less Than 13 Years of Age.
- (5) Children under thirteen (13) years of age who meet the CDC definition of HIV infection or AIDS, or both, as found in Morbidity and Mortality Weekly Report Volume 43, No. RR-12, 1994 Revised Classified System for Human Immunodeficiency Virus Infection in Children Less Than 13 Years of Age.
- (6) Persons who meet the CDC Revised Surveillance Case Definition for HIV Infection, as found in Morbidity and Mortality Weekly Report, Vol. 48, No. RR-13, 1999, CDC Guidelines for National Human Immunodeficiency Virus Case Surveillance, Including Monitoring for Human Immunodeficiency Virus Infection and Acquired Immunodeficiency Syndrome.

(*Indiana State Department of Health; 410 IAC 1-2.3-31; filed Sep 11, 2000, 1:36 p.m.: 24 IR 337*)

**410 IAC 1-2.3-32 "Intervention or prevention activities" defined**

Authority: IC 16-41-2-1  
Affected: IC 16-41-2

Sec. 32. "Intervention or prevention activities" means:

- (1) the promotion of health by personal or community-wide efforts;
- (2) early detection to correct deviations from good health; and
- (3) the reduction of impairments and disabilities caused by existing departures from good health.

(*Indiana State Department of Health; 410 IAC 1-2.3-32; filed Sep 11, 2000, 1:36 p.m.: 24 IR 337*)

**410 IAC 1-2.3-33 "Invasive disease" defined**

Authority: IC 16-41-2-1  
Affected: IC 16-41-2

Sec. 33. "Invasive disease" means disease:

- (1) in association with positive bacterial cultures from:
  - (A) blood;
  - (B) cerebrospinal fluid;
  - (C) pleural fluid;
  - (D) pericardial fluid;

(E) synovial fluid; or

(F) other usually sterile body fluid; or

(2) such as epiglottitis or necrotizing fasciitis, in association with positive bacterial cultures from those sites.

*(Indiana State Department of Health; 410 IAC 1-2.3-33; filed Sep 11, 2000, 1:36 p.m.: 24 IR 337)*

**410 IAC 1-2.3-34 “Local health officer” defined**

Authority: IC 16-41-2-1

Affected: IC 16-41-2

Sec. 34. “Local health officer” means the county/city health officer or authorized officers, employees, or agents of the county/city health department. *(Indiana State Department of Health; 410 IAC 1-2.3-34; filed Sep 11, 2000, 1:36 p.m.: 24 IR 337)*

**410 IAC 1-2.3-35 “Medical laboratory” defined**

Authority: IC 16-41-2-1

Affected: IC 16-41-2

Sec. 35. “Medical laboratory” means an entity that engages in the biological, microbiological, serological, chemical, immunohematological, radioimmunological, hematological, cytological, pathological, or other examination of materials derived from the human body for the detection, diagnosis, prevention, or treatment of any disease, infection, or impairment, or the assessment of human health. *(Indiana State Department of Health; 410 IAC 1-2.3-35; filed Sep 11, 2000, 1:36 p.m.: 24 IR 337)*

**410 IAC 1-2.3-36 “Other potentially infectious materials” defined**

Authority: IC 16-41-2-1

Affected: IC 16-41-2

Sec. 36. “Other potentially infectious materials” means:

(1) semen;

(2) vaginal secretions;

(3) cerebrospinal fluid;

(4) synovial fluid;

(5) pleural fluid;

(6) pericardial fluid;

(7) peritoneal fluid;

(8) amniotic fluid;

(9) saliva in dental procedures;

(10) any body fluid that is visibly contaminated with blood;

(11) all body fluids where it is difficult or impossible to differentiate between body fluids;

(12) any unfixed tissue or organ (other than intact skin) from a human, living or dead;

(13) any HIV-containing cell or tissue cultures, organ cultures and HIV-containing or HBV-containing culture medium; or

(14) blood, organs, or other tissues from experimental animals infected with HIV, HBV, or HCV.

*(Indiana State Department of Health; 410 IAC 1-2.3-36; filed Sep 11, 2000, 1:36 p.m.: 24 IR 338)*

**410 IAC 1-2.3-37 “Outbreak” defined**

Authority: IC 16-41-2-1

Affected: IC 16-41-2

Sec. 37. “Outbreak” means cases of disease occurring in a community, region, or particular population at a rate clearly in excess of that which is normally expected. *(Indiana State Department of Health; 410 IAC 1-2.3-37; filed Sep 11, 2000, 1:36 p.m.: 24 IR 338)*

**410 IAC 1-2.3-38 “Quarantine” defined**

Authority: IC 16-41-2-1  
Affected: IC 16-41-2

Sec. 38. “Quarantine” means the restriction of the activities or confinement of well persons or animals who have, or may have been exposed to a case of communicable disease during its period of communicability to prevent disease transmission during the incubation period, if infection should occur. (*Indiana State Department of Health; 410 IAC 1-2.3-38; filed Sep 11, 2000, 1:36 p.m.: 24 IR 338*)

**410 IAC 1-2.3-39 “Restriction of activities” defined**

Authority: IC 16-41-2-1  
Affected: IC 16-41-2

Sec. 39. “Restriction of activities” means limitations placed on the activities of persons with disease or infection to prevent transmission of communicable diseases to other individuals. (*Indiana State Department of Health; 410 IAC 1-2.3-39; filed Sep 11, 2000, 1:36 p.m.: 24 IR 338*)

**410 IAC 1-2.3-40 “Serious and present danger to health” defined**

Authority: IC 16-41-2-1  
Affected: IC 16-41-2; IC 16-41-7-1

Sec. 40. “Serious and present danger to health”, as used in IC 16-41-9-1 [*IC 16-41-9-1 was repealed by P.L.138-2006, SECTION 14, effective July 1, 2006.*] and this rule, means one (1) or more of the following:

- (1) Failure to comply with the measures specified under this rule.
- (2) Repeated behavior by a carrier or case that has been demonstrated epidemiologically to transmit, or evidences a careless disregard for the transmission of the disease to others.
- (3) A substantial likelihood that a carrier or case will repeatedly transmit the disease to others as is evidenced by that individual’s past behavior, or by statements of the individual that are credible indicators of the individual’s intention.
- (4) Affirmative misrepresentation by a carrier of his or her carrier status prior to engaging in any behavior that has been epidemiologically demonstrated to transmit the disease.
- (5) Failure or refusal to carry out the carrier’s or case’s duty to warn under IC 16-41-7-1.

(*Indiana State Department of Health; 410 IAC 1-2.3-40; filed Sep 11, 2000, 1:36 p.m.: 24 IR 338*)

**410 IAC 1-2.3-41 “Sexually transmitted disease” defined**

Authority: IC 16-41-2-1  
Affected: IC 16-41-2

Sec. 41. “Sexually transmitted disease” means local or systemic communicable diseases due to infectious agents, generally transmitted person-to-person by sexual intercourse on genital mucosal contact, including, but not limited to, the following:

- (1) HIV.
- (2) HBV.
- (3) HCV.
- (4) Gonorrhea.
- (5) Chlamydia.
- (6) Syphilis.
- (7) Chancroid.
- (8) Granuloma inguinale.

(*Indiana State Department of Health; 410 IAC 1-2.3-41; filed Sep 11, 2000, 1:36 p.m.: 24 IR 338*)

**410 IAC 1-2.3-42 “Standard precautions” defined**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 42. “Standard precautions” means measures used for all patients to prevent the nosocomial spread of micro-organisms in hospitals. Requirements of standard precautions are presented in Guideline for Isolation Precautions in Hospitals, Infection Control and Hospital Epidemiology, Volume 17, No. 1, January 1996. (*Indiana State Department of Health; 410 IAC 1-2.3-42; filed Sep 11, 2000, 1:36 p.m.: 24 IR 339*)

**410 IAC 1-2.3-43 “Sterilize” defined**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 43. “Sterilize” means the use of physical or chemical procedures to destroy all microbial life, including highly resistant bacterial endospores. (*Indiana State Department of Health; 410 IAC 1-2.3-43; filed Sep 11, 2000, 1:36 p.m.: 24 IR 339*)

**410 IAC 1-2.3-44 “Suspect case” defined**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 44. “Suspect case” means a person whose medical history, signs, and symptoms suggest that this person may be incubating or may be actively infected with some communicable disease. (*Indiana State Department of Health; 410 IAC 1-2.3-44; filed Sep 11, 2000, 1:36 p.m.: 24 IR 339*)

**410 IAC 1-2.3-45 “Terminal cleaning” defined**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 45. “Terminal cleaning” means routine cleaning to remove dust, soil, and microbial contamination on inanimate surfaces and is done after a patient has been removed by death or transfer, or has ceased to be a source of infection, or after isolation or other practices/precautions have been discontinued. (*Indiana State Department of Health; 410 IAC 1-2.3-45; filed Sep 11, 2000, 1:36 p.m.: 24 IR 339*)

**410 IAC 1-2.3-46 “Universal precautions” defined**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 46. “Universal precautions” means an approach to infection control in which all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens. (*Indiana State Department of Health; 410 IAC 1-2.3-46; filed Sep 11, 2000, 1:36 p.m.: 24 IR 339*)

**410 IAC 1-2.3-47 Reporting requirements for physicians and hospital administrators**

Authority: IC 16-41-2-1

Affected: IC 4-22-2-37.1; IC 16-21; IC 16-41-2-8; IC 25-22.5

Sec. 47. (a) It shall be the duty of each physician licensed under IC 25-22.5, and each administrator of a hospital licensed under IC 16-21, or the administrator’s representative, to report all cases, and suspected cases of the diseases listed in subsection (d). Reporting of specimen results by a laboratory to health officials does not nullify the physician’s or administrator’s obligations to report said case.

(b) The report required by subsection (a) shall be made to the local health officer in whose jurisdiction the patient was examined at the time the diagnosis was made or suspected. If the patient is a resident of a different jurisdiction, the local health

jurisdiction receiving the report shall forward the report to the local health jurisdiction where the patient resides. If a person who is required to report is unable to make a report to the local health officer within the time mandated by this rule, a report shall be made directly to the department within the time mandated by this rule.

(c) Any reports of diseases required by subsection (a) shall include the following:

(1) The patient's:

- (A) full name;
- (B) street address;
- (C) city;
- (D) zip code;
- (E) county of residence;
- (F) telephone number;
- (G) age or date of birth;
- (H) sex; and
- (I) race and ethnicity, if available.

(2) Date of onset.

(3) Diagnosis.

(4) Definitive diagnostic test results (for example, culture, IgM, serology, or Western Blot).

(5) Name, address, and telephone number of the attending physician.

(6) Other epidemiologically necessary information requested by the local health officer or the commissioner.

(7) Persons who are tested anonymously at a counseling and testing site cannot be reported using personal identifiers; rather, they are to be reported using a numeric identifier code. Age, race, sex, risk factors, and county of residence shall also be reported.

(8) Name, address, and telephone number of person completing report.

(d) The dangerous communicable diseases and conditions described in this subsection shall be reported within the time specified. Diseases or conditions that are to be reported immediately to the local health officer shall be reported by telephone or other instantaneous means of communication on first knowledge or suspicion of the diagnosis. Diseases that are to be reported within seventy-two (72) hours shall be reported to the local health officer within seventy-two (72) hours of first knowledge or suspicion of the diagnosis by telephone, electronic data transfer, other confidential means of communication, or official report forms furnished by the department. During evening, weekend, and holiday hours, those required to report should report diseases required to be immediately reported to the after-hours duty officer at the local health department. If unable to contact the after-hours duty officer locally, or one has not been designated locally, those required to report shall file their reports with the after-hours duty officer at the department at (317) 233-1325 or (317) 233-8115.

**DANGEROUS COMMUNICABLE DISEASES AND CONDITIONS**

Disease	When to Report (from probable diagnosis)	Disease Intervention Methods (section in this rule)
Acquired immunodeficiency syndrome	See HIV Infection/Disease	Sec. 76
Animal bites	Within 24 hours	Sec. 52
Anthrax	Immediately	Sec. 53
Babesiosis	Within 72 hours	Sec. 54
Botulism	Immediately	Sec. 55
Brucellosis	Within 72 hours	Sec. 56
Campylobacteriosis	Within 72 hours	Sec. 57
Chancroid	Within 72 hours	Sec. 58
Chlamydia trachomatis, genital infection	Within 72 hours	Sec. 59
Cholera	Immediately	Sec. 60
Cryptosporidiosis	Within 72 hours	Sec. 61
Cyclospora	Within 72 hours	Sec. 62

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Diphtheria	Immediately	Sec. 63
Ehrlichiosis	Within 72 hours	Sec. 64
Encephalitis, arboviral, Calif, EEE, WEE, SLE, West Nile	Immediately	Sec. 65
Escherichia coli, infection (including E. coli 0157:H7 and other enterohemorrhagic types)	Immediately	Sec. 66
Gonorrhea	Within 72 hours	Sec. 67
Granuloma inguinale	Within 72 hours	Sec. 68
Haemophilus influenzae invasive disease	Immediately	Sec. 69
Hansen's disease (leprosy)	Within 72 hours	Sec. 70
Hantavirus pulmonary syndrome	Immediately	Sec. 71
Hemolytic uremic syndrome, postdiarrheal	Immediately	Sec. 66
Hepatitis, viral, Type A	Immediately	Sec. 72
Hepatitis, viral, Type B	Within 72 hours	Sec. 73
Hepatitis, viral, Type B, pregnant woman (acute and chronic), or perinatally exposed infant	Immediately (when discovered at or close to time of birth)	Sec. 73
Hepatitis, viral, Type C (acute)	Within 72 hours	Sec. 74
Hepatitis, viral, Type Delta	Within 72 hours	Sec. 73
Hepatitis, viral, unspecified	Within 72 hours	
Histoplasmosis	Within 72 hours	Sec. 75
HIV infection/disease	Within 72 hours	Sec. 76
HIV infection/disease, pregnant woman, or perinatally exposed infant	Immediately (when discovered at or close to time of birth)	Sec. 76
Legionellosis	Within 72 hours	Sec. 77
Leptospirosis	Within 72 hours	Sec. 78
Listeriosis	Within 72 hours	Sec. 79
Lyme disease	Within 72 hours	Sec. 80
Lymphogranuloma venereum	Within 72 hours	Sec. 81
Malaria	Within 72 hours	Sec. 82
Measles (rubeola)	Immediately	Sec. 83
Meningitis, aseptic	Within 72 hours	Sec. 84
Meningococcal disease, invasive	Immediately	Sec. 85
Mumps	Within 72 hours	Sec. 86
Pertussis	Immediately	Sec. 88
Plague	Immediately	Sec. 89
Poliomyelitis	Immediately	Sec. 90
Psittacosis	Within 72 hours	Sec. 91
Q Fever	Immediately	Sec. 92
Rabies in humans or animals (confirmed and suspect animal with human exposure)	Immediately	Sec. 93
Rabies, postexposure treatment	Within 72 hours	Secs. 93 and 52
Rocky Mountain spotted fever	Within 72 hours	Sec. 94

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Rubella (German measles)	Immediately	Sec. 95
Rubella congenital syndrome	Immediately	Sec. 95
Salmonellosis, other than typhoid fever	Within 72 hours	Sec. 96
Shigellosis	Immediately	Sec. 97
Smallpox (variola infection)	Immediately	Sec. 97.5
Adverse events or complications due to smallpox vaccination (vaccinia virus infection) or secondary transmission to others after vaccination. This includes accidental implantation at sites other than the vaccination site, secondary bacterial infections at vaccination site, vaccinia keratitis, eczema vaccinatum, generalized vaccinia, congenital vaccinia, progressive vaccinia, vaccinia encephalitis, death due to vaccinia complications, and other complications requiring significant medical intervention.	Immediately	Sec. 97.5
Staphylococcus aureus, Vancomycin resistance level of MIC $\geq$ 8 $\mu\text{g/mL}$	Immediately	Sec. 98
Streptococcus pneumoniae, invasive disease, and antimicrobial resistance pattern	Within 72 hours	Sec. 99
Streptococcus, Group A, invasive disease	Within 72 hours	Sec. 100
Streptococcus, Group B, invasive disease	Within 72 hours	Sec. 101
Syphilis	Within 72 hours	Sec. 102
Tetanus	Within 72 hours	Sec. 103
Toxic shock syndrome (streptococcal or staphylococcal)	Within 72 hours	Sec. 104
Trichinosis	Within 72 hours	Sec. 105
Tuberculosis, cases and suspects	Within 72 hours	Sec. 106
Tularemia	Immediately	Sec. 107
Typhoid fever, cases and carriers	Immediately	Sec. 108
Typhus, endemic (flea borne)	Within 72 hours	Sec. 109
Varicella, resulting in hospitalization or death	Within 72 hours	Sec. 110
Yellow fever	Within 72 hours	Sec. 111
Yersiniosis	Within 72 hours	Sec. 112

**DANGEROUS BUT NOT COMMUNICABLE DISEASES AND CONDITIONS OF PUBLIC HEALTH SIGNIFICANCE**

Disease and Condition	When to Report (from probable diagnosis)	Disease Intervention Methods
Pediatric venous blood lead $> 10 \mu\text{g/dl}$ in children less than or equal to 6 years of age	Within 1 week	Sec. 87

(e) Reporting of HIV infection/disease shall include classification as defined in the CDC Morbidity and Mortality Weekly Report, Volume 41, No. RR-17, 1993 Revised Classification System for HIV Infection and Expanded Surveillance Case Definition for AIDS among Adolescents and Adults. Reporting of HIV infection/disease in children less than thirteen (13) years of age shall include classification as defined in the CDC Morbidity and Mortality Weekly Report, Volume 43, No. RR-12, 1994 Revised Classification System for Human Immunodeficiency Virus Infection in Children Less Than 13 Years of Age. Supplemental reports shall be provided by the physician when an individual's classification changes. The CD4+ T-lymphocyte count and percentage, or viral load count, or both, shall be included with both initial and supplemental reports.

(f) The department, under the authority of IC 4-22-2-37.1, may adopt emergency rules to include mandatory reporting of emerging infectious diseases. Reports shall include the information specified in subsection (c) of this rule.

(g) Outbreaks of any of the following shall be reported immediately upon suspicion:

- (1) Any disease required to be reported under this section.
- (2) Diarrhea of the newborn (in hospitals or other institutions).
- (3) Foodborne or waterborne diseases in addition to those specified by name in this rule.
- (4) Streptococcal illnesses.
- (5) Conjunctivitis.

- (6) Impetigo.
- (7) Nosocomial disease within hospitals and health care facilities.
- (8) Influenza-like illness.
- (9) Unusual occurrence of disease.
- (10) Any disease (that is, anthrax, plague, tularemia, Brucella species, smallpox, or botulinum toxin) or chemical illness that is considered a bioterrorism threat, importation, or laboratory release.
- (h) Failure to report constitutes a Class A infraction as specified by IC 16-41-2-8. (*Indiana State Department of Health; 410 IAC 1-2.3-47; filed Sep 11, 2000, 1:36 p.m.: 24 IR 339; filed Oct 23, 2003, 4:10 p.m.: 27 IR 865*)

**410 IAC 1-2.3-48 Laboratories; reporting requirements**

Authority: IC 16-41-2-1

Affected: IC 16-41-2-8

Sec. 48. (a) Each director, or the director's representative, of a medical laboratory in which examination of any specimen derived from the human body yields microscopic, bacteriologic, immunologic, serologic, or other evidence of infection by any of the organisms or agents listed in subsection (d) shall report such findings and any other epidemiologically necessary information requested by the department. HIV serologic results of tests performed anonymously in conjunction with the operation of a counseling and testing site registered with the department shall not be identified by name of patient, but by a numeric identifier code; for appropriate method to report such results, see subsection (b).

(b) The report required by subsection (a) shall, at a minimum, include the following:

(1) Name, date, results of test performed, the laboratory's normal limits for that test, and the laboratory's interpretation of the test results.

(2) Name of person and date of birth or age from whom specimen was obtained.

(3) Name, address, and telephone number of attending physician, hospital, clinic, or other specimen submitter.

(4) Name, address, and telephone number of the laboratory performing the test.

(c) This subsection does not preclude laboratories from testing specimens, which, when submitted to the laboratory, are identified by a numeric identifier code and not by name of patient. If testing of such a specimen, identified by numeric code, produces results that are required to be reported under this rule, the laboratory shall submit a report that includes the following:

(1) Numeric identifier code, date, and results of tests performed.

(2) Name and address of attending physician, hospital, clinic, or other.

(3) Name and address of the laboratory performing the test.

(d) Laboratory findings demonstrating evidence of the following infections, diseases, or conditions shall be reported at least weekly to the department:

(1) Arboviruses, including, but not limited to, the following:

(A) St. Louis.

(B) California group.

(C) Eastern equine.

(D) Western equine.

(E) West Nile.

(F) Japanese B.

(G) Yellow fever.

(2) Babesia species.

(3) Bacillus anthracis.

(4) Bordetella pertussis.

(5) Borrelia burgdorferi.

(6) Brucella species.

(7) Calymmatobacterium granulomatis.

(8) Campylobacter species.

(9) Chlamydia psittaci.

(10) Chlamydia trachomatis.

(11) Clostridium botulinum.



- (12) *Clostridium perfringens*.
- (13) *Clostridium tetani*.
- (14) *Corynebacterium diphtheriae*.
- (15) *Coxiella burnetii*.
- (16) *Cryptococcus neoformans*.
- (17) *Cryptosporidium parvum*.
- (18) *Cyclospora cayetanensis*.
- (19) *Ehrlichia chaffeensis*.
- (20) *Ehrlichia phagocytophila*.
- (21) Enteroviruses (coxsackie, echo, polio).
- (22) *Escherichia coli* infection (including *E. coli* 0157:H7 and other enterohemorrhagic types).
- (23) *Francisella tularensis*.
- (24) *Haemophilus ducreyi*.
- (25) Hantavirus.
- (26) Hepatitis viruses:
  - (A) anti-HAV IgM;
  - (B) HbsAg or HbeAg or anti-HBc IgM;
  - (C) RIBA or RNA or Anti-HCV, or any combination;
  - (D) Delta.
- (27) *Haemophilus influenzae*, invasive disease.
- (28) *Histoplasmosis capsulatum*.
- (29) HIV and related retroviruses.
- (30) Influenza.
- (31) Kaposi's sarcoma (biopsies).
- (32) *Legionella* species.
- (33) *Leptospira* species.
- (34) *Listeria monocytogenes*.
- (35) Measles virus.
- (36) Mumps virus.
- (37) *Mycobacterium tuberculosis*.
- (38) *Neisseria gonorrhoeae*.
- (39) *Neisseria meningitidis*, invasive.
- (40) Pediatric blood lead tests (capillary and venous) equal to or greater than 10 µg/dl on children less than or equal to six (6) years of age.
- (41) *Plasmodium* species.
- (42) *Pneumocystis carinii*.
- (43) Rabies virus (animal or human).
- (44) *Rickettsia* species.
- (45) Rubella virus.
- (46) *Salmonella* species.
- (47) *Shigella* species and antimicrobial resistance pattern.
- (48) Smallpox (variola) virus.
- (49) *Staphylococcus aureus*, Vancomycin resistance equal to or greater than 8 µg/mL.
- (50) *Streptococcus pneumoniae*, invasive disease, and antimicrobial resistance pattern.
- (51) *Streptococcus* Group A (*Streptococcus pyogenes*), invasive disease.
- (52) *Streptococcus* Group B, invasive disease.
- (53) *Treponema pallidum*.
- (54) *Trichinella spiralis*.
- (55) *Vibrio* species.
- (56) *Yersinia* species, including pestis, enterocolitica, and pseudotuberculosis.
- (e) Laboratories may also report to the local health officer, but any such local report shall be in addition to reporting to the

department. A laboratory may report by electronic data transfer, telephone, or other confidential means of communication. In lieu of electronic data transfer or reporting by telephone, a laboratory may submit a legible copy of the laboratory report, provided that the information specified in subsection (b) appears thereon. Whenever a laboratory submits a specimen, portion of a specimen, or culture to the department laboratory resource center for confirmation, phage typing, or other service, these reporting requirements will be deemed to have been fulfilled, provided that the minimum information specified in subsection (b) accompanies the specimen or culture.

(f) Laboratories shall submit all isolates of the following organisms to the department's microbiology laboratory for further evaluation:

- (1) Haemophilus influenzae, invasive disease.
- (2) Neisseria meningitidis, invasive disease.
- (3) E. coli 0157:H7 or sorbitol-negative E. coli isolates.
- (4) Staphylococcus aureus, Vancomycin resistance equal to or greater than 8 µg/mL.
- (5) Mycobacterium tuberculosis.
- (6) Listeria monocytogenes.
- (7) Salmonella from any site.
- (g) Quarterly report the total number of blood lead test (capillary and venous) performed on children six (6) years of age or less.

(h) Reporting by a laboratory, as required by this section, shall not:

- (1) constitute a diagnosis or a case report; and
- (2) be considered to fulfill the obligation of the attending physician or hospital to report.

*(Indiana State Department of Health; 410 IAC 1-2.3-48; filed Sep 11, 2000, 1:36 p.m.: 24 IR 342; filed Oct 23, 2003, 4:10 p.m.: 27 IR 869)*

**410 IAC 1-2.3-49 Disease intervention measures; responsibility to investigate and implement**

Authority: IC 16-41-2-1

Affected: IC 16-41-2

Sec. 49. (a) Case reports submitted to the local health department or the department may be used for epidemiological investigation or other disease intervention activities as warranted. Prior approval from a patient is not required before releasing medical or epidemiological information to the local health department or the department.

(b) Unless otherwise indicated, the local health department in the jurisdiction where the patient is a resident is responsible for performing any epidemiological investigation required and instituting control measures.

(c) Upon receiving a communicable disease report, local health officers must investigate the report within a reasonable time frame, immediately for diseases that shall be reported immediately, but usually not more than seventy-two (72) hours after the report is received for other diseases.

(d) Investigation shall include obtaining laboratory and clinical data necessary for case ascertainment. Investigation efforts should identify all potential means for disease acquisition, risk factors, and any potential public health threats posed by the case. Findings of the investigation shall be used to institute control measures to minimize or abrogate the risk of disease spread.

(e) The results of the investigation shall be documented, in writing, with a copy maintained at the local health department, and a copy forwarded to the department communicable disease section. Local health departments that do not have the necessary security to maintain complete confidentiality of HIV/AIDS patients may defer the storage of all copies to the department.

(f) The department may request and obtain epidemiological information on cases of communicable disease or diseases of public health importance, including diseases caused by drug-resistant organisms and emerging infectious diseases.

(g) Medical or epidemiological information, wherever maintained, concerning reportable cases, shall be made available to the commissioner or the commissioner's designee. *(Indiana State Department of Health; 410 IAC 1-2.3-49; filed Sep 11, 2000, 1:36 p.m.: 24 IR 342)*

**410 IAC 1-2.3-50 Confidentiality of medical and epidemiological information**

Authority: IC 16-41-2-1

Affected: IC 16-18-2; IC 16-41; IC 34-43-1-12

Sec. 50. (a) All information obtained pursuant to this rule, whether from patient records or other sources, is confidential as specified by IC 16-41-8-1(a).

(b) Except as provided in subsection (a), a person responsible for recording, reporting, or maintaining information required to be reported under IC 16-41-2 who recklessly, knowingly, or intentionally discloses or fails to protect medical or epidemiological information classified as confidential under this section commits a Class A misdemeanor.

(c) In addition to subsection (b), a public employee who violates this section is subject to discharge or other disciplinary action under the personnel rules of the agency that employs the employee.

(d) Release shall be made of the medical records concerning an individual to the individual or to a person authorized in writing by the individual to receive the medical records.

(e) An individual may voluntarily disclose information about the individual's communicable disease.

(f) The provisions of this section regarding confidentiality apply to information obtained under IC 16-41-1 through IC 16-41-16. For purposes of compliance with the confidentiality provisions of IC 34-43-1-12, only the following diseases and conditions shall be defined as dangerous communicable diseases:

(1) Acquired immunodeficiency syndrome.

(2) Gonorrhea.

(3) Hepatitis, viral.

(4) HIV infection/disease.

(5) Syphilis.

(6) Chancroid.

(7) Chlamydial (genital) infections.

(8) Lymphogranuloma venereum.

(9) Information regarding all other diseases and conditions listed in section 47 of this rule, and not listed in this subsection, may be released as authorized by IC 34-43-1-12.

*(Indiana State Department of Health; 410 IAC 1-2.3-50; filed Sep 11, 2000, 1:36 p.m.: 24 IR 343; errata filed Aug 29, 2001, 2:50 p.m.: 25 IR 106)*

#### **410 IAC 1-2.3-51      General control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 51. General control measures are as follows:

(1) A local health officer or the commissioner, upon being notified of the existence of any communicable disease covered by a specific control measure in this section shall ensure that the procedures required under the rule for the specific disease are carried out.

(2) A local health officer or the commissioner, upon learning or being notified of communicable diseases that are not covered by any specific control measures in this section, shall place such restrictions upon the movements of cases or carriers and their contacts as may be reasonably necessary to prevent the spread of disease. Specific control measures for the selected diseases or conditions are listed in sections 52 through 112 of this rule. For control measures for diseases or conditions not listed insofar as applicable, the procedures prescribed in the Control of Communicable Diseases Manual, 17th Edition, 2000, a publication of the American Public Health Association, shall be followed to the extent that they are not in conflict with the laws of Indiana or this rule. In addition, the procedures implemented by the local health officer or the commissioner shall include provisions for proper hand washing procedures and universal precautions as defined in this rule.

(3) A local health officer, upon notification of the occurrence of a disease that is required by sections 47 and 48 of this rule to be reported immediately, shall in turn notify the department immediately by telephone or other instantaneous means of communication.

(4) A local health officer, in receipt of reports required by sections 47 and 48 of this rule to be reported in either seventy-two (72) hours or one (1) week, shall, on each Friday, or if Friday is a holiday, the previous business day, forward to the department electronic or paper copies of reports received during the previous seven (7) days and not yet forwarded. Upon suspicion of an outbreak, the local health officer shall notify the department immediately, by telephone or other instantaneous means of communication. More frequent reports shall be furnished during an outbreak as required by the department.

(5) A local health officer in receipt of a report of a disease that is potentially dangerous to the public health, or of national or

international significance not listed as a reportable disease in section 47 or 48 of this rule, shall notify the department immediately by telephone or other confidential means of communication to establish reporting requirements for additional reports of that disease that subsequently may be received by the local health officer.

(6) The local health officer or the commissioner shall make an attempt to seek cooperation of cases, carriers, contacts, or suspect cases to implement the least restrictive, but medically necessary, procedures to protect the public health. Those procedures may include, but not be limited to:

- (A) participate in a designated education, counseling, or treatment program;
- (B) undergo confirmatory testing;
- (C) undergo medically accepted tests or treatments that are consistent with standard medical practice as necessary to make the case or carrier noninfectious;
- (D) notify or appear before designated health officials for verification of disease status at periodic times;
- (E) cease and desist conduct that constitutes a health threat to others;
- (F) be monitored by an electronic monitoring device to prevent activities that constitute a health threat to others;
- (G) live part time or full time in a supervised setting;
- (H) be confined to an appropriate hospital, home, apartment, or other institutional facility or residential setting; or
- (I) comply with any combination of the remedies under this subdivision considered appropriate by the health officer.

*(Indiana State Department of Health; 410 IAC 1-2.3-51; filed Sep 11, 2000, 1:36 p.m.: 24 IR 344)*

**410 IAC 1-2.3-52      Animal bites; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 15-2.1-6-11; IC 16-41-2; IC 16-41-9

Sec. 52. (a) The specific control measures for animal bites are as follows:

(1) Every case of a human bitten by a domestic or wild mammal shall be reported promptly to the local health officer or his or her designee having jurisdiction. If a physician is in attendance, such physician shall report the bite. If no physician is in attendance and the person bitten is a child, it shall be the duty of the parent or the guardian to make such a report immediately. If the person bitten is an adult, such person shall make the report or, if incapacitated, the bite shall be reported by whoever is caring for the person bitten. It shall be the duty of the local health officer to report information concerning the bite on the prescribed form. The report shall include requested information on postexposure rabies prophylaxis if it is being administered to the bite victim. Each reported bite shall be investigated immediately by the local health officer or a designee. This investigation shall be conducted with the purpose of determining the need for postexposure rabies prophylaxis of the bite victim and either:

- (A) imposing a ten (10) day observation period on the biting animal (dog, cat, or ferret only) to determine if the animal was capable of transmitting rabies at the time of the biting incident; or
- (B) submission of the head, if the biting animal is a potential rabies vector, to the department laboratory to determine if it was infected with rabies.

(2) Isolation is not necessary.

(3) Concurrent disinfection is not necessary.

(4) Quarantine shall be applied as follows:

(A) Any apparently healthy dog, cat, or ferret that has bitten a person, or any dog, cat, or ferret suspected of being rabid shall be confined and held in observation for the period specified in IC 15-2.1-6-11 (not less than ten (10) days) or humanely killed at once for laboratory examination. Such confinement shall be under the supervision of the state veterinarian or a licensed, accredited veterinarian, or other person designated by the official quarantining the animal, and at the expense of the owner.

(B) Any illness in the confined dog, cat, or ferret shall be reported immediately to the local health department. Animals under confinement shall not be immunized against rabies during the observation period. The head of any such dog, cat, or ferret that dies during the period of observation, or is killed subsequent to having bitten a person or another animal, shall be removed, packed in an iced container, but not frozen, and forwarded immediately to the laboratory of the department for rabies testing.

(C) Any stray, unwanted, or unhealthy dog, cat, or ferret that has bitten a person shall be humanely killed immediately for laboratory examination. The animal's owner shall be responsible for having the unwanted or unhealthy animal

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euthanized, head removed, and shipped to the department for rabies examination. In the case of a stray animal or an animal whose owner cannot be found, the local health department or its designee shall assume this responsibility.

(D) Any potentially rabid wild mammal that has bitten a human or a domestic animal, or is suspected of being rabid, shall not be placed under observation, but shall be humanely killed at once in a manner that does not cause trauma to the head or brain. The head shall be refrigerated, but not frozen, and submitted within forty-eight (48) hours to the laboratory of the department. Wild mammals include, but are not limited to, the following:

- (i) Wild animals kept as pets.
- (ii) Wild mammals crossbred to domestic dogs and cats.

(E) The bite victim shall be notified after a dog, cat, or ferret has passed the ten (10) day observation period in a healthy state or after the results of a laboratory test are available.

(F) Any person bitten or scratched by a wild carnivorous mammal or bat not available for rabies testing should be regarded as having been potentially exposed to rabies. The following chart provides information on quarantine and disposition of biting animals.

Animal Type	Evaluation and Disposition of Animal	Postexposure Prophylaxis Recommendation
Dogs, cats, and ferrets	Healthy and available for 10 day observation <sup>1</sup>	Should not begin prophylaxis unless animal develops symptoms of rabies <sup>2</sup>
	Rabid or suspected rabid	Immediate postexposure prophylaxis
	Unknown	Consult public health officials
Skunks, raccoons, bats <sup>3</sup> , foxes, and most other carnivores; woodchucks and wild animals kept as pets	Regard as rabid unless geographic area is known to be free of rabies or until animal proven negative by laboratory testing <sup>4</sup>	Immediate postexposure prophylaxis or if animal available for testing, as soon as positive result is observed
Livestock, rodents, and lagomorphs (rabbits and hares)	Consider individually	Consult public health officials. Bites of squirrels, hamsters, guinea pigs, gerbils, chipmunks, rats, mice, other rodents, rabbits, and hares almost never require antirabies treatment.

<sup>1</sup>Stray dogs and cats may be euthanized immediately and their heads submitted to the rabies laboratory.

<sup>2</sup>Postexposure prophylaxis should be started if a veterinarian identifies an animal as being symptomatic. Symptomatic animals should be euthanized and tested immediately.

<sup>3</sup> What appears to be insignificant contact with bats may result in rabies transmission, even without clear evidence of a bite. Postexposure prophylaxis is recommended for all persons with bite, scratch, or mucous membrane exposure to a bat unless the bat is available for testing and is negative for rabies. Postexposure prophylaxis is appropriate even in the absence of bite, scratch, or mucous membrane exposure in situations in which there is a reasonable probability that such contact occurred (for example, a sleeping individual awakes to find a bat in the room, an adult witnesses a bat in the room with a previously unattended child, mentally challenged person, or intoxicated person) and rabies cannot be ruled out by testing the bat.

<sup>4</sup>The animal should be killed and tested as soon as possible. Holding for observation is not recommended as time lapse from virus secretion in saliva until clinical symptoms appear have not been determined for species other than a dog, cat, and ferret. Consult with the department veterinary epidemiologist for information on presence or absence of rabies in particular species.

(b) All bite wounds should be treated immediately in the following steps:

- (1) Clean and flush wound as first aid.
- (2) Thorough wound cleansing under medical supervision.
- (3) Evaluation of need for postexposure prophylaxis.
- (4) Tetanus prophylaxis and antibacterial treatment as required.

(c) If the decision is made to provide postexposure prophylaxis to the individual, the following protocols must be followed, and a decision to provide postexposure prophylaxis must be reported to the department:

Guidelines for Postexposure Prophylaxis

Vaccination Status	Treatment	Regimen*
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Not previously vaccinated	Local wound cleaning	All postexposure treatment should begin with immediate thorough cleansing of all wounds with soap and water.
	Human rabies immune globulin (HRIG)	20 IU/kg body weight. If anatomically feasible, the full dose should be infiltrated around the wound or wounds. Any remaining volume should be administered intramuscularly at a site distant from vaccine inoculation.
	Vaccine	Human diploid cell vaccine (HDCV), purified chick embryo cell vaccine (PCEC), or rabies vaccine adsorbed (RVA), 1.0 ml, IM (deltoid <sup>1</sup> ), 1 each on days 0, 3, 7, 14, and 28.
Previously vaccinated <sup>2</sup>	Local wound cleaning	All postexposure treatment should begin with immediate thorough cleansing of all wounds with soap and water.
	HRIG	Should not be administered.
	Vaccine	HDCV, PCEC, or RVA, 1.0 ml IM (deltoid <sup>1</sup> ), 1 each on days 0 and 3.

\*These regimens are applicable for all age groups, including children.

<sup>1</sup>The deltoid area is the only acceptable site of vaccination for adults and older children. For younger children, the outer aspect of the thigh may be used. The vaccine should never be administered in the gluteal area.

<sup>2</sup>Any person with a history of preexposure vaccination with HDCV or RVA; prior postexposure prophylaxis with HDCV or RVA; or previous vaccination with any other type of rabies vaccine and a documented history of antibody response to the prior vaccination. (*Indiana State Department of Health; 410 IAC 1-2.3-52; filed Sep 11, 2000, 1:36 p.m.: 24 IR 345*)

**410 IAC 1-2.3-53 Anthrax; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 53. The specific control measures for anthrax (infectious agent: *Bacillus anthracis*) are as follows:

- (1) Immediate investigation by the local health officer shall be accomplished to determine the source of exposure. History of exposure to animals and animal products (wool, hair, or raw leather), and travel to endemic anthrax areas shall be fully investigated.
- (2) Standard precautions for isolation of hospitalized patients shall be followed.
- (3) Discharges from lesions and articles contaminated with discharges require disinfection. An infectious agent is a spore former that will survive in environment for long periods. Disinfection requires sporicidal agent.
- (4) Quarantine is not necessary.
- (5) If exposure occurred in an occupational/industrial setting, a review of industrial hygiene practices shall be made to reduce risk of other cases.

(*Indiana State Department of Health; 410 IAC 1-2.3-53; filed Sep 11, 2000, 1:36 p.m.: 24 IR 346*)

**410 IAC 1-2.3-54 Babesiosis; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2-1

Sec. 54. The specific control measures for babesiosis (infectious agent: *Babesia* species) are as follows:

- (1) The local health officer shall perform an investigation within seventy-two (72) hours. The investigation shall focus on source of exposure to infected ticks or recent blood transfusions. Travel history for the previous six (6) months to include the most recent summer months is essential.
- (2) Isolation is not required.
- (3) Concurrent disinfection is not required.

(4) Quarantine is not required.

(5) Immunizations are not available. Household contacts or traveling companions with similar exposures should also be evaluated for infection. If the patient donated blood while incubating the disease, the blood collecting agency should be notified.

*(Indiana State Department of Health; 410 IAC 1-2.3-54; filed Sep 11, 2000, 1:36 p.m.: 24 IR 347)*

**410 IAC 1-2.3-55 Botulism; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2-1

Sec. 55. The specific control measures for botulism (infectious agent: *Clostridium botulinum*) are as follows:

(1) An investigation shall be performed immediately. The purpose of the investigation shall be case ascertainment, assurance of availability of polyvalent (equine ABE) antitoxin, and identification of infection source. The local health officer shall obtain a five (5) day food history of those ill, in addition to a fourteen (14) day wound history. The local health officer shall also recover all suspected foods for appropriate testing and disposal. If suspicion is high that the source is a commercial food product or a product served in a restaurant, the local health officer shall perform active surveillance to identify additional cases.

(2) Isolation is not required.

(3) Implicated food shall be detoxified by boiling before discarding, or containers broken and buried deeply to prevent ingestion by animals. Contaminated environmental surfaces shall be sterilized by boiling, or by chlorine disinfection to inactivate any remaining toxin. Feces from infant cases may be disposed of in a sanitary sewer. Terminal cleaning shall also be followed.

(4) Polyvalent (equine ABE) antitoxin may be given to asymptomatic individuals within one (1) to two (2) days of consuming implicated foods, but must be weighed against the risk of adverse reaction and sensitization to horse serum.

*(Indiana State Department of Health; 410 IAC 1-2.3-55; filed Sep 11, 2000, 1:36 p.m.: 24 IR 347)*

**410 IAC 1-2.3-56 Brucellosis; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 56. The specific control measures for brucellosis (infectious agent: *Brucella* species) are as follows:

(1) An investigation to trace infection to the common or individual source, usually:

(A) infected dogs, domestic goats, swine, or cattle; or

(B) unpasteurized milk or dairy products (cheese) from cows and goats;

shall be conducted by the local health officer. Occupational exposures from slaughterhouses or others working with infected animal tissues or products should be considered. Animals suspected of being infected shall be managed according to requirements of the Indiana state board of animal health.

(2) Standard precautions for hospitalized patients shall be taken.

(3) Concurrent disinfection of purulent discharges shall be followed.

(4) Quarantine is not required.

(5) Protection or immunization of contacts is not required.

*(Indiana State Department of Health; 410 IAC 1-2.3-56; filed Sep 11, 2000, 1:36 p.m.: 24 IR 347)*

**410 IAC 1-2.3-57 Campylobacteriosis; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 57. The specific control measures for *Campylobacter enteritis* (infectious agent: *Campylobacter* species) are as follows:

(1) An investigation by the local health officer shall include a five (5) day food history and history of exposure to pets, farm animals, or infected infants.

(2) Contact precautions shall be followed for diapered or incontinent individuals or children less than six (6) years of age, otherwise use standard precautions. For others, the following guidelines apply:

(A) Symptomatic persons shall be excluded from employment involving food handling, or direct care of children or hospitalized or institutionalized patients.

(B) Asymptomatic food handlers, day care workers, or health care workers may be released to return to work provided the following activities have taken place prior to that person's return to work:

(i) The local health officer or his or her designee discusses with the asymptomatic worker his or her symptoms and determines that he or she is indeed asymptomatic and that the worker is further counseled about measures, such as hand washing, that shall be followed to prevent transmission of disease.

(ii) The local health officer or his or her designee contacts the employer to reemphasize the need to comply with local and state rules requiring proper hand washing facilities for all employees, and to correct any observed lapses in hygienic measures of any employees.

(C) Symptomatic persons shall be excluded from schools and day care centers. Asymptomatic persons may be released to return to school or day care after the local health officer or his or her designee has discussed with the appropriate school or day care center staff the need for proper hand washing and other infection control practices, and the need to comply with all local and state rules pertaining to prevention of infectious diseases.

(D) If an outbreak of the infection occurs among staff or attendees in a day care center, all attendees may be required to submit stool specimens for examination. In addition, all asymptomatic attendees and staff who are infected with *Campylobacter* may need to be isolated from other attendees and staff in the same day care center and admission of all new attendees suspended while the outbreak continues.

(3) Concurrent disinfection of feces and soiled articles is required. Feces may be discharged in a sanitary sewer without prior disinfection.

(4) Quarantine is not required.

(5) Protection/immunization is not available.

*(Indiana State Department of Health; 410 IAC 1-2.3-57; filed Sep 11, 2000, 1:36 p.m.: 24 IR 347)*

**410 IAC 1-2.3-58      Chancroid; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2-1

Sec. 58. The specific control measures for chancroid (infectious agent: *Haemophilus ducreyi*) are as follows:

(1) An investigation shall be accomplished by the local health officer and shall be focused on identifying sexual partners who were at risk for transmitting to, or contracting the infection from the case. Case and contacts shall be fully evaluated and treated as recommended in the MMWR 1998 Guidelines for Treatment of Sexually Transmitted Diseases, January 23, 1998, Volume 47/RR1.

(2) Standard precautions are required. Avoid sexual contact until all lesions are healed.

(3) Concurrent disinfection is not required.

(4) Quarantine is not required.

(5) Sexual contacts shall receive prophylactic treatment. Immunization is not available.

*(Indiana State Department of Health; 410 IAC 1-2.3-58; filed Sep 11, 2000, 1:36 p.m.: 24 IR 348)*

**410 IAC 1-2.3-59      Chlamydial infections, genital; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 59. The specific control measures for chlamydial infections, genital, (infectious agent: *Chlamydia trachomatis*) (See Psittacosis for infections caused by *Chlamydia psittaci*) are as follows:

(1) An investigation shall be accomplished by the local health officer and shall be focused on identifying sexual partners who were at risk for transmitting to, or contacting the infection from the case. Case and contacts shall be fully evaluated and treated as recommended in the MMWR 1998 Guidelines for Treatment of Sexually Transmitted Diseases, January 23, 1998, Volume 47/RR1.

(2) For hospital patients, standard precautions shall be followed. Appropriate antibiotic therapy renders discharges noninfectious; patients shall refrain from sexual intercourse until treatment is completed.



- (3) Careful disposal of articles contaminated with urethral and vaginal discharges is required.
- (4) Quarantine is not required.
- (5) Immunization is not available.

*(Indiana State Department of Health; 410 IAC 1-2.3-59; filed Sep 11, 2000, 1:36 p.m.: 24 IR 348)*

**410 IAC 1-2.3-60 Cholera; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 60. The specific control measures for Cholera (infectious agent: *Vibrio cholerae*) are as follows:

- (1) Immediate investigation by the local health officer shall include food and water consumption history for patients for five (5) days prior to illness, as well as travel history. Interview individuals who consumed food and water with the patient to identify additional cases, and determine the contaminated food or water source. If suspicion centers on water, a commercial food product, or a restaurant as a potential source, active surveillance shall be carried out to identify additional cases.
- (2) For hospitalized individuals, standard precautions shall be followed with the addition of contact precautions for diapered or incontinent children less than six (6) years of age for duration of illness.
- (3) Feces, vomitus, and articles soiled by feces or vomitus, or both, shall receive concurrent disinfection. Feces and vomitus can be discharged directly in a sanitary sewer system.
- (4) Quarantine is not required.
- (5) Observe individuals who consume food and drink from the same sources as the patient for five (5) days from the last exposure. In household where secondary transmission is highly likely, antimicrobial therapy with either tetracycline or doxycycline should be provided. Immunization of contacts is not beneficial.

*(Indiana State Department of Health; 410 IAC 1-2.3-60; filed Sep 11, 2000, 1:36 p.m.: 24 IR 348)*

**410 IAC 1-2.3-61 Cryptosporidiosis; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 61. The specific control measures for cryptosporidiosis, (infectious agent: *Cryptosporidium* species) are as follows:

- (1) The local health officer shall determine if the case is a food handler, day care worker, or health care worker or day care attendee. Additional investigation shall include a seven (7) day food history, history of exposure to day care or preschool children, pets or domestic animals, or exposure to surface water. If suspicion centers on a commercial food product, restaurant, or public water supply, active surveillance shall be instituted to identify additional cases.
- (2) For hospitalized individuals, standard precautions shall be followed with the addition of contact precautions for diapered or incontinent children less than six (6) years of age for the duration of the illness. For others, the following instructions apply:
  - (A) Symptomatic persons shall be excluded from employment involving food handling or the direct care of children or hospitalized or institutionalized patients.
  - (B) Asymptomatic food handlers, day care workers, or health care workers may be released to return to work, providing the following activities have taken place prior to that person's return to work:
    - (i) The local health officer or his or her designee discusses with the asymptomatic worker his or her symptoms and determines that he or she is indeed asymptomatic, and that the worker is further counseled about measures, such as hand washing, that shall be followed to prevent transmission of the disease.
    - (ii) The local health officer or his or her designee contacts the employer to:
      - (AA) reemphasize the need to comply with local and state rules requiring proper hand washing facilities for all employees; and
      - (BB) correct any observed lapses in hygienic measures of any employees.
  - (C) Symptomatic persons shall be excluded from schools and day care centers.
  - (D) Asymptomatic persons may be released to return to school or day care after the local health officer or his or her designee has discussed with appropriate school or care center staff the need:
    - (i) for proper hand washing and other infection control practices; and
    - (ii) to comply with all local and state rules pertaining to prevention of infectious diseases.

If an outbreak of the infection occurs in a day care center, all attendees may be required to submit stool specimens for examination. In addition, all asymptomatic attendees and staff who are infected with *Cryptosporidium* may need to be isolated from other attendees and staff in the same center, and admission of all new attendees suspended while the outbreak continues.

- (3) Concurrent disinfection of feces and feces soiled articles is required. Feces may be disposed of in a sanitary sewer system.
- (4) Quarantine is not required.
- (5) Vaccination is not available.

*(Indiana State Department of Health; 410 IAC 1-2.3-61; filed Sep 11, 2000, 1:36 p.m.: 24 IR 349)*

**410 IAC 1-2.3-62      Cyclospora species; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 62. The specific control measures for *Cyclospora* species are as follows:

- (1) Within seventy-two (72) hours of receiving the report, the local health officer shall investigate the case to include a seven (7) day food history, exposure to water, and travel. Use individual case investigation to detect outbreaks and identify potential sources. If a commercial food source is suspected, active surveillance shall be undertaken.
- (2) For hospitalized individuals, standard precautions shall be followed with the addition of contact precautions for diapered or incontinent children less than six (6) years of age for the duration of the illness. For others, the following instructions apply:
  - (A) Symptomatic persons shall be excluded from employment involving food handling or the direct care of children or hospitalized or institutionalized patients.
  - (B) Asymptomatic food handlers, day care workers, or health care workers may be released to return to work, provided the following activities have taken place prior to that person's return to work:
    - (i) The local health officer or his or her designee discusses with the asymptomatic worker his or her symptoms and determines that he or she is indeed asymptomatic, and that the worker is further counseled about measures, such as hand washing, that shall be followed to prevent transmission of disease.
    - (ii) The local health officer or his or her designee contacts the employer to:
      - (AA) reemphasize the need to comply with local and state rules requiring proper hand washing facilities for all employees; and
      - (BB) correct any observed lapses in hygienic measures of any employees.
  - (C) Symptomatic persons shall be excluded from schools and day care centers.
  - (D) Asymptomatic persons may be released to return to school or day care after the local health officer or his or her designee has discussed with appropriate school or care center staff the need:
    - (i) for proper hand washing and other infection control practices; and
    - (ii) to comply with all local and state rules pertaining to prevention of infectious diseases.

If an outbreak of the infection occurs in a day care center, all attendees may be required to submit stool specimens for examination. In addition, all asymptomatic attendees and staff who are infected with *Cyclospora* may need to be isolated from other attendees and staff in the same center, and admission of all new attendees suspended while the outbreak continues.

- (3) Concurrent disinfection of feces and feces soiled articles is required. Feces may be disposed of in a sanitary sewer.
- (4) Quarantine is not required.

*(Indiana State Department of Health; 410 IAC 1-2.3-62; filed Sep 11, 2000, 1:36 p.m.: 24 IR 349)*

**410 IAC 1-2.3-63      Diphtheria; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 63. The specific control measures for diphtheria (infectious agent: *Corynebacterium diphtheriae*) shall be implemented immediately and are as follows:

- (1) A trained immunization field representative of the department, in cooperation with local health officers, shall perform an investigation and case management of diphtheria cases. All investigation activities shall be performed immediately and shall

include (at a minimum) determination of immunization status of the index case or suspect case. Culture shall be obtained for organism identification. A complete list of contacts shall be generated. Contacts are defined as all individuals in the household, all individuals with a history of habitual, close contact, and all individuals directly exposed to throat and nasal secretions of the patient.

(2) For hospitalized patients, institute droplet precautions for pharyngeal diphtheria and contact precautions for cutaneous diphtheria. Continue precautions until the patient is off antibiotics and two (2) cultures taken twenty-four (24) hours apart are negative.

(3) Concurrent disinfection is required for:

(A) articles in contact with the patient; and

(B) all articles soiled by the patient's discharges.

(4) Contacts who are food handlers, child care providers, or health care workers shall be excluded from work until bacteriologic examination proves them not to be carriers.

(5) Close contacts, regardless of immunization status shall be observed for seven (7) days for signs, symptoms of disease, cultured for *C. diphtheriae*, and treated prophylactically with oral erythromycin (forty (40) to fifty (50) milligram [*sic.*, *milligrams*] per kilogram per day (mg/kg/day) for seven (7) days, two (2) grams per day (gm/day) maximum), or given a single intramuscular (IM) dose of benzathine penicillin G (six hundred thousand (600,000) units (U) for those less than thirty (30) kg and one million two hundred thousand (1,200,000) U for older children and adults). For individuals who are culture positive, repeat cultures after completion of therapy. Previously immunized asymptomatic close contacts should receive a booster dose of diphtheria toxoid if five (5) years have lapsed since the last immunization. Individuals incompletely immunized or with unknown immunization status should start an active immunization series with a diphtheria toxoid preparation appropriate for age.

(6) Treatment of individuals suspected of having diphtheria should not be delayed awaiting culture results. Diphtheria antitoxin should be given based on clinical diagnosis. Antitoxin dosage is dependent on length and severity of the disease. Antimicrobial therapy is essential to eliminate organism, and to prevent the spread of the disease, as follows:

(A) Erythromycin (forty (40) to fifty (50) mg/kg/day, maximum two (2) grams per day (gm/d)) given orally or parenterally for fourteen (14) days.

(B) Penicillin G given parenterally (aqueous crystalline, one hundred thousand (100,000) to one hundred fifty thousand (150,000) units per kilogram per day (U/kg/day), in four (4) divided doses intravenous (IV)).

(C) Aqueous procaine penicillin, (twenty-five thousand (25,000) to fifty thousand (50,000) U/kg/day, maximum one million two hundred thousand (1,200,000) units intramuscular (IM) in two (2) divided doses) for fourteen (14) days are the recommended therapy.

(D) Penicillin V per os (PO) (one hundred twenty-four (124) to two hundred fifty (250) mg four (4) times daily) for fourteen (14) days.

*(Indiana State Department of Health; 410 IAC 1-2.3-63; filed Sep 11, 2000, 1:36 p.m.: 24 IR 350)*

**410 IAC 1-2.3-64 Ehrlichiosis; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 64. The specific control measures for ehrlichiosis, (infectious agent: *Ehrlichia chaffeensis* or other *Ehrlichia* species) are as follows:

(1) Interview the patient to determine exposure to ticks and the location of exposure for the previous four (4) weeks. Information gathered is useful in identifying foci of infected environments and public education campaigns on prevention.

(2) Standard precautions are required.

(3) Concurrent disinfection is not required.

(4) Quarantine is not required.

*(Indiana State Department of Health; 410 IAC 1-2.3-64; filed Sep 11, 2000, 1:36 p.m.: 24 IR 350)*

**410 IAC 1-2.3-65 Encephalitis, arboviral; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 65. The specific control measures for arboviral encephalitis (California, eastern equine encephalitis, western equine encephalitis, and St. Louis encephalitis) are as follows:

- (1) The local health officer shall investigate immediately for the purpose of identifying location and presence of vector mosquitoes. Active surveillance shall be instituted. The local health department shall identify areas in the community where there is a need for vector control. Identification of cases in horses, birds, or humans, or both provides evidence of virus presence and amplification in the community environment.
- (2) Use contact precautions until enterovirus meningoencephalitis is eliminated from list of possible diagnoses.
- (3) Concurrent disinfection is not required.
- (4) Quarantine is not required.
- (5) Protection or immunization of contacts is not required for individuals. Fogging or spraying insecticides have been effectively used to abort urban epidemics and may be recommended by the department.

*(Indiana State Department of Health; 410 IAC 1-2.3-65; filed Sep 11, 2000, 1:36 p.m.: 24 IR 351)*

**410 IAC 1-2.3-66      E. coli infection (including E. coli 0157:H7) and hemolytic uremic syndrome; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 66. The specific control measures for diarrhea and hemolytic uremic syndrome associated E. coli infection (including E. coli 0157:H7), (infectious agent: Escherichia coli (including serotype 0157:H7)) are as follows:

- (1) An investigation by the local health officer shall be accomplished immediately to determine if the affected individual is part of an outbreak and if he or she is a food handler, day care attendant, health care worker, day care attendee, or attendee at a school or other institution. Further investigation shall be performed to determine a seven (7) day food consumption history with an emphasis on the consumption of beef products and raw vegetables, unpasteurized fruit juices or milk, or exposure to potentially contaminated water, either by swimming or consumption. Interview meal companions for additional cases and if a commercial food product or restaurant is suspected, conduct active surveillance for additional cases. Medical evaluation, including adequate laboratory examination of feces of contacts should be limited to food handlers, child care attendants, health care workers, or other situations where outbreaks may occur.
- (2) For hospitalized individuals, standard precautions shall be followed with the addition of contact precautions for diapered or incontinent patients for the duration of the illness and until two (2) successive stool cultures taken no less than twenty-four (24) hours apart and no sooner than forty-eight (48) hours after the cessation of antibiotic therapy are negative for the presence of E. coli 0157:H7 organisms. For others, the following steps shall be taken:
  - (A) Symptomatic persons shall be excluded from employment involving food handling or the direct care of children or hospitalized or institutionalized patients.
  - (B) Asymptomatic food handlers, day care workers, and health care workers may return to work, provided the following have taken place prior to that person's return to work:
    - (i) The local health officer discusses with the asymptomatic worker his or her symptoms and determines that he or she is indeed asymptomatic, and that the worker is further counseled about measures, such as hand washing, that shall be followed to prevent transmission of disease.
    - (ii) The local health officer contacts the employer to reemphasize the need to comply with local and state rules requiring proper hand washing facilities for all employees, and to correct any observed lapses in hygiene measures of any employees.

In addition, asymptomatic food handlers will be restricted from working with exposed food, clean equipment, utensils, linens, unwrapped single-service, and single-use articles until two (2) successive stool cultures taken no less than twenty-four (24) hours apart and no sooner than forty-eight (48) hours after the cessation of antibiotic therapy are negative for the presence of E. coli 0157:H7 organisms.

(C) Infected children shall be excluded from any day care setting (including, but not limited to, babysitting groups and preschools) until two (2) successive stool cultures taken no less than twenty-four (24) hours apart and no sooner than forty-eight (48) hours after the cessation of antibiotic therapy are negative for the presence of E. coli 0157:H7 organisms. It is imperative that parents of infected children understand the potential consequences of this disease, its modes of transmission, and the absolute necessity for strict attention to personal hygiene. It is imperative that excluded

children not be transferred to another child care setting until such time as they are determined to be clear of organisms. (D) If an outbreak occurs in a day care center or preschool, all attendees and staff may be required to submit stool specimens for examination. Rather than expulsion until stool-negative, the day care administrator may consider isolation of asymptomatic infected attendees from other attendees. This alternative can only be considered if the physical structure and staff organization of the center can accommodate isolation of various groups from one another. If this alternative is selected, increased emphasis on hand washing and environmental cleaning is necessary. Day care centers shall be closed to new admissions until such time as health officials determine that the outbreak is over.

(E) Symptomatic children shall be excluded from school until asymptomatic and the following activities have taken place prior to the student's return to school:

(i) The local health officer discusses with the asymptomatic student and parents his or her symptoms and determines that he or she is indeed asymptomatic, and that the student is further counseled about measures, such as hand washing, that shall be followed to prevent transmission of disease.

(ii) The local health officer contacts the local school administration to reemphasize the need to comply with local and state rules requiring proper hand washing facilities and the need to emphasize good hand washing practices of the students.

(3) Concurrent disinfection of feces and fecal soiled articles is required. Feces may be disposed of directly in a sanitary sewage system.

(4) Quarantine is not required.

(5) Protection or immunization of contacts is not required.

*(Indiana State Department of Health; 410 IAC 1-2.3-66; filed Sep 11, 2000, 1:36 p.m.: 24 IR 351)*

**410 IAC 1-2.3-67      Gonorrhea; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 67. The specific control measures for gonorrhea (infectious agent: *Neisseria gonorrhoeae*) are as follows:

(1) Investigation shall be accomplished by the local health officer and shall be focused on identifying sexual partners who were at risk for transmitting to, or contacting the infection from, the case. Case and contacts shall be fully evaluated and treated as recommended in the MMWR 1998 Guidelines for Treatment of Sexually Transmitted Diseases, January 23, 1998, Volume 47/RR1.

(2) Standard precautions shall be instituted for hospitalized individuals. Infected persons shall not engage in sexual activities involving the exchange of body fluids until therapy is completed and they no longer have symptoms. Treated persons shall also refrain from sexual activities involving the exchange of body fluids with untreated previous sexual partners to avoid reinfection. Cases should be examined serologically for syphilis.

(3) Concurrent disinfection is required for articles contaminated with discharges.

(4) Quarantine is not required.

(5) Immunization is not available.

*(Indiana State Department of Health; 410 IAC 1-2.3-67; filed Sep 11, 2000, 1:36 p.m.: 24 IR 352)*

**410 IAC 1-2.3-68      Granuloma inguinale; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 68. The specific control measures for Granuloma inguinale (infectious agent: *Calymmatobacterium granulomatis*) are as follows:

(1) An investigation shall be accomplished by the local health officer and shall be focused on identifying sexual partners who were at risk for transmitting to, or contacting the infection from, the case. Case and contacts shall be fully evaluated and treated as recommended in the MMWR 1998 Guidelines for Treatment of Sexually Transmitted Diseases, January 23, 1998, Volume 47/RR1.

(2) Standard precautions for hospitalized patients are required. Patients shall refrain from sexual activities until treatment is complete and lesions are healed. Patients shall refrain from sexual activities with untreated previous sexual partners.

- (3) Concurrent disinfection is required for discharges from lesions and articles soiled by those discharges.
- (4) Quarantine is not required.
- (5) No immunization is available. Prompt treatment of contacts upon recognition or suspicion of disease is required.

*(Indiana State Department of Health; 410 IAC 1-2.3-68; filed Sep 11, 2000, 1:36 p.m.: 24 IR 352)*

**410 IAC 1-2.3-69 Haemophilus influenzae invasive disease; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 69. The specific control measures for Haemophilus influenzae Type B invasive disease (including bacteremia, meningitis, epiglottitis, septic arthritis, cellulitis, pericarditis, endocarditis, and osteomyelitis), (infectious agent: Haemophilus influenzae) are as follows:

- (1) An investigation and case management shall be performed immediately by department-trained immunization field representatives in cooperation with the local health officer. The investigation shall include an immunization history of the index case, and identification of all contacts under four (4) years of age. Contacts are defined as household, child care, and nursery school contacts, or individuals who spent four (4) or more hours with the index case for at least five (5) of the seven (7) days preceding the onset of the illness.
- (2) Droplet precautions shall be followed for twenty-four (24) hours after the start of chemotherapy.
- (3) Concurrent disinfection is not required.
- (4) Quarantine is not required.
- (5) With the exception of pregnant females, rifampin prophylaxis (orally once daily for four (4) days in twenty (20) mg/kg dose, maximal dose six hundred (600) mg/day) should be administered to the following:
  - (A) All members of a household where there is one (1) or more children younger than twelve (12) months should receive prophylaxis.
  - (B) All members of a household where there are contacts under forty-eight (48) months of age with incomplete immunization status should receive prophylaxis.
  - (C) Attendees and supervisory personnel in a child care facility where unvaccinated or incompletely vaccinated children are in attendance, and where two (2) cases of invasive Haemophilus influenzae have occurred within sixty (60) days.
  - (D) Prophylaxis of a single case in child care facilities is controversial; consult current recommendations.
  - (E) The index case should receive rifampin prior to discharge if he or she was not treated with cefotaxime or ceftriaxone.
  - (F) Parents and child care providers of contacts should be educated about signs and symptoms of Haemophilus influenzae disease.

*(Indiana State Department of Health; 410 IAC 1-2.3-69; filed Sep 11, 2000, 1:36 p.m.: 24 IR 352)*

**410 IAC 1-2.3-70 Hansen's disease; specific control measures**

Authority: IC 16-41-2

Affected: IC 16-41-2; IC 16-41-9

Sec. 70. The specific control measures for Hansen's disease (infectious agent: Mycobacterium leprae) are as follows:

- (1) The local health officer shall assure that initial and periodic examination of household contacts occur at twelve (12) month intervals for at least five (5) years after the last contact with infectious patient.
- (2) Standard precautions for hospitalized patients are required.
- (3) Concurrent disinfection is required for nasal discharges and articles soiled with nasal discharges from patients considered infectious.
- (4) Household contact of patients with borderline or lepromatous leprosy who are less than twenty-five (25) years of age should be treated prophylactically with dapsone for three (3) years at the same doses as for treatment.

*(Indiana State Department of Health; 410 IAC 1-2.3-70; filed Sep 11, 2000, 1:36 p.m.: 24 IR 353)*

**410 IAC 1-2.3-71 Hantavirus; specific control measures**

Authority: IC 16-41-2

Affected: IC 16-41-2; IC 16-41-9

Sec. 71. The specific control measures for hantavirus are as follows:

- (1) An investigation shall be immediately conducted by the local health officer for the purpose of case ascertainment and identification of the source of infection. The investigation shall be to identify the source of exposure to rodent feces and urine. Exterminate rodents at suspected site of infection, and disinfect environmental surfaces.
- (2) Standard precautions are required.
- (3) Concurrent disinfection is not required.
- (4) Quarantine is not required.
- (5) Protection/immunization of contacts is not available.

*(Indiana State Department of Health; 410 IAC 1-2.3-71; filed Sep 11, 2000, 1:36 p.m.: 24 IR 353)*

**410 IAC 1-2.3-72      Hepatitis, viral, Type A; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 72. The specific control measures for hepatitis, viral, Type A (infectious agent: Hepatitis A virus) are as follows:

(1) An investigation shall be performed by the local health officer immediately to determine whether the case is a food handler, day care or health care worker, or day care attendee, and worked or attended while having diarrhea. Investigator shall prepare a list of all contacts. Contacts are defined as household members, day care center attendees in same room, sexual partners, and persons eating food prepared by the case during the infectious period. The infectious period is defined as from seven (7) days before to fourteen (14) days after onset of symptoms if no jaundice occurred; otherwise, the infectious period is defined as from fourteen (14) days prior to seven (7) days after the onset of jaundice. The investigation shall also include a food history, history of exposure to undercooked food items, and a history of sexual exposure during the fifteen (15) to fifty (50) day period prior to onset of illness. In the event that a common source foodborne outbreak is suspected, the local health officer must initiate active surveillance immediately to identify additional cases.

(2) Contact precautions as follows:

(A) For diapered or incontinent patients less than three (3) years of age for the duration of the illness.

(B) In children three (3) to fourteen (14) years of age, until two (2) weeks after the onset of the symptoms.

(C) In others for two (2) weeks after the onset of the symptoms or one (1) week after the onset of jaundice.

Infected children shall be excluded from schools and day care centers, and adults from employment involving food handling, direct care of children, or hospitalized or institutionalized patients during the infectious period.

(3) Sanitary disposal of feces, vomitus, and blood is required. Disposal through the sanitary system is acceptable.

(4) Quarantine is not required.

(5) Passive immunization with immune globulin (IG) should be given as soon as possible after exposure, but within two (2) weeks to all household and sexual contacts. In a day care center, IG should be given to all classroom contacts. If the day care center admits children in diapers, IG should be given to all children and staff in the center. If a food handler is diagnosed with hepatitis A, IG should be administered to other food handlers (unless the employee is immune due to vaccination or past infection) at the same location. Any susceptible food handler who refuses IG prophylaxis is to be restricted from working with exposed food; clean equipment, utensils, and linens; and unwrapped single-service and single-use articles for fifty (50) days. IG should not routinely be given to contacts in the usual office, school, or factory situation. When hepatitis A occurs in a food handler, IG shall be considered for food establishment patrons in the establishment only if the following three (3) events occurred:

(A) The food handler worked while infectious, and directly handled uncooked foods or foods after cooking.

(B) Deficiencies in personal hygiene are noted, or the food handler worked while ill with diarrhea.

(C) IG may be given within two (2) weeks after the last exposure.

*(Indiana State Department of Health; 410 IAC 1-2.3-72; filed Sep 11, 2000, 1:36 p.m.: 24 IR 353)*

**410 IAC 1-2.3-73      Hepatitis, viral, Type B and Type D; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 73. The specific control measures for hepatitis, viral, Type B (infectious agent: Hepatitis B virus) and Type D (infectious

agent: Delta Hepatitis, occurs only in individuals with acute or chronic hepatitis B virus infection) are as follows:

- (1) An investigation and case management duties are assigned as follows:
  - (A) An Investigation and case management of infants born to HBsAg (+) pregnant women shall begin immediately (when infection is identified at or close to the time of birth) and shall be performed by trained department immunization representatives in cooperation with the local health officer or trained local health department staff for the purpose of assuring that infants receive the complete HBIG and HBV vaccine series.
  - (B) The local health officer shall perform investigation and case management of all others, including household and sexual contacts of HBsAg (+) pregnant women. Investigators shall identify a complete list of contacts. Contacts are defined as sexual partners, household members, individuals with whom needles have been shared, and others who have been exposed to infectious body fluids. In addition, the investigation shall focus on history of surgery, transfusion or other blood product exposures, hemodialysis, employment as a health care worker, and other contacts with blood or other potentially infectious materials during the incubation period. When two (2) or more cases occur in association with some common exposure, a search for additional cases shall be conducted. If transfused blood or blood products is implicated in transmission, the lot shall be withdrawn from use and reasonable steps taken to ensure that no further donations from the infected donor are utilized.
  - (C) Hepatitis B immunization history shall be obtained on all cases of hepatitis B.
- (2) Standard precautions for hospitalized patients and universal precautions for others where exposure to blood or other potentially infectious materials, or both, is a possibility. Infected persons shall not engage in sexual activities involving the exchange of body fluids without first informing their partner of their disease status. Restrictions on sexual activities shall be removed when the previously infected person is serologically confirmed to be noninfectious. The infected persons shall not:
  - (A) share needles or syringes with other persons without first notifying those persons of their disease status;
  - (B) donate blood, plasma, or organs for transplantation; or
  - (C) donate semen for artificial insemination.
- (3) Equipment contaminated with blood or other potentially infectious body fluids, or both, shall be appropriately disinfected or when required, sterilized prior to reuse.
- (4) Quarantine is not required.
- (5) Protection/immunization of contacts shall be accomplished as follows:
  - (A) Infants of HBsAg(+) pregnant women shall be given the appropriate dosage of HBIG IM and of hepatitis B vaccine within twelve (12) hours of birth unless medically contraindicated. Additional doses of vaccine should be given at one (1) month and six (6) months of age. Infants should be tested for anti-HBs and HBsAg one (1) to three (3) months after completing the vaccine series.
  - (B) Potentially susceptible sexual partners should be tested for HBsAG, HBsAB, and anti-HBc; if negative, they should be given the appropriate dosage of HBIG IM and the first dose of hepatitis B vaccine IM within fourteen (14) days of the last sexual contact. Sexual contacts should complete the hepatitis B immunization series.
  - (C) If the index case is the mother or primary care provider of a susceptible infant less than twelve (12) months of age, the infant should receive the appropriate dosage of HBIG and hepatitis B vaccine according to vaccine manufacturer's directions.
  - (D) Other susceptible household contacts of the index case should receive the appropriate dosage of HBIG IM and initiate and complete hepatitis B vaccine if they have had identifiable blood exposures to the index case, such as sharing toothbrushes or razors.
  - (E) If the index case becomes a hepatitis B carrier, all household contacts should complete the hepatitis B vaccine series.

*(Indiana State Department of Health; 410 IAC 1-2.3-73; filed Sep 11, 2000, 1:36 p.m.: 24 IR 354)*

**410 IAC 1-2.3-74      Hepatitis C infection; specific control measures**

Authority: IC 16-41-2-1  
Affected: IC 16-41-2; IC 16-41-9

Sec. 74. The specific control measure for hepatitis C (acute) are as follows:

- (1) An investigation shall be performed within seventy-two (72) hours by the local health officer for the purpose of determining risk factors for infection.
- (2) Standard for hospitalized patients and universal precautions for others, where exposure to blood or other potentially



infectious materials, or both, is a possibility. Infected persons shall not:

- (A) share needles or syringes with other persons;
- (B) donate blood, plasma, or organs for transplantation; or
- (C) donate semen for artificial insemination.

(3) Equipment contaminated with blood or other infectious body materials, or both, shall be appropriately disinfected or sterilized prior to reuse.

(4) Quarantine is not required.

(5) HCV-positive individuals shall not share razors or toothbrushes with others. Infants twelve (12) months of age or older born to infected mothers should be screened for anti-HCV. Health care workers with percutaneous or permucosal exposure to HCV shall have baseline and six (6) month follow-up serologic testing for anti-HCV and alanine aminotransferase activity.

*(Indiana State Department of Health; 410 IAC 1-2.3-74; filed Sep 11, 2000, 1:36 p.m.: 24 IR 355)*

**410 IAC 1-2.3-75      Histoplasmosis; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 75. The specific control measure for histoplasmosis (infectious agent: *Histoplasma capsulatum*) are as follows:

(1) A local health officer shall investigate cases of infection to potential sources of exposure. The investigation shall evaluate the potential for occupational exposure, and in the event of two (2) or more cases for evidence of infection from a common environmental source.

(2) Standard precautions for hospitalized patients shall be instituted. No isolation is required for others.

(3) Concurrent disinfection is required for sputum and equipment and articles soiled with sputum. Terminal cleaning is also required.

(4) Quarantine is not required.

(5) Protection/immunization of contacts is not available.

*(Indiana State Department of Health; 410 IAC 1-2.3-75; filed Sep 11, 2000, 1:36 p.m.: 24 IR 355)*

**410 IAC 1-2.3-76      Human immunodeficiency virus infection/disease; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 76. The specific control measures for HIV are as follows:

(1) An investigation shall be performed by trained public health disease intervention specialists who shall conduct any contact tracing. Persons who are tested anonymously at a counseling and testing sites cannot be reported using personal identifiers; rather, they are to be reported using a numeric identifier code. Age, race, sex, risk factors, and county of residence shall also be reported. HIV infected persons are required to warn contacts of their disease status and the need to seek health care, such as counseling and testing. All identified contacts should receive counseling and be offered serologic testing. Until their status with regard to infection has been determined, contacts shall refrain from sexual activities involving the exchange of body fluids. All contacts shall not share needles and syringes with other persons without first notifying the other persons of their disease status.

(2) Standard precautions shall be used in hospitalized patients. Universal precautions shall be used for all other medical settings. Infected persons shall not:

(A) engage in sexual activities involving exchange of body fluids without first informing their partner of their disease status;

(B) share needles or syringes with other persons without first notifying the other persons of their disease status; or

(C) donate blood, plasma, organs for transplantation, or semen for artificial insemination.

(3) Concurrent disinfection is required for equipment and articles contaminated by blood or other potentially infectious material.

(4) Quarantine is not required.

(5) An investigation of HIV positive women, perinatally exposed infant and pediatric HIV cases will be performed by HIV surveillance and disease intervention specialist staff members, who will obtain information epidemiologically necessary to

protect the life of named parties.

*(Indiana State Department of Health; 410 IAC 1-2.3-76; filed Sep 11, 2000, 1:36 p.m.: 24 IR 355)*

**410 IAC 1-2.3-77 Legionellosis; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 77. The specific control measures for legionellosis (infectious agent: Legionella species) are as follows:

(1) An investigation shall be performed by the local health officer in the event that a single nosocomial case is identified or in the event that two (2) or more cases not associated with a health care facility are identified. A definite nosocomial case is a laboratory confirmed case who has spent ten (10) days or more continuously in a health care facility. A possible nosocomial case is a laboratory case that occurs two (2) to nine (9) days after discharge from a health care facility. The investigation shall focus on environmental sources for the exposure in the health care facility for nosocomial cases, or places of common exposure for those infections not associated with a health care facility. Active surveillance for additional cases shall be undertaken.

(2) Standard precautions for hospitalized patients is required.

(3) Equipment contaminated with blood or infectious body fluids, or both, shall be appropriately disinfected or sterilized prior to reuse.

(4) Quarantine is not required.

(5) Protection/immunization of contacts is not available.

*(Indiana State Department of Health; 410 IAC 1-2.3-77; filed Sep 11, 2000, 1:36 p.m.: 24 IR 356)*

**410 IAC 1-2.3-78 Leptospirosis; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 78. The specific control measure for leptospirosis (infectious agent: Leptospira species) are as follows:

(1) An investigation by the local health officer shall be conducted for case ascertainment and to identify potential sources of the infection, such as contaminated water, occupational exposure, including handling of infected animals.

(2) Standard precautions are required.

(3) Quarantine is not required.

(4) Protection for contacts is not required.

*(Indiana State Department of Health; 410 IAC 1-2.3-78; filed Sep 11, 2000, 1:36 p.m.: 24 IR 356)*

**410 IAC 1-2.3-79 Listeriosis; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 79. The specific control measure for listeriosis (infectious agent: Listeria monocytogenes) are as follows:

(1) An investigation by the local health officer shall include a twenty-one (21) day food history, exposure to soil, and farm animals. Food history should include history of consuming raw milk, soft cheese, raw vegetables, and ready-to-eat meats. Surveillance data should be analyzed for clusters, and clusters for common source exposures.

(2) Standard precautions for hospitalized patients are required.

(3) Concurrent disinfection is not required.

(4) Quarantine is not required.

(5) Protection/immunization of contacts is not required.

*(Indiana State Department of Health; 410 IAC 1-2.3-79; filed Sep 11, 2000, 1:36 p.m.: 24 IR 356)*

**410 IAC 1-2.3-80 Lyme disease; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 80. The specific control methods for lyme disease (infectious agent: *Borrelia burgdorferi*) are as follows:

- (1) The local health officer shall investigate to determine location of exposure to ticks and identify tick-infested areas.
- (2) Standard precautions for hospitalized patients are required.
- (3) Concurrent disinfection is not required.
- (4) Quarantine is not required.
- (5) Protection/immunization of contacts is not required.

*(Indiana State Department of Health; 410 IAC 1-2.3-80; filed Sep 11, 2000, 1:36 p.m.: 24 IR 356)*

**410 IAC 1-2.3-81 Lymphogranuloma venereum; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 81. The specific control measures for lymphogranuloma venereum (infectious agent: *Chlamydia trachomatis*) are as follows:

- (1) Contact tracing shall be conducted by a trained public health disease control specialist.
- (2) Standard precautions for hospitalized patients are required. Refrain from sexual contact until lesions are healed.
- (3) Careful disposal of articles contaminated with discharges from lesions and articles soiled by discharges is required.
- (4) Quarantine is not required.
- (5) Protection/immunization of contacts is not available. Sexual contacts of patients with *C. trachomatis* infections should be evaluated and treated for *C. trachomatis* if the last sexual contact was within thirty (30) days of a symptomatic index patient's onset of symptoms, or within sixty (60) days of an asymptomatic index patient's diagnosis. Cases should also be examined serologically for syphilis initially.

*(Indiana State Department of Health; 410 IAC 1-2.3-81; filed Sep 11, 2000, 1:36 p.m.: 24 IR 356)*

**410 IAC 1-2.3-82 Malaria; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 82. The specific control measures for malaria (infectious agents: *Plasmodium vivax*, *P. malariae*, *P. falciparum*, and *P. ovale*) are as follows:

- (1) An investigation by the local health officer to determine history of previous infection or possible exposure. Travel history shall be evaluated to determine if the case is from foreign travel or local exposure. Exposure may occur from exposure to infected mosquitoes, transfusions with infected blood, or through needle sharing.
- (2) Standard precautions for hospitalized patients are required. Both hospitalized and nonhospitalized patients shall remain in mosquito-proof areas from dusk to dawn.
- (3) Concurrent disinfection is not required.
- (4) Quarantine is not required.
- (5) Protection/immunization of contacts is not applicable.

*(Indiana State Department of Health; 410 IAC 1-2.3-82; filed Sep 11, 2000, 1:36 p.m.: 24 IR 357)*

**410 IAC 1-2.3-83 Measles (rubeola); specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 83. The specific control measures for measles (rubeola) are as follows:

- (1) An investigation and case management shall be performed immediately by department trained immunization field representatives in cooperation with the local health officer. The investigation shall consist of the following:
  - (A) Ascertainment of immunization history.
  - (B) Case ascertainment.
  - (C) Identification and listing of contacts. Contacts are defined as any individual who was in the same room while the case was present, or for two (2) hours afterwards at any time during the infectious period. The infectious period is

defined as four (4) days before rash onset until four (4) days after the appearance of the rash. All children and adults attending the same school, child care, or babysitting groups as the case are defined as contacts.

(D) For outbreak control in public or private schools, on the same day that a report of a suspected case of measles is received, school personnel shall do the following:

- (i) Conduct an inquiry into absenteeism to determine the existence of any other cases of the illness.
- (ii) Immediately report the suspect case or cases to the local health department or the department.
- (iii) Send a notice home with each student or attendee who has not presented proof of immunity explaining that the student shall be excluded from a given date, until acceptable proof of immunity is received by the school, or in the case of medical or religious exemptions, until fourteen (14) days after the onset of the last reported measles case. Previously unvaccinated children who are not vaccinated within seventy-two (72) hours of exposure shall also be excluded for fourteen (14) days after completing vaccination. Acceptable proof shall consist of:
  - (AA) a written record from the student's physician, parent, or guardian, which indicates the dates of vaccination (on or after the first birthday) and the type of vaccine administered;
  - (BB) a statement from a physician indicating the date when a student had measles; or
  - (CC) a laboratory report showing a protective measles antibody titer.
- (iv) Make available to officials of the local health department or the department, or both, involved in investigating and controlling the outbreak, immunization records of all students in the school or attendees in child care.

(2) Airborne precautions shall be followed for hospitalized patients from onset of the catarrhal stage of the prodromal period through the fourth day of the rash to reduce the exposure of other persons at high risk. Other infected persons shall be excluded from school and day care centers, from public gatherings, and from contact with susceptible persons outside the household for at least four (4) days after appearance of the rash.

(3) Concurrent disinfection is not required.

(4) Quarantine is not required. Children in institutions, wards, or dormitories for young children may be quarantined. If measles occurs in an institution where infants reside, these infants shall be segregated from infected persons and susceptible contacts.

(5) Protection/immunization of contacts shall be as follows:

- (A) Live measles vaccine given to inadequately vaccinated persons within seventy-two (72) hours of exposure may provide protection against disease.
- (B) Immune globulin (IG) may be given within six (6) days to the susceptible household or other contacts, especially those for whom risk of complications is very high (such as contacts under one (1) year of age), or for whom the measles vaccine is contraindicated.
- (C) Live measles vaccine should be given three (3) months later to IG recipients for whom vaccine is not contraindicated.

*(Indiana State Department of Health; 410 IAC 1-2.3-83; filed Sep 11, 2000, 1:36 p.m.: 24 IR 357)*

**410 IAC 1-2.3-84      Meningitis, aseptic; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 84. The specific control measures for aseptic meningitis (infectious agent: various viral agents) is an investigation by the local health officer that shall be conducted when reports exceed the expected number for population in time period. The investigation shall be focused on determining cause of the disease and its distribution. *(Indiana State Department of Health; 410 IAC 1-2.3-84; filed Sep 11, 2000, 1:36 p.m.: 24 IR 358)*

**410 IAC 1-2.3-85      Meningococcal infections, invasive; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 85. The specific control measures for meningococcal disease, invasive (infectious agent: *Neisseria meningitidis*) are as follows:

- (1) An investigation shall be performed immediately by the local health officer for the purpose of identifying all close contacts. Contacts are defined as household contacts, day care contacts, and anyone directly exposed to the patient's oral secretions.

Investigation shall also be performed to identify school attendance and work history of the case, or history of habitual association with an agency, organization, or institution.

(2) Droplet precautions are required for hospitalized patients until twenty-four (24) hours of effective antimicrobial therapy has been completed.

(3) Concurrent disinfection are required for discharges from nose and throat, and all articles soiled by them. Terminal cleaning is required.

(4) Quarantine is not required.

(5) Protection/immunization of contacts should be treated as follows:

Rifampin

Children ≤ 1 month of age      5 mg/kg orally every 12 hours for 2 days

Children > 1 month of age and adults      10 mg/kg (maximum 600 mg) orally every 12 hours for 2 days or 20 mg/kg (maximum 600 mg) orally every 24 hours for 4 days

Ceftriaxone

≤ 12 years of age      125 mg intramuscular (IM) single dose

> 12 years of age      250 mg intramuscular (IM) single dose

Ciprofloxacin

≥ 18 years of age      500 mg orally single dose

*(Indiana State Department of Health; 410 IAC 1-2.3-85; filed Sep 11, 2000, 1:36 p.m.: 24 IR 358)*

**410 IAC 1-2.3-86      Mumps; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 86. The specific control measures for mumps are as follows:

(1) An investigation shall be conducted by trained department immunization field representatives in cooperation with the local health officer. The investigation shall include obtaining serology for mumps IgM in suspect cases, and identifying susceptible contacts who should be immunized.

(2) For hospitalized patients, droplet precautions are indicated for nine (9) days from the onset of swelling.

(3) Concurrent disinfection shall be followed to disinfect articles contaminated with nose and throat secretions.

(4) Infected persons shall be excluded from school and day care centers, public gatherings, and contact with susceptible persons outside the household for nine (9) days after the onset of swelling. Exclude exposed susceptibles from school or the workplace from the twelfth to the twenty-fifth days after exposure to prevent spread to other susceptibles.

(5) Vaccination of susceptibles after exposure to mumps may not prevent disease; however, vaccination may be given to protect against subsequent exposures.

*(Indiana State Department of Health; 410 IAC 1-2.3-86; filed Sep 11, 2000, 1:36 p.m.: 24 IR 358)*

**410 IAC 1-2.3-87      Pediatric blood lead; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 87. The specific control measures for pediatric venous blood lead are as follows:

(1) Local health officers shall ensure the monitoring of children, equal to or less than six (6) years of age, who have been reported to have a venous blood lead level of greater than ten (10) µg per deciliter. Monitoring shall include referrals for case management if not already accomplished and environmental assessment. Additional guidance may be found in Center for

Disease Control and Prevention publication Screening Young Children for Lead Poisoning: Guidance for State and Local Public Health Officials, November 1997.

- (2) Ensure that additional testing is accomplished in accordance with the following schedule:
- (A) Initial blood level ten (10)–nineteen (19) µg per deciliter, rescreen within three (3) months.
  - (B) Initial blood level twenty (20)–forty-four (44) µg per deciliter, rescreen within one (1) month.
  - (C) Initial blood level forty-five (45)–fifty-nine (59) µg per deciliter, rescreen within forty-eight (48) hours.
  - (D) Initial blood level sixty (60)–sixty-nine (69) µg per deciliter, rescreen within twenty-four (24) hours.
  - (E) Initial blood level equal to or greater than seventy (70) µg per deciliter, rescreen immediately as an emergency lab test.

*(Indiana State Department of Health; 410 IAC 1-2.3-87; filed Sep 11, 2000, 1:36 p.m.: 24 IR 358)*

**410 IAC 1-2.3-88 Pertussis; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 88. The specific control measures for pertussis (infectious agent: *Bordetella pertussis*) are as follows:

(1) Immediate investigation shall be performed by trained department immunization field representatives in cooperation with the local health officer. An investigation shall be performed for the purpose of case ascertainment and identification of close contacts. Close contacts are defined as household and day care contacts and persons who have had direct contact with respiratory secretions of the case, including, but not limited to, the following:

- (A) Explosive cough or sneeze in the face.
- (B) Sharing food or utensils.
- (C) Kissing.
- (D) Mouth to mouth resuscitation.
- (E) Performing a full medical exam, including examination of the nose and throat.

A search for unrecognized or unreported, early, and atypical cases is indicated where a nonimmune infant or young child is, or might be, at risk.

(2) Droplet precautions shall be utilized for hospitalized patients for five (5) days after the start of effective therapy. For others, inadequately immunized household contacts less than seven (7) years of age shall be excluded from schools, day care centers, and public gatherings for fourteen (14) days after the last exposure, or until they have received five (5) days of a minimum fourteen (14) day course of erythromycin or trimethoprim-sulfamethoxazole. Infected persons shall be excluded from:

- (A) schools and day care centers;
- (B) public gatherings; and
- (C) contact with susceptible persons outside the household;

until they have received at least five (5) days of a minimum fourteen (14) day course of erythromycin or trimethoprim-sulfamethoxazole. Infected persons shall not have contact with unimmunized infants. Infected persons not receiving the prophylaxis as established in this subdivision shall be excluded from schools, day care centers, and public gatherings for twenty-one (21) days.

(3) Concurrent disinfection is required for nose and throat discharges, and any articles soiled by nose and throat [sic.] discharges.

(4) For quarantine, see subdivision (1) for inadequately immunized contacts.

(5) Close contacts less than seven (7) years of age who have not received four (4) diphtheria, tetanus, or pertussis (DTP or DTaP) doses, or have not received a DTP dose within three (3) years should be given a DTaP dose as soon after exposure as possible. A fourteen (14) day course of erythromycin (forty (40) to fifty (50) milligram [sic., milligrams] per kilogram per day (mg/kg/day), orally in four (4) divided doses, maximum two (2) grams per day (gm/day)) for all household and other close contacts regardless of age and vaccination status should be given. While efficacies have not been established, clarithromycin, other macrolides, or trimethoprim-sulfamethoxazole are alternatives for those who cannot tolerate erythromycin. Those with symptoms should be cultured before antibiotic therapy. Immunization after discovery of a case or an outbreak does not provide protection to newly immunized persons during that outbreak; therefore, contacts must be protected immediately by other measures.

*(Indiana State Department of Health; 410 IAC 1-2.3-88; filed Sep 11, 2000, 1:36 p.m.: 24 IR 359)*

**410 IAC 1-2.3-89      Plague; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 89. The specific control measures for plague (infectious agent: *Yersinia pestis*) are as follows:

(1) The local health officer shall perform an immediate investigation to identify all contacts. Contacts are defined as those individuals who have been in household or face to face contact with patients with pneumonic plague. Establish if the case had traveled to endemic areas in the past seven (7) days. Determine if patients were exposed to rodents, or cats, or dogs, or visited areas of rodent habitat during travel.

(2) Standard precautions are required for hospitalized patients with bubonic plague. Droplet precautions for hospitalized patients with pneumonic plague are required until seventy-two (72) hours after the start of effective therapy.

(3) Concurrent disinfection is required for sputum and purulent discharges, and articles soiled with them.

(4) Those who have had face-to-face contact or are in a household with patients shall be placed on chemoprophylaxis and observed for seven (7) days. Those who refuse chemoprophylaxis must be isolated for seven (7) days.

(5) Close contacts (including medical personnel) shall be evaluated for chemoprophylaxis. Contacts of pneumonic plague shall be provided chemoprophylaxis. Children less than eight (8) years of age should be given trimethoprim-sulfamethoxazole. For children older than eight (8) years of age and adults, doxycycline or tetracycline is recommended.

(6) Streptomycin and gentamycin are drugs of choice in most cases. Tetracyclines and chloramphenicol are alternatives.

*(Indiana State Department of Health; 410 IAC 1-2.3-89; filed Sep 11, 2000, 1:36 p.m.: 24 IR 359)*

**410 IAC 1-2.3-90      Poliomyelitis; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 90. The specific control measures for poliomyelitis are as follows:

(1) Immediate investigation shall be performed by a trained department immunization field representative in cooperation with the local health officer. The investigation shall include the following:

(A) Laboratory confirmation.

(B) Immunization status of the case.

(C) Time since the last vaccination.

(D) Type of vaccine given.

(E) History of underlying immunosuppressive condition.

(F) History of contact with high risk individuals (such as persons who object to vaccination, recent immigrants, travelers, and persons who are a probable or confirmed case of polio).

Travel history of the case shall be determined. If wild poliovirus is implicated and at least two (2) cases are associated by time and place, an immunization program designed to contain the spread shall be initiated using trivalent oral polio vaccine. A thorough search shall be conducted for sick persons, especially children, to assure early detection, facilitate control, and permit appropriate treatment of unrecognized and unreported cases.

(2) For hospitalized patients, standard precautions are required. Other infected persons shall be excluded from schools and day care centers, public gatherings, and contact with susceptible persons outside the home for a period of not less than fourteen (14) days after the onset of illness.

(3) Concurrent disinfection shall be followed for throat discharges, feces, and articles soiled by throat [*sic.*, *throat*] discharges or feces, or both. Feces may be disposed of directly into sanitary sewage system. Terminal cleaning shall also be followed.

(4) Familial and other close contacts may be vaccinated, but this measure, when implemented after recognition of the case, is of unknown value.

*(Indiana State Department of Health; 410 IAC 1-2.3-90; filed Sep 11, 2000, 1:36 p.m.: 24 IR 360)*

**410 IAC 1-2.3-91      Psittacosis; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 91. The specific control measures for psittacosis (infectious agent: *Chlamydia psittaci*) are as follows:

(1) An investigation by the local health officer shall be instituted to identify the source of infection and implementation of control measures. The investigation shall identify exposure to:

- (A) psittacine birds (owned by individuals or pet shops);
- (B) occupational exposure to poultry flocks; or
- (C) processing plants;

for the previous four (4) weeks. Identified locations for potential exposure shall be forwarded to the Indiana state board of animal health for investigation.

(2) Standard precautions are required. Coughing patients shall cough into tissue to prevent aerosolization of infectious agent.

*(Indiana State Department of Health; 410 IAC 1-2.3-91; filed Sep 11, 2000, 1:36 p.m.: 24 IR 360)*

**410 IAC 1-2.3-92 Q fever; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2-1

Sec. 92. The specific control measure for Q fever (infectious agent: *Coxiella burnetii*) are as follows:

(1) An investigation shall be conducted by the local health officer for case ascertainment and identification of an infection source.

(2) Standard precautions for hospitalized patients shall be taken.

(3) Quarantine is not required.

(4) Investigation for the infection source shall be directed at exposure to sheep, cattle, goats, laboratories that handle the agents, and consumption of unpasteurized milk.

*(Indiana State Department of Health; 410 IAC 1-2.3-92; filed Sep 11, 2000, 1:36 p.m.: 24 IR 360)*

**410 IAC 1-2.3-93 Rabies, human and animal; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 15-2.1-6-11; IC 16-41-2; IC 16-41-9

Sec. 93. The specific control measures for rabies (see animal bites also) are as follows:

(1) An investigation shall be accomplished by the department veterinary epidemiologist in collaboration with the local health officer. The investigation shall identify the route of exposure, the animal responsible for exposure, and other individuals who may have been exposed to that animal or to the salivary secretions of the patient. Individuals who have been exposed to salivary secretions of the patient shall be evaluated for postexposure prophylaxis (postexposure prophylaxis guidance is provided in section 52 of this rule).

(2) Standard precautions shall be followed for hospitalized patients. Health care workers shall prevent mucous membrane and open wound contact with patient's saliva.

(3) Concurrent disinfection is required. Saliva and articles contaminated with saliva shall be disinfected.

(4) Contacts who have experienced saliva exposure to open wounds or mucous membranes should receive postexposure prophylaxis.

*(Indiana State Department of Health; 410 IAC 1-2.3-93; filed Sep 11, 2000, 1:36 p.m.: 24 IR 360)*

**410 IAC 1-2.3-94 Rocky mountain spotted fever; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 94. The specific control measures for Rocky mountain spotted fever (infectious agent: *Rickettsia rickettsii*) are as follows:

(1) The local health officer shall investigate to determine location of exposure to infected ticks. Recent travel, as well as exposure to tick infested areas, shall be identified.

(2) Standard precautions are required for hospitalized patients.

(3) Carefully remove all ticks from the patient to avoid contact with infectious agent.

(4) Quarantine not necessary.



(5) Immunizations for contacts are not available.

*(Indiana State Department of Health; 410 IAC 1-2.3-94; filed Sep 11, 2000, 1:36 p.m.: 24 IR 361)*

**410 IAC 1-2.3-95 Rubella (German measles); specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 95. The specific control measures for rubella (German measles) are as follows:

(1) An investigation and case management shall be performed immediately by a trained department immunization field representative with the cooperation of the local health officer. The investigation shall include case ascertainment, previous immunization history, and identification of exposed pregnant female and other susceptible contacts. For outbreak control in public or private schools or child care facilities, on the same day that a report of a suspected case of rubella is received, school personnel shall do the following:

(A) Conduct an inquiry into absenteeism to determine the existence of any other cases of the illness.

(B) Immediately report the suspect case or cases to the local health department or the department.

(C) Send a notice home with each student or attendee who has not presented proof of immunity, explaining that the student shall be excluded from a given day, until acceptable proof of immunity is received by the school, or in the case of medical or religious exemptions, until twenty-three (23) days after the onset of the last reported rubella case.

Acceptable proof shall consist of the following:

(i) A written record from the student's physician or parent or guardian that indicates the dates of vaccination (on or after the first birthday) and the type of vaccine administered.

(ii) A laboratory report showing a protective rubella antibody titer.

(D) Make available to officials of the local health department or the department, or both, involved in investigating and controlling the outbreak, immunization records of all students in the school, or attendees in child care.

(2) Droplet precautions shall be followed for seven (7) days after onset of a rash. Contact precautions shall be followed for suspected or known congenital rubella until one (1) year of age unless urine and nasopharyngeal cultures are negative for the virus after three (3) months. In hospitals and institutions, patients suspected of having rubella shall be managed in a private room. Infected persons shall be excluded from:

(A) schools and day care centers;

(B) places of work;

(C) public gatherings; and

(D) contact with susceptibles outside the household;

for seven (7) days after onset of a rash.

(3) Immunization, while not contraindicated (except during pregnancy), will not necessarily prevent infection or illness. Passive immunization with immune globulin may be given to a susceptible pregnant woman exposed to the disease, but should only be administered after thorough consultation with her attending physician, and any such measure should be provided by her attending physician. Pregnant female contacts, especially those in the first trimester, should be referred immediately to their attending physician for serological testing to determine susceptibility or early infection (IgM) antibody and for thorough medical consultation.

*(Indiana State Department of Health; 410 IAC 1-2.3-95; filed Sep 11, 2000, 1:36 p.m.: 24 IR 361)*

**410 IAC 1-2.3-96 Salmonellosis, other than typhoid fever; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 96. The specific control measures for salmonellosis, other than typhoid fever, (infectious agent: Salmonella species) are as follows:

(1) An investigation by the local health officer shall be accomplished immediately to determine if the affected individual is a food handler, day care attendant or attendee, or health care worker. Further investigation shall be performed to determine a three (3) day food consumption history with emphasis on exposure to inadequately cooked poultry and poultry products, uncooked or lightly cooked eggs or egg products, raw milk, and dairy products. Interview meal companions to identify

additional cases and if a commercial food product or restaurant is suspected, conduct active surveillance for additional cases. Medical evaluation, including adequate laboratory examination of feces of contacts should be limited to food handlers, child care attendants, health care workers, or other situations where outbreaks may occur.

(2) Contact precautions shall be followed for diapered or incontinent patients less than six (6) years of age for the duration of the illness, and standard precautions shall be followed for other hospitalized patients. For other individuals, the following guidelines shall be followed:

(A) Symptomatic persons shall be excluded from employment involving food handling, direct care of children, or hospitalized or institutionalized patients.

(B) Asymptomatic day care workers and health care workers may return to work, providing they have met the requirement of clauses (C) and (D) prior to that person's return to work. Once clauses (C) and (D) are met, asymptomatic food handlers may return to work, but will be restricted from working with:

- (i) exposed food;
- (ii) clean equipment, utensils, and linens; and
- (iii) unwrapped single-service and single-use articles;

until they are determined to be free of salmonella as described in clause (E).

(C) The local health officer discusses with the asymptomatic worker his or her symptoms and determines that he or she is indeed asymptomatic, and that the worker is further counseled about measures, such as hand washing, that shall be followed to prevent transmission of disease.

(D) The local health officer contacts the employer to reemphasize the need to:

- (i) comply with local and state rules requiring proper hand washing facilities for all employees; and
- (ii) correct any observed lapses in hygiene measures of any employees.

(E) The worker has had two (2) successive negative fecal samples or rectal swabs (collected greater than twenty-four (24) hours apart) and no sooner than forty-eight (48) hours after cessation of any antibiotic therapy.

(F) Symptomatic individuals shall be excluded from schools and day care centers. Once determined to be asymptomatic, excluded individuals may be readmitted to schools and day care centers.

(G) If an outbreak of the infection occurs in a day care center, all attendees may be required to submit stool specimens for examination. In addition, the local health officer may order asymptomatic attendees and staff who are infected with Salmonella organisms to be isolated from other attendees and staff in the same center, and admission of all new attendees suspended while the outbreak continues.

(3) Concurrent disinfection is required for feces and fecal contaminated articles. Feces may be disposed directly into a sanitary sewage system. Terminal cleaning is required.

*(Indiana State Department of Health; 410 IAC 1-2.3-96; filed Sep 11, 2000, 1:36 p.m.: 24 IR 361)*

**410 IAC 1-2.3-97      Shigellosis; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 97. The specific control measures for shigellosis (infectious agent: *Shigella* species) are as follows:

(1) An investigation shall be performed immediately by the local health officer to determine whether the case is a food handler, day care worker, health care worker, day care attendee, or attendee at other institutions. Further investigation shall be performed to determine a seven (7) day food consumption and water source history. The investigation shall identify household members and contacts who are food handlers, health care or day care workers, or those who care for elderly people in institutional settings. Any such contacts shall have stools cultured, whether asymptomatic or not, to identify other infected individuals.

(2) Contact precautions are required for diapered or incontinent patients less than six (6) years of age for the duration of the illness, and standard precautions for other hospitalized patients. For others, the following steps shall be taken:

(A) Patients with known *Shigella* infections shall be excluded from employment involving food handling, direct care of children, or hospitalized or institutionalized patients until two (2) successive fecal specimens collected more than twenty-four (24) hours apart, and not less than forty-eight (48) hours after completion of antimicrobial therapy, have been determined to be culture negative for *Shigella* organisms. Infected children shall be excluded from day care centers until asymptomatic and have completed five (5) days of specific antimicrobial therapy or if antibiotics are not administered

until two (2) successive fecal specimens collected not less than twenty-four (24) hours apart have been determined to be negative for *Shigella* organisms.

(B) Symptomatic school children shall be excluded from schools, but may be allowed to return after:

- (i) symptoms cease;
- (ii) appropriate antimicrobial therapy has been initiated for at least forty-eight (48) hours; and
- (iii) education regarding good hygiene has been provided to the case.

If an outbreak occurs in a school, the administrator may exclude symptomatic students and staff until two (2) successive fecal specimens collected not less than twenty-four (24) hours apart, and at least forty-eight (48) hours after cessation of specific therapy have been determined to be negative for *Shigella* organisms. If an outbreak occurs in a day care center, all attendees and staff may be required to submit stool specimens for examination. Symptomatic children shall be excluded until asymptomatic, and completion of five (5) days of specific antimicrobial therapy. The day care administrator may consider isolation of infected but asymptomatic attendees from other attendees instead of exclusion until stool negative or five (5) days of specific antimicrobial therapy. This alternative can only be considered if the physical structure and staff organization of the center can accommodate isolation of various attendee groups from one another.

(3) Concurrent disinfection is required for feces and fecal contaminated articles. Feces may be disposed of directly in sanitary sewage system.

(4) There is no immunization available.

*(Indiana State Department of Health; 410 IAC 1-2.3-97; filed Sep 11, 2000, 1:36 p.m.: 24 IR 362)*

**410 IAC 1-2.3-97.5 Smallpox; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 97.5. The control measures for smallpox are to:

- (1) begin an investigation immediately by the department in conjunction with the local health officer to determine the possible sources of infection;
- (2) trace contacts of the known case; and
- (3) determine the extent of the outbreak.

*(Indiana State Department of Health; 410 IAC 1-2.3-97.5; filed Oct 23, 2003, 4:10 p.m.: 27 IR 870)*

**410 IAC 1-2.3-98 Staphylococcus aureus, vancomycin resistant level  $\geq 8 \mu\text{g/mL}$ ; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 98. The specific control measures for *Staphylococcus aureus*, vancomycin resistant level  $\geq 8 \mu\text{g/mL}$ , are as follows:

- (1) An investigation by the department in collaboration with the local health officer shall be accomplished within seventy-two (72) hours to verify resistant or intermediate resistant culture isolate to vancomycin. The investigation includes laboratory verification of resistance. Abrupt increases in the prevalence of the disease in the community shall be investigated for a common source.
- (2) For hospitalized patients, contact precautions are required.
- (3) Concurrent disinfection is required for all discharges from the skin, wound, or burn and articles contaminated with discharges. Fecal material may be disposed of in a sanitary sewer.

*(Indiana State Department of Health; 410 IAC 1-2.3-98; filed Sep 11, 2000, 1:36 p.m.: 24 IR 363)*

**410 IAC 1-2.3-99 Invasive Streptococcus pneumoniae; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 99. The specific control measures for invasive *Streptococcus pneumoniae* are as follows:

- (1) An investigation of contacts and the source of infection shall be as follows:

(A) An investigation by a department-trained immunization field representative in collaboration with the local health officer for cases less than or equal to five (5) years of age within seventy-two (72) hours. The investigation shall include complete pneumococcal vaccine immunization history, history of antibiotic use, history of chronic underlying disease, asplenia or immunosuppression, and drug resistance pattern of isolate.

(B) An investigation by a local health officer for all other cases shall be performed within seventy-two (72) hours. The investigation shall include complete pneumococcal vaccine immunization history, history of chronic underlying disease, asplenia or immunosuppression, and drug resistance pattern of isolate.

- (2) For hospitalized patients, standard precautions are required.
- (3) Disinfect purulent discharges and articles soiled by them.
- (4) Protection/immunization of contacts is not required.

*(Indiana State Department of Health; 410 IAC 1-2.3-99; filed Sep 11, 2000, 1:36 p.m.: 24 IR 363)*

**410 IAC 1-2.3-100      Streptococcal disease, invasive, Group A and streptococcal toxic shock syndrome; specific control measures**

Authority: IC 16-41-2-1  
Affected: IC 16-41-2; IC 16-41-9

Sec. 100. The specific control measures for invasive streptococcal infections and toxic shock syndrome (infectious agent: *Streptococcus pyogenes*) are as follows:

- (1) An investigation within seventy-two (72) hours by the local health officer to ascertain that the case meets the case definition for invasive Group A streptococcal or streptococcal toxic shock syndrome. Identify if the case had a recent case of varicella or underlying chronic disease. Be alert for outbreaks defined as two (2) or more cases occurring close together in place and time.
- (2) For hospitalized young children with pharyngitis, pneumonia, or scarlet fever, droplet precautions shall be followed until at least twenty-four (24) hours of antimicrobial therapy have been administered. For patients with skin, wound, or burn infections, contact precautions shall be followed for at least twenty-four (24) hours after antimicrobial therapy has been administered.
- (3) Discharges and articles soiled with discharges shall be disinfected.
- (4) Immunization is not available.

*(Indiana State Department of Health; 410 IAC 1-2.3-100; filed Sep 11, 2000, 1:36 p.m.: 24 IR 363)*

**410 IAC 1-2.3-101      Invasive Group B streptococcal infections (infectious agent: *Streptococcus agalactiae*); specific control measures**

Authority: IC 16-41-2-1  
Affected: IC 16-41-2; IC 16-41-9

Sec. 101. The specific control measures for invasive Group B streptococcus are as follows:

- (1) An investigation within seventy-two (72) hours by the local health officer to ascertain that the case meets the case definition (infection of a normal sterile site, that is, blood or CSF) and to identify outbreaks, defined as two (2) or more cases occurring close together in place and time.
- (2) For hospitalized patients, standard precautions are required.
- (3) Disinfection of discharges and articles contaminated by discharges shall be done.

*(Indiana State Department of Health; 410 IAC 1-2.3-101; filed Sep 11, 2000, 1:36 p.m.: 24 IR 364)*

**410 IAC 1-2.3-102      Syphilis; specific control measures**

Authority: IC 16-41-2-1  
Affected: IC 16-41-2; IC 16-41-9

Sec. 102. The specific control measures for syphilis (infectious agent: *Treponema pallidum*) are as follows:

- (1) An investigation shall be accomplished by trained public health disease control specialists in cooperation with the local health officer. The investigation shall be focused on identifying sexual partners who were at risk for transmitting to or

contacting the infection from the case. Cases and contacts shall be fully evaluated (including pregnancy status of females) and treated as recommended in the MMWR 1998 Guidelines for Treatment of Sexually Transmitted Diseases, January 23, 1998, Volume 47/RR1.

(2) For hospitalized patients standard precautions are required. For others, the infected persons shall refrain from sexual activities involving exchange of body fluids until their lesions clear and they have been on appropriate antibiotic therapy for at least twenty-four (24) hours. Treated persons shall also avoid sexual activities involving exchange of body fluids with untreated partners to avoid reinfection.

(3) Disinfection is not required in adequately treated cases, but care shall be taken to avoid contact with discharges from open lesions and articles soiled by discharges.

(4) Quarantine is not required.

(5) Immunization is not available.

*(Indiana State Department of Health; 410 IAC 1-2.3-102; filed Sep 11, 2000, 1:36 p.m.: 24 IR 364)*

**410 IAC 1-2.3-103 Tetanus; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 103. The specific control measures for tetanus (infectious agent: *Clostridium tetani*) are as follows:

(1) An investigation shall be accomplished within seventy-two (72) hours by a department-trained immunization field representative with the cooperation of the local health officer.

(2) The investigation shall include:

(A) a complete tetanus toxoid immunization history;

(B) circumstance of injury; or

(C) possible source of infection.

*(Indiana State Department of Health; 410 IAC 1-2.3-103; filed Sep 11, 2000, 1:36 p.m.: 24 IR 364)*

**410 IAC 1-2.3-104 Toxic shock syndrome; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 104. The specific control measures for toxic shock syndrome (*Staphylococcal*) are as follows:

(1) An investigation by the local health officer shall be accomplished within seventy-two (72) hours for case ascertainment, clinical findings, culture results, and suspected source of infection.

(2) Standard precautions shall be followed.

(3) Sanitary disposal of blood and articles soiled with body discharges.

*(Indiana State Department of Health; 410 IAC 1-2.3-104; filed Sep 11, 2000, 1:36 p.m.: 24 IR 364)*

**410 IAC 1-2.3-105 Trichinosis; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 105. The specific control measures for trichinosis (infectious agent: *Trichinella spiralis*) are as follows:

(1) An investigation by the local health officer shall be accomplished within seventy-two (72) hours. Collect food consumption history, concentrating on meats, for eight (8) to forty-five (45) days prior to the onset of symptoms. Travel history may provide leads to unusual foods or source of foods with increased risk. Identify and interview family members and others that the case normally shares meals with to identify additional cases.

(2) Standard precautions are required.

*(Indiana State Department of Health; 410 IAC 1-2.3-105; filed Sep 11, 2000, 1:36 p.m.: 24 IR 364)*

**410 IAC 1-2.3-106 Tuberculosis; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 106. The specific control measures for tuberculosis (infectious agent: *Mycobacterium tuberculosis*) are as follows:

(1) An investigation and case management are the responsibility of the local health officer and shall begin immediately. The local health officer shall request laboratory, radiological, and other studies as required for case ascertainment and to determine if the suspect case should be isolated as described in subdivision (5)(B). For confirmed and suspected cases of tuberculosis, a contact investigation shall be performed, identifying both household and close contacts. As used in this subdivision, "close contact" means an individual who has shared breathing air space with a tuberculosis case for prolonged periods of time in circumstance or frequency that would allow airborne transmission. Examples of close contacts are household members, co-workers, and friends. If several of the close contacts are PPD positive, then contact investigation shall be expanded to include persons who have been progressively in less contact with source or suspect.

(2) Pulmonary tuberculosis cases and suspects who are sputum-smear negative, are clinically improving, and are known to be on adequate tuberculosis chemotherapy are defined as noninfectious. All other pulmonary tuberculosis cases and suspects must be isolated until no longer infectious. In the hospital, tuberculosis cases and suspects must be isolated in accordance with the Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health Care Settings, as published by Centers for Disease Control and Prevention in Morbidity and Mortality Weekly Report, October 28, 1994, Volume 43, No. RR-13. Prior to discharge of cases or suspects, the hospital shall notify the local health department in the jurisdiction where the tuberculosis suspect or case resides. Prior to discharge of the tuberculosis case or suspect, the local health department shall make plans, in writing, for continuation of medical follow-up, assuring adherence to therapy and isolation. Plans shall be developed in cooperation with the treating physician and the patient, and must be in accordance with this rule. For patients with confirmed or suspected pulmonary tuberculosis who do not need to be hospitalized, in-home isolation is an acceptable alternative. Contact with persons outside the home shall be prohibited unless the infected person wears a surgical mask, properly tied. Children should not be in the home while the case is considered infectious.

(3) Concurrent disinfection is required and shall include hand washing and good housekeeping practices combined with dilution of particles in the air by ventilation.

(4) Because the potential for unrecognized exposure as well as known exposure of medical personnel to tuberculosis, hospital and laboratories shall develop and follow tuberculosis prevention and control programs for their facilities as described in the Guidelines for Preventing the Transmission of *Mycobacterium Tuberculosis* in Health Care Settings as published by Centers for Disease Control and Prevention in Morbidity and Mortality Weekly Report, October 28, 1994, Volume 43, No. RR-13.

(5) For every case of pulmonary tuberculosis the local health officer must initiate a complete contact investigation within three (3) working days of the report of the case. The first step in performing the contact investigation for pulmonary cases is to estimate the degree of infectiousness and determine the infectious period. Infectiousness is generally predicted by disease in a pulmonary or respiratory (for example, endobronchial or laryngeal site), a lung cavity seen on a chest X-ray, acid fast bacilli (AFB) seen in a smear of concentrated sputum, and protracted cough. Under most circumstances, tuberculosis without a pulmonary or respiratory site is not infectious. The infectious period is defined as the period beginning with onset of symptoms (especially cough) until any of the following endpoints is attained:

(A) Contact is broken with the infectious case.

(B) Effective isolation measures are instituted for that case.

(C) The case is determined to be noninfectious by all of the following criteria:

(i) The index tuberculosis patient has three (3) negative smears for AFB taken twenty-four (24) hours apart.

(ii) Is known to be taking effective antituberculosis chemotherapy.

(iii) Is clinically improving.

The case shall be interviewed in detail to identify all contacts who shared air space during the infectious period. The list of contacts shall then be prioritized according to length and duration of contact with the case, with household contacts, and other close social or workplace contacts given highest priority. High priority shall also be assigned to exposed infants and any exposed persons who have medical conditions, for example, HIV infection, making them vulnerable to tuberculosis.

(6) All household and close contacts not known to have a previously positive tuberculin skin test or active tuberculosis, shall be tested with five (5) TU purified protein derivative (PPD) intradermally by the Mantoux method administered by an

individual trained in the administration and reading of tuberculin skin tests. The skin test should be read seventy-two (72) hours later by a trained individual, and the amount of induration in millimeters shall be recorded. If any of the following conditions are met, then the contact investigation shall be progressively expanded to include contacts with lesser degrees of exposure:

- (A) The prevalence of positive tuberculin skin tests (induration  $\geq$  5 mm) is higher in contacts tested than the prevalence in similar populations residing in the jurisdiction.
- (B) A new positive tuberculin skin test is found in a young child.
- (C) A documented skin test conversion is found among contacts.
- (D) A secondary case of active tuberculosis is found among contacts.

When none of the criteria in this subdivision are met, further expansion of the contact investigation is not necessary.

(7) Contacts with positive tuberculin skin test results, those with symptoms, those with immunosuppressive conditions or those younger than six (6) months of age should have a chest X-ray performed to determine if they have tuberculosis disease. Those with symptoms or with an infiltrate on chest X-ray should submit a sputum sample for AFB smear, culture, and sensitivity.

(8) Contacts with suspected or confirmed active tuberculosis shall be evaluated and managed according to this section.

(9) Contacts identified through contact investigation who have a positive PPD (induration  $\geq$  5 mm) and a normal chest X-ray, should be offered preventive therapy, usually with isoniazid, regardless of age, unless otherwise medically contraindicated. Contacts should also be considered for treatment of latent infection with tuberculosis in any of the following situations:

- (A) Evaluation of other contacts with a similar degree of exposure demonstrates a high prevalence of infection.
- (B) The contact is a child or an adolescent, or the contact is immunosuppressed.

(10) Infants who are exposed to a person with infectious active tuberculosis should be evaluated with a tuberculin skin test and a chest radiograph. If the skin test result is negative and the chest radiograph is normal, the infant should be skin tested again at three (3) to four (4) months of age and at six (6) months of age. The infant should receive preventive therapy even if skin test negative. Preventive therapy may be discontinued if the infant is skin test negative at six (6) months of age, provided at least ten (10) weeks have passed since the infant was last exposed to infectious tuberculosis.

(11) The local health officer shall assure that contacts are appropriately evaluated for tuberculosis infection and that a complete course of preventive therapy is recommended for contacts with evidence of tuberculosis infection, regardless of age, unless medically contraindicated. The local health officer is responsible for recording the results of contact investigation and follow-up according to this rule and reporting the results to the department.

(12) The local health department of the jurisdiction shall actively follow every tuberculosis case and suspect where the case or suspect resides until they have completed an adequate course of tuberculosis chemotherapy as described in Treatment of Tuberculosis and Tuberculosis In Adults and Children, published in the American Journal of Respiratory and Critical Care Medicine, Volume 149, pages 1359 through 1374, 1994, or until the patient is determined not to have tuberculosis. The duties of the local health department shall include the following:

- (A) Requesting laboratory studies, such as AFB smear and cultures as needed for case ascertainment and for determining whether isolation is necessary.
- (B) Requesting drug susceptibility testing of all initial tuberculosis isolates as needed.
- (C) Assuring appropriate anti-tuberculosis medications are initiated at the appropriate dose in accordance with this subsection.
- (D) Assuring that the pulmonary tuberculosis patient is isolated until confirmed to be noninfectious according to the following criteria:
  - (i) Three (3) consecutive sputum smears are negative for AFB taken at a minimum twenty-four (24) hours apart.
  - (ii) Clinical improvement is documented.
  - (iii) The patient is known to be on adequate anti-tuberculosis medication.
- (E) Assessing that medication is taken as prescribed. Directly observed therapy is the standard of care for achieving adherence.
- (F) Documenting conversion of sputum and culture to negative for AFB.
- (G) Contact investigation.

*(Indiana State Department of Health; 410 IAC 1-2.3-106; filed Sep 11, 2000, 1:36 p.m.: 24 IR 364)*

**410 IAC 1-2.3-107 Tularemia; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 107. The specific control measures for tularemia (infectious agent: *Francisella tularensis*) are as follows:

- (1) An investigation shall be conducted by the local health officer for case ascertainment and identification of infection source.
- (2) Standard precautions for hospitalized patients are required.
- (3) Quarantine is not required.
- (4) Protection of contacts is not required.

*(Indiana State Department of Health; 410 IAC 1-2.3-107; filed Sep 11, 2000, 1:36 p.m.: 24 IR 366)*

**410 IAC 1-2.3-108 Typhoid fever; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 108. The specific control measures for typhoid fever (infectious agent: *Salmonella typhi*) are as follows:

(1) An investigation by the local health officer shall be conducted immediately to determine if the affected individual is a food handler, day care worker, or health care worker. Further investigation shall be performed to determine food consumption history for three (3) weeks prior to the onset of symptoms. Every case should be investigated for an actual or probable source.

The investigation shall focus on identifying:

- (A) unreported cases or carriers;
- (B) contaminated food, water, milk, shellfish, or other food sources; and
- (C) recent travel history.

All members of travel groups in which a case has occurred shall be interviewed for probable source of infection and additional cases. When outbreaks are associated with restaurants or other food service operations, all food handlers shall be screened for *Salmonella typhi*. Household members and close contacts of the case shall be excluded from food handling, child care, and health care employment until they have two (2) negative stool and urine cultures taken twenty-four (24) hours apart.

(2) Contact precautions for diapered or incontinent patients less than six (6) years of age for the duration of the illness, and standard precautions for other hospitalized patients. For others, the following guidelines shall apply:

(A) Infected persons, whether clinically ill or not, shall be excluded from employment involving food handling, or direct care of children or hospitalized or institutionalized patients. Infected children shall be excluded from day care centers and schools until three (3) consecutive fecal and urine specimens taken at intervals of not less than twenty-four (24) hours, and not earlier than one (1) month after onset, and not earlier than forty-eight (48) hours after the last administration of antibiotics are negative for *Salmonella typhi*. If any one (1) of this series is positive, an infected person whose employment involves food handling shall continue to be excluded until three (3) consecutive fecal and urine specimens are negative for *Salmonella typhi* taken at intervals of not less than twenty-four (24) hours, and not earlier than forty-eight (48) hours after last administration of antibiotics.

(B) Persons whose employment does not involve food handling, but whose employment required their exclusion from work under this section, and who are still infected after the initial follow-up testing, may be returned to work provided that all of the following have been met:

- (i) They have been fully compliant with all instructions and screening requirements under this section.
- (ii) The local health officer or his or her designee discusses with the asymptomatic worker his or her symptoms and determines that he or she is indeed asymptomatic, and that the worker is further counseled about measures, such as hand washing, that shall be followed to prevent transmission of disease.
- (iii) The local health officer or his or her designee contacts the employer to reemphasize the need to comply with local and state rules requiring proper hand washing facilities for all employees, and to correct any observed lapses in hygienic measures of any employees.
- (iv) Household and other intimate contacts of the patient shall be excluded from employment involving food handling, or direct care of children or hospitalized or institutionalized patients until two (2) fecal and urine cultures, taken at least twenty-four (24) hours apart, are determined to be negative for *Salmonella typhi*.

(3) Concurrent disinfection is required. Fecal material, urine, and articles soiled with either require disinfection. Fecal matter and urine may be disposed of directly in a sanitary sewer system. Terminal cleaning is required.

(4) Immunization is available for those who may be exposed to carriers. Immunization is of little value to family, household, or other contacts exposed to active cases.

*(Indiana State Department of Health; 410 IAC 1-2.3-108; filed Sep 11, 2000, 1:36 p.m.: 24 IR 366)*



**410 IAC 1-2.3-109 Typhus, endemic (flea borne)**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 109. The specific control measures for endemic typhus are as follows:

(1) An environmental investigation for the presence of rodents or squirrels, or both, around the premises or the home of the patient shall be done. Provide guidance on the use of insecticides to kill rodent fleas as well as rodent exclusion from the premises or home.

(2) Standard precautions are required for hospitalized individuals.

*(Indiana State Department of Health; 410 IAC 1-2.3-109; filed Sep 11, 2000, 1:36 p.m.: 24 IR 367)*

**410 IAC 1-2.3-110 Varicella (chicken pox) resulting in hospitalization or death; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 110. The specific control measures for chicken pox are as follows:

(1) An investigation of primary varicella disease resulting in hospitalization or death shall be performed by a department-trained immunization field representative to ascertain immunization history, history of underlying chronic or immunosuppressive disease, and resultant complications.

(2) For hospitalized patients, institute airborne and contact precautions.

(3) Concurrent disinfection of articles soiled by nose or throat discharges.

(4) Susceptible children with known recent exposure to chicken pox who must remain in a hospital setting for medical reasons may be quarantined for a period from ten (10) to twenty-one (21) days after exposure (up to twenty-eight (28) days if Varicella-Zoster Immune Globulin (VZIG) had been given). Infected persons shall be excluded from schools and day care centers, public gatherings, and contact with susceptible persons outside the household until vesicles become dry.

(5) VZIG may be given within ninety-six (96) hours of exposure to prevent or modify disease in certain close contacts of cases. VZIG is available from regional offices of the American Red Cross, or through a central ordering number (800) 272-7972 for certain high-risk individuals significantly exposed to chicken pox. VZIG should be utilized in newborns of mothers who develop chicken pox within five (5) days before or within forty-eight (48) hours after delivery. Other susceptible high-risk individuals who should be considered for VZIG include the following:

(A) Immunocompromised susceptible children and adults.

(B) Hospitalized premature infants (twenty-eight (28) weeks gestation or more) whose mothers lack a prior history of chicken pox.

(C) Premature infants of less than twenty-eight (28) weeks gestation, or weighing one thousand (1,000) grams or less (regardless of maternal history).

(D) Susceptible pregnant women.

*(Indiana State Department of Health; 410 IAC 1-2.3-110; filed Sep 11, 2000, 1:36 p.m.: 24 IR 367)*

**410 IAC 1-2.3-111 Yellow fever; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 111. The specific control measures for yellow fever are as follows:

(1) An investigation shall be performed by a department-trained immunization field representative in cooperation with the local health officer. The investigation shall include laboratory confirmation, immunization status, and history of foreign travel in three (3) to six (6) days prior to onset. Identify traveling companions who may also have been exposed.

(2) Standard precautions are required for hospitalized individuals.

*(Indiana State Department of Health; 410 IAC 1-2.3-111; filed Sep 11, 2000, 1:36 p.m.: 24 IR 368)*

**410 IAC 1-2.3-112 Yersiniosis; specific control measures**

Authority: IC 16-41-2-1

Affected: IC 16-41-2; IC 16-41-9

Sec. 112. The specific control measure for Yersiniosis (infectious agents: *Yersinia enterocolitica* or Yersiniosis pseudotuberculosis) are as follows:

(1) An investigation by the local health officer shall be conducted within seventy-two (72) hours to determine if the affected individual is a food handler, day care attendant, or health care worker. The investigation shall include food consumption history, exposure to contaminated water, and exposure to animals three (3) to seven (7) days prior to onset. Interview meal companions for additional cases and if a commercial food product or restaurant is suspected, conduct active surveillance for additional cases.

(2) Contact precautions are required for diapered or incontinent children less than six (6) years of age. Standard precautions are required for other hospitalized patients.

(3) Symptomatic persons shall be excluded from the following:

(A) Employment involving food handling.

(B) Direct care of children.

(C) Hospitalized or institutionalized patients.

(4) Asymptomatic excluded workers may return to work provided there is no indication of poor personal hygiene and the worker understands the importance of good hand washing procedures.

*(Indiana State Department of Health; 410 IAC 1-2.3-112; filed Sep 11, 2000, 1:36 p.m.: 24 IR 368)*

**410 IAC 1-2.3-113 Incorporation by reference**

Authority: IC 16-41-2-1

Affected: IC 16-41-2

Sec. 113. (a) The following documents are hereby incorporated by reference:

(1) Centers for Disease Control and Prevention publication: Case Definitions for Infectious Conditions Under Public Health Surveillance, MMWR, Recommendations and Reports, Volume 46, No. RR-10, May 2, 1997.

(2) Centers for Disease Control and Prevention publication: 1993 Revised Classification System for HIV Infection and Expanded Surveillance Case Definition for AIDS Among Adolescents and Adults, MMWR, Recommendations and Reports, Volume 41, No. RR-17, December 18, 1992.

(3) Guideline for Isolation Precautions in Hospitals, Infection Control and Hospital Epidemiology, Volume 17, No. 1, January 1996. Copies may be obtained from Infection Control and Epidemiology, 6500 Grove Road, Thorofare, NJ 08086.

(4) Centers for Disease Control and Prevention: 1994 Revised Classification System for Human Immunodeficiency Virus Infection in Children Less Than 13 Years of Age MMWR, Volume 43, No. RR-12, September 30, 1994.

(5) Control of Communicable Diseases Manual, 17<sup>th</sup> Edition, 2000, a publication of the American Public Health Association, Washington, D.C. Copies may be obtained from American Public Health Association, 800 I Street NW, Washington, D.C. 20001-3170.

(6) Centers for Disease Control and Prevention publication: Screening Young Children for Lead Poisoning: Guidance for State and Local Public Health Officials, November 1997.

(7) Centers for Disease Control and Prevention: CDC Guidelines for National Human Immunodeficiency Virus Case Surveillance, Including Monitoring for Human Immunodeficiency Virus Infection and Acquired Immunodeficiency Syndrome, Volume 48, No. RR-13, December 10, 1999.

(8) Centers for Disease Control and Prevention: MMWR 1998 Guidelines for Treatment of Sexually Transmitted Diseases, January 23, 1998, Volume 47/RR1.

(9) Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health Care Settings, as published by Centers for Disease Control and Prevention in Morbidity and Mortality Weekly Report, October 28, 1994, Volume 43, No. RR-13.

(10) Treatment of Tuberculosis and Tuberculosis In Adults and Children, published in the American Journal of Respiratory and Critical Care Medicine, Volume 149, pages 1359 through 1374 (1994). Copies may be obtained from the American Thoracic Society, 1740 Broadway, New York, New York 10019-4374.

(b) All incorporated material is available for public review at the department.

(c) Copies of MMWR publications may be obtained from Centers for Disease Control and Prevention, MMWR Series, Mail Stop C-08, 1600 Clifton Road, N.E., Atlanta, Georgia 30333. (*Indiana State Department of Health; 410 IAC 1-2.3-113; filed Sep 11, 2000, 1:36 p.m.: 24 IR 368*)

#### **Rule 2.4. Electronic Reporting of Emergency Department Visit Abstract Data by Hospitals**

##### **410 IAC 1-2.4-1 Applicability**

Authority: IC 16-19-10-5; IC 16-19-10-8

Affected: IC 16-19-10

Sec. 1. The definitions in this rule apply throughout this rule. (*Indiana State Department of Health; 410 IAC 1-2.4-1; filed Oct 11, 2005, 12:00 p.m.: 29 IR 798*)

##### **410 IAC 1-2.4-2 “Chief complaint” defined**

Authority: IC 16-19-10-5; IC 16-19-10-8

Affected: IC 16-19-10

Sec. 2. “Chief complaint” means the patient’s set of symptoms and illnesses when the patient first presents at the emergency department. (*Indiana State Department of Health; 410 IAC 1-2.4-2; filed Oct 11, 2005, 12:00 p.m.: 29 IR 798*)

##### **410 IAC 1-2.4-3 “Department” defined**

Authority: IC 16-19-10-5; IC 16-19-10-8

Affected: IC 16-19-10

Sec. 3. “Department” means the Indiana state department of health. (*Indiana State Department of Health; 410 IAC 1-2.4-3; filed Oct 11, 2005, 12:00 p.m.: 29 IR 798*)

##### **410 IAC 1-2.4-4 “Electronic transfer” defined**

Authority: IC 16-19-10-5; IC 16-19-10-8

Affected: IC 16-19-10

Sec. 4. “Electronic transfer” means the transmission of required data over the Internet using a secure transfer protocol. (*Indiana State Department of Health; 410 IAC 1-2.4-4; filed Oct 11, 2005, 12:00 p.m.: 29 IR 798*)

##### **410 IAC 1-2.4-5 “Emergency department visit” defined**

Authority: IC 16-19-10-5; IC 16-19-10-8

Affected: IC 16-19-10

Sec. 5. “Emergency department visit” means an encounter where a person is treated or evaluated, or both, in the emergency department of a hospital. (*Indiana State Department of Health; 410 IAC 1-2.4-5; filed Oct 11, 2005, 12:00 p.m.: 29 IR 798*)

##### **410 IAC 1-2.4-6 “Health Level 7” or “HL7” defined**

Authority: IC 16-19-10-5; IC 16-19-10-8

Affected: IC 16-19-10

Sec. 6. “Health Level 7” or “HL7” means a health care information messaging and data exchange protocol developed by the Health Level 7 organization and approved as an American National Standards Institute (ANSI) standard for health-related information exchange. In this rule, the reference to HL7 means versions 2.3, 2.4, and 2.5. (*Indiana State Department of Health; 410 IAC 1-2.4-6; filed Oct 11, 2005, 12:00 p.m.: 29 IR 798*)

**410 IAC 1-2.4-7 “Hospital” defined**

Authority: IC 16-19-10-5; IC 16-19-10-8  
Affected: IC 16-19-10; IC 16-21-2

Sec. 7. “Hospital” means a hospital licensed under IC 16-21-2. (*Indiana State Department of Health; 410 IAC 1-2.4-7; filed Oct 11, 2005, 12:00 p.m.: 29 IR 798*)

**410 IAC 1-2.4-8 Emergency department visit data reporting requirements**

Authority: IC 16-19-10-5; IC 16-19-10-8  
Affected: IC 16-19-10

Sec. 8. (a) This rule applies only to hospitals with emergency departments.

(b) Hospitals with emergency departments shall report all of the emergency department visits at that hospital to the department or the department’s designated agent as follows:

(1) Through electronic transfer by HL7 messaging or file transfer protocol. Electronic transfer shall occur immediately at the time of the emergency department visit if feasible, but not later than twenty-four (24) hours from the time of the visit.

(2) Any hospitals unable to comply with the electronic transfer requirements of this section and section 10 of this rule shall become compliant on or before January 1, 2011.

(c) The information that shall be provided to the department or to the department’s designated agent under subsection (b) includes the following:

(1) The name of the hospital or a unique identifier for the hospital approved by the department.

(2) The patient’s name and medical record number.

(3) The patient’s date of birth.

(4) The patient’s sex.

(5) The street address of the patient’s residence.

(6) The patient’s city of residence.

(7) The patient’s state of residence.

(8) The zip code of the patient’s residence.

(9) The patient’s county of residence.

(10) The date and time of the emergency department visit.

(11) The patient’s chief complaint or complaints.

(d) The hospital shall make use of fully automated systems that require no manual intervention to conduct this electronic transfer where possible. (*Indiana State Department of Health; 410 IAC 1-2.4-8; filed Oct 11, 2005, 12:00 p.m.: 29 IR 798*)

**410 IAC 1-2.4-9 Release of emergency department visit data to local health departments**

Authority: IC 16-19-10-5; IC 16-19-10-8  
Affected: IC 16-19-10

Sec. 9. Emergency department data submitted to the department may be used for epidemiological investigation or other disease intervention activities of the department or local health department. Investigation shall include obtaining laboratory and clinical data necessary for case ascertainment. Findings of the investigation shall be used to institute control measures to minimize or reduce the risk of disease spread or to reduce exposures in an emergency event. (*Indiana State Department of Health; 410 IAC 1-2.4-9; filed Oct 11, 2005, 12:00 p.m.: 29 IR 798*)

**410 IAC 1-2.4-10 Confidentiality and security of emergency department visit data**

Authority: IC 16-19-10-5; IC 16-19-10-8  
Affected: IC 16-19-10

Sec. 10. (a) Reporting shall be by electronic transfer. The electronic transfer method shall ensure that the confidentiality and security of emergency department visit data is maintained throughout the data transfer process.

(b) The preferred transfer protocol will be the use of HL7 messages from the hospital to the department.

(c) If HL7 messaging is not possible, daily automated file transfers via secure file transfer protocol (FTP) are acceptable.

(d) Medical or epidemiological information, wherever maintained, concerning reported cases or emergency public health events, shall be made available to the commissioner or the commissioner's designee.

(e) Emergency department visit data reported to the department is confidential whether held by the department, the department's agents, or a local health department. (*Indiana State Department of Health; 410 IAC 1-2.4-10; filed Oct 11, 2005, 12:00 p.m.: 29 IR 799*)

**410 IAC 1-2.4-11 Incorporation by reference**

Authority: IC 16-19-10-5; IC 16-19-10-8

Affected: IC 16-19-10

Sec. 11. HL7 (versions 2.3, 2.4, and 2.5) are incorporated by reference in this rule. No later versions are included. Copies of this standard are available at:

(1) [www.hl7.org/Library/standards.cfm](http://www.hl7.org/Library/standards.cfm); and

(2) the department;

for inspection. (*Indiana State Department of Health; 410 IAC 1-2.4-11; filed Oct 11, 2005, 12:00 p.m.: 29 IR 799*)

**Rule 3. Infectious Waste**

**410 IAC 1-3-1 "Bedding" defined**

Authority: IC 16-19-3-4; IC 16-41-16-8

Affected: IC 16-41-16

Sec. 1. "Bedding" means bedding that has been used for laboratory animals. (*Indiana State Department of Health; 410 IAC 1-3-1; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1382; filed Sep 18, 1998, 11:38 a.m.: 22 IR 436; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 1-3-2 "Carcasses, body parts, blood and body fluids, and bedding of laboratory animals" defined**

Authority: IC 16-19-3-4; IC 16-41-16-8

Affected: IC 16-41-16

Sec. 2. "Carcasses, body parts, blood and body fluids, and bedding of laboratory animals" means carcasses, body parts, blood and body fluids in liquid or semiliquid form, and bedding of animals that have been intentionally or are suspected of having been exposed to pathogens in:

(1) research;

(2) production of biologicals;

(3) the in vivo testing of pharmaceuticals; or

(4) other procedures.

(*Indiana State Department of Health; 410 IAC 1-3-2; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1382; filed Sep 18, 1998, 11:38 a.m.: 22 IR 436; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 1-3-3 "Container" defined**

Authority: IC 16-19-3-4; IC 16-41-16-8

Affected: IC 16-41-16

Sec. 3. "Container" means any portable device or material in which infectious waste is:

(1) stored;

(2) transported;

(3) treated;

(4) disposed of; or

(5) otherwise handled.

*(Indiana State Department of Health; 410 IAC 1-3-3; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1382; filed Sep 18, 1998, 11:38 a.m.: 22 IR 436; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

**410 IAC 1-3-4 “Contaminated sharp” defined**

Authority: IC 16-19-3-4; IC 16-41-16-8  
Affected: IC 16-41-16

Sec. 4. “Contaminated sharp” means an object that is capable of cutting or penetrating the skin and has been in contact with blood or body fluids. The term includes any of the following:

- (1) Hypodermic or suture needle.
- (2) Syringe.
- (3) Scalpel blade.
- (4) Pipette.
- (5) Lancet.
- (6) Broken glass.

*(Indiana State Department of Health; 410 IAC 1-3-4; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1382; filed Sep 18, 1998, 11:38 a.m.: 22 IR 437; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

**410 IAC 1-3-5 “Communicable disease” defined**

Authority: IC 16-19-3-4; IC 16-41-16-8  
Affected: IC 16-41-2-1

Sec. 5. “Communicable disease” means a communicable disease as defined by rule under IC 16-41-2-1. *(Indiana State Department of Health; 410 IAC 1-3-5; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1382; filed Sep 18, 1998, 11:38 a.m.: 22 IR 437; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

**410 IAC 1-3-5.5 “Department” defined**

Authority: IC 16-19-3-4; IC 16-41-16-8  
Affected: IC 16-41-16

Sec. 5.5. “Department” means the Indiana state department of health. *(Indiana State Department of Health; 410 IAC 1-3-5.5; filed Sep 18, 1998, 11:38 a.m.: 22 IR 437; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

**410 IAC 1-3-6 “Emergency medical services provider” defined**

Authority: IC 16-19-3-4; IC 16-41-16-8  
Affected: IC 16-31-3

Sec. 6. “Emergency medical services provider” means a person certified under IC 16-31-3. *(Indiana State Department of Health; 410 IAC 1-3-6; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1382; filed Sep 18, 1998, 11:38 a.m.: 22 IR 437; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

**410 IAC 1-3-7 “Facility” defined**

Authority: IC 16-19-3-4; IC 16-41-16-8  
Affected: IC 16-21-2; IC 16-28-1; IC 16-41-12; IC 16-41-16

Sec. 7. “Facility” means any of the following places where infectious waste activity occurs:

- (1) Hospital.
- (2) Ambulatory surgical center as defined in IC 16-21-2.
- (3) Medical/diagnostic laboratory.
- (4) Blood center as defined in IC 16-41-12.
- (5) Pharmaceutical company.

- (6) Academic research laboratory company.
- (7) Industrial research laboratory.
- (8) Health facility as defined in IC 16-28-1.
- (9) Office and mobile units of a health care provider.
- (10) Diet or health care clinic.
- (11) Office of a veterinarian.
- (12) Veterinary hospital.
- (13) Emergency medical services provider.
- (14) Mortuary.

*(Indiana State Department of Health; 410 IAC 1-3-7; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1383; filed Sep 18, 1998, 11:38 a.m.: 22 IR 437; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

**410 IAC 1-3-8 “Health care provider” defined**

Authority: IC 16-19-3-4; IC 16-41-16-8  
Affected: IC 16-18-2-163; IC 16-41-16

Sec. 8. “Health care provider” means a person employed as, or by, or receiving training from, a provider as defined in IC 16-18-2-163, or by a laboratory, blood center, state institution, or any other facility where the person is likely to have direct contact with blood or body fluids. *(Indiana State Department of Health; 410 IAC 1-3-8; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1383; filed Sep 18, 1998, 11:38 a.m.: 22 IR 437; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

**410 IAC 1-3-9 “Infectious waste activity” defined**

Authority: IC 16-19-3-4; IC 16-41-16-8  
Affected: IC 16-41-16

Sec. 9. “Infectious waste activity” means the:

- (1) generation;
- (2) collection;
- (3) storage;
- (4) transportation;
- (5) treatment; or
- (6) disposal of infectious waste;

as defined in this rule. *(Indiana State Department of Health; 410 IAC 1-3-9; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1383; filed Sep 18, 1998, 11:38 a.m.: 22 IR 438; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

**410 IAC 1-3-10 “Infectious waste” defined**

Authority: IC 16-19-3-4; IC 16-41-16-8  
Affected: IC 16-41-16

Sec. 10. (a) “Infectious waste”, except as provided in subsection (b), means waste that epidemiologic evidence indicates is capable of transmitting a dangerous communicable disease. The term includes, but is not limited to, the following:

- (1) Contaminated sharps or contaminated objects that could potentially become contaminated sharps.
- (2) Infectious biological cultures, infectious associated biologicals, and infectious agent stock.
- (3) Pathological waste.
- (4) Blood and blood products in liquid and semiliquid form.
- (5) Carcasses, body parts, blood and body fluids in liquid and semiliquid form, and bedding of laboratory animals.
- (6) Other waste that has been intermingled with infectious waste.

(b) The term, as it applies to a home health agency or to services delivered in the home of a hospice patient, includes only contaminated sharps. *(Indiana State Department of Health; 410 IAC 1-3-10; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1383; filed Sep 18, 1998, 11:38 a.m.: 22 IR 438; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

**410 IAC 1-3-11 “Mortuary” defined**

Authority: IC 16-19-3-4; IC 16-41-16-8  
Affected: IC 16-41-16; IC 25-15-2-15

Sec. 11. “Mortuary” means a funeral home as defined in IC 25-15-2-15. (*Indiana State Department of Health; 410 IAC 1-3-11; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1383; filed Sep 18, 1998, 11:38 a.m.: 22 IR 438; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 1-3-12 “Pathological waste” defined**

Authority: IC 16-19-3-4; IC 16-41-16-8  
Affected: IC 16-41-16

Sec. 12. “Pathological waste” means:

- (1) tissues;
- (2) organs;
- (3) body parts; and
- (4) blood or body fluids in liquid or semiliquid form of humans;

that are removed during surgery, biopsy, or autopsy. (*Indiana State Department of Health; 410 IAC 1-3-12; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1383; filed Sep 18, 1998, 11:38 a.m.: 22 IR 438; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 1-3-13 “Person” defined**

Authority: IC 16-19-3-4; IC 16-41-16-8  
Affected: IC 16-41-16

Sec. 13. “Person” means any:

- (1) individual;
- (2) facility;
- (3) partnership;
- (4) copartnership;
- (5) firm;
- (6) company;
- (7) association;
- (8) joint-stock company;
- (9) corporation;
- (10) governmental entity; or
- (11) agent.

(*Indiana State Department of Health; 410 IAC 1-3-13; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1383; filed Sep 18, 1998, 11:38 a.m.: 22 IR 438; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 1-3-14 “Secured area” defined**

Authority: IC 16-19-3-4; IC 16-41-16-8  
Affected: IC 16-41-16

Sec. 14. “Secured area” means an area that is designed and maintained to prevent the entry of unauthorized persons. (*Indiana State Department of Health; 410 IAC 1-3-14; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1383; filed Sep 18, 1998, 11:38 a.m.: 22 IR 438; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 1-3-15 “Semiliquid blood and blood products” defined**

Authority: IC 16-19-3-4; IC 16-41-16-8  
Affected: IC 16-41-16



Sec. 15. "Semiliquid blood and blood products" means blood and blood products that have intermediate fluid properties and are capable of flowing in a manner similar to a liquid. (*Indiana State Department of Health; 410 IAC 1-3-15; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1384; filed Sep 18, 1998, 11:38 a.m.: 22 IR 438; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 1-3-16 "State board" defined (Repealed)**

Sec. 16. (*Repealed by Indiana State Department of Health; filed Sep 18, 1998, 11:38 a.m.: 22 IR 440*)

**410 IAC 1-3-17 "Storage" defined**

Authority: IC 16-19-3-4; IC 16-41-16-8  
Affected: IC 16-41-16

Sec. 17. "Storage" means the containment of infectious waste in such a manner as not to constitute:

- (1) collection;
- (2) treatment;
- (3) transport; or
- (4) disposal.

(*Indiana State Department of Health; 410 IAC 1-3-17; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1384; filed Sep 18, 1998, 11:38 a.m.: 22 IR 439; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 1-3-18 "Veterinarian" defined**

Authority: IC 16-19-3-4; IC 16-41-16-8  
Affected: IC 15-5-1.1; IC 16-41-16

Sec. 18. "Veterinarian" means a person authorized to practice veterinary medicine under IC 15-5-1.1. (*Indiana State Department of Health; 410 IAC 1-3-18; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1384; filed Sep 18, 1998, 11:38 a.m.: 22 IR 439; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 1-3-19 "Waste" defined**

Authority: IC 16-19-3-4; IC 16-41-16-8  
Affected: IC 16-41-16

Sec. 19. "Waste" means any solid, liquid, or semiliquid material that:

- (1) is discarded or being accumulated prior to being discarded; or
- (2) has served its natural, biological, medical, or intended purpose and is generally discarded and not reused.

(*Indiana State Department of Health; 410 IAC 1-3-19; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1384; filed Sep 18, 1998, 11:38 a.m.: 22 IR 439; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 1-3-20 "Waste handlers" defined**

Authority: IC 16-19-3-4; IC 16-41-16-8  
Affected: IC 16-41-16

Sec. 20. "Waste handlers" means any person who handles infectious waste. (*Indiana State Department of Health; 410 IAC 1-3-20; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1384; filed Sep 18, 1998, 11:38 a.m.: 22 IR 439; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 1-3-21 Applicability of standards**

Authority: IC 16-19-3-4; IC 16-41-16-8  
Affected: IC 16-41-11

Sec. 21. (a) This rule applies, without regard to quantity, to defined facilities and persons involved in infectious waste activity.

(b) This rule represents minimum standards, and persons may utilize more stringent standards.

(c) All written policies required under this rule shall, at a minimum, comply with the requirements of IC 16-41-11. (*Indiana State Department of Health; 410 IAC 1-3-21; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1384; filed Sep 18, 1998, 11:38 a.m.: 22 IR 439; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 1-3-22 Appropriate containment and labeling; effective treatment, transport, or disposal**

Authority: IC 16-19-3-4; IC 16-41-16-8

Affected: IC 16-41-16

Sec. 22. For purposes of IC 16-41-16 and this rule, the generator of infectious waste is responsible for the appropriate containment, appropriate labeling, effective treatment, transport, and disposal of infectious waste as required by this rule. A person may provide services to the generator of infectious waste, including the appropriate containment, appropriate labeling, effective treatment, transport, or disposal of infectious waste. Both the generator of infectious waste and the person providing services to the generator of infectious waste are responsible for complying with the requirements set forth in this rule. (*Indiana State Department of Health; 410 IAC 1-3-22; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1384; filed Sep 18, 1998, 11:38 a.m.: 22 IR 439; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 1-3-23 Written policies, procedures**

Authority: IC 16-19-3-4; IC 16-41-16-8

Affected: IC 16-41-16-9

Sec. 23. All persons and facilities subject to this rule shall:

(1) have a written policy and procedures that, at a minimum, contain:

(A) the requirements contained in this rule; and

(B) the sanctions, including discipline and dismissal of persons, if warranted, for failure to follow the requirements set forth in this rule;

(2) provide necessary instruction and materials, including protective garments, to implement this rule prior to giving a person an assignment where contact with infectious waste is likely;

(3) maintain a record of such instruction, including an attendance record of a person's participation in the instruction; and

(4) make all records available to the department for inspection under IC 16-41-16-9.

(*Indiana State Department of Health; 410 IAC 1-3-23; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1384; filed Sep 18, 1998, 11:38 a.m.: 22 IR 439; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 1-3-24 Containment**

Authority: IC 16-19-3-4; IC 16-41-16-8

Affected: IC 16-41-16

Sec. 24. (a) All persons and facilities subject to this rule shall ensure that infectious waste is at all times contained in a manner that will reasonably protect waste handlers and the public from contracting dangerous communicable disease that may result from exposure to the infectious waste.

(b) All persons and facilities subject to this rule shall place contaminated sharps or contaminated objects that could potentially become contaminated sharps, infectious biological cultures, infectious associated biologicals, and infectious agent stock in containers that are:

(1) leak proof, rigid, puncture-resistant;

(2) tightly sealed to prevent expulsion;

(3) labeled with the biohazard symbol; and

(4) effectively treated in accordance with this rule prior to being stored in an unsecured area and sent for final disposal.

(c) All persons and facilities subject to this rule shall place pathological waste; laboratory animal carcasses, laboratory animal body parts, laboratory animal blood and body fluids, and laboratory animal bedding; human blood; human blood products in liquid or semiliquid form; and human body fluids that are visibly contaminated with blood in containers that are:

(1) impervious to moisture;

- (2) sufficient strength and thickness to prevent expulsion;
- (3) secured to prevent leakage or expulsion;
- (4) labeled with the biohazard symbol; and
- (5) effectively treated in accordance with this rule prior to being placed in an unsecured area and sent for final disposal.

*(Indiana State Department of Health; 410 IAC 1-3-24; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1385; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

**410 IAC 1-3-25 Storage**

Authority: IC 16-19-3-4; IC 16-41-16-8

Affected: IC 16-41-16

Sec. 25. If infectious waste is stored prior to final disposal, all persons subject to this rule shall:

- (1) store infectious waste in a secure area that:
  - (A) is locked or otherwise secured to eliminate access by or exposure to the general public;
  - (B) affords protection from adverse environmental conditions and vermin; and
  - (C) has a prominently displayed biohazard symbol;
- (2) store infectious waste in a manner that preserves the integrity of the container, and is not conducive to rapid microbial growth and putrefaction; and
- (3) disinfect reusable containers for infectious waste each time that they are emptied, unless the surfaces of the reusable containers have been protected from contamination by disposable liners, bags, or other devices that are removed with the infectious waste.

*(Indiana State Department of Health; 410 IAC 1-3-25; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1385; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

**410 IAC 1-3-26 Treatment**

Authority: IC 16-19-3-4; IC 16-41-16-8

Affected: IC 16-41-16

Sec. 26. (a) All persons and facilities subject to this rule shall either effectively treat infectious waste in accordance with this rule or transport infectious waste off-site for effective treatment in accordance with this rule.

(b) A treatment is effective if it reduces the pathogenic qualities of infectious waste for safe handling, is designed for the specific infectious waste involved, and is carried out in a manner consistent with this rule. Effective treatment may include:

- (1) incineration;
- (2) steam sterilization;
- (3) chemical disinfection;
- (4) thermal inactivation;
- (5) irradiation; or
- (6) discharge in a sanitary sewer or septic system that is properly installed and operating in accordance with state and local laws.

(c) Except as provided in section 28 of this rule, all persons and facilities subject to this rule may store, transport, and dispose of infectious waste that has been effectively treated in accordance with this rule in the usual manner for waste that is noninfectious.

*(Indiana State Department of Health; 410 IAC 1-3-26; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1385; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

**410 IAC 1-3-27 Protection in transport**

Authority: IC 16-19-3-4; IC 16-41-16-8

Affected: IC 16-41-16

Sec. 27. All persons and facilities subject to this rule shall:

- (1) transport infectious waste in a manner that reasonably protects waste handlers and the public from contracting dangerous communicable disease; and

(2) effectively treat infectious waste in accordance with this rule before it is compacted.

*(Indiana State Department of Health; 410 IAC 1-3-27; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1385; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

**410 IAC 1-3-28 Transporting off-site**

Authority: IC 16-19-3-4; IC 16-41-16-8

Affected: IC 16-41-16

Sec. 28. (a) All persons and facilities subject to this rule who are transporting infectious waste off-site, whether effectively treated or not, shall:

(1) mark containers of infectious waste with a label that states the name, address, and telephone number of the generating facility and treatment facility, if applicable; and

(2) provide a form that contains:

(A) the name, address, and telephone number of the generating facility and treatment facility, if applicable;

(B) a brief description of the waste and the method of effective treatment; and

(C) the signature of a responsible person.

(b) The information required in subsection (a) may be enclosed between the secondary packaging and the outer packaging, when such packaging is used. The outer packaging must contain a biohazard symbol. *(Indiana State Department of Health; 410 IAC 1-3-28; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1386; filed Sep 18, 1998, 11:38 a.m.: 22 IR 440; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

**410 IAC 1-3-29 Penalties for violation**

Authority: IC 16-19-3-4; IC 16-41-16-8

Affected: IC 16-41-16-10

Sec. 29. Penalties for violation of this rule are set forth in IC 16-41-16-10. *(Indiana State Department of Health; 410 IAC 1-3-29; filed Jan 17, 1989, 3:30 p.m.: 12 IR 1386; filed Sep 18, 1998, 11:38 a.m.: 22 IR 440; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

**Rule 4. Universal Precautions**

**410 IAC 1-4-0.5 Applicability of definitions**

Authority: IC 16-41-11-9

Affected: IC 16-41-11

Sec. 0.5. The definitions in this rule apply throughout this rule. Additionally, the definitions of any other terms contained in the Indiana occupational safety and health administration's bloodborne pathogens standards (as found in 29 CFR 1910.1030) are incorporated by reference. *(Indiana State Department of Health; 410 IAC 1-4-0.5; filed Nov 22, 1993, 5:00 p.m.: 17 IR 753; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

**410 IAC 1-4-1 "Blood" defined**

Authority: IC 16-41-11-9

Affected: IC 16-41-11

Sec. 1. "Blood" means human blood, human blood components, and products made from human blood. *(Indiana State Department of Health; 410 IAC 1-4-1; filed Oct 6, 1989, 4:20 p.m.: 13 IR 280; filed Nov 22, 1993, 5:00 p.m.: 17 IR 753; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

**410 IAC 1-4-1.1 "Bloodborne pathogens" defined**

Authority: IC 16-41-11-9

Affected: IC 16-41-11

Sec. 1.1. “Bloodborne pathogens” means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, HBV, HCV, and HIV. (*Indiana State Department of Health; 410 IAC 1-4-1.1; filed Nov 22, 1993, 5:00 p.m.: 17 IR 753; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; filed Mar 28, 2006, 12:45 p.m.: 29 IR 2536*)

**410 IAC 1-4-1.2 “Contaminated” defined**

Authority: IC 16-41-11-9

Affected: IC 16-41-11

Sec. 1.2. “Contaminated” means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface. (*Indiana State Department of Health; 410 IAC 1-4-1.2; filed Nov 22, 1993, 5:00 p.m.: 17 IR 754; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 1-4-1.3 “Contaminated laundry” defined**

Authority: IC 16-41-11-9

Affected: IC 16-41-11

Sec. 1.3. “Contaminated laundry” means laundry which has been soiled with blood or other potentially infectious materials or laundry which may contain sharps. (*Indiana State Department of Health; 410 IAC 1-4-1.3; filed Nov 22, 1993, 5:00 p.m.: 17 IR 754; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 1-4-1.4 “Covered individual” defined**

Authority: IC 16-41-11-9

Affected: IC 16-41-11-4

Sec. 1.4. “Covered individual” means any individual covered by IC 16-41-11-4 whose professional, employment, training, or volunteer activities or duties include any reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials. (*Indiana State Department of Health; 410 IAC 1-4-1.4; filed Nov 22, 1993, 5:00 p.m.: 17 IR 754; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 1-4-1.5 “Decontamination” defined**

Authority: IC 16-41-11-9

Affected: IC 16-41-11

Sec. 1.5. “Decontamination” means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item which does not require sterilization to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal. (*Indiana State Department of Health; 410 IAC 1-4-1.5; filed Nov 22, 1993, 5:00 p.m.: 17 IR 754; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 1-4-2 “Department” defined**

Authority: IC 16-41-11-9

Affected: IC 16-41-11

Sec. 2. “Department” means the Indiana state department of health. (*Indiana State Department of Health; 410 IAC 1-4-2; filed Oct 6, 1989, 4:20 p.m.: 13 IR 280; filed Nov 22, 1993, 5:00 p.m.: 17 IR 754; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 1-4-2.1 “Employee” defined**

Authority: IC 16-41-11-9

Affected: IC 16-41-11; IC 22-8-1.1-1

Sec. 2.1. “Employee” has the meaning set forth in IC 22-8-1.1-1. (*Indiana State Department of Health; 410 IAC 1-4-2.1; filed*

Nov 22, 1993, 5:00 p.m.: 17 IR 754; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)

**410 IAC 1-4-3 “Employer” defined**

Authority: IC 16-41-11-9  
Affected: IC 16-41-11; IC 22-8-1.1-1

Sec. 3. “Employer” has the meaning set forth in IC 22-8-1.1-1. (*Indiana State Department of Health; 410 IAC 1-4-3; filed Oct 6, 1989, 4:20 p.m.: 13 IR 280; filed Nov 22, 1993, 5:00 p.m.: 17 IR 754; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 1-4-3.1 “ERP” defined**

Authority: IC 16-41-11-9  
Affected: IC 16-41-11

Sec. 3.1. “ERP” means expert review panel, as defined in section 8.1 of this rule. (*Indiana State Department of Health; 410 IAC 1-4-3.1; filed Nov 22, 1993, 5:00 p.m.: 17 IR 754; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 1-4-4 “Facility” defined**

Authority: IC 16-41-11-9  
Affected: IC 16-41-11

Sec. 4. “Facility” means a building or location where an individual can be reasonably anticipated in the course of performing his or her professional, employment, training, or volunteer activities or duties to have skin, eye, mucous membrane, or parenteral contact with potentially infectious materials. (*Indiana State Department of Health; 410 IAC 1-4-4; filed Oct 6, 1989, 4:20 p.m.: 13 IR 280; filed Nov 22, 1993, 5:00 p.m.: 17 IR 754; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 1-4-4.1 “HBeAg” defined**

Authority: IC 16-41-11-9  
Affected: IC 16-41-11

Sec. 4.1. “HBeAg” means the presence of hepatitis B e antigen in human blood as an indicator of high infectivity for hepatitis B virus. (*Indiana State Department of Health; 410 IAC 1-4-4.1; filed Nov 22, 1993, 5:00 p.m.: 17 IR 755; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 1-4-4.2 “HBsAg” defined**

Authority: IC 16-41-11-9  
Affected: IC 16-41-11

Sec. 4.2. “HBsAg” means the presence of hepatitis B surface antigens in human blood as an indicator of infectivity for hepatitis B virus. (*Indiana State Department of Health; 410 IAC 1-4-4.2; filed Nov 22, 1993, 5:00 p.m.: 17 IR 755; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 1-4-4.3 “HBV” and “HCV” defined**

Authority: IC 16-41-11-9  
Affected: IC 16-41-11

Sec. 4.3. (a) “HBV” means hepatitis B virus.

(b) “HCV” means hepatitis C virus. (*Indiana State Department of Health; 410 IAC 1-4-4.3; filed Nov 22, 1993, 5:00 p.m.: 17 IR 755; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; filed Mar 28, 2006, 12:45 p.m.: 29 IR 2536*)

**410 IAC 1-4-4.4 “Health care worker” defined**

Authority: IC 16-41-11-9  
Affected: IC 16-41-11

Sec. 4.4. “Health care worker” means any covered individual providing health care for or to a patient during the patient's care or treatment and whose professional, employment, volunteer, or student training duties or activities can be reasonably anticipated to result in skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials. (*Indiana State Department of Health; 410 IAC 1-4-4.4; filed Nov 22, 1993, 5:00 p.m.: 17 IR 755; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 1-4-4.5 “HIV” defined**

Authority: IC 16-41-11-9  
Affected: IC 16-41-11

Sec. 4.5. “HIV” means human immunodeficiency virus. (*Indiana State Department of Health; 410 IAC 1-4-4.5; filed Nov 22, 1993, 5:00 p.m.: 17 IR 755; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 1-4-4.6 “Other potentially infectious materials” defined**

Authority: IC 16-41-11-9  
Affected: IC 16-41-11

Sec. 4.6. “Other potentially infectious materials” means the following:

(1) Human body fluids as follows:

- (A) Semen.
- (B) Vaginal secretions.
- (C) Cerebrospinal fluid.
- (D) Synovial fluid.
- (E) Pleural fluid.
- (F) Pericardial fluid.
- (G) Peritoneal fluid.
- (H) Amniotic fluid.
- (I) Saliva in dental procedures.
- (J) Any body fluid that is visibly contaminated with blood.
- (K) All body fluids where it is difficult or impossible to differentiate between body fluids.

(2) Any unfixed tissue or organ, other than intact skin, from a human, living or dead.

(3) HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

(*Indiana State Department of Health; 410 IAC 1-4-4.6; filed Nov 22, 1993, 5:00 p.m.: 17 IR 755; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 1-4-4.7 “Parenteral” defined**

Authority: IC 16-41-11-9  
Affected: IC 16-41-11

Sec. 4.7. “Parenteral” means piercing the mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, or abrasions. (*Indiana State Department of Health; 410 IAC 1-4-4.7; filed Nov 22, 1993, 5:00 p.m.: 17 IR 755; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 1-4-4.8 “Sterilize” defined**

Authority: IC 16-41-11-9  
Affected: IC 16-41-11

Sec. 4.8. “Sterilize” means the use of a physical or chemical procedure to destroy all microbial life, including highly resistant bacterial endospores. (*Indiana State Department of Health; 410 IAC 1-4-4.8; filed Nov 22, 1993, 5:00 p.m.: 17 IR 756; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 1-4-5 “Universal precautions” defined**

Authority: IC 16-41-11-9

Affected: IC 16-41-11

Sec. 5. “Universal precautions” means an approach to infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens. (*Indiana State Department of Health; 410 IAC 1-4-5; filed Oct 6, 1989, 4:20 p.m.: 13 IR 280; filed Nov 22, 1993, 5:00 p.m.: 17 IR 756; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**410 IAC 1-4-6 Facility operator responsibilities**

Authority: IC 16-41-11-9

Affected: IC 16-41-11

Sec. 6. (a) An individual or entity that is a facility operator shall comply with the following:

(1) Inform all health care workers and covered individuals whose professional, employment, training, or volunteer activities or duties are performed at or on behalf of the facility, that it is strongly recommended by the department that all persons who have reason to believe they are at risk of HIV infection should know their HIV status.

(2) Inform all health care workers that it is strongly recommended by the department that all those:

(A) who perform procedures during which there is a recognized risk of percutaneous injury to the health care worker, and, if such injury occurs, the health care worker's blood may contact the patient's body cavity, subcutaneous tissue, or mucous membranes; and

(B) who do not have serologic evidence of immunity to HBV from vaccination or from previous infection should know their HBsAg status and, if that is positive, should also know their HBeAg status.

(3) Ensure that the training described in the Indiana occupational safety and health administration's bloodborne pathogens standards (as found in 29 CFR 1910.1030) is provided to all covered individuals whose professional, employment, training, or volunteer activities or duties are performed at or on behalf of the facility.

(4) Ensure that a record is maintained, as required under the Indiana occupational safety and health administration's bloodborne pathogens standards (as found in 29 CFR 1910.1030) of an individual's participation in the training that is provided. The record shall be made available to the department for inspection upon request.

(5) Ensure that each covered individual whose professional, employment, training, or volunteer activities or duties are performed at or on behalf of the facility, is provided appropriate equipment and expendables needed to implement the precautions required under section 8 of this rule and under the Indiana occupational safety and health administration's bloodborne pathogens standards (as found in 29 CFR 1910.1030).

(6) Require all health care workers whose professional, employment, training, or volunteer activities or duties are performed at or on behalf of the facility to provide evidence of compliance with the continuing universal precautions education requirements contained in section 7.1 of this rule.

(b) The operator of a facility, if providing services to patients or the public in which there is a risk of skin, eye, mucous membrane, or parenteral contact to human blood or other potentially infectious materials, shall display, or make available to the public, a description of compliance with the requirements contained in subsection (a)(6).

(c) The operator of a facility, if providing services to patients or the public in which there is a risk of skin, eye, mucous membrane, or parenteral contact to human blood or other potentially infectious materials, shall display, or make available to the public, written materials prepared or approved by the department explaining universal precautions and patients' rights under this rule. These materials shall include information on how to report violations of universal precautions and shall include information regarding the department's duties to investigate. (*Indiana State Department of Health; 410 IAC 1-4-6; filed Oct 6, 1989, 4:20 p.m.: 13 IR 280; filed Nov 22, 1993, 5:00 p.m.: 17 IR 756; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)



**410 IAC 1-4-7 Facility operator policies**

Authority: IC 16-41-11-9  
Affected: IC 16-41-11

Sec. 7. A facility operator shall develop a written policy in compliance with this rule and the requirements of the Indiana occupational safety and health administration's bloodborne pathogens standards (as found in 29 CFR 1910.1030), that:

- (1) requires the use of universal precautions by a covered individual when performing those professional, employment, training, or volunteer activities or duties that include any reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials;
- (2) provides sanctions, including discipline and dismissal, if warranted, for failure to use universal precautions; and
- (3) proscribes the facility operator, or any covered individual acting at or on behalf of the facility, from retaliating against any person, including any professional, employee, trainee, volunteer, or patient, for filing a complaint with the department in good faith under this rule.

*(Indiana State Department of Health; 410 IAC 1-4-7; filed Oct 6, 1989, 4:20 p.m.: 13 IR 280; filed Nov 22, 1993, 5:00 p.m.: 17 IR 757; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

**410 IAC 1-4-7.1 Covered individuals' minimum training and certification requirements**

Authority: IC 16-41-11-9  
Affected: IC 16-41-11

Sec. 7.1. All covered individuals shall comply with the following:

(1) Covered individuals, including health care workers, whose professional, employment, training, or volunteer activities or duties are performed at or on behalf of a facility, must complete the training programs which the facility is required to have employees attend under the Indiana occupational safety and health administration's bloodborne pathogens standards (as found in 29 CFR 1910.1030). Approved programs under this rule shall be as follows:

- (A) A bloodborne pathogen training session provided by a facility or employer under the Indiana occupational safety and health administration's bloodborne pathogens standards (as found in 29 CFR 1910.1030).
- (B) Unless the department makes a specific determination to the contrary, any continuing professional education program on current universal precautions techniques that has been accepted or accredited by the applicable professional credentialing or health licensing entity.

(2) Covered individuals who are health care workers shall, either individually or through their employer, upon receipt of a written request by the department, employer, or a patient to whom direct services have been provided, provide evidence of compliance with the requirements of this section.

*(Indiana State Department of Health; 410 IAC 1-4-7.1; filed Nov 22, 1993, 5:00 p.m.: 17 IR 757; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234)*

**410 IAC 1-4-8 Precautions generally**

Authority: IC 16-41-11-9  
Affected: IC 16-19; IC 16-41-11

Sec. 8. (a) All covered individuals and health care workers under this rule shall comply with the requirements imposed under the Indiana occupational safety and health administration's bloodborne pathogens standards (as found in 29 CFR 1910.1030).

(b) The operator and all covered individuals whose professional, employment, training, or volunteer activities or duties are performed at or on behalf of a facility providing services to patients or other members of the public in which there is a reasonably anticipated risk of skin, eye, mucous membrane, or parenteral contact with human blood or other potentially infectious materials shall also comply with the following requirements:

- (1) All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
- (2) Heating procedures capable of sterilization must be used when heat stable, nondisposable equipment is sterilized. Monitoring of heat sterilization procedures shall include documentation of the following:
  - (A) Each sterilization cycle.

- (B) Use of chemical indicators when sterilizing packaged nondisposable equipment.
- (C) That biological indicators were used within thirty (30) days prior to the current sterilization procedure.
- (D) Routine equipment maintenance according to manufacturer recommendations.

Documents required under this item [*subdivision*] must be made available to the department upon request.

(3) Reusable equipment requiring sterilization that are [*sic., is*] destroyed or altered by heat must be sterilized by chemical means.

(4) Environmental surfaces and equipment not requiring sterilization which have been contaminated by blood or other potentially infectious materials shall be cleaned with an absorbent material prior to disinfection. Disinfectant solutions shall:

- (A) be a germicide registered with the Environmental Protection Agency (EPA) for use as a hospital disinfectant and labeled tuberculocidal or registered germicide with specific inactivation claims against HIV and HBV; or
- (B) be a sodium hypochlorite solution dated and not used after twenty-four (24) hours old as follows:

- (i) A minimum of 1:100 dilution (one-quarter (¼) cup of five and twenty-five hundredths percent (5.25%) common household bleach in one (1) gallon of water).
- (ii) A 1:10 dilution (one (1) part five and twenty-five hundredths percent (5.25%) common household bleach in ten (10) parts water) shall be used when a blood, culture, or OPIM spill occurs in the laboratory setting.

(5) If a patient's diagnosis, laboratory analysis, or medical condition requires additional infection control measures or isolation, those specific measures apply in addition to the requirements of this rule and other requirements found at IC 16-19.

*(Indiana State Department of Health; 410 IAC 1-4-8; filed Oct 6, 1989, 4:20 p.m.: 13 IR 280; filed Nov 22, 1993, 5:00 p.m.: 17 IR 757; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234; filed Mar 28, 2006, 12:45 p.m.: 29 IR 2537)*

#### **410 IAC 1-4-8.1 Expert review panel**

Authority: IC 16-41-11-9

Affected: IC 16-41-11

Sec. 8.1. (a) An HIV infected or HBV infected (and HBeAg positive) health care worker whose practices include digital palpation of a needle tip in a body cavity or the simultaneous presence of the health care worker's finger and needle or other sharp instrument in a poorly visualized or highly confined human anatomic site should either seek the advice of an ERP approved by the department or voluntarily cease these practices.

(b) As used in this rule, "expert review panel" means a group of experts authorized under this rule to provide confidential consultation and advice to HIV and HBV (and HBeAg) infected health care workers as indicated to promote the highest achievable level of safe, professional care. To be deemed authorized, an ERP must be sponsored by an organization which has been approved by the department under subsection (c).

(c) Before any public or private medical, surgical, dental, nursing, or other health care organization may sponsor an authorized ERP under this section, the potential sponsor must be approved by the department as having provided credible assurances that:

- (1) the sponsor is capable of establishing specific ERP protocols and procedures that will accomplish the purposes of an ERP under this section; and
- (2) it will comply with general protocols to be established and disseminated on request by the department.

(d) The ERP will consist of:

(1) an expert review entity consisting of:

- (A) the HIV or HBV infected health care worker's treating physician, either directly or through medical and historical treatment records;
- (B) an infectious disease specialist knowledgeable in the epidemiology of HIV and HBV infection;
- (C) a health care provider of the same profession as the infected health care provider with expertise in the procedures practiced; and
- (D) an infection control expert or epidemiologist; or

(2) any other expert review entity expressly authorized by the department.

(e) An ERP sponsored by an organization approved by the department under subsection (c) will be deemed an authorized ERP.

(f) An ERP shall advise the health care worker whether and how to modify techniques or to cease performing certain procedures. In rendering this advice, the ERP shall consider the past history of the health care worker's technique, and the extent to which, in the context of other indicated procedures with a measurable and unavoidable significant risk to patients, an indicated invasive procedure in the hands of that health care worker does or does not expose patients to the significant risk of HIV or HBV

transmission from the health care worker.

(g) The role of the ERP is strictly confidential and advisory to the health care worker.

(h) All proceedings and communications of the ERP shall be confidential. All communications to an ERP shall be privileged communications. Neither the personnel nor any participant in a panel proceeding shall reveal the identity of any health care worker consulting such panel nor any content of communication to the records of or the outcomes of an ERP outside the panel to any person or other entity, other than the health care worker consulting such panel.

(i) No person who participates in an ERP proceeding shall be permitted or required to disclose any information acquired in connection with, or in the course of, the proceeding, any opinion, recommendation, or evaluation of the panel or of any panel member.

(j) The only duty of an ERP is to provide good faith consultation and advice to the HIV or HBV infected health care worker seeking such advice. A health care worker is not, by this rule, relieved of any responsibility, either to himself or herself or to others, for all actions taken or not taken in his or her professional capacity after consulting with an ERP. Neither an ERP nor any member of an ERP is approved by this rule to substitute or assume responsibility for the subsequent actions of the health care worker. No civil or other legal action of any nature shall arise against any member or personnel of an ERP for any good faith act or statement made in the confines of the panel or proceeding thereof.

(k) Neither an ERP nor any member of an ERP shall, by virtue of their consultation and advice, assume any liability of any kind to the health care worker, his or her patients, or any other person. The personnel and members of an ERP shall be immune from any civil action arising from any determination or recommendation made in good faith in the scope of their duties. (*Indiana State Department of Health; 410 IAC 1-4-8.1; filed Nov 22, 1993, 5:00 p.m.: 17 IR 759; errata, 17 IR 1009; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

#### **410 IAC 1-4-9 Complaints**

Authority: IC 16-41-11-9

Affected: IC 4-15-2-34; IC 4-15-2-35; IC 16-41-11; IC 25

Sec. 9. A person who believes that this rule has been violated may file a complaint with the department. A complaint must be in writing unless, in the opinion of the department, the violation complained of constitutes an emergency. The department shall reduce an emergency oral complaint to writing. The department shall maintain the confidentiality of the person who files the complaint. The department shall also comply with the following:

(1) The department shall promptly investigate, or cause to be investigated with available resources, all complaints received alleging violations of this rule.

(2) The department shall not disclose the name or identifying characteristics of the person who files a complaint under this rule:

(A) unless the person consents in writing to the disclosure; or

(B) the investigation results in an administrative or judicial proceeding and disclosure is ordered by the administrative law judge or the court.

Confidential communication of the complaint information to the Indiana department of labor for compliance purposes shall not constitute disclosure for the purposes of this rule.

(3) The department shall give a person who files a complaint under this section the opportunity to withdraw the complaint at any time prior to the issuance of an order under subdivision (2)(B).

(4) A person filing a complaint must make a reasonable attempt to ascertain the correctness of any information to be furnished. Failure to make a reasonable attempt may subject that person to other sanctions available at law.

(5) A determination of a substantiated and unresolved violation of this rule by a health care provider licensed under IC 25 shall be referred by the department to the appropriate licensing board through notification of the attorney general's consumer protection division.

(6) In the investigation of a complaint regarding a violation of this rule, the department shall coordinate the investigation, as appropriate, with the state or federal enforcement agency having jurisdiction over the industry or occupation. All complaints alleging violations of the Indiana occupational safety and health administration's bloodborne pathogens standards (as found in 29 CFR 1910.1030) shall be forwarded to the Indiana department of labor.

(*Indiana State Department of Health; 410 IAC 1-4-9; filed Oct 6, 1989, 4:20 p.m.: 13 IR 282; filed Nov 22, 1993, 5:00 p.m.: 17 IR 760; readopted filed Jul 11, 2001, 2:23 p.m.: 24 IR 4234*)

**Rule 5. Sanitary Operation of Tattoo Parlors**

**410 IAC 1-5-1 Applicability**

Authority: IC 16-19-3-4.1

Affected: IC 16-19-3-4.1

Sec. 1. The definitions in this rule apply throughout this rule. (*Indiana State Department of Health; 410 IAC 1-5-1; filed May 12, 1998, 10:00 a.m.: 21 IR 3815; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140*)

**410 IAC 1-5-2 "Blood" defined**

Authority: IC 16-19-3-4.1

Affected: IC 16-19-3-4.1

Sec. 2. "Blood" means human blood. (*Indiana State Department of Health; 410 IAC 1-5-2; filed May 12, 1998, 10:00 a.m.: 21 IR 3815; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140*)

**410 IAC 1-5-3 "Bloodborne pathogens" defined**

Authority: IC 16-19-3-4.1

Affected: IC 16-19-3-4.1

Sec. 3. "Bloodborne pathogens" means pathogenic micro-organisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, the following:

- (1) HBV.
- (2) HCV.
- (3) HIV.

(*Indiana State Department of Health; 410 IAC 1-5-3; filed May 12, 1998, 10:00 a.m.: 21 IR 3815; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140*)

**410 IAC 1-5-3.5 "Body piercer" defined**

Authority: IC 16-19-3-4.1; IC 16-19-3-4.2

Affected: IC 16-19-3

Sec. 3.5. "Body piercer" means any person who performs body piercing on an individual. (*Indiana State Department of Health; 410 IAC 1-5-3.5; filed Jun 30, 2000, 4:10 p.m.: 23 IR 2710; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140*)

**410 IAC 1-5-3.6 "Body piercing" defined**

Authority: IC 16-19-3-4.1; IC 16-19-3-4.2

Affected: IC 16-19-3

Sec. 3.6. "Body piercing" means the perforation of any human body part other than ear lobe for the purpose of inserting jewelry or other decoration or for some other nonmedical purpose. (*Indiana State Department of Health; 410 IAC 1-5-3.6; filed Jun 30, 2000, 4:10 p.m.: 23 IR 2710; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140*)

**410 IAC 1-5-4 "Cleaned" defined**

Authority: IC 16-19-3-4.1

Affected: IC 16-19-3-4.1

Sec. 4. "Cleaned" means removal of all visible dust, soil, or any other foreign material. (*Indiana State Department of Health; 410 IAC 1-5-4; filed May 12, 1998, 10:00 a.m.: 21 IR 3815; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140*)

**410 IAC 1-5-5 “Contaminated” defined**

Authority: IC 16-19-3-4.1  
Affected: IC 16-19-3-4.1

Sec. 5. “Contaminated” means the presence or reasonably anticipated presence of blood or OPIM on an item or surface. (*Indiana State Department of Health; 410 IAC 1-5-5; filed May 12, 1998, 10:00 a.m.: 21 IR 3815; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140*)

**410 IAC 1-5-6 “Decontaminated” defined**

Authority: IC 16-19-3-4.1  
Affected: IC 16-19-3-4.1

Sec. 6. “Decontaminated” means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item which does not require sterilization to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal. (*Indiana State Department of Health; 410 IAC 1-5-6; filed May 12, 1998, 10:00 a.m.: 21 IR 3815; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140*)

**410 IAC 1-5-7 “Department” defined**

Authority: IC 16-19-3-4.1  
Affected: IC 16-19-3-4.1

Sec. 7. “Department” means the Indiana state department of health. (*Indiana State Department of Health; 410 IAC 1-5-7; filed May 12, 1998, 10:00 a.m.: 21 IR 3815; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140*)

**410 IAC 1-5-7.5 “Facility” defined**

Authority: IC 16-19-3-4.1; IC 16-19-3-4.2  
Affected: IC 16-19-3

Sec. 7.5. “Facility” means a tattoo parlor or a body piercing facility, or both, which is any room or space where tattooing or body piercing, or both, is provided or where the business of tattooing or body piercing, or both, is conducted. (*Indiana State Department of Health; 410 IAC 1-5-7.5; filed Jun 30, 2000, 4:10 p.m.: 23 IR 2710; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140*)

**410 IAC 1-5-8 “HBV” defined**

Authority: IC 16-19-3-4.1  
Affected: IC 16-19-3-4.1

Sec. 8. “HBV” means the hepatitis B virus. (*Indiana State Department of Health; 410 IAC 1-5-8; filed May 12, 1998, 10:00 a.m.: 21 IR 3816; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140*)

**410 IAC 1-5-9 “HCV” defined**

Authority: IC 16-19-3-4.1  
Affected: IC 16-19-3-4.1

Sec. 9. “HCV” means the hepatitis C virus. (*Indiana State Department of Health; 410 IAC 1-5-9; filed May 12, 1998, 10:00 a.m.: 21 IR 3816; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140*)

**410 IAC 1-5-9.5 “High level disinfection” defined**

Authority: IC 16-19-3-4.1; IC 16-19-3-4.2  
Affected: IC 16-19-3

Sec. 9.5. "High level disinfection" means a process that destroys all micro-organisms, with the exception of high numbers of bacterial spores. (*Indiana State Department of Health; 410 IAC 1-5-9.5; filed Jun 30, 2000, 4:10 p.m.: 23 IR 2710; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140*)

**410 IAC 1-5-10 "HIV" defined**

Authority: IC 16-19-3-4.1  
Affected: IC 16-19-3-4.1

Sec. 10. "HIV" means the human immunodeficiency virus. (*Indiana State Department of Health; 410 IAC 1-5-10; filed May 12, 1998, 10:00 a.m.: 21 IR 3816; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140*)

**410 IAC 1-5-11 "Infectious waste" defined**

Authority: IC 16-19-3-4.1  
Affected: IC 16-19-3-4.1

Sec. 11. "Infectious waste" means waste that epidemiologic evidence indicates is capable of transmitting a dangerous communicable disease. Infectious waste includes, but is not limited to, the following:

- (1) Contaminated sharps or contaminated objects that could potentially become contaminated sharps.
- (2) Infectious biological cultures, infectious associated biologicals, and infectious agent stock.
- (3) Pathological waste.
- (4) Blood and blood products in liquid and semiliquid form.
- (5) Carcasses, body parts, blood and body fluids in liquid and semiliquid form, and bedding of laboratory animals.
- (6) Other waste that has been intermingled with infectious waste.

(*Indiana State Department of Health; 410 IAC 1-5-11; filed May 12, 1998, 10:00 a.m.: 21 IR 3816; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140*)

**410 IAC 1-5-11.2 "Intermediate level disinfection" defined**

Authority: IC 16-19-3-4.1; IC 16-19-3-4.2  
Affected: IC 16-19-3

Sec. 11.2. "Intermediate level disinfection" means a process that inactivates:

- (1) Mycobacterium tuberculosis;
- (2) vegetative bacteria;
- (3) most viruses; and
- (4) most fungi;

but does not necessarily kill bacterial spores. (*Indiana State Department of Health; 410 IAC 1-5-11.2; filed Jun 30, 2000, 4:10 p.m.: 23 IR 2710; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140*)

**410 IAC 1-5-11.5 "Operator" defined**

Authority: IC 16-19-3-4.1; IC 16-19-3-4.2  
Affected: IC 16-19-3

Sec. 11.5. "Operator" means any person who controls, operates, manages, or owns any facility. (*Indiana State Department of Health; 410 IAC 1-5-11.5; filed Jun 30, 2000, 4:10 p.m.: 23 IR 2711; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140*)

**410 IAC 1-5-12 "Other potentially infectious materials" or "OPIM" defined**

Authority: IC 16-19-3-4.1  
Affected: IC 16-19-3-4.1

Sec. 12. "Other potentially infectious materials" or "OPIM" means the following:

- (1) Human body fluids as follows:

- (A) Semen.
- (B) Vaginal secretions.
- (C) Cerebrospinal fluid.
- (D) Synovial fluid.
- (E) Pleural fluid.
- (F) Pericardial fluid.
- (G) Peritoneal fluid.
- (H) Amniotic fluid.
- (I) Saliva in dental procedures.
- (J) Any body fluid that is visibly contaminated with blood.
- (K) All body fluids where it is difficult or impossible to differentiate between body fluids.

(2) Any unfixed tissue or organ, other than intact skin, from a human, living or dead.

(3) HIV-containing cell or tissue cultures, and HIV or HBV-containing culture medium or other solutions, and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

*(Indiana State Department of Health; 410 IAC 1-5-12; filed May 12, 1998, 10:00 a.m.: 21 IR 3816; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140)*

**410 IAC 1-5-13 “Parenteral” defined**

Authority: IC 16-19-3-4.1

Affected: IC 16-19-3-4.1

Sec. 13. “Parenteral” means piercing the mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, or abrasions. *(Indiana State Department of Health; 410 IAC 1-5-13; filed May 12, 1998, 10:00 a.m.: 21 IR 3816; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140)*

**410 IAC 1-5-14 “Personal protective equipment” defined**

Authority: IC 16-19-3-4.1

Affected: IC 16-19-3-4.1

Sec. 14. “Personal protective equipment” means specialized clothing or equipment worn for protection against contact with blood or OPIM. *(Indiana State Department of Health; 410 IAC 1-5-14; filed May 12, 1998, 10:00 a.m.: 21 IR 3816; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140)*

**410 IAC 1-5-15 “Secure area” defined**

Authority: IC 16-19-3-4.1

Affected: IC 16-19-3-4.1

Sec. 15. “Secure area” means an area that is designated and maintained to prevent the entry of unauthorized persons. *(Indiana State Department of Health; 410 IAC 1-5-15; filed May 12, 1998, 10:00 a.m.: 21 IR 3816; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140)*

**410 IAC 1-5-16 “Semiliquid blood, blood products” defined**

Authority: IC 16-19-3-4.1

Affected: IC 16-19-3-4.1

Sec. 16. “Semiliquid blood, blood products” means blood, blood products that have intermediate fluid properties and are capable of flowing in a manner similar to liquid. *(Indiana State Department of Health; 410 IAC 1-5-16; filed May 12, 1998, 10:00 a.m.: 21 IR 3816; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140)*

**410 IAC 1-5-17 “Sterilize” defined**

Authority: IC 16-19-3-4.1  
Affected: IC 16-19-3-4.1

Sec. 17. “Sterilize” means the use of a physical or chemical procedure to destroy all microbial life, including highly resistant bacterial endospores. (*Indiana State Department of Health; 410 IAC 1-5-17; filed May 12, 1998, 10:00 a.m.: 21 IR 3817; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140*)

**410 IAC 1-5-18 “Store” defined**

Authority: IC 16-19-3-4.1  
Affected: IC 16-19-3-4.1

Sec. 18. “Store” means the containment of infectious waste in such a manner as not to constitute collection, treatment, transport, or disposal. (*Indiana State Department of Health; 410 IAC 1-5-18; filed May 12, 1998, 10:00 a.m.: 21 IR 3817; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140*)

**410 IAC 1-5-19 “Tattoo” defined**

Authority: IC 16-19-3-4.1  
Affected: IC 16-19-3-4.1

Sec. 19. “Tattoo” means:  
(1) any indelible design, letter, scroll, figure, symbol, or other mark placed with the aid of needles or other instruments; or  
(2) any design, letter, scroll, figure, or symbol done by scarring;  
upon or under the skin. (*Indiana State Department of Health; 410 IAC 1-5-19; filed May 12, 1998, 10:00 a.m.: 21 IR 3817; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140*)

**410 IAC 1-5-20 “Tattoo artist” defined**

Authority: IC 16-19-3-4.1  
Affected: IC 16-19-3-4.1

Sec. 20. “Tattoo artist” means any person who provides a tattoo to an individual. (*Indiana State Department of Health; 410 IAC 1-5-20; filed May 12, 1998, 10:00 a.m.: 21 IR 3817; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140*)

**410 IAC 1-5-21 “Tattoo operator” defined (Repealed)**

Sec. 21. (*Repealed by Indiana State Department of Health; filed Jun 30, 2000, 4:10 p.m.: 23 IR 2714*)

**410 IAC 1-5-22 “Tattoo parlor” defined (Repealed)**

Sec. 22. (*Repealed by Indiana State Department of Health; filed Jun 30, 2000, 4:10 p.m.: 23 IR 2714*)

**410 IAC 1-5-23 “Universal precautions” defined**

Authority: IC 16-19-3-4.1  
Affected: IC 16-19-3-4.1

Sec. 23. “Universal precautions” means an approach to infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens. (*Indiana State Department of Health; 410 IAC 1-5-23; filed May 12, 1998, 10:00 a.m.: 21 IR 3817; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140*)



**410 IAC 1-5-24 Operator training responsibilities**

Authority: IC 16-19-3-4.1; IC 16-19-3-4.2  
Affected: IC 16-19-3

Sec. 24. An individual or entity that is an operator shall comply with the following training responsibilities:

(1) Ensure that the training described in the Indiana occupational safety and health administration's bloodborne pathogens standard (as found in 29 CFR 1910.1030) is provided to all tattoo artists and body piercers, anyone employed by the facility or anyone acting on behalf of the facility, who has a reasonably anticipated risk for skin, eye, mucous membrane, or parenteral contact with blood or OPIM.

(2) Ensure that training on the handling of infectious waste is provided to all tattoo artists and body piercers, or anyone employed by the facility or anyone acting on behalf of the facility who has a reasonably anticipated risk for skin, eye, mucous membrane, or parenteral contact with blood or OPIM.

(3) Ensure that a record of training described in subdivision (1) is maintained, as required under the Indiana occupational safety and health administration's bloodborne pathogens standard (as found in 29 CFR 1910.1030) of an individual's participation in the training that is provided. The record shall be made available to the department for inspection upon request.

(4) Ensure that a record of training described in subdivision (2) is maintained.

*(Indiana State Department of Health; 410 IAC 1-5-24; filed May 12, 1998, 10:00 a.m.: 21 IR 3817; filed Jun 30, 2000, 4:10 p.m.: 23 IR 2711; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140)*

**410 IAC 1-5-25 Operator responsibilities**

Authority: IC 16-19-3-4.1; IC 16-19-3-4.2  
Affected: IC 16-19-3

Sec. 25. (a) The operator shall ensure that tattoo artists, body piercers, or anyone employed by the facility or anyone acting on behalf of the facility who has a reasonably anticipated risk for skin, eye, mucous membrane, or parenteral contact with blood have and use personal protective equipment and expendables needed to implement the precautions required by this rule and the Indiana occupational safety and health administration's bloodborne pathogens standard (as found in 29 CFR 1910.1030).

(b) The operator shall require tattoo artists and body piercers, anyone employed by the facility, or anyone acting on behalf of the facility who has a reasonably anticipated risk for skin, eye, mucous membrane, or parenteral contact with blood to provide evidence of compliance with the universal precautions education requirements contained in section 27 of this rule.

(c) The operator shall display a description of compliance with the requirements contained in subsection (d).

(d) The operator shall display written materials prepared or approved by the department explaining universal precautions and patrons' rights under this rule. These materials shall include information on how to report violations of universal precautions and shall include information regarding the department's duties to investigate. *(Indiana State Department of Health; 410 IAC 1-5-25; filed May 12, 1998, 10:00 a.m.: 21 IR 3817; errata filed Aug 31, 1998, 1:08 p.m.: 22 IR 127; filed Jun 30, 2000, 4:10 p.m.: 23 IR 2711; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140)*

**410 IAC 1-5-26 Operator policies**

Authority: IC 16-19-3-4.1; IC 16-19-3-4.2  
Affected: IC 16-19-3

Sec. 26. The operator shall develop a written policy in compliance with this rule and the requirements of the Indiana occupational safety and health administration's bloodborne pathogen standard (as found in 29 CFR 1910.1030) that:

(1) requires the use of universal precautions when performing tattooing or body piercing and any activity or duty that includes any reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM;

(2) requires disinfection or sterilization of contaminated reusable items;

(3) includes the safe handling of infectious waste; and

(4) provides sanctions, including discipline and dismissal, if warranted, for failure to use universal precautions or handle infectious waste safely, or both.

*(Indiana State Department of Health; 410 IAC 1-5-26; filed May 12, 1998, 10:00 a.m.: 21 IR 3818; filed Jun 30, 2000, 4:10 p.m.: 23 IR 2711; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140)*

**410 IAC 1-5-27 Tattoo artist and body piercer minimum training and certification requirements**

Authority: IC 16-19-3-4.1; IC 16-19-3-4.2

Affected: IC 16-19-3

Sec. 27. (a) All tattoo artists, body piercers, anyone employed by the facility, and anyone acting on behalf of the facility, who has a reasonably anticipated risk for skin, eye, mucous membrane, or parenteral contact with blood or OPIM shall complete the training program that is required under the requirements of the Indiana occupational safety and health administration's bloodborne pathogen standard (as found in 29 CFR 1910.1030). The programs under this section shall be as follows:

(1) A bloodborne pathogen training session provided by the operator meeting the requirements under the Indiana occupational safety and health administration's bloodborne pathogens standard (as found in 29 CFR 1910.1030).

(2) Any bloodborne pathogen continuing education program provided by a health care agency.

(b) All tattoo artists, body piercers, anyone employed by the facility, and anyone acting on behalf of the facility, who has a reasonably anticipated risk for skin, eye, mucous membrane, or parenteral contact with blood or OPIM must be trained in the facility's policies on the handling of infectious waste. (*Indiana State Department of Health; 410 IAC 1-5-27; filed May 12, 1998, 10:00 a.m.: 21 IR 3818; filed Jun 30, 2000, 4:10 p.m.: 23 IR 2712; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140*)

**410 IAC 1-5-28 Patron records**

Authority: IC 16-19-3-4.1; IC 16-19-3-4.2

Affected: IC 16-19-3

Sec. 28. Records of each patron shall be maintained by the operator for two (2) years. The record shall include the following, but not be limited to:

(1) Patron's name.

(2) Address.

(3) Age.

(4) Date tattooed or body pierced.

(5) Design of the tattoo.

(6) Location of the tattoo or body piercing on the patron's body.

(7) The name of the tattoo artist or body piercer who performed the work.

(8) Jewelry or other decoration used.

(*Indiana State Department of Health; 410 IAC 1-5-28; filed May 12, 1998, 10:00 a.m.: 21 IR 3818; filed Jun 30, 2000, 4:10 p.m.: 23 IR 2712; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140*)

**410 IAC 1-5-29 Illness**

Authority: IC 16-19-3-4.1; IC 16-19-3-4.2

Affected: IC 16-19-3

Sec. 29. Tattoo artists or body piercers who are experiencing symptoms of acute disease that include, but are not limited to:

(1) diarrhea;

(2) vomiting;

(3) fever;

(4) rash;

(5) productive cough;

(6) jaundice; or

(7) draining (or open) skin infections, boils, impetigo, or scabies;

shall refrain from providing tattoos or body piercing. (*Indiana State Department of Health; 410 IAC 1-5-29; filed May 12, 1998, 10:00 a.m.: 21 IR 3818; filed Jun 30, 2000, 4:10 p.m.: 23 IR 2712; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140*)

**410 IAC 1-5-30 Handwashing**

Authority: IC 16-19-3-4.1; IC 16-19-3-4.2

Affected: IC 16-19-3

Sec. 30. (a) Handwashing facilities shall be readily accessible where tattooing or body piercing, or both, is provided.

(b) Hands shall be washed with soap and running water immediately before putting on gloves and after removal of gloves or other personal protective equipment.

(c) Only single-use towels shall be used. (*Indiana State Department of Health; 410 IAC 1-5-30; filed May 12, 1998, 10:00 a.m.: 21 IR 3818; filed Jun 30, 2000, 4:10 p.m.: 23 IR 2712; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140*)

**410 IAC 1-5-31 Personal protective equipment**

Authority: IC 16-19-3-4.1; IC 16-19-3-4.2

Affected: IC 16-19-3

Sec. 31. Appropriate personal protective equipment shall be worn as follows:

(1) A clean protective clothing layer shall be worn whenever there is a reasonably anticipated risk of contamination of clothing by blood or OPIM.

(2) Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shield, shall be worn whenever splashes, spray, splatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

(3) Disposable gloves, such as surgical or examination type, shall be worn during the tattooing or body piercing process. Gloves shall be changed and properly disposed of each time there is an interruption in the application of the tattoo or body piercing, when the gloves become torn or punctured, or whenever the ability to function as a barrier is compromised. Disposable gloves shall not be reused.

(4) Gloves shall be worn when decontaminating environmental surfaces and equipment.

(*Indiana State Department of Health; 410 IAC 1-5-31; filed May 12, 1998, 10:00 a.m.: 21 IR 3818; filed Jun 30, 2000, 4:10 p.m.: 23 IR 2712; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140*)

**410 IAC 1-5-32 Tattooing equipment**

Authority: IC 16-19-3-4.1

Affected: IC 16-19-3-4.1

Sec. 32. (a) Only single-use razors shall be used to shave the area to be tattooed.

(b) All stencils shall be properly disposed of after a single use.

(c) If the design is drawn directly onto the skin, it shall be applied with a single-use article only. (*Indiana State Department of Health; 410 IAC 1-5-32; filed May 12, 1998, 10:00 a.m.: 21 IR 3819; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140*)

**410 IAC 1-5-33 Needles**

Authority: IC 16-19-3-4.1

Affected: IC 16-19-3-4.1

Sec. 33. (a) Needles shall be individually packaged and sterilized prior to use.

(b) Needles shall be single-use only.

(c) Needles shall be discarded in sharps containers immediately after use.

(d) Contaminated needles shall not be bent or broken or otherwise manipulated by hand. (*Indiana State Department of Health; 410 IAC 1-5-33; filed May 12, 1998, 10:00 a.m.: 21 IR 3819; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140*)

**410 IAC 1-5-34 Reusable equipment**

Authority: IC 16-19-3-4.1; IC 16-19-3-4.2

Affected: IC 16-19-3

Sec. 34. (a) Heating procedures capable of sterilization must be used when heat stable, nondisposable equipment is sterilized.

(b) Equipment that is to be sterilized shall be put in single-use packaging.

(c) Records must be maintained to document the following:

(1) Duration of sterilization technique.

- (2) Determination of effective sterility, such as use of a biological indicator, is performed monthly.
- (3) Equipment is maintained as recommended by the owner's manual, and proof is available that the owner's manual recommendations are reviewed monthly.
- (d) Reusable contaminated equipment shall not be stored or processed in a manner that requires any person to reach by hand into the containers where these sharp items have been placed.
- (e) Reusable contaminated equipment shall be:
  - (1) placed in puncture-resistant containers;
  - (2) labeled with the biohazard symbol;
  - (3) leakproof on both sides and bottom; and
  - (4) stored in a manner that does not require reaching by hand into the container where the equipment is stored until cleaning prior to sterilization.
- (f) Reusable contaminated equipment shall be effectively cleaned prior to sterilization or disinfection.
- (g) Any reusable contaminated equipment that comes into direct contact, or is likely to come into direct contact, with an instrument that penetrates the skin other than a piercing gun shall be effectively cleaned and sterilized prior to use.
- (h) All sterilized equipment shall not be removed from wrappers or sterilizer packaging until immediately prior to use.
- (i) Any reusable equipment that comes into contact with mucus [*sic.*, *mucous*] membranes shall be effectively cleaned and sterilized prior to use.
- (j) Piercing guns shall be cleaned and undergo, at a minimum, high level disinfection after each use and whenever visibly contaminated.
- (k) All reusable equipment that has contact with intact skin shall undergo, at a minimum, intermediate level disinfection.
- (l) All other equipment used during the tattooing or body piercing procedure shall be single use, including corks.
- (m) All body piercers and tattoo artists shall comply with all other equipment manufacturer's recommendations. (*Indiana State Department of Health; 410 IAC 1-5-34; filed May 12, 1998, 10:00 a.m.: 21 IR 3819; filed Jun 30, 2000, 4:10 p.m.: 23 IR 2713; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140*)

**410 IAC 1-5-35 Dyes or pigments or other objects placed under the skin**

Authority: IC 16-19-3-4.1; IC 16-19-3-4.2  
Affected: IC 16-19-3

- Sec. 35. (a) All dyes or pigments used in tattooing shall be from professional suppliers specifically providing dyes or pigments for the tattooing of human skin.
- (b) In preparing dyes or pigments to be used by tattoo artists, only nontoxic, sterile materials shall be used. Single-use or individual portions of dyes or pigments in clean, single-use containers shall be used for each patron.
- (c) After tattooing, the remaining unused dye or pigment in single-use or individual containers shall be discarded along with the container.
- (d) Any object placed under the skin shall be sterile. (*Indiana State Department of Health; 410 IAC 1-5-35; filed May 12, 1998, 10:00 a.m.: 21 IR 3819; filed Jun 30, 2000, 4:10 p.m.: 23 IR 2713; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140*)

**410 IAC 1-5-36 Work environment**

Authority: IC 16-19-3-4.1; IC 16-19-3-4.2  
Affected: IC 16-19-3

- Sec. 36. (a) No tattooing or body piercing shall be conducted in any room used as living quarters or in any room that opens directly into living or sleeping quarters.
- (b) Live animals shall be excluded from areas where tattooing or body piercing is being conducted. This exclusion does not apply to the following:
- (1) Patrol dogs accompanying security or police officers.
  - (2) Guide dogs accompanying the following:
    - (A) Blind persons.
    - (B) Partially blind persons.
    - (C) Physically disabled persons.

(D) Guide dog trainers.

(E) Persons with impaired hearing.

(c) Eating, drinking, smoking, applying cosmetics, or handling contact lenses shall not be allowed in work areas where there is a likelihood of exposure to blood or OPIM.

(d) Food and drink shall not be kept in areas where there is a reasonably anticipated risk of exposure to blood or OPIM.

(e) All equipment and environmental surfaces shall be cleaned and disinfected after contact with blood or OPIM.

(f) Environmental surfaces and equipment not requiring sterilization that have been contaminated by blood shall be cleaned and disinfected.

(g) All work surfaces shall be:

(1) nonabsorbent;

(2) easily cleanable;

(3) smooth; and

(4) free of:

(A) breaks;

(B) open seams;

(C) cracks;

(D) chips;

(E) pits; and

(F) similar imperfections.

(h) Disinfectant solutions shall be:

(1) a hospital grade, tuberculocidal Environmental Protection Agency (EPA) registered disinfectant; or

(2) sodium hypochlorite, five-tenths percent (0.5%) concentration, by volume (common household bleach in ten percent (10%) concentration in water); the solution shall be dated and shall not be used if it is more than twenty-four (24) hours old.

*(Indiana State Department of Health; 410 IAC 1-5-36; filed May 12, 1998, 10:00 a.m.: 21 IR 3821; errata filed Aug 31, 1998, 1:08 p.m.: 22 IR 127; filed Jun 30, 2000, 4:10 p.m.: 23 IR 2713; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140)*

**410 IAC 1-5-37 Infectious waste containment**

Authority: IC 16-19-3-4.1

Affected: IC 16-19-3-4.1

Sec. 37. (a) Contaminated disposable needles or instruments shall be:

(1) stored in:

(A) leak-resistant; and

(B) puncture-resistant;

containers;

(2) tightly sealed to prevent expulsion;

(3) labeled with the biohazard symbol; and

(4) effectively treated in accordance with this rule prior to being stored in an unsecured area and sent for final disposal.

(b) Infectious wastes that are not contaminated sharps or objects that could potentially become contaminated sharps shall be placed in containers that meet the following requirements:

(1) Impervious to moisture.

(2) Sufficient strength and thickness to prevent expulsion.

(3) Secured to prevent leakage expulsion.

(4) Labeled with the biohazard symbol.

(5) Effectively treated in accordance with this rule prior to being placed in an unsecured area and sent for final disposal.

(c) If infectious waste is stored prior to final disposal, all persons subject to this rule shall store infectious waste in a secure area that:

(1) is locked or otherwise secured to eliminate access by or exposure to the general public;

(2) affords protection from adverse environmental conditions and vermin; and

(3) has a prominently displayed biohazard symbol.

(d) Infectious waste shall be stored in a manner that preserves the integrity of the container and is not conducive to rapid

microbial growth and putrefaction.

(e) Disinfect reusable containers for infectious waste each time that they are emptied unless the surfaces of the reusable containers have been protected from contamination by disposable liners, bags, or other devices that are removed with the infectious waste. (*Indiana State Department of Health; 410 IAC 1-5-37; filed May 12, 1998, 10:00 a.m.: 21 IR 3820; errata filed Aug 31, 1998, 1:08 p.m.: 22 IR 127; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140*)

**410 IAC 1-5-38 Treatment and transport of infectious waste**

Authority: IC 16-19-3-4.1; IC 16-19-3-4.2

Affected: IC 16-19-3

Sec. 38. (a) All operators shall ensure that infectious waste is either treated on-site in accordance with this rule or transported off-site for treatment in accordance with this rule.

(b) A treatment is effective if it reduces the pathogenic qualities of infectious waste for safe handling, is designed for the specific waste involved, and is carried out in a manner consistent with this rule. Effective treatment may include:

- (1) incineration in an incinerator designed to accommodate infectious waste;
- (2) steam sterilization;
- (3) chemical disinfection under circumstances where safe handling of the waste is assured;
- (4) thermal inactivation;
- (5) irradiation; or
- (6) discharge in a sanitary sewer or septic system that is properly installed and operating in accordance with state and local laws.

(c) All persons subject to this rule shall:

- (1) transport infectious waste in a manner that reasonably protects waste haulers and the public from contracting a dangerous communicable disease; and
- (2) effectively treat infectious waste in accordance with this rule before it is compacted.

(d) The operator shall ensure that infectious waste, effectively treated or not is transported off-site in compliance with 410 IAC 1-3. (*Indiana State Department of Health; 410 IAC 1-5-38; filed May 12, 1998, 10:00 a.m.: 21 IR 3821; errata filed Aug 31, 1998, 1:08 p.m.: 22 IR 127; filed Jun 30, 2000, 4:10 p.m.: 23 IR 2714; readopted filed Jul 21, 2004, 5:00 p.m.: 27 IR 4140*)

**Rule 6. Offering of Human Immunodeficiency Virus Information and Counseling and Human Immunodeficiency Virus Testing**

**410 IAC 1-6-1 Applicability**

Authority: IC 16-19-3-5

Affected: IC 16-41-6-2.5

Sec. 1. The definitions in this rule apply throughout this rule. (*Indiana State Department of Health; 410 IAC 1-6-1; filed Feb 9, 1999, 5:13 p.m.: 22 IR 1970; readopted filed Jul 15, 2005, 8:00 a.m.: 28 IR 3661*)

**410 IAC 1-6-2 "Department" defined**

Authority: IC 16-19-3-5

Affected: IC 16-41-6-2.5

Sec. 2. "Department" means the Indiana state department of health. (*Indiana State Department of Health; 410 IAC 1-6-2; filed Feb 9, 1999, 5:13 p.m.: 22 IR 1970; readopted filed Jul 15, 2005, 8:00 a.m.: 28 IR 3661*)

**410 IAC 1-6-3 "Prenatal care provider" defined**

Authority: IC 16-19-3-5

Affected: IC 25-22.5; IC 25-23

Sec. 3. "Prenatal care provider" means:

- (1) a physician licensed under IC 25-22.5;
- (2) a registered nurse licensed under IC 25-23;
- (3) a licensed practical nurse licensed under IC 25-23; or
- (4) an advanced practice nurse licensed under IC 25-23;

who provides prenatal care within the scope of the provider's license. (*Indiana State Department of Health; 410 IAC 1-6-3; filed Feb 9, 1999, 5:13 p.m.: 22 IR 1971; readopted filed Jul 15, 2005, 8:00 a.m.: 28 IR 3661*)

**410 IAC 1-6-4 Human immunodeficiency virus information and counseling to a pregnant patient**

Authority: IC 16-19-3-5  
Affected: IC 16-41-6-2.5

Sec. 4. (a) The prenatal care provider primarily responsible for providing prenatal care to a pregnant patient shall offer human immunodeficiency virus (HIV) information and counseling to the pregnant patient. The information and counseling must include the following:

- (1) A description of the methods of human immunodeficiency virus (HIV) transmission.
- (2) A discussion of risk reduction behavior modifications, including methods to reduce the risk of perinatal transmission.
- (3) Referral information to other human immunodeficiency virus (HIV) prevention and psychosocial services, if appropriate, including anonymous and confidential test sites approved by the state department.

(b) A group practice, clinic, or hospital shall designate, in writing, a health care professional to implement this rule. (*Indiana State Department of Health; 410 IAC 1-6-4; filed Feb 9, 1999, 5:13 p.m.: 22 IR 1971; readopted filed Jul 15, 2005, 8:00 a.m.: 28 IR 3661*)

**410 IAC 1-6-5 Reasons for not offering a human immunodeficiency virus test**

Authority: IC 16-19-3-5  
Affected: IC 16-41-6-2.5

Sec. 5. The prenatal care provider primarily responsible for providing prenatal care to a pregnant patient shall offer an [*sic.*, a] human immunodeficiency virus (HIV) test to the patient unless:

- (1) a positive human immunodeficiency virus (HIV) test result is already documented in the patient's medical record; or
- (2) the patient has acquired immune deficiency syndrome (AIDS) as diagnosed by a physician.

(*Indiana State Department of Health; 410 IAC 1-6-5; filed Feb 9, 1999, 5:13 p.m.: 22 IR 1971; readopted filed Jul 15, 2005, 8:00 a.m.: 28 IR 3661*)

**410 IAC 1-6-6 Human immunodeficiency virus test**

Authority: IC 16-19-3-5  
Affected: IC 16-41-6-2.5

Sec. 6. (a) In offering an [*sic.*, a] human immunodeficiency virus (HIV) test under section 5 of this rule, the prenatal care provider shall discuss the following with the pregnant patient:

- (1) The purpose of the human immunodeficiency virus (HIV) test.
- (2) The risk and benefits of the human immunodeficiency virus (HIV) test.
- (3) The voluntary nature of the human immunodeficiency virus (HIV) test.

(b) If the pregnant patient voluntarily consents to human immunodeficiency virus (HIV) testing, the prenatal care provider shall arrange for human immunodeficiency virus (HIV) testing directly or by referral, including referral to anonymous and confidential test sites approved by the department. (*Indiana State Department of Health; 410 IAC 1-6-6; filed Feb 9, 1999, 5:13 p.m.: 22 IR 1971; readopted filed Jul 15, 2005, 8:00 a.m.: 28 IR 3661*)

**410 IAC 1-6-7 Documentation**

Authority: IC 16-19-3-5  
Affected: IC 16-41-6-2.5

Sec. 7. (a) The prenatal care provider primarily responsible for providing prenatal care to a pregnant patient shall document in the patient's medical record that the prenatal care provider offered the following to the patient:

- (1) Human immunodeficiency virus (HIV) information and counseling.
- (2) An *[sic., A]* human immunodeficiency virus (HIV) test.
- (b) Documentation in the patient's medical record must include notation that the following was offered to the patient:
  - (1) A description of the methods of human immunodeficiency virus (HIV) transmission.
  - (2) A discussion of risk reduction behavior modifications, including methods to reduce the risk of perinatal transmission.
  - (3) Referral information to other human immunodeficiency virus (HIV) prevention and psychosocial services, if appropriate, including anonymous and confidential test sites approved by the department.
  - (4) Discussion of the purpose of the human immunodeficiency virus (HIV) test.
  - (5) Discussion of the risk and benefits of the human immunodeficiency virus (HIV) test.
  - (6) Discussion of the voluntary nature of the human immunodeficiency virus (HIV) test.
  - (7) Documentation that the patient understood the information offered.

(c) Signature by the patient on a form provided by the department, or one which is substantially similar, acknowledging that she has been provided and has read, or, if unable to read and understand, has had the contents of the document read and explained to her by her prenatal care provider to her satisfaction, complies with the requirements of this section. (*Indiana State Department of Health; 410 IAC 1-6-7; filed Feb 9, 1999, 5:13 p.m.: 22 IR 1971; readopted filed Jul 15, 2005, 8:00 a.m.: 28 IR 3661*)

**410 IAC 1-6-8 Compliance**

Authority: IC 16-19-3-5  
Affected: IC 16-41-9-12

Sec. 8. Compliance with this rule may be enforced under IC 16-41-9-12. (*Indiana State Department of Health; 410 IAC 1-6-8; filed Feb 9, 1999, 5:13 p.m.: 22 IR 1972; readopted filed Jul 15, 2005, 8:00 a.m.: 28 IR 3661*)

**Rule 7. HIV Counseling and Testing of Pregnant Women**

**410 IAC 1-7-1 Applicability**

Authority: IC 16-41-6-11  
Affected: IC 16-41-6

Sec. 1. The definitions in this rule apply throughout this rule. (*Indiana State Department of Health; 410 IAC 1-7-1; filed Jun 25, 2004, 11:05 a.m.: 27 IR 3496*)

**410 IAC 1-7-2 "AIDS" defined**

Authority: IC 16-41-6-11  
Affected: IC 16-41-6

Sec. 2. "AIDS" means acquired immune deficiency syndrome. (*Indiana State Department of Health; 410 IAC 1-7-2; filed Jun 25, 2004, 11:05 a.m.: 27 IR 3496*)

**410 IAC 1-7-3 "Department" defined**

Authority: IC 16-41-6-11  
Affected: IC 16-41-6

Sec. 3. "Department" means the Indiana state department of health. (*Indiana State Department of Health; 410 IAC 1-7-3; filed Jun 25, 2004, 11:05 a.m.: 27 IR 3496*)

**410 IAC 1-7-4 "HIV" defined**

Authority: IC 16-41-6-11  
Affected: IC 16-41-6



Sec. 4. "HIV" means human immunodeficiency virus. (*Indiana State Department of Health; 410 IAC 1-7-4; filed Jun 25, 2004, 11:05 a.m.: 27 IR 3496*)

**410 IAC 1-7-5 "HIV medical services program" defined**

Authority: IC 16-41-6-11

Affected: IC 16-41-6

Sec. 5. "HIV medical services program" means those medical and pharmaceutical services available to eligible HIV positive persons provided by the department through the support of state and federal funding. (*Indiana State Department of Health; 410 IAC 1-7-5; filed Jun 25, 2004, 11:05 a.m.: 27 IR 3496*)

**410 IAC 1-7-6 "Provider" defined**

Authority: IC 16-41-6-11

Affected: IC 16-18-2-295; IC 16-41-6

Sec. 6. "Provider" has the meaning indicated in IC 16-18-2-295. (*Indiana State Department of Health; 410 IAC 1-7-6; filed Jun 25, 2004, 11:05 a.m.: 27 IR 3496*)

**410 IAC 1-7-7 Provider's responsibilities to pregnant women who have been tested for HIV**

Authority: IC 16-41-6-11

Affected: IC 16-41-6

Sec. 7. (a) A provider, or his or her designee, must do the following:

- (1) Deliver the test results for HIV infected and HIV uninfected patients in a direct, straightforward, and confidential manner.
- (2) Deliver the results at the earliest possible encounter after testing.
- (3) Deliver the results face-to-face for HIV infected patients.
- (b) If the test results positive, the treating provider, or his or her designee, must do the following:
  - (1) Explain the side effects of any treatment for HIV in a direct, straightforward, confidential manner.
  - (2) Discuss pros and cons of initiation of drug therapy.
  - (3) Discuss treatment recommendations based on the U.S. Public Health Service Task Force recommendation for use of antiretroviral drugs in pregnant HIV-1-infected women for maternal health and interventions to reduce perinatal HIV-1 transmission in the United States, MMWR 51, RR-18.

(*Indiana State Department of Health; 410 IAC 1-7-7; filed Jun 25, 2004, 11:05 a.m.: 27 IR 3496*)

**410 IAC 1-7-8 Pregnant woman on a waiting list for HIV medical services**

Authority: IC 16-41-6-11

Affected: IC 16-41-6-5; IC 16-41-6-6

Sec. 8. (a) A pregnant woman must have a complete application for the HIV medical services program on file with the department.

(b) A pregnant woman who meets all the qualifications to participate in the HIV medical services program and tests positive under IC 16-41-6-5 or IC 16-41-6-6 shall be given first priority on a waiting list for the program if a waiting list exists for the HIV medical services program.

(c) A pregnant woman who tests positive under IC 16-41-6-5 or IC 16-41-6-6 may appeal her placement on a waiting list for HIV medical services by filing a written appeal with the department.

(d) The appeal shall be filed within fifteen (15) days of receipt of the notification of placement on a waiting list.

(e) The appeal will be reviewed by the state health commissioner, or his or her designee, who will also make the determination in the case within seventy-two (72) hours of receipt of all requested medical information and other pertinent documentation, as detailed by section 9 of this rule, necessary to determine the applicant's eligibility for services.

(f) The appeal must include name, date of birth, and mailing address. (*Indiana State Department of Health; 410 IAC 1-7-8; filed Jun 25, 2004, 11:05 a.m.: 27 IR 3496*)

**410 IAC 1-7-9 Appeal of placement on a waiting list**

Authority: IC 16-41-6-11  
Affected: IC 16-41-6

Sec. 9. Applicants that appeal their placement on a waiting list for the HIV medical services program shall provide the following:

- (1) A signed physician's statement confirming the pregnancy.
- (2) A signed physician's statement confirming a HIV treatment regimen.

*(Indiana State Department of Health; 410 IAC 1-7-9; filed Jun 25, 2004, 11:05 a.m.: 27 IR 3497)*

**410 IAC 1-7-10 Information to the pregnant woman**

Authority: IC 16-41-6-11  
Affected: IC 16-41-6

Sec. 10. (a) A provider, or his or her designee, shall provide the following to pregnant women at the appropriate times, which could include before delivery, at delivery, and after delivery:

- (1) An explanation of the nature of AIDS and HIV which:
  - (A) is consistent with MMWR 41, RR-17, and MMWR 43, RR12; and
  - (B) includes the following elements:
    - (i) HIV results in a defect in cell-mediated immune response causing increased susceptibility to opportunistic infections and certain rare cancers.
    - (ii) HIV is a virus that is transmitted from one (1) person to another through blood, semen, vaginal secretions, or breast milk.
    - (iii) HIV is a virus that, without treatment, aggressively destroys the immune system.
    - (iv) AIDS is a severe immunological disorder that can result from HIV.
- (2) Information that it is unlawful to discriminate against persons living with HIV in areas of employment, housing, and provision of health care services. If the women believe that they have been discriminated against, they may contact the Indiana civil rights commission.
- (3) Information that women who have tested positive for HIV or who have been diagnosed with AIDS are not to engage in high-risk activity (including sexual or needle-sharing contact, which has been demonstrated to transmit a dangerous communicable disease) without warning past, present, or future sexual or needle-sharing partners before engaging in that high-risk activity. Carriers who know of their status as a carrier of HIV or AIDS have a duty to warn or cause to be warned by a third party a person at risk, including a spouse of the last ten (10) years, of the following:
  - (A) The carrier's disease status.
  - (B) The need to seek health care, such as counseling and testing.
- (4) Information about risk behaviors for HIV transmission that is consistent with MMWR 50, RR19. It must include the following:
  - (A) High-risk activities refer to sexual or needle-sharing contact, which has been demonstrated to transmit HIV.
  - (B) HIV is known to be transmitted through blood, semen, vaginal secretions, and breast milk.
- (5) Information about the risk of transmission through breastfeeding that is consistent with MMWR 50, RR19, including that breastfeeding by an HIV positive woman carries a risk for transmission of the virus from mother to infant.

(b) The department will continue to be a resource for educational information and referral sources. *(Indiana State Department of Health; 410 IAC 1-7-10; filed Jun 25, 2004, 11:05 a.m.: 27 IR 3497)*

**410 IAC 1-7-11 Notification to the pregnant woman**

Authority: IC 16-41-6-11  
Affected: IC 16-41-6-4

Sec. 11. If the mother of a newborn infant has not had a test performed for HIV or if the mother has refused a test for the newborn infant to detect HIV or the antibody or antigen to HIV and a physician believes that testing the newborn infant is medically necessary, the physician overseeing the care of the newborn infant may order a confidential test for the newborn infant in order to

detect HIV or the antibody or antigen to HIV under IC 16-41-6-4. The test must be ordered at the earliest feasible time not exceeding forty-eight (48) hours after the birth of the infant. The mother shall be notified of the test and the result of the test. (*Indiana State Department of Health; 410 IAC 1-7-11; filed Jun 25, 2004, 11:05 a.m.: 27 IR 3497*)

**410 IAC 1-7-12 Obtaining consent**

Authority: IC 16-41-6-11

Affected: IC 16-41-6-2; IC 16-41-6-7

Sec. 12. (a) The provider shall follow the procedures for obtaining consent of the woman as detailed in IC 16-41-6-2.

(b) The provider shall inform the woman of her options under IC 16-41-6-7. (*Indiana State Department of Health; 410 IAC 1-7-12; filed Jun 25, 2004, 11:05 a.m.: 27 IR 3497*)

**410 IAC 1-7-13 Post-test counseling procedures**

Authority: IC 16-41-6-11

Affected: IC 16-41-6

Sec. 13. Post-test counseling will be conducted in a direct, straightforward, confidential manner by the provider or his or her designee. (*Indiana State Department of Health; 410 IAC 1-7-13; filed Jun 25, 2004, 11:05 a.m.: 27 IR 3498*)

**410 IAC 1-7-14 Referral procedures**

Authority: IC 16-41-6-11

Affected: IC 16-41-6

Sec. 14. The provider shall assess the patient's level of need and provide referrals to the appropriate services, which may include HIV-specific case management services. (*Indiana State Department of Health; 410 IAC 1-7-14; filed Jun 25, 2004, 11:05 a.m.: 27 IR 3498*)

**410 IAC 1-7-15 Importance of immediate HIV medical care**

Authority: IC 16-41-6-11

Affected: IC 16-41-6

Sec. 15. Providers, or their designees, shall counsel the patient regarding the importance of immediate entry into medical care for the duration of the pregnancy. (*Indiana State Department of Health; 410 IAC 1-7-15; filed Jun 25, 2004, 11:05 a.m.: 27 IR 3498*)

**410 IAC 1-7-16 Explanation of decreasing transmission of HIV during pregnancy**

Authority: IC 16-41-6-11

Affected: IC 16-41-6

Sec. 16. (a) Providers shall counsel that HIV can be transmitted to the fetus during pregnancy and treatment can significantly decrease that transmission.

(b) Providers shall counsel, prior to delivery, that giving birth by cesarean section may decrease transmission of HIV to the child, especially when done in combination with medications, if the HIV test results are positive.

(c) Counseling on this matter shall be conducted in a direct, straightforward, confidential manner by the provider or his or her designee. (*Indiana State Department of Health; 410 IAC 1-7-16; filed Jun 25, 2004, 11:05 a.m.: 27 IR 3498*)

**410 IAC 1-7-17 Incorporation by reference**

Authority: IC 16-41-6-11

Affected: IC 16-41-6

Sec. 17. (a) The following documents are hereby incorporated by reference:

(1) Centers for Disease Control and Prevention publication: MMWR 2001 Revised Guidelines for HIV Counseling, Testing,

and Referral and Revised Recommendations for HIV Screening of Pregnant Women – United States, 2001, November 9, 2001, Volume 50, No. RR 19.

(2) Centers for Disease Control and Prevention publication: 1994 Revised Classification System for Human Immunodeficiency Virus Infection in Children Less Than 13 Years of Age, September 30, 1994, Volume 43(RR-12).

(3) Centers for Disease Control and Prevention publication: MMWR 2002 U.S. Public Health Service Task Force Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV-1 Transmission in the United States, November 22, 2002, Volume 51/RR18.

(4) Centers for Disease Control and Prevention publication: 1993 Revised Classification System for HIV Infection and Expanded Surveillance Case Definition for AIDS Among Adolescents and Adults, December 18, 1992, Volume 41(RR-17).

(b) All incorporated material is available for public review at the department.

(c) Copies of MMWR publications may be obtained from Centers for Disease Control and Prevention, MMWR Series, Mail Stop C-08, 1600 Clifton Road, N.E., Atlanta, Georgia 30333. (*Indiana State Department of Health; 410 IAC 1-7-17; filed Jun 25, 2004, 11:05 a.m.: 27 IR 3498*)

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