

Title 20. Public Health and Welfare

Chapter I. Generally, Department of Health

Subchapter D. Immunization and Disease

**Part 103. Rules Pertaining to the Control of Communicable Diseases –
Tuberculosis**

Codification Notes. This part as promulgated prior to codification into the Code of Arkansas Rules provided as follows:

"SECTION I. AUTHORITY.

The following Rules and subsequent amendments are hereby adopted pursuant to the authority conferred by Ark. Code Ann. § 20-15-701 et seq. and Ark. Code Ann. § 20-7-109 et seq.

SECTION II. PURPOSE.

The purpose of the Rules Pertaining to the Control of Communicable Diseases-Tuberculosis is to provide for the prevention and control of tuberculosis and to protect the public health, welfare, and safety of the citizens of Arkansas."

"CERTIFICATION

I certify that the foregoing Rules Pertaining to the Control of Communicable Disease - Tuberculosis were adopted by the Arkansas State Board of Health at a regular session in Little Rock, Arkansas on this the 1st day of August, 2019.

Nathaniel Smith, MD, MPH

Secretary, Arkansas State Board of Health Secretary, Arkansas Department of Health"

Subpart 1. Generally

20 CAR § 103-101. Definitions.

As used in this part:

(1) "Certificate of health" means a certificate issued by the Department of Health verifying that the holder has complied with the relevant diagnostic screening, or treatment procedures prescribed or directed by this part;

(2) "Correctional facility" means any state prison or jail, detention center, or other similar facility wherein persons are incarcerated or held for correctional purposes;

(3) "Department" means the Department of Health;

(4) "Hospital" means the same as defined by Arkansas Code § 20-9-201;

(5) "Long-term care facility" means the same as defined by Arkansas Code § 20-10-101;

(6) "Person" means any:

(A) Individual;

(B) Corporation;

(C) Partnership;

(D) Firm;

(E) Association;

(F) Trust;

(G) Estate;

(H) Public or private institution;

(I) Agency;

(J) Political subdivision of this state, of any other state; or

(K) Political subdivision or agency thereof;

(7) "Related medical facility" or "related medical service" means a facility or service other than a hospital, including but not limited to:

(A) Rehabilitation hospitals;

(B) Psychiatric hospitals;

(C) Human development centers;

(D) Alcohol/drug abuse inpatient and outpatient treatment centers;

(E) Arkansas State Veterans' Home;

(F) Veterans' Hospital Domiciliary;

(G) Hospices;
(H) Renal dialysis units;
(I) Community health centers;
(J) Community health clinics serving populations with a high prevalence for tuberculosis infection; or

(K) Other related medical facilities or services;

(8) "Shelter facility" means any:

(A) Shelter for the homeless or disadvantaged;

(B) Shelter for battered women; or

(C) Other similar facility where persons are routinely housed for fourteen (14) or more days;

(9) "Tuberculosis manual" means the manual of policies and procedures developed by the Department of Health which includes guidelines for specific definitions of "tuberculosis screening" for certain groups and the prevention, control, and treatment of tuberculosis;

(10) "Tuberculosis prevention" means following the recommendations of the Department of Health regarding treatment for prevention of tuberculosis; and

(11) "Tuberculosis screening" means:

(A) In the case of a person tested for the first time or one who has not experienced a positive test in the past-dermal an intra-dermal tuberculin skin test or Interferon-Gamma Release Assays (IGRAs) blood test;

(B) In the case of a person who has experienced a positive test in the past and/or who tests positive, a chest radiograph conducted by the Department of Health or one (1) interpreted by a trained radiologist or chest clinician, unless one (1) has been performed within the past three (3) months; or

(C) Such other screening as prescribed, directed, or recommended by an employee or agent of the Department of Health.

Authority. Arkansas Code § 20-7-109.

20 CAR § 103-102. General requirements.

(a) **Penalty.** Any person who is found guilty of a violation of any of the provisions of this part shall be guilty of a violation of Arkansas Code § 20-7-101.

(b) **Reporting requirements.** It shall be the duty of every physician, nurse practitioner, nurse, or healthcare worker to report to the Department of Health, in addition to the requirements set forth in other sections of this part, the following information concerning tuberculosis:

- (1) Acid fast bacilli in smear or *M. tuberculosis* in culture;
- (2) Other significant evidence, pending bacteriological proof:
 - (A) Chest X-ray shadows suggestive of tuberculosis (apical infiltrate, cavity, etc.);
 - (B) Extra-pulmonary tuberculosis (meningeal, bone, kidney, other); or
 - (C) Primary pulmonary tuberculosis cases showing parenchymal infiltration or hilar node enlargement or pleural effusion.

Authority. Arkansas Code § 20-7-109.

20 CAR § 103-103. Hospitals.

(a) Hospitals shall be responsible for compliance with this part as well as State Board of Health Rules for Hospitals and Related Institutions in Arkansas, 20 CAR pt. 41.

(b)(1)(A) Each healthcare worker (hospital employee, health worker, medical staff member (physician), etc.) who has contact with hospital patients shall receive baseline tuberculosis screening and tuberculosis prevention information.

(B) See 20 CAR § 103-101, Definitions.

(2) No annual follow-up testing requirements are necessary.

(3) However, the Centers for Disease Control and Prevention guidelines must be followed on symptom screenings and tuberculosis education.

(c) Each hospital shall adopt and enforce a policy that ensures that tuberculosis symptom screening and tuberculosis prevention (see 20 CAR § 103-101, Definitions) is

conducted for all employees, health workers, and medical staff (physicians) who have contact with patients.

Authority. Arkansas Code § 20-7-109.

20 CAR § 103-104. Long-term care facilities.

(a) Long-term care facilities shall be responsible for compliance with this part as well as the Rules Governing Long-Term Care Facilities issued by the Department of Human Services.

(b)(1) Each healthcare worker (employee, health worker, medical staff member (physician), etc.) of any long-term care facility who has contact with long-term care patients or residents shall receive:

(A) Baseline tuberculosis screening; and

(B) Tuberculosis prevention information.

(2) See 20 CAR § 103-101, Definitions.

(c) No annual follow-up testing requirements are necessary.

(d) However, the Centers for Disease Control and Prevention guidelines must be followed on symptom screenings and tuberculosis education.

Authority. Arkansas Code § 20-7-109.

20 CAR § 103-105. Correctional facilities.

(a) Correctional facilities, regardless of inmate capacity, shall ensure that:

(1) Each employee, worker, parole/probation officer, or other staff member of the facility who has contact with inmates or detainees receives tuberculosis screening and tuberculosis prevention information (see 20 CAR § 103-101, Definitions); and

(2)(A) Prior to employment each employee, worker, parole/probation officer, or other staff member of the facility who has contact with inmates or detainees shall:

(i) Receive baseline tuberculosis screening; and

(ii) Obtain a certificate of health or documented results of tuberculosis screening as outlined in this part.

(B) No annual follow-up testing requirements are necessary and should be substituted with a symptom screening and tuberculosis prevention education.

(3)(A) Each inmate residing in any correctional facility for more than fourteen (14) days shall receive:

(i) Baseline tuberculosis screening; and

(ii) Tuberculosis prevention information.

(B) No follow-up testing is required, but symptom screening of positive inmates and tuberculosis education should be provided.

(b)(1) Jails and detention centers housing fifty (50) or more persons shall meet the following requirement.

(2)(A) Each inmate/detainee of a jail or detention center who is expected to be incarcerated for fourteen (14) days or more will receive tuberculosis screening and tuberculosis prevention information.

(B) See 20 CAR § 103-101, Definitions.

(c) Other correctional facilities shall meet the following requirements:

(1)(A) Each inmate or detainee of a correctional facility shall receive tuberculosis screening and tuberculosis prevention information.

(B) See 20 CAR § 103-101, Definitions;

(2)(A) The person having responsibility for the management of a correctional facility shall be responsible for compliance with this part.

(B) Each correctional facility shall be responsible for compliance with this part.

(C) Each correctional facility shall designate an appropriately trained infection control officer who shall be responsible for operating a tuberculosis prevention and control program in the institution.

(D) Multi-institutional systems shall have a qualified coordinator as well as an official at each unit to oversee tuberculosis-control activities throughout the system.

(E)(i) The correctional facility shall have written procedures outlining the responsibilities of each official, including a copy of each official's job performance plan.

(ii) These procedures shall include provisions for:

(a) Surveillance;

(b) Containment; and

(c) Assessment.

(iii)(a) Surveillance shall include identification and reporting to the Department of Health of all tuberculin reactors equal to or greater than ten millimeters (10 mm) on inmates or a positive IGRA blood test.

(b) The department will be responsible for evaluation and recommendation of appropriate therapy.

(iv) Appropriate containment procedures shall be developed to reduce the chance of transmission of tuberculosis.

(v)(a) Appropriate diagnostic, treatment, prevention, and laboratory services shall be available.

(b) Environmental factors conducive to the spread of tuberculosis, such as poor ventilation, shall be corrected.

(c) Persons undergoing treatment or preventive therapy shall be carefully monitored for compliance and to detect drug toxicity to ensure that the recommended course of treatment is completed.

(d) The infection control officer shall notify the department upon discharging any inmate who is receiving medication for tuberculosis and coordinate with department officials to ensure appropriate follow-up of paroled inmates for completion of treatment.

(vi) Procedures shall be developed to ensure that persons in charge of a correctional facility are aware of the responsibility for the surveillance and containment activities within the institution.

(vii) Questions concerning surveillance, containment or assessment, and treatment shall be sought by reference to this part or telephone consultation with the Tuberculosis Program Medical Director or designee.

(viii)(a) The person in charge of the correctional facility will cooperate with the department's Tuberculosis Program in developing and updating policies, procedures, and record systems for tuberculosis control.

(b) The department will provide epidemiologic and management assistance to correctional facilities, including on-site consultation and periodic reevaluation.

(c) Where appropriate, correctional facilities shall cooperate with the department and develop programs of in-service training for correctional facility staff, e.g., to:

- (1) Perform, read, and record tuberculin skin tests;
- (2) Identify signs and symptoms of tuberculosis;
- (3) Initiate and observe therapy;
- (4) Monitor for side effects;
- (5) Collect diagnostic specimens;
- (6) Educate inmates regarding tuberculosis; and
- (7) Maintain record systems.

(d) The correctional facility will work with the department regarding the tuberculin testing of nonincarcerated contacts of persons with active tuberculosis identified in these facilities.

(ix)(a) All antituberculosis medication within correctional facilities shall be administered under direct observation by correctional facility staff.

(b) Directly observing the swallowing of medication is essential to prevent the development of strains of tuberculosis that are resistant to current effective medications.

(x)(a) Correctional facilities shall work with department staff to arrange continuing therapy for inmates when released while receiving tuberculosis treatment or preventive therapy.

(b) Registries shall be maintained with updated medical information on all current tuberculosis cases including those in correctional facilities.

(xi) Correctional facilities shall work with the department officials to:

- (a) Develop and implement an HIV prevention program;
- (b) Identify persons practicing high-risk behaviors; and
- (c) Counsel such persons in an effort to reduce high-risk

behaviors among inmates; and

(3) Prior to commencement of construction of any correctional facility the person or persons responsible for the control and operating of the facility shall furnish a statement that he or she has consulted with the department concerning the architectural design concerning the feasibility of germicidal lights in appropriate areas.

Authority. Arkansas Code § 20-7-109.

Codification Notes. "HIV" means human immunodeficiency virus.

"IGRA" means Interferon-Gamma Release Assays.

20 CAR § 103-106. Shelter facilities.

(a) The person in charge of each shelter facility shall be responsible for compliance with this part.

(b)(1) Each employee or other worker of a shelter facility who has regular contact with residents or clients shall receive tuberculosis screening and tuberculosis prevention information.

(2) See 20 CAR § 103-101, Definitions.

(c)(1) Prior to employment, each employee or other worker of a shelter facility who has regular contact with residents or clients shall obtain a certificate of health or documented results of tuberculosis screening as outlined in this part.

(2) No annual follow-up testing requirements are necessary and should be substituted with a symptom screening and tuberculosis prevention education.

(d)(1) Each resident of a shelter facility who is likely to remain for a period of at least fourteen (14) days shall, upon arrival, receive tuberculosis screening and tuberculosis prevention information.

(2) See 20 CAR § 103-101, Definitions.

Authority. Arkansas Code § 20-7-109.

20 CAR § 103-107. Related medical facilities.

(a) The person in charge of each facility shall be responsible for compliance with this part.

(b)(1) Each healthcare worker (employee, health worker, medical staff member (physician), etc.) who has contact with patients or clients shall receive:

(A) Baseline tuberculosis screening; and

(B) Tuberculosis prevention information.

(2) See 20 CAR § 103-101, Definitions.

(c)(1) No annual follow-up testing requirements are necessary.

(2) However, the Centers for Disease Control and Prevention guidelines must be followed on symptom screenings and tuberculosis education.

Authority. Arkansas Code § 20-7-109.

20 CAR § 103-108. Control, prevention, and procedures for isolation.

(a) **Involuntary examinations.**

(1) When the state, county, or city health officer shall have reasonable grounds to believe that any person has tuberculosis in active state or in a communicable form and who will not voluntarily seek a medical examination or treatment, the health officer is authorized to cause the person to be apprehended and detained for the necessary tests and examinations, including an approved chest X-ray, sputum examination, and other approved laboratory tests to ascertain the presence of tuberculosis.

(2) If active tuberculosis is found, it shall then be the duty of the health officer to make an investigation of the person to determine whether the conduct of the person is suitable for outpatient therapy or whether control of the case may require isolation.

(b) Petition to isolate patient.

(1) If the health officer finds that the circumstances are not suitable for proper isolation or contagion control of the case by any type of local quarantine and the person will not voluntarily seek medical treatment and is a source of danger to others, then the health officer shall petition the probate court of the county where the person is found to order the admission of the person to any state-owned and operated hospital or any other hospital that is equipped to treat tuberculosis under the conditions enumerated in Arkansas Code § 20-15-707(a).

(2) The health officer shall set forth in a petition a summary of the factual basis of the determination that the circumstances are not suitable for proper contagion control of the case as an outpatient and that the person will not voluntarily seek medical treatment and is a source of danger to others.

(c) Notice of petition and hearing.

(1) Upon receiving the petition, the court shall fix a date for a hearing on the petition and shall cause notice of the petition, with the time and place for hearing to be served personally at least seven (7) days before the hearing, upon the person who is afflicted with tuberculosis and alleged to be dangerous to others.

(2) During the time the petition is pending, the person shall be subject to the local quarantine or restrictions of his or her movements placed on him or her by the health officer for the protection of the public health.

(d) **Hearing.** The petition shall be heard in open court, and the respondent to the petition shall have the privilege of counsel of his or her own selection.

(e) Commitment.

(1) If upon hearing of the petition, the court finds that the circumstances are not suitable for proper isolation or contagion control of the case by any type of local quarantine and that the person will not voluntarily seek medical treatment and is a source of danger to others, the court shall order the commitment of the person to a hospital as petitioned for.

(2) The superintendent of the institution to which the person is committed shall direct that the person be placed apart from others in a room with a properly installed and operational germicidal UV light and restrained from leaving the institution.

(f) Observation of rules required.

(1) A person who is committed to a hospital under the provisions of Arkansas Code § 20-15-701 et seq., shall observe all the rules of the hospital.

(2)(A) The superintendent of the institution may file a complaint in the municipal or justice of peace court against a person committed to the institution, under the provisions of Arkansas Code § 20-15-701 et seq., who willfully violates the rules of the institution or who conducts himself or herself in a disorderly manner.

(B) A person so charged shall have the legal procedural rights of a person charged with disorderly conduct.

(g) Discharge.

(1) The superintendent of the institution to which a person has been committed under Arkansas Code § 20-15-701 et seq., may discharge the person so committed upon signing and placing among the records of the institution a statement that the person has obeyed the rules of the institution and that for the reasons set forth in the statement, in his or her judgment, the person may be discharged without danger to the health and life of others.

(2) The superintendent of the institution shall report each discharge with a full statement of reasons therefore at once to the Secretary of the Department of Health, to the county health officer of the county where the person was committed, and to the clerk of the court from which the person was committed.

(h) Violations of commitment — Penalties.

(1) A person committed to an institution who is found guilty of violating the rules of the institution or of conducting himself or herself in a disorderly manner may be confined for a period not to exceed six (6) months in any place where persons convicted of disorderly conduct may be confined.

(2) Any person committed to an institution pursuant to Arkansas Code § 20-15-701 et seq., who shall leave or attempt to leave the institution without being

properly discharged by the superintendent of the institution or his or her authorized agent, shall be guilty of a misdemeanor and upon conviction shall be imprisoned for a period of not less than six (6) months nor more than one (1) year.

(3)(A) Any person confined or imprisoned pursuant to Arkansas Code § 20-15-710 shall be kept separate and apart from the other inmates of the place of confinement.

(B) Upon completion of the period of confinement, he or she shall be returned to the hospital or sanatorium where originally committed.

(4) Any person confined or imprisoned pursuant to the provisions of Arkansas Code § 20-15-710 may be confined or imprisoned in the hospital where originally committed if facilities for confinement or imprisonment are available at the hospital.

Authority. Arkansas Code § 20-7-109.

Codification Notes. "UV" means ultraviolet.

20 CAR § 103-109. Severability.

If any of the provisions of this part and the application thereof to any person or circumstances is held invalid, such invalidation shall not affect other provisions or applications of this part which can be given effect without the invalid provisions or applications, and to this end the provisions hereto are declared to be severable.

Authority. Arkansas Code § 20-7-109.

20 CAR § 103-110. Repeal.

All rules and any parts of rules in conflict herewith are hereby repealed.

Authority. Arkansas Code § 20-7-109.