

APA-1
11/96

TRANSMITTAL SHEET FOR NOTICE OF INTENDED ACTION

Control 420 Alabama Department of Public Health

Rule Number 420-4-3-.04

Rule Title Reporting

 New XXXX Amend Repeal Adopt by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare or safety? Yes

Is there a reasonable relationship between the state's police power and the protection of the public health, safety or welfare? Yes

Is there another, less restrictive method of regulation available that could adequately protect the public? No

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? No

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? n/a


Are all facts of the rulemaking process designed solely for the purpose of and so they have as their primary effect, the protection of the public? Yes

Does the proposed rule have an economic impact? No

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of §41-22-23, Code of Alabama, 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama, 1975, and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Reference Service.

Signature of Certifying Officer  Date 2/18/2016



FORM APA2
11/96

STATE BOARD OF HEALTH
NOTICE OF INTENDED ACTION

AGENCY NAME: Alabama Department of Public Health

RULE NUMBER AND TITLE: 420-4-3-.04, Reporting


INTENDED ACTION: Amend Rule 420-4-3-.04.

SUBSTANCE OF PROPOSED ACTION: Add Hepatitis C virus to current rule and add Hepatitis C virus test results to Appendix 1.

TIME, PLACE, AND MANNER OF PRESENTING VIEWS: A public hearing will be held March 15, 2016, 9:00 a.m., at the Alabama Department of Public Health, RSA Tower, Suite 1540, 201 Monroe Street, Montgomery, AL 36104.

FINAL DATE FOR COMMENTS AND COMPLETION OF NOTICE: Written or oral comments will be received until the close of the record at 5:00 p.m. on April 5, 2016. All comments and requests for copies of the proposed amendments should be addressed to the contact person listed below.

CONTACT PERSON AT AGENCY: Mary G. McIntyre, M.D., Assistant State Health Officer for Disease Control and Prevention, Department of Public Health, 201 Monroe Street, Suite 1400, Montgomery, Alabama 36104. Telephone number (334) 206-5325.



P. Brian Hale, Agency Secretary

420-4-3-.04 Reporting.

(a) Any IHCW who performs invasive procedures as defined herein shall notify the designee of the SHO by sending a letter marked "Personal and Confidential" to the Director of the Division of Infection Control Bureau of Communicable Disease, Alabama Department of Public Health, 201 Monroe Street, Suite 1400, P.O. Box 303017, Montgomery, Alabama 36130-3017, within 30 days of the time he or she is aware of his or her infection. The letter shall include at a minimum the IHCW's name and diagnosis and information as to how he or she can be contacted. The IHCW shall subsequently make available to the Department all requested documents or records three years old or less and shall cooperate fully with the Department in the investigation. It shall be grounds for revocation, suspension, or restriction of the professional license of any licensed IHCW who shall be found to perform invasive procedures and shall have failed to notify the SHO.

(b) Any physician providing care to any IHCW shall notify the SHO of the infected status of his patient within seven(7) days of the time he or she diagnoses or provides such care. Such notification shall be on forms as designated by the Department and sent to the designee of the SHO by marking the envelope "Personal and Confidential" and sending it to the Director of the Division of Infection Control Bureau of Communicable Disease. (See report form, Appendix 1, which is attached.) Further, the physician shall make available to the Department all requested documents or records three years old or less and shall cooperate fully with the Department in the investigation.

(c) After reporting to the SHO, no IHCW shall perform or assist in performance of an invasive procedure, as defined in (* 1) above, until after an internal Department review by Department staff and written notification from the SHO regarding any necessary practice modification.

Author: Charlotte E. Crysel, Director, Division of Infection Control, Alabama Department of Public Health, Mary G. McIntyre, MD, Assistant State Health Officer for Disease Control and Prevention

Statutory Authority: Code of Ala. 1975, §§22-2-2 (6), 22-11A-2, 22-11A-7, 22-11A-13, 22-11A-14(g), 22-11A-70.

History: New Rule: Filed November 18, 1994; effective December 23, 1994. **Amended:** Filed November 17, 1995; effective December 22, 1995.

APPENDIX 1

**ALABAMA DEPARTMENT OF PUBLIC HEALTH
PHYSICIAN'S NOTIFICATION OF
~~HIV AND/OR HBV~~ INFECTED HEALTH CARE WORKER**

Information: The Infected Health Care Worker Management Act was signed into law on August 24, 1993. The purpose of the law is to prevent transmission of the Human Immunodeficiency Virus (HIV), and Hepatitis B Virus (HBV), and Hepatitis C Virus (HCV), or other disease designated by the State Board of Health from infected health care workers (IHCWs) to patients during the performance of exposure-prone invasive procedures. ~~HBV infection is defined as the presence of the Hepatitis B e antigen for six months or longer.~~ The law mandates "Any physician providing care to an infected health care worker shall notify the State Health Officer about the presence of the infection in the health care worker in a time and manner prescribed by the State Board of Health".

(SEE INSTRUCTIONS ON BACK FOR COMPLETING AND MAILING REPORT)

I. PATIENT INFORMATION:

Name: _____ Sex: Female Male

Address: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____ Social Security Number: . _____

II. EMPLOYMENT INFORMATION:

Occupation: _____

Name of Employer: _____

Address of Employer: _____

III. MEDICAL INFORMATION:

A. DIAGNOSIS:

1) HIV Positive: Yes No

Date of Enzyme Immunoassay (EIA): _____

Date of Western Blot: _____

2) Hepatitis B e-Antigen ~~DNA~~ Positive: ___ Yes ___ No

#1 Test Date: _____

#2 Test Date: _____

3) Hepatitis C Antibody Reactive and HCV RNA: Yes No

#1 Test Date: _____

#2 Test Date: _____

B. PRESENCE OF SYMPTOMS OR CONDITIONS:

___ Dementia

___ Dermatitis (Body Site: _____)

___ Neuropathy

___ Others (Please List): _____

C. PAST HISTORY OF OCCUPATIONAL INJURY TO THE IHCW WHILE PERFORMING INVASIVE PROCEDURES:

___ Yes ___ No ___ Don't Know

SUBMITTING PHYSICIAN: _____
Print or Type

Signature DATE: _____

INSTRUCTIONS: This form is to be completed and returned within seven (7) days of the time a diagnosis is made ~~of HIV or Hepatitis B e-Antigen~~ positivity or provision of care of such. Completed forms are to be sent to the designee of the State Health Officer by marking the envelope "Personal and Confidential" and sending it to:

~~Director, Division of Infection Control Bureau of Communicable Disease~~

Alabama Department of Public Health

~~434 Monree Street~~ 201 Monroe Street, Suite 1400

P.O. Box 303017

Montgomery, Alabama 36130-3017

Invasive Procedures as defined in the Infected Health Care Worker Management Act are:

(1) Those medical or surgical procedures characterized by the digital palpation of a needle tip in a body cavity or by the simultaneous presence of the health care worker's fingers and a needle or other sharp instrument or object in a poorly visualized or highly confined anatomic site.

(2) Invasive dental procedures shall include those that provide the opportunity for an intraoral percutaneous injury to the dental health care worker and could result in blood of the health care worker coming in contact with the blood or mucous membrane of the patient as adopted by the Board of Dental Examiners in rules developed pursuant to Section 11.

(3) These procedures shall not include physical examinations; blood pressure checks; eye examinations; phlebotomy; administering intramuscular, intradermal, or subcutaneous injections; needle aspirations; lumbar punctures; angiographic procedures; vaginal, oral, or rectal exams; endoscopic or bronchoscopic procedures; or placing and maintaining peripheral and central intravascular lines, nasogastric tubes, endotracheal tubes, rectal tubes, and urinary catheters.

**ALABAMA PROCEDURES FOR ASSESSMENT AND PRACTICE MANAGEMENT OF
HBV-, HCV-, AND HIV-, OR OTHER DISEASE SPECIFIED BY THE STATE
BOARD OF HEALTH, INFECTED HEALTH CARE WORKERS (HCWs)
 FLOW CHART OF PROCEDURES**

<p>IHCW</p> <p style="text-align: center;">30 Days</p> <p style="text-align: center;">Invasive Procedures <u>Yes- Performed</u> SHO Convenes ERP and as required issues orders temporarily limiting IHCWs practice</p> <p style="text-align: center;">30 Days</p> <p>ERP</p> <ol style="list-style-type: none"> 1. Confidential hearing 2. Identity of IHCW protected 3. Review of IHCW's practice 4. Recommend limitations on performance of invasive procedures by IHCW 5. Make recommendations regarding need to notify patients who previously may have had an invasive procedure performed by IHCW 6. Report recommendations to SHO 	<p>Reporting Source</p> <p style="text-align: center;">SHO or designee 30 days Initiate Internal Department Review</p>	<p style="text-align: right;">M.D.</p> <p style="text-align: right;">7 Days</p> <p style="text-align: right;">Invasive Procedures <u>No- Performed</u> 1. No ERP Convened 2. No limitation on Practice 3. IHCW to self-report (by law) future performance of invasive procedures 4. InFormation in confidential file 5. Notification of IHCW of results of investigation</p>	
<p style="text-align: center;"><u>Yes - Restrictions</u> SHO Notifies</p> <p style="text-align: center;">30 Days</p> <ol style="list-style-type: none"> 1. IHCW 2. Institution(s) 3. Employer 4. Licensing Board (if applicable) <p>Annual Internal Department Reviews</p>		<p style="text-align: center;"><u>No - Restrictions</u> SHO Notifies</p> <p style="text-align: center;">30 Days</p> <ol style="list-style-type: none"> 1. IHCW 2. Institution(s) 3. Employer 4. Licensing Board (if applicable) <p>Annual Internal Department Reviews</p>	
<p><u>IHCW Compliant with Restrictions</u></p> <ol style="list-style-type: none"> 1. Investigation information sent to: <ol style="list-style-type: none"> a. IHCW b. Institution(s) c. Employer d. Licensing board (if applicable) 2. Annual Internal Department Reviews 	<p><u>IHCW Non-Complaint with Restrictions</u></p> <ol style="list-style-type: none"> 1. Violations reported to appropriate licensing board (if applicable or to employer for disciplinary action 	<p style="text-align: center;"><u>Invasive Yes-Procedures Performed</u> SHO Convenes ERP</p>	<p style="text-align: center;"><u>Invasive No-Procedures Performed</u></p> <ol style="list-style-type: none"> 1. Investigation information sent to: <ol style="list-style-type: none"> a. IHCW b. Institution(s) c. Employer d. Licensing 2. Annual Internal Department Reviews
<p><u>Appeal Process</u></p> <ol style="list-style-type: none"> 1. State Committee of Public Health within 30 days 2. Circuit Court within 30 days 3. Alabama Supreme Court 			