

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

**DIVISION 19**

**INVESTIGATION AND CONTROL OF DISEASES:  
GENERAL POWERS AND RESPONSIBILITIES**

**Disease-Related School, Child Care, and Worksite Restrictions**

**333-019-0010**

**Imposition of Restrictions**

(1) To protect the public health, persons who attend or work at schools or child care facilities or who work at health care facilities or food service facilities shall not attend or work at these facilities whilst in a communicable stage of any restrictable diseases unless authorized to do so as hereunder specified.

(2) At all such facilities, restrictable diseases include: diphtheria, measles, *Salmonella enterica* serotype Typhi infection, shigellosis, Shiga-toxigenic *Escherichia coli* (STEC) infection, hepatitis A, tuberculosis, open or draining skin lesions infected with *Staphylococcus aureus* or *Streptococcus pyogenes*, and any illness accompanied by diarrhea or vomiting.

(3) At schools, child care, and health care facilities, such restrictable diseases shall also include: chickenpox, mumps, pertussis, rubella, and scabies. Children in the communicable stages of hepatitis B infection may be excluded from attending school or child care if, in the opinion of the local health officer, the child poses an unusually high risk to other children (for example, exhibits uncontrollable biting or spitting).

(4) At the discretion of local school authorities or the local public health authority, pediculosis may be considered a school-restrictable condition.

(5) Nothing in these rules prohibits the adoption of more stringent rules regarding exclusion from schools or child care facilities. Such additional restrictions shall require formal certification that the disease or condition in question presents a significant public health risk in that setting. For schools, this action may be taken by the local public health authority or the local school governing body. For child care facilities, this action may be taken by the local public health authority.

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

Stat. Auth.: ORS 413.042, 431.110, 433.004, , 433.329, 433.332, 616.750, & 624.005  
Stats. Implemented: ORS 433.260, 433.407, 433.411 & 433.419

### **333-019-0014**

#### **Removal of Restrictions**

(1) Worksite, child care, and school restrictions can be removed by statement of the local public health administrator that the disease is no longer communicable to others or that adequate precautions have been taken to minimize the risk of transmission.

(2) School or child care restrictions for chickenpox, scabies, staphylococcal skin infections, streptococcal infections, diarrhea, or vomiting may also be removed by a school nurse or health care provider.

(3) Restrictions at health care facilities for chickenpox, scabies, staphylococcal skin infections, streptococcal infections, diarrhea, or vomiting may also be removed by the facility's infection control committee when sufficient measures have been taken to prevent or minimize the transmission of disease, in accordance with written procedures approved by the committee.

(4) In general, restrictions on persons diagnosed with shigellosis or Shiga-toxigenic *Escherichia coli* (STEC) infection, including *E. coli* O157 infection shall not be lifted until no pathogens are identified by a licensed laboratory in two consecutive approved fecal specimens collected not less than 24 hours apart. Such restrictions may be waived or modified at the discretion of the local public health administrator.

(5) Individuals infected with *Salmonella enterica* serotype Typhi (with or without symptoms), hereinafter referred to as "typhoid cases," must, before having a restriction removed, submit fecal specimens and one urine specimen to a licensed laboratory for testing on a schedule specified by the local public health administrator.

(6) A restriction on a typhoid case who is not a chronic carrier must be lifted by the local public health administrator when *Salmonella enterica* serotype Typhi is not identified by a licensed laboratory in any of four successive approved fecal specimens, collected at least 24 hours apart and not earlier than one month after illness onset, and one urine specimen.

(7) A "chronic carrier" is an individual who has fecal specimens test positive for *Salmonella enterica* serotype Typhi more than one year after onset or first diagnosis or on two occasions at least one year apart. A restriction on a chronic carrier may only be removed when *Salmonella enterica* serotype Typhi is not identified by a licensed laboratory in any of six successive approved fecal specimens, collected at least 72 hours apart, and one urine specimen.

Stat. Auth.: ORS 413.042, 431.110, 433.004, 616.010 & 624.005  
Stats. Implemented: ORS 433.004, 433.260 & 433.273

### **Other Disease-Specific Provisions**

#### **333-019-0031**

##### **Acquired Immunodeficiency Syndrome/Human Immunodeficiency Virus**

Investigation of cases of HIV infection or AIDS. Investigations of HIV infection or AIDS shall be conducted to the extent that resources permit. The Authority, or the local public health administrator, will ensure that each identified case is offered prevention, care, and partner counseling and referral services.

**NOTE:** Specific rules regarding reporting requirements for HIV and AIDS may be found in OAR 333-018-0015. Rules regarding informed consent for HIV testing and confidentiality of HIV test results may be found in OAR 333-022-0200 through 333-022-0315.

Stat. Auth.: ORS 431.110, 433.004  
Stats. Implemented: ORS 431.110, 433.004

#### **333-019-0052**

##### **Communication during Patient Transfer of Multidrug-Resistant Organisms**

(1) As used in this rule:

(a) "Facility" means:

- (A) A healthcare facility as that term is defined in ORS 442.015;
- (B) An infirmary (for example, in a jail or prison);
- (C) A residential facility or assisted living facility as those terms are defined in ORS 443.400;
- (D) An adult foster home as that term is defined in ORS 443.705;
- (E) A hospice program as that term is defined in ORS 443.850; and
- (F) Any other facility that provides 24-hour patient care.

(b) "Multidrug-resistant organism" (MDRO) means an organism causing human disease which has acquired antibiotic resistance, as listed and defined in the Centers for Disease Control and

Prevention's *Antibiotic Resistance Threats in the United States, 2013* (Atlanta, GA; 2013). MDROs include but are not limited to:

- (A) Methicillin-resistant *Staphylococcus aureus* (MRSA);
- (B) Vancomycin-resistant *Enterococcus* (VRE);
- (C) Carbapenem-resistant *Enterobacteriaceae* (CRE), as that term is defined in OAR 333-017-0000 sections (10) and (24);
- (D) Multidrug-resistant *Acinetobacter baumannii*;
- (E) Multidrug-resistant *Pseudomonas aeruginosa*;
- (F) Drug-resistant *Streptococcus pneumoniae*;
- (G) Other Gram-negative bacteria producing extended-spectrum beta-lactamases (ESBL); and
- (H) Toxin-producing *Clostridium difficile*.

(c) "Receiving facility" means the facility receiving or admitting the case patient into their care from another facility's care.

(d) "Referring facility" means the facility transferring or discharging the case patient out of its care and into another facility's care.

(e) "Standard Precautions" means the minimum infection prevention measures that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where healthcare is delivered. Standard Precautions include:

- (A) Hand hygiene;
- (B) Use of personal protective equipment (for example, gloves, gowns, facemasks), depending on the anticipated exposure;
- (C) Respiratory hygiene and cough etiquette;
- (D) Safe injection practices; and
- (E) Safe handling of potentially contaminated equipment or surfaces in the patient environment.

(f) "Transmission Based Precautions" means infection control practices that are implemented in addition to Standard Precautions in patients with known or suspected colonization or infection of highly transmissible or epidemiologically important infectious pathogens (for example, CRE, norovirus, *Neisseria meningitidis*) or syndromes (for example, diarrhea) when there is strong evidence that the pathogen or syndrome may be transmitted from person to person via droplet,

contact, or airborne routes in healthcare or non-healthcare settings (Siegel JD, Rhinehart E, Jackson M, Chiarello L, and the Healthcare Infection Control Practices Advisory Committee. *Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings*, 2007).

(2) When a referring facility transfers or discharges a patient who is infected or colonized with a multidrug-resistant organism (MDRO) or pathogen which warrants Transmission Based Precautions, it must include written notification of the infection or colonization to the receiving facility in transfer documents. The referring facility must ensure that the documentation is readily accessible to all parties involved in patient transfer (for example, referring facility, medical transport, emergency department, receiving facility).

(3) When a facility becomes aware that it received in transfer one or more patients with an MDRO or pathogen that warrants Transmission Based Precautions, and that was isolated from a patient specimen collected within 48 hours after transfer, it must notify the referring facility.

(4) When a facility becomes aware that it transferred or discharged one or more patients who have an MDRO or pathogen that warrants Transmission Based Precautions, the referring facility must notify the receiving facility.

(5) If a facility transfers or discharges a patient with *laboratory-confirmed, carbapenemase-producing Enterobacteriaceae*, the facility must notify the local health department communicable disease staff within one working day of the date and destination of the transfer or discharge.

Stat. Auth.: ORS 413.042, 431.110, 433.004, 433.010

Stats. Implemented: ORS 433.004, 433.006, 433.010, 433.110, 442.015, 443.400, 443.705, 443.850,