

Statutes and Regulations

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Introduction

Purpose

Use this section to access Alaska statutes and regulations that pertain to the prevention and control of tuberculosis in Alaska.

Conditions Reportable to Public Health Manual

Basic information and links to both the Alaska Statutes and the Alaska Administrative Code, or regulations, are available in the **Conditions Reportable to Public Health Manual** and will not be included here. Infection control and employee health regulations are included in this section. School screening regulations are in the process of being changed. There has been no requirement for TB screening or testing in Alaska's school since 2019.



Suspected or confirmed cases of tuberculosis are reportable by both health care providers and laboratories in Alaska. See the Surveillance section of this manual for more information **2.8**.



Alaska Statutes and Regulations pertaining to the control of tuberculosis in Alaska are available in the *Conditions Reportable to Public Health Manual* at <http://dhss.alaska.gov/dph/Epi/Documents/pubs/conditions/ConditionsReportable.pdf>



Call the Alaska TB Program for consultation regarding State Statutes and Regulations – 907-269-8000.

Regulations

Infection Control

7 AAC 12.566. Infection control

(a) A home health agency shall develop and implement written policies and procedures applicable to all agency staff that

- (1) minimize the risk of transmitting infection in all patient care or services; and
- (2) provide for the safe handling and disposal of biohazardous and infectious materials.

(b) At least every two years, a home health agency shall verify that its employees, contractors, and volunteers who provide patient care receive training on universal precautions and the prevention, transmission, and treatment of

- (1) human immunodeficiency virus (HIV)
- (2) acquired immunodeficiency virus (AIDS)
- (3) hepatitis; and
- (4) tuberculosis

History: Eff. 9/6/96, Register 139

Authority: [AS 18.05.040](#)



Note: Regulations pertaining to employee health programs in home health agencies or facilities are in the process of being changed

Regulations pertaining to employee health programs in home health agencies or facilities are in the process of being changed. In July 2020, 7 AAC 12.571. Employee health program, was revised to reflect the most current CDC guidance. Health care providers should receive baseline individual TB assessment, symptom screening and TB testing upon hire. Annual TB testing/screening of health care workers is no longer recommended unless there is a known exposure or ongoing exposure in the health care setting. Detailed information is available by opening the link below.



Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019 is available at:

https://www.cdc.gov/mmwr/volumes/68/wr/mm6819a3.htm?s_cid=mm6819a3_w

Employee Health Programs

7 AAC 12.571. Employee health program



NOTE: This regulation is being revised to reflect 2019 CDC recommendations



Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019 is available at:

https://www.cdc.gov/mmwr/volumes/68/wr/mm6819a3.htm?s_cid=mm6819a3_w

7 AAC 12.571. Employee health program

(a) Except as provided in (b) - (e) of this section, a home health agency shall have an employee health program that requires each employee to be tested for pulmonary tuberculosis within the first two weeks of initial employment and annually thereafter. The home health agency shall require contractors performing patient care or services for the agency to have similar standards in place.

(b) An employee who has never had a positive tuberculin skin test result must have a tuberculin Mantoux skin test. A further annual tuberculin testing is not necessary if the

(1) test is negative;

(2) employee is never required to be in a room where a patient or resident might enter; and

(3) employee does not handle clinical specimens from a patient or other material from a patient's room.

(c) An employee who has a positive tuberculin skin test result, or previously had a positive tuberculin skin test result, must have a health evaluation to determine if tuberculosis disease is present. If the presence of tuberculin disease is confirmed, the employee shall be removed from direct contact with patients until the employee has received written verification from a physician that the employee is determined to be noncontagious.

(d) If the employee has previously received appropriate antituberculosis chemotherapy and has no symptoms suggesting that tuberculosis is present, the employee need not have further annual tuberculosis evaluation.

(e) A home health agency that provides care to pregnant women shall document that each employee who provides direct patient care has been immunized against rubella by having on file

(1) a valid immunization certificate signed by a physician or registered nurse listing the date of rubella vaccination;

(2) a copy of a record from a clinic or health center showing the date of rubella vaccination; or

(3) the result of a serologic test showing the employee is immune.

History: Eff. 9/6/96, Register 139

Authority: [AS 18.05.040](#)

7 AAC 12.650. Employee health program



NOTE: This regulation was changed to reflect 2019 CDC recommendations

Regulatory Changes effective 7/04/20

The introductory language of 7 AAC 12.650(a) is amended to read:

7 AAC 12.650. Employee health program. (a) A [EACH] facility must **establish and maintain [HAVE]** an employee health program that

7 AAC 12.650(a) (1) is repealed and adopted to read:

(1) Provides tuberculosis education, screening, testing, evaluation and treatment in accordance with the United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) recommendations for tuberculosis screening and testing of health care personnel; baseline tuberculosis screening for a new employee must occur before the first day of employment.

(Eff. 11/19/83, Register 88; am 7/17/87, Register 103; am 5/24/2007, Register 182; am 9/30/2007, Register 183; am 7/4/2020, Register 235)

Authority: AS 18.05.040 AS 47.32.010 AS 47.32.030

Resources

• Alaska Online Public Notices. Notice of Adopted Changes- Health Facility Employee Tuberculosis Screening & Testing. Filed 6/4/2020; effective 7/4/2020. Available at: <https://aws.state.ak.us/OnlinePublicNotices/Notices/View.aspx?id=198472>

Note: the term “facility” is defined in 7 AAC 12.990 to mean a general acute care hospital, specialized hospital, nursing home, intermediate care facility for the mentally retarded, ambulatory

surgical center, birth center, mental health center, home health agency, rural primary care hospital, and critical access hospital.

(a) Each facility must have an employee health program that

(1) requires each employee to be evaluated within the first two weeks of employment and, except as provided otherwise in this paragraph, annually after that, to detect active cases of pulmonary tuberculosis, as follows:

(A) an employee who has never had a positive tuberculin skin test result shall obtain a tuberculin Mantoux skin test; if the tuberculin skin test result is negative, the employee does not need to have further annual tuberculosis evaluation under this paragraph if the employee's duties never require him or her to be in a room where patients or residents might enter, and if the employee does not handle clinical specimens or other material from patients or from their rooms; an example of such an employee is an administrative person or research worker whose place of work is remote from patient or residential care areas and who does not come in contact with clinical specimens;

(B) an employee who has previously had a positive tuberculin skin test result, or an employee whose tuberculin skin test obtained under (A) of this paragraph has a positive result,

(i) shall have a health evaluation by a health care provider to identify symptoms suggesting that tuberculosis disease is present; the health evaluation must also include evaluation for the presence of any of the following risk factors: evidence of inadequately treated past tuberculosis disease, history of close exposure to a case of communicable pulmonary tuberculosis within the previous two years, history of a negative tuberculin test within the previous two years, diabetes mellitus (severe or poorly controlled), diseases associated with severe immunologic deficiencies, immunosuppressive therapy, silicosis, gastrectomy, excessive alcohol intake, or human immunodeficiency virus infection; if symptoms suggesting tuberculosis disease are present, or if any of the risk factors is present, a chest x-ray shall be obtained as part of the health evaluation and the health care provider shall report the case to the section of epidemiology, division of public health; and

(ii) if the employee has previously received appropriate antituberculosis chemotherapy and has no symptoms suggesting that tuberculosis is present, the employee need not have further annual tuberculosis evaluation under this paragraph; and

(2) requires evidence of immunization against rubella by

(A) a valid immunization certificate signed by a physician listing the date of rubella vaccination;

(B) a copy of a record from a clinic or health center showing the date of vaccination; or

(C) the result of a serologic test approved by the department showing the employee is immune.

(b) The requirement of (a)(2) of this section does not apply to home health agencies, nursing homes, or ambulatory surgical facilities, and, for employees of other facilities, may be waived if a physician signs a certificate that there are medical reasons which dictate that an employee should not be vaccinated against rubella.

History: Eff. 11/19/83, Register 88; am 7/17/87, Register 103

Authority: [AS 18.05.040](#)

[AS 18.20.010](#)

[AS 18.20.060](#)

School Screening



NOTE: School screening regulations are in the process of being changed. There has been NO requirement for TB screening or testing in Alaska's schools since 2019.

7 AAC 27.213 Tuberculosis screening of school children

(a) Each public school district and nonpublic school offering pre-elementary education through the 12th grade, or a combination of these grades, shall assess the tuberculosis status of each child not later than 90 days after school enrollment. The department will inform each public school district and each nonpublic school about the appropriate tuberculosis screening strategy that the district or school shall employ. The strategy may consist of annual health surveys upon registration, PPD skin tests, alternative laboratory-approved methods for assessing tuberculosis status, or a combination of two or more of those approaches. The department will use one or more of the following criteria to determine the required screening strategy for a public school district or nonpublic school:

(1) evidence that prior PPD skin testing of school children in a community served by the district or school demonstrates tuberculosis transmission;

(2) evidence that tuberculosis disease is occurring in a community served by the district or school;

(3) evidence that a community served by the district or school has a history of high rates of tuberculosis when compared to rates of tuberculosis for the United States or this state;

(4) evidence that children from populations having a high risk of tuberculosis are enrolled in the district or school; in this paragraph, "populations having a high risk" includes groups that historically have been medically underserved, homeless persons, foreign-born persons from countries with high rates of tuberculosis, and persons with immune deficiency conditions.

(b) If the results of a health survey indicate an elevated risk for tuberculosis, or if a PPD skin test or other laboratory screening test is positive for tuberculosis, including a test result provided under (e) of this section, the public school district or nonpublic school shall refer the child to a health care provider and notify the department at the department's office in Anchorage.

(c) The public school district or nonpublic school shall record the result of a health survey, PPD skin test, or other laboratory test administered under this section in the permanent health record of the child.

(d) The public school district or nonpublic school shall suspend a child under [AS 14.30.045](#)

(4) if

(1) the district or school has not screened the child for tuberculosis; or

(2) the child or a person acting on behalf of the child fails to provide the district or school, within 30 days after referral under

(b) of this section, a written and signed statement of a health care provider stating that the child is not infectious from tuberculosis to others.

(e) Notwithstanding (a) - (d) of this section, a PPD skin test or alternative laboratory-approved method for assessing tuberculosis status is not required under this section if the child or a person acting on behalf of the child provides the public school district or nonpublic school with documentation showing a

(1) negative result of a PPD skin test administered within the preceding six months;

(2) negative result from an alternative laboratory-approved method administered within the preceding six months for assessing tuberculosis status; or

(3) positive result at any time on the PPD skin test or other alternative laboratory-approved method for assessing tuberculosis status.

(f) A student whose tuberculosis screening outcome obtained under (a) of this section has a positive result shall have a health evaluation by a health care provider. The health care provider shall report the case to the section of epidemiology in the department.

History: Eff. 9/2/82, Register 83; am 2/10/99, Register 149; am 12/29/2013, Register 208

Authority: [AS 14.30.045](#)

[AS 14.30.065](#)

[AS 18.05.040](#)

[AS 44.29.020](#)

Resources and References

Conditions Reportable to Public Health Manual

<http://dhss.alaska.gov/dph/Epi/Documents/pubs/conditions/ConditionsReportable.pdf>