10.06.01.06

.06 General Control Measures.

A. Necessary Action. The Secretary or health officer shall:

(1) Take any action or measure necessary to prevent the spread of communicable disease or to control a reportable disease and condition; and

(2) Issue, when necessary, special instructions for control of a disease or condition.

B. Epidemiologic Investigations.

(1) A health officer shall respond to each reported outbreak or suspected outbreak of disease within the health officer's jurisdiction in order to collect data to assist in establishing adequate control measures.

(2) A health officer shall investigate a reported case or suspect case of a condition as requested by the Secretary.

(3) The Secretary may, in conjunction with the health officers, conduct the epidemiologic investigation for each reported case or suspected case in an outbreak involving two or more jurisdictions or states.

(4) An individual, a business, a facility, or an agency, including a health care provider, school or child care facility personnel, a master of a vessel or aircraft, or a medical laboratory director, shall make available to the Secretary or the health officer all records and information necessary to the epidemiologic response or investigation.

C. The health officer or Secretary shall order cessation of operation of a business or facility determined or suspected to be a threat to public health until the public health threat is determined by the health officer to have ceased.

D. Carrier Approval.

(1) The health officer shall grant or deny approval to a carrier of an infectious agent to work in any of the following occupations involving:

(a) Care of young children;

(b) Care of the elderly;

(c) Food handling; and

(d) Patient care.

(2) The health officer shall grant or deny approval to a carrier of an infectious agent to attend a:

(a) School; or

(b) Child care facility.

(3) The health officer shall consider the following when granting or denying approval to a carrier of an infectious agent to work in occupations or to attend settings listed under §D(1) and (2) of this regulation:

(a) The seriousness of the disease;

(b) The route or routes of transmission of the disease;

(c) The contagiousness of the disease;

(d) The behavior, neurological development and condition, and physical condition of the carrier;

(e) The susceptibility to the disease of those likely to be exposed to the carrier in the occupation or setting;

(f) The precautions that may be taken to minimize or eliminate the danger of transmission; and

(g) Precedents in the practice of public health.

E. Control of Food Handlers. A case with any of the following diseases may not serve or handle, in any manner whatsoever, food intended for public consumption:

(1) Diarrhea caused by Entamoeba histolytica (see Regulation .08 of this chapter);

(2) Cholera;

(3) Disease causing diarrhea, unless physician-certified as noninfectious;

(4) E. coli O157:H7 (see Regulation .08-2 of this chapter);

(5) Hepatitis A (see Regulation .10 of this chapter);

(6) Diarrhea caused by Salmonella (see Regulation .16 of this chapter);

(7) Shigellosis (see Regulation .19 of this chapter);

(8) Streptococcal infection caused by group A beta-hemolytic Streptococcus; and

(9) Typhoid fever or carrier of Salmonella typhi (see Regulation .22 of this chapter).

F. Control of Communicable Diseases in Schools and Child Care Facilities.

(1) The health officer shall:

(a) Maintain the right to make physical inspections of pupils, teachers, or other persons attending, employed, or volunteering in schools or child care facilities whenever, in the judgment of the health officer, the inspections are necessary to investigate a suspected communicable disease; and

(b) Determine whether enrollees, pupils, or other individuals attending schools or child care facilities have received the immunizations required under COMAR 10.06.04, 07.04.01, or 07.04.02.

(2) The principal or other person in charge of any school or child care facility shall comply with a measure or special instruction issued by the health officer under Regulation .06A of this chapter.

G. Use of Sterile Instruments or Equipment. An individual who performs a procedure that penetrates the skin or mucous membrane of another individual shall:

(1) Utilize only sterile instruments or equipment for the procedure;

(2) Discard, after a single use, in accordance with COMAR 10.06.06, 26.13.11, and 26.13.12, any instruments or equipment designed for single use; and

(3) Clean and sterilize before reuse any instruments or equipment designed for multiple use.

H. Skin-Penetrating Body Adornment Procedures—Infection Control.

(1) An individual who performs a skin-penetrating body adornment procedure shall:

(a) Disclose the risks of the procedure, obtain the client's written consent for the performance of the procedure or, in the case of a minor, the consent of the parent or guardian, and retain the consent on file for a period of 3 years and make it available to the health officer, if requested;

(b) Maintain records of the name of the customer, the date and type of procedure performed, and the technician performing the procedure for a period of 3 years and make these records available to the health officer, if requested;

(c) Perform the procedure in a separate, enclosed room that has adequate lighting, and floors, walls, and a ceiling that are constructed to be smooth, impervious, and washable;

(d) Use only sterile instruments, equipment, and bandages;

(e) Wash both hands using soap and running water and dry the hands using individual single-use towels before and after each procedure;

(f) Wear single-use disposable latex or vinyl gloves for each procedure and discard the gloves after the procedure is completed;

(g) Wear a gown and face shield, or goggles and a mask, if spattering of blood is likely to occur during the procedure;

(h) Cleanse the client's skin before and after the procedure;

(i) Discard, after a single use, in accordance with COMAR 10.06.06, 26.13.11, and 26.13.12, any instruments or equipment designed for single use or any blood-soiled article;

(j) Clean and sterilize before reuse any instruments or equipment designed for multiple use;

(k) Provide written after-care instructions to the client;

(l) Use standard precautions in all situations where exposure to blood or body fluids may occur and comply with all applicable State and federal laws and regulations regarding worker protection; and

(m) Post the following notice in a prominent place:

"NOTICE"

Any procedure that involves penetrating the skin, such as body piercing or tattooing, carries some risks.

The risks from such procedures include: pain, bleeding, swelling, infection at the site of the procedure, transmission of blood-borne infections, scarring, and nerve damage.

The technician performing your procedure should:

* Obtain written consent for the procedure.

* Properly wash his/her hands.

* Cleanse your skin.

* Use sterile instruments, equipment, and bandages.

* Use proper technique to prevent infection at the site of the procedure.

* Provide you with written instructions to tell you what to expect about healing and how you should care for the area after the procedure has been done."

(2) An individual who performs a procedure that penetrates the skin or mucous membrane may not:

(a) Perform a procedure on skin or mucous membrane that has a rash, infection, or other lesion;

(b) Perform a procedure when the person performing the procedure has an infected or bleeding lesion on the hands;

(c) Use a styptic pencil or alum block to staunch bleeding; or

(d) Reuse instruments or equipment intended for single use.

(3) The health officer may investigate complaints received regarding compliance with this section.

10.06.01.08-1

.08-1 Campylobacteriosis.

A. Control of a Case.

(1) A physician in attendance upon a case of campylobacteriosis with diarrhea shall instruct the case on the risks of transmission and the prevention of infection, especially proper:

(a) Handwashing;

(b) Handling of raw meat; and

(c) Cleaning of the food-preparation surfaces in contact with raw meat.

(2) A case may not attend a child care facility until the:

(a) Case's fecal cultures are campylobacter-free on two consecutive specimens collected not less than 24 hours apart and not sooner than 48 hours following discontinuation of antibiotics, if antibiotics have been given; or

(b) Health officer approves readmission based on the low likelihood of disease transmission.

(3) A case, with or without diarrhea, may not participate in occupations involving food handling, patient care, or care of young children or the elderly until the:

(a) Case's fecal cultures are campylobacter-free on two consecutive specimens collected not less than 24 hours apart and not sooner than 48 hours following discontinuation of antibiotics, if antibiotics have been given; or

(b) Health officer approves resumption of occupational duties based on the low likelihood of disease transmission.

(4) A health care provider shall report groups of multiple cases to the health officer promptly.

(5) In the setting of multiple cases of diarrhea, the health officer or the Secretary shall investigate potential sources of campylobacter in food, water, raw milk, pets, and other possible environmental sources.

B. Control of Contacts. There is no control of a contact.

C. Infection Control. A health care provider shall use standard precautions when caring for a case with campylobacteriosis.

10.06.01.08-2

.08-2 Escherichia coli O157:H7 and Other Shiga-Like Toxin Producing Enteric Bacteria.

A. Control of a Case.

(1) A case may not attend a child care facility until the:

(a) Case's fecal cultures or stool Shiga-like toxin tests are free of E. coli O157:H7 and other Shiga-like toxin producing enteric bacteria on two consecutive specimens collected not less than 24 hours apart and not sooner than 48 hours following discontinuation of antibiotics, if antibiotics have been given; or

(b) Health officer approves readmission based on the low likelihood of disease transmission.

(2) A case, with or without diarrhea, may not participate in occupations involving food handling, patient care, or care of young children or the elderly until the:

(a) Case's fecal cultures or stool Shiga-like toxin tests are free of E. coli O157:H7 and other Shiga-like toxin producing enteric bacteria on two consecutive specimens collected not less than 24 hours apart and not sooner than 48 hours following discontinuation of antibiotics, if antibiotics have been given; or

(b) Health officer approves resumption of occupational duties based on the low likelihood of disease transmission.

B. Control of Contacts.

(1) The health officer shall require a culture of feces or stool Shiga-like toxin test only from a household member or other close contact who attends a child care facility or whose occupation involves food handling, patient care, or care of young children or the elderly.

(2) A household member or other close contact shall submit for examination two fecal specimens taken at an interval of not less than 24 hours.

(3) If either of the specimens submitted pursuant to §B(2) of this regulation is positive for E. coli O157:H7, other Shiga-like toxin producing enteric bacteria, or Shiga-like toxin, the health officer shall consider the contact to be a case, and the control measures specified in §A of this regulation apply.

(4) A household member or other close contact who currently has diarrhea or who has had an onset of diarrhea in the past 3 weeks may not attend a child care facility until the:

(a) Household member or other close contact is without diarrhea for at least 24 hours and fecal cultures or Shiga-like toxin tests are free of E. coli O157:H7 and other Shiga-like toxin producing enteric bacteria on two consecutive specimens collected not less than 24 hours apart and not sooner than 48 hours following discontinuation of antibiotics, if antibiotics have been given; or

(b) Health officer approves readmission based on the low likelihood of disease transmission.

(5) A contact who currently has diarrhea or who has had an onset of diarrhea within the past week may not participate in occupations involving food handling, patient care, or care of young children or the elderly until the:

(a) Contact is without diarrhea for at least 24 hours and fecal cultures or Shiga-like toxin tests are free of E. coli O157:H7 and other Shiga-like toxin producing enteric bacteria on two consecutive specimens collected not less than 24 hours apart and not sooner than 48 hours following discontinuation of antibiotics, if antibiotics have been given; or

(b) Health officer approves resumption of occupational duties based on the low likelihood of disease transmission.

C. Infection Control. A health care provider shall practice standard precautions.

10.06.01.09

.09 Foodborne and Waterborne Diseases.

A. Control of a Case or Contacts. If one of the following diseases is identified, the health officer shall follow the procedures detailed in this chapter for the specific disease:

(1) Campylobacteriosis;

(2) Hepatitis, viral type A;

(3) Salmonellosis;

(4) Shigellosis;

(5) Trichinosis; and

(6) Typhoid fever.

B. Investigation and Control Measures.

(1) A food establishment as defined in Health-General Article, §21-301, Annotated Code of Maryland, shall provide to the health officer the information the health officer or the Secretary determines to be necessary and pertinent to the investigation.

(2) The health officer or the Secretary shall investigate the source, inspect food establishments, and collect samples of suspected foods and clinical specimens from food service workers and cases or contacts in an effort to determine the cause of a foodborne illness.

(3) The health officer or the Secretary shall submit all samples for laboratory examination.

(4) The health officer or the Secretary may detain a food item, issue a public notice requiring the recall or return of a food item, or prohibit the serving of food at a food service facility, until it is determined whether the food item or the facility is implicated as a source of illness.

10.06.01.16

.16 Salmonellosis.

A. Control of a Case.

(1) The health officer shall restrict or exclude a case with diarrhea due to or presumed due to salmonellosis from:

(a) Attending:

(i) A child care facility; or

(ii) A family day care home; or

(b) Participation in an occupation involving the:

(i) Handling of food; or

(ii) Care of patients, young children, or the elderly.

(2) Unless the health officer restricts or excludes the case when the health officer determines the case to be a risk based on Regulation .06D of this chapter, a case who has been without diarrhea due to or presumed due to salmonellosis for at least 24 hours may:

(a) Attend:

(i) A child care facility; or

(ii) A family day care home; or

(b) Participate in an occupation involving the:

(i) Handling of food; or

(ii) Care of patients, young children, or the elderly.

(3) If a health officer has restricted or excluded a case under §A(1) and (2) of this regulation, the health officer shall approve resumption of child care attendance or occupational duties when:

(a) The case's fecal cultures are Salmonella-free on two consecutive specimens collected not less than 24 hours apart and not sooner than 48 hours following discontinuation of antibiotics, if antibiotics have been given; or

(b) The health officer determines that the likelihood of disease transmission is low.

B. Control of Contacts at Increased Risk of Transmitting Salmonellosis.

(1) The health officer shall restrict or exclude from child care or an occupational setting a contact who has diarrhea, until at least 24 hours after diarrhea ceases, if the contact is in the household of a case or is a close contact:

(a) Who attends:

(i) A child care facility; or

(ii) A family day care home; or

(b) Whose occupation involves:

(i) Food handling; or

(ii) Care of patients, young children, or the elderly.

(2) If an individual is a contact of a case as specified in §B(1) of this regulation, and that individual has diarrhea at the time of the health department's investigation of the case, then the contact shall submit for examination two fecal specimens taken at not less than 24 hours and not sooner than 48 hours following discontinuation of antibiotics if antibiotics have been given.

(3) If either of the specimens referred to in §B(2) of this regulation is positive for Salmonella, the health officer shall consider the contact to be a case, and the control measures specified in §A of this regulation apply.

C. Infection Control. A health care provider shall practice standard precautions.

D. Control of Carriers. A health care provider shall apply the same control measures to carriers as to cases.

10.06.01.19

.19 Shigellosis.

A. Control of a Case.

(1) A case may not attend a child care facility until the case's fecal cultures are Shigella-free on two consecutive specimens collected not less than 24 hours apart and not sooner than 48 hours following discontinuation of antibiotics, if antibiotics have been given, or until the health officer approves readmission based on the low likelihood of disease transmission.

(2) A case, with or without diarrhea, may not participate in occupations involving food handling, patient care, or care of young children or the elderly until the case's fecal cultures are Shigella-free on two consecutive specimens collected not less than 24 hours apart and not sooner than 48 hours following discontinuation of antibiotics, if antibiotics have been given, or until the health officer approves resumption of occupational duties based on the low likelihood of disease transmission.

B. Control of Contacts.

(1) The health officer shall require a culture of feces only from a household member or close contact who attends a child care facility or whose occupation involves food handling, patient care, or care of young children or the elderly.

(2) A contact shall submit for examination two fecal specimens taken at an interval of not less than 24 hours. If either of these specimens is positive for Shigella, the health officer shall consider the contact to be a case, and the control measures specified in §A of this regulation shall apply.

C. Infection Control. A health care provider shall practice standard precautions.

10.06.01.22

.22 Typhoid Fever.

A. Control of a Case.

(1) A case may not attend a child care facility until fecal specimens are Salmonella-free on three consecutive specimens collected not less than 24 hours apart and not sooner than 48 hours following discontinuation of antibiotics, or until the health officer approves readmission based on the low likelihood of transmission.

(2) A case may not participate in occupations involving food handling, patient care, or care of young children or the elderly until fecal specimens are Salmonella-free on three consecutive specimens collected not less than 24 hours apart, and not sooner than 48 hours after discontinuation of antibiotics.

(3) A health officer shall supervise a case and release a case from supervision only after fecal specimens are culture negative for Salmonella typhi on three consecutive specimens collected not less than 24 hours apart, not sooner than 48 hours following discontinuation of antibiotics, and not earlier than 1 month after onset or date of first positive culture if asymptomatic.

(4) If any one of the specimens required in §A(3) of this regulation is positive, at least three consecutive negative cultures of feces at intervals of 1 month within the 12 months following onset shall be required for release from supervision.

(5) If a person continues to excrete Salmonella typhi at 12 months, the requirements of §D of this regulation apply.

B. Control of Contacts of a Case. Household, sexual, and other close contacts of a case may not attend a child care facility or participate in occupations involving food handling, patient care, or care of young children or the elderly until two consecutive cultures of feces taken at least 24 hours apart are negative for Salmonella typhi.

C. Infection Control. A health care provider shall practice standard precautions.

D. Control of Carriers.

(1) A health officer shall:

(a) Monitor the location, occupation, and bacteriological status of a carrier of Salmonella typhi;

(b) Keep a complete file of all pertinent data on the carrier;

(c) Issue written instructions to the carrier concerning the restrictions upon and responsibilities of the carrier;

(d) Notify the carrier of the availability of treatments that may eliminate carriage;

(e) Contact each carrier in the health officer's jurisdiction at intervals of not more than 1 year to check on the carrier's occupation and address and to determine if all instructions are being followed;

(f) Release a carrier from supervision only after there have been three consecutive negative cultures of feces, taken 1 month apart at least 48 hours after antibiotic treatment; and

(g) Forward immediately to the Secretary a report of a carrier who has relocated outside the health officer's territorial jurisdiction for referral to the health officer of the proper jurisdiction.

(2) A case or a case's physician shall submit the fecal specimens to the State Laboratory for the release of a carrier.

(3) A carrier:

(a) May not participate in occupations involving food handling, patient care, or care of young children or the elderly;

(b) Shall abide by Regulation .06D and E; and

(c) Shall keep the health officer informed at all times of the carrier's address and occupation, and shall notify the health officer at once of any change in address or occupation.

E. Control of Contacts of a Carrier.

(1) A health officer shall require culture of feces of those household and close contacts:

(a) Who attend a child care facility; or

(b) Whose occupations involve:

(i) Food handling; or

(ii) Care of patients, young children, or the elderly.

(2) A contact shall submit for examination two fecal specimens taken at an interval of not less than 24 hours.

(3) If either of the specimens required in §E(2) of this regulation is positive for Salmonella typhi, then the health officer shall consider the contact to be a case, and the control measures specified in §A of this regulation apply.