

CHAPTER 1

NOTIFICATION AND SURVEILLANCE OF REPORTABLE COMMUNICABLE
AND INFECTIOUS DISEASES, POISONINGS AND CONDITIONS

[Prior to 7/29/87, Health Department[470]]

641—1.1(139A) Definitions. For the purpose of these rules, the following definitions shall apply:

“Acute hearing loss and tinnitus” means any sudden deafness, hearing loss, or tinnitus due to exposure to noise in the work setting. (International Classification of Diseases, Tenth Edition, (ICD-10) codes H83.3, H90.2, H90.3, H91.2, H93.1, and H93.2)

“Acute or chronic respiratory conditions due to fumes, vapors or dusts” means acute chemical bronchitis, any acute, subacute, or chronic respiratory condition due to inhalation of a chemical fume or vapor, or pneumoconioses not specifically listed elsewhere in these rules. (ICD-10 codes J63.0-J64, J66, and J68.0-J68.9) *“Acute or chronic respiratory conditions due to fumes, vapors or dusts”* excludes those respiratory conditions related to tobacco smoke exposure.

“Agriculturally related injury” means any injury to a farmer, farm worker, farm family member, or other individual which occurred on a farm, or in the course of handling, producing, processing, transporting or warehousing farm commodities.

“Area quarantine” means prohibiting ingress and egress to and from a building or buildings, structure or structures, or other definable physical location, or portion thereof, to prevent or contain the spread of a suspected or confirmed quarantinable disease or to prevent or contain exposure to a suspected or known chemical, biological, radioactive, or other hazardous or toxic agent.

“Carpal tunnel or related neuropathy” means carpal tunnel syndrome, other lesions of the median nerve, ulnar nerve or radial nerve, causalgia or other related neuropathy of the upper limb. (ICD-10 codes G56.0-G56.9)

“Clinical laboratory” means any laboratory performing analyses on specimens taken from the body of a person in order to assess that person’s health status.

“Communicable disease” means any disease spread from person to person or animal to person.

“Contagious or infectious disease” means any contagious or infectious disease which is transmitted by a bloodborne route or by skin-to-skin contact.

“Health care facility” means a health care facility as defined in Iowa Code section 135C.1, an ambulatory surgical center, or a clinic.

“Health care provider” means a person licensed to practice medicine and surgery, osteopathic medicine and surgery, osteopathy, chiropractic, podiatry, nursing, dentistry, optometry, or licensed as a physician assistant, dental hygienist, or acupuncturist.

“Investigation” means an inquiry conducted to determine the specific source, mode of transmission, and cause of a disease or suspected disease occurrence and to determine the specific incidence, prevalence, and extent of the disease in the affected population. *“Investigation”* may also include the application of scientific methods and analysis to institute appropriate control measures.

“Isolation” means the separation of persons or animals presumably or actually infected with a communicable disease, or that are disease carriers, for the usual period of communicability of that disease. Isolation shall be in such places, marked by placards if necessary, and under such conditions to prevent the direct or indirect conveyance of the infectious agent or contagion to susceptible individuals.

“Local board of health” means a county, city, or district board of health.

“Occupationally related asthma, bronchitis or respiratory hypersensitivity reaction” means any extrinsic asthma or acute chemical pneumonitis due to exposure to toxic agents in the workplace. (ICD-10 codes J67.0-J67.9)

“Poison control or poison information center” means any organization or program which has as one of its primary objectives the provision of toxicologic and pharmacologic information and referral services to the public and to health care providers (other than pharmacists) in response to inquiries about actual or potential poisonings.

“*Public health disaster*” means an incident as defined in Iowa Code Supplement section 135.140.

“*Quarantinable disease*” means any communicable disease which presents a risk of serious harm to public health and which may require isolation or quarantine to prevent its spread. “Quarantinable disease” includes but is not limited to cholera; diphtheria; infectious tuberculosis; plague; smallpox; yellow fever; viral hemorrhagic fevers, including Lassa, Marburg, Ebola, Crimean-Congo, South American, and others not yet isolated or named; and severe acute respiratory syndrome (SARS).

“*Quarantine*” means the limitation of freedom of movement of persons or animals that have been exposed to a communicable disease, within specified limits marked by placards, for a period of time equal to the longest usual incubation period of the disease. The limitation of movement shall be in such manner as to prevent the spread of a communicable disease.

“*Raynaud’s phenomenon*” means ischemia of fingers, toes, ears or nose including “vibration white finger” caused by exposure to heat, cold, vibration or other physical agents in the work setting. (ICD-10 code I73.0)

“*Reportable cancers*” means those cancers included in the National Cancer Institute’s Surveillance, Epidemiology and End Results (SEER) Program.

“*Severe skin disorder*” means those dermatoses, burns, and other severe skin disorders which result in death or which require hospitalization or other multiple courses of medical therapy.

“*Sexually transmitted disease or infection*” means a disease or infection that is primarily transmitted through sexual practices.

“*Suspected*” or “*suspected case*” means an individual that presents with clinical signs or symptoms indicative of a reportable or quarantinable disease.

“*Toxic agent*” means any noxious substance in solid, liquid or gaseous form capable of producing illness in humans including, but not limited to, pesticides, heavy metals, organic and inorganic dusts and organic solvents. Airborne toxic agents may be in the form of dusts, fumes, vapors, mists, gases or smoke.

“*Toxic hepatitis*” means any acute or subacute necrosis of the liver or other unspecified chemical hepatitis caused by exposure to nonmedicinal toxic agents other than ethyl alcohol including, but not limited to, carbon tetrachloride, chloroform, tetrachloroethane, trichloroethylene, phosphorus, TNT, chloronaphthalenes, methylenedianilines, ethylene dibromide, and organic solvents. (ICD-10 codes K71.0-K71.9)

641—1.2(139A) Authority. The director of public health is the principal officer of the state to administer disease reporting and control procedures. The State Health Registry of Iowa, administered by the Department of Epidemiology of the College of Public Health at the University of Iowa, is a public health authority for purposes of collecting cancer data in accordance with this chapter.

641—1.3(139A) Reportable diseases. Reportable diseases are those diseases or conditions listed in subrules 1.3(1) and 1.3(2). The director of public health may also designate any disease, condition or syndrome temporarily reportable for the purpose of a special investigation. Each case of a reportable disease is required to be reported to the Iowa Department of Public Health, Lucas State Office Building, 321 E. 12th Street, Des Moines, Iowa 50319-0075, by the physician or other health practitioner attending any person having a reportable disease and by laboratories performing tests identifying reportable diseases.

1.3(1) List of reportable diseases or conditions.

a. Specific communicable diseases.

(1) Common diseases:

Acquired immune deficiency syndrome (AIDS) and AIDS-defining conditions

Aeromonas

Campylobacteriosis

Chlamydia

Cryptosporidiosis

Encephalitis, arboviral
³ Enterococcus invasive disease
Enterohemorrhagic Escherichia coli (non-O157:H7)
³ Escherichia coli O157:H7 related diseases (includes HUS)
Giardiasis
Gonorrhea
³ Group A Streptococcus invasive disease
³⁶ Haemophilus influenza type B invasive disease
Hepatitis, types A, B, C, D, and E
Human immunodeficiency virus (HIV) infection, including HIV-exposed newborn infant (i.e., newborn infant whose mother is infected with HIV)
Legionellosis
Lyme disease
⁶ Measles (rubeola)
³⁶ Meningococcal invasive disease
³ Methicillin-resistant Staphylococcus aureus invasive disease
² Norwalk-like virus
Pertussis
Rabies (animal and human)
³ Salmonellosis (including Typhoid fever)
³ Shigellosis
⁷ Staphylococcus aureus invasive disease
³ Streptococcus pneumoniae invasive disease
Syphilis
Tuberculosis
² Yersinia
(2) Rare diseases:
Anthrax
⁶ Botulism
Brucellosis
⁶ Cholera
⁶ Cyclospora
⁶ Diphtheria
Hansen's disease (Leprosy)
Hantavirus syndromes
³ Listeria monocytogenes invasive disease
Malaria
Mumps
⁶ Plague
⁶ Poliomyelitis
Psittacosis
Rocky Mountain spotted fever
Rubella (including congenital)
Tetanus
Toxic shock syndrome
Trichinosis
⁶ Yellow fever
⁶ Vancomycin-resistant Staphylococcus aureus

Outbreaks of any kind, unusual syndromes, or uncommon diseases

Diseases or syndromes of any kind caused by a biological agent or toxin when the provider reasonably believes or suspects that the agent or toxin may be a result of a deliberate act such as terrorism. Examples of these agents include ricin, tularemia and smallpox.

b. Specific noncommunicable diseases.

Acute or chronic respiratory conditions due to fumes or vapors or dusts

Asbestosis

Birth defect or genetic disease¹⁰

Cancer

Carbon monoxide poisoning

Coal workers pneumoconiosis

Heavy metal poisoning

Hepatitis, toxic

Hypersensitivity pneumonitis (including farmers lung and toxic organic dust syndrome)

Methemoglobinemia

Pesticide poisoning (including pesticide-related contact dermatitis)

Silicosis

Silo fillers disease

Diseases or syndromes of any kind caused by a chemical or radiological agent when the provider reasonably believes or suspects that the agent or toxin may be a result of a deliberate act such as terrorism. Examples of these agents include mustard gas and sarin gas.

c. Specific occupationally related conditions.

Acute hearing loss and tinnitus

Carpal tunnel and related neuropathy¹¹

Asthma, bronchitis or respiratory hypersensitivity reactions

Raynaud's phenomenon¹¹

Severe skin disorder

d. Agriculturally related injuries (work- or non-work-related).

e. Heavy metal poisonings.

(1) Lead poisoning. All analytical values for blood lead analysis shall be reported to the department. Analytical values less than 10 micrograms per deciliter (mg/dL) may be reported as less than 10 micrograms per deciliter (mg/dL) rather than as the actual value. In addition to the analytical value, the following information shall be reported to the department: the date of sample collection, whether the sample is a capillary or venous blood sample, the date of birth and the address of the patient, the name and address of the patient's physician, analytical method used for the analysis, lower quantitation limit of the analytical method, and the quality assurance/quality control values associated with the analysis.

(2) Mercury poisonings.

1. Blood mercury values equal to or greater than 2.8 mcg/dL.

2. Urine mercury values equal to or greater than 20 mcg/L.

(3) Arsenic poisonings.

1. Blood arsenic values equal to or greater than .07 mcg/mL.

2. Urine arsenic values equal to or greater than 100 mcg/L.

3. Twenty-four hour urinary arsenic excretion values equal to or greater than .02 mg/day.

(4) Cadmium poisonings.

1. Blood cadmium values equal to or greater than 5 mcg/L.

2. Urine cadmium values equal to or greater than 10 mcg/L.

(5) Physicians and other health care practitioners are exempted from the requirements of 1.3(1)"e" if the laboratory performing the analysis provides the report containing the required information to the department.

f. Pesticide poisonings.

(1) Organophosphate and carbamate cholinesterase inhibiting pesticides. In using a given analytic method to measure cholinesterase inhibition, measurement techniques often vary among laboratories. For this reason, when a depressed cholinesterase value is found, in addition to reporting the items specified in rule 641—1.3(139A), each laboratory shall provide to the Iowa department of public health evidence of the rational bases upon which the laboratory identified the reported value as depressed. For example, for nonautomated analytic methods, a laboratory may judge that a cholinesterase value is depressed on the basis of the value falling below two standard deviations from the mean value for tests completed by that laboratory on the general unexposed population. For automated methods, such as automated spectrophotometry, for which there are built-in quality control procedures and appropriate literature for determining normality, the laboratory should judge a value as depressed on the basis of such appropriate literature. In all instances, clinical laboratories shall report any test finding which shows a 25 percent depression in red blood cell, plasma or whole blood cholinesterase from preexposure levels.

(2) Other pesticide poisonings. Any herbicide, organochlorine insecticide or metabolite thereof in a clinical specimen taken from a person with a history of overexposure to such pesticides within the 48 hours previous to collection of the specimen. If a laboratory has no information regarding the exposure history of a person, a report of a positive test finding for a herbicide, organochlorine insecticide or metabolite thereof is not required, but is encouraged to be reported if the levels found are consistent with overexposure.

g. Nitrate poisonings. Blood analyses showing greater than 5 percent of total hemoglobin present as methemoglobin.

h. Toxic hepatitis. In cases where a laboratory has been made aware of a prolonged or possible overexposure to carbon tetrachloride, tetrachloroethane, trichloroethylene, phosphorus, TNT, chloronaphthalenes, methylenedianilines, cresol or ethylene dibromide and any abnormal liver tissue biopsy findings which would be attributable to such exposure. If a laboratory has no information on the exposure history of a person, but that person's liver biopsy findings are consistent with exposure to these chemicals, then a laboratory is encouraged, but not required, to report such findings.

i. Noncommunicable respiratory illnesses. Any biopsy of lung tissue indicating prolonged exposure or overexposure to asbestos, silica, silicates, aluminum, graphite, bauxite, beryllium, cotton dust or other textile material, or coal dust.

j. Carbon monoxide (CO) poisoning.

(1) Blood carbon monoxide level equal to or greater than 10 percent carboxyhemoglobin or its equivalent with a breath analyzer test, or

(2) A clinical diagnosis of CO poisoning regardless of any test results.

1.3(2) Other reportable diseases. Physicians are required to report any other disease or condition which is unusual in incidence, occurs in unusual numbers or circumstances, or appears to be of public health concern (such as epidemic diarrhea of the newborn in nurseries or a food poisoning episode) including outbreaks of suspected environmental or occupational illness.

¹ Sexually transmitted disease.

² Diseases that should be reported by the University of Iowa Hygienic Laboratory through the end of calendar year 2002 for purposes of special study.

³ Isolates of organisms from diseases so noted should be sent to the University of Iowa Hygienic Laboratory.

⁴ Diseases that should be reported by the University of Iowa Hygienic Laboratory through the end of calendar year 2002 for purposes of special study.

⁵ Sexually transmitted disease.

⁶ Diseases noted should be reported IMMEDIATELY by telephone 1-800-362-2736.

⁷ Numbers of staphylococcal isolates should be reported to the Department of Public Health on a quarterly basis.

⁸ Isolates of organisms from diseases so noted should be sent to the University of Iowa Hygienic Laboratory.

⁹ Diseases noted should be reported IMMEDIATELY by telephone 1-800-362-2736.

¹⁰ NOTE: For these particular diseases, physicians and other health practitioners should not send a report to the department. The department has delegated to the State Health Registry of Iowa the responsibility for collecting these data through review of

records from hospitals, radiation treatment centers, outpatient surgical facilities, oncology clinics, pathology laboratories, and physician offices. Prior to collecting the data from an office or facility, the State Health Registry of Iowa shall work with the office or facility to develop a process for abstracting records which is agreeable to the office or facility.

- ¹¹ NOTE: In the case of employers with more than 200 employees, cases of carpal tunnel syndrome and related neuropathy and Raynaud's phenomenon may be reported semiannually to the department in summary form. Separate semiannual summary reports shall be provided for each physical location where operations are conducted. Such summary reports shall include a separate count of cases of carpal tunnel syndrome and related neuropathy, and Raynaud's phenomenon, by sex and job category.

641—1.4(135,139A) Reporting and investigation.

1.4(1) Reporting by telephone.

a. Quarantinable diseases. A health care provider and a public, private, or hospital clinical laboratory shall immediately report any confirmed or suspected case of quarantinable disease by telephone to the department's disease notification hotline at 1-800-362-2736. The report shall include all information required by Iowa Code section 139A.3 and the following:

- (1) The stage of the disease process.
- (2) Clinical status.
- (3) Any treatment provided for the disease.
- (4) All household and other known contacts.
- (5) Whether household and other known contacts have been examined and the results of such examinations.

b. Other diseases that carry serious consequences or spread rapidly. A health care provider and a public, private, or hospital clinical laboratory shall immediately report any confirmed or suspected case of a common source epidemic or disease outbreak of unusual numbers by telephone to the department's disease notification hotline at 1-800-362-2736.

1.4(2) Reporting of other reportable diseases. Cases of other reportable diseases and conditions not included in 1.4(1) shall be reported to the department at least weekly by mail, telephone, facsimile, or other secure electronic means. If the department determines that reporting by mail hinders the application of organized control measures to protect the public health, the department may require that the disease or condition be reported by telephone.

1.4(3) Investigation of reportable diseases. A health care provider and a public, private, or hospital clinical laboratory shall assist in a disease investigation conducted by the department, a local board, or local department. A health care provider and a public, private, or hospital clinical laboratory shall provide the department, local board, or local department with all information necessary to conduct the investigation, including but not limited to medical records; exposure histories; medical histories; contact information; and test results necessary to the investigation, including positive, pending, and negative test results.

1.4(4) Each occurrence of a reportable cancer that is diagnosed or treated in an Iowa resident or occurs in a nonresident who is diagnosed or treated in an Iowa facility shall be reported to the State Health Registry of Iowa, administered by the Department of Epidemiology of the College of Public Health at the University of Iowa, by mail, telephone or electronic means.

1.4(5) Issuance of investigatory subpoenas.

a. The department may upon the written request of a local board of health, the state epidemiologist or designee, or the deputy state epidemiologist or designee, subpoena records, reports, or any other evidence necessary to conduct a disease investigation. The subpoena shall be signed by the division director of the division of acute disease prevention and emergency response or the division director's designee following review and approval of the written request for subpoena.

b. A written request for a subpoena shall contain the following:

- (1) The name and address of the person, facility, or entity to which the subpoena will be directed;
- (2) A specific description of the records, reports, or other evidence requested; and
- (3) An explanation of why the documents sought to be subpoenaed are necessary for the department to conduct the disease investigation.

c. Each subpoena shall contain:

- (1) The name and address of the person, facility, or entity to which the subpoena is directed;
- (2) A description of the records, reports, or other evidence requested;
- (3) The date, time, and location for production, inspection, or copying;
- (4) The time within which a motion to quash or modify the subpoena must be filed;
- (5) The signature, address, and telephone number of the division director;
- (6) The date of issuance; and
- (7) A return of service.

d. Process to challenge a subpoena.

(1) Any person who is aggrieved or adversely affected by compliance with the subpoena and who desires to challenge the subpoena must, within five days after service of the subpoena, or before the time specified for compliance if such time is less than five days, file with the department a motion to quash or modify the subpoena. The motion shall describe the reasons why the subpoena should be quashed or modified, and may be accompanied by legal briefs or factual affidavits.

(2) Upon receipt of a timely motion to quash or modify a subpoena, the department may request an administrative law judge to issue a decision. Oral argument may be scheduled at the discretion of the administrative law judge. The administrative law judge may quash or modify the subpoena, deny the motion, or issue an appropriate protective order.

(3) A person aggrieved by a ruling of an administrative law judge who desires to challenge that ruling must appeal the ruling to the department by serving on the department director, either in person or by certified mail, a notice of appeal within ten days after the service of the decision of the administrative law judge. The department director's decision is final for purposes of judicial review.

e. Subpoenas issued under this subrule and requests, motions, and pleadings related to the issuance of subpoenas are confidential pursuant to Iowa Code sections 139A.3 and 22.7.

641—1.5(139A) Reporting forms.

1.5(1) Cases of reportable diseases, poisonings and conditions shall be submitted in a format specified by the department.

1.5(2) Sexually transmitted disease/infection should be reported to the department on a sexually transmitted disease/infection form which is provided to health care providers and laboratories. Since these reports are confidential, they shall be transmitted in sealed envelopes or other secure fashion.

1.5(3) Occupational nurses may submit cases of occupationally related reportable diseases or conditions on report forms provided by the department, or may submit copies of either of the following forms:

- a.* Occupational Safety and Health Act Form No. 101, "Supplementary Record of Occupational Injuries and Illnesses," or
- b.* State of Iowa Form No. L-1WC-1, "Employers Work Injury Report, Employers First Report of Injury."

Copies of report forms listed in paragraph "*a*" or "*b*" will suffice only if the employer of the occupational nurse has already submitted the original reports to the Iowa industrial commissioner.

1.5(4) Reportable cancers shall be reported on the forms developed and distributed by the State Health Registry of Iowa. Data from the report forms will be supplemented with information obtained from records from hospitals, radiation treatment centers, outpatient surgical centers, oncology clinics, pathology laboratories, and physician offices through an abstracting process developed by the State Health Registry of Iowa. Tissue samples may also be submitted under the authority of this rule. The content of the reports shall include, but not be limited to, follow-up data and demographic, diagnostic, treatment, and other medical information.

641—1.6(139A) Who should report.

1.6(1) Health care providers are required by law to report all cases of reportable diseases attended by them.

1.6(2) Hospitals and other health care facilities are required to report cases of reportable diseases.

1.6(3) School nurses are to report suspected cases of reportable diseases occurring among the children supervised.

1.6(4) School officials, through the principal or superintendent as appropriate, are required to report when there is no school nurse.

1.6(5) Laboratories are required to report cases of reportable diseases and results obtained in the examination of all specimens which yield evidence of or are reactive for sexually transmitted diseases.

1.6(6) Poison control and poison information centers are required to report inquiries about cases of reportable diseases received by them.

1.6(7) Medical examiners are required to report their investigatory finding of any death which was caused by or otherwise involved a reportable disease.

1.6(8) Occupational nurses are required to report cases of reportable diseases, if occupationally related.

1.6(9) Occurrences of reportable cancers shall be reported by registrars employed by the State Health Registry of Iowa, registrars employed by health care facilities, and health care providers involved in the diagnosis, care, or treatment of individuals with a reportable cancer.

641—1.7(139A) Treatment of infant eyes. The Iowa department of public health approves 1 percent silver nitrate solution in single-dose ampules or single-use tubes of an ophthalmic ointment containing 1 percent tetracycline or 0.5 percent erythromycin in each conjunctival sac as an ophthalmia prophylactic for newborn infants' eyes. Prophylaxis should be given after birth, but in no instance delayed for more than one hour after delivery. Once applied, none of the above agents used for prophylaxis shall be flushed from the eyes following installation.

This rule is intended to implement Iowa Code section 139A.38.

641—1.8(139A) Isolation. Isolation and quarantine should be consistent with guidelines provided by the Centers for Disease Control and Prevention, Atlanta, Georgia. (Garner JS, Hospital Infection Control Practices Advisory Committee. Guideline for isolation precautions in hospitals. *Infect Control Hosp Epidemiol* 1996; 17:53-80, and *Am J Infect Control* 1996; 24:24-52.)

641—1.9(135,139A) Quarantine and isolation.

1.9(1) *Examination, testing and treatment of quarantinable diseases.*

a. A health care provider who attends an individual with a suspected or active quarantinable disease shall make all reasonable efforts in accordance with guidance from a local health department or the department to examine or cause all household and other known contacts of the individual to be examined by a physician. The physician shall promptly report to the department the results of such examination. If the individual refuses or is unable to undergo examination, the health care provider shall promptly report such information to the department.

b. When required by the department, all contacts not examined by a physician, including all adult and minor contacts, shall submit to a diagnostic test or tests. If any suspicious abnormality is found, steps satisfactory to the department shall be taken to refer the individual promptly to a physician or appropriate medical facility for further evaluation and, if necessary, treatment. The referring health care provider or facility shall notify the receiving health care provider or facility of the suspicious abnormality. When requested by the department, a physician shall report the results of the examination of a contact to the case or suspected case or incident.

c. Upon order of the department or local board of health, an individual with a suspected or active quarantinable disease shall not attend the workplace or school and shall not be present at other public places until the individual receives the approval of the department or a local board of health to engage in such activity. Upon order of the department or local board of health, employers, schools and other public places shall exclude an individual with a suspected or active quarantinable disease. An individual may also be excluded from other premises or facilities if the department or a local board of health determines the premises or facilities cannot be maintained in a manner adequate to protect

others against the spread of the disease.

1.9(2) General provisions.

a. Voluntary confinement. Prior to instituting mandatory isolation or quarantine pursuant to this rule, the department or a local board of health may request that an individual or group of individuals voluntarily confine themselves to a private home or other facility.

b. Quarantine and isolation. The department and local boards of health are authorized to impose and enforce quarantine and isolation restrictions. Quarantine and isolation shall rarely be imposed by the department or by local boards of health. If a quarantinable disease occurs in Iowa, individuals with a suspected or active quarantinable disease and contacts to the case may be quarantined or isolated as the particular situation requires. Any quarantine or isolation imposed by the department or a local board of health shall be established and enforced in accordance with this rule.

1.9(3) Conditions and principles. The department and local boards of health shall adhere to all of the following conditions and principles when isolating or quarantining individuals or a group of individuals:

a. The isolation or quarantine shall be by the least restrictive means necessary to prevent the spread of a communicable or possibly communicable disease to others and may include, but not be limited to, confinement to private homes, other private premises, or public premises.

b. Isolated individuals shall be confined separately from quarantined individuals.

c. The health status of isolated or quarantined individuals shall be monitored regularly to determine if the individuals require further or continued isolation or quarantine.

d. If a quarantined individual subsequently becomes infected or is reasonably believed to have become infected with a communicable or possibly communicable disease, the individual shall be promptly removed to isolation.

e. Isolated or quarantined individuals shall be immediately released when the department or local board of health determines that the individuals pose no substantial risk of transmitting a communicable or possibly communicable disease.

f. The needs of isolated or quarantined individuals shall be addressed in a systematic and competent fashion including, but not limited to, providing adequate food; clothing; shelter; means of communicating with those in and outside of isolation or quarantine; medication; and competent medical care.

g. The premises used for isolation or quarantine shall be maintained in a safe and hygienic manner and shall be designed to minimize the likelihood of further transmission of infection or other harm to isolated or quarantined individuals.

h. To the extent possible, cultural and religious beliefs shall be considered in addressing the needs of individuals in isolation or quarantine premises and in establishing and maintaining the premises.

1.9(4) Isolation or quarantine premises.

a. Sites of isolation or quarantine shall be prominently placarded with isolation or quarantine signs prescribed and furnished by the department and posted on all sides of the building wherever access is possible.

b. An individual subject to isolation or quarantine shall obey the rules and orders of the department or the local board of health and shall not go beyond the isolation or quarantine premises.

c. The department or a local board of health may authorize physicians, health care workers, or others access to individuals in isolation or quarantine as necessary to meet the needs of isolated or quarantined individuals.

d. No individual, other than an individual authorized by the department or a local board of health, shall enter isolation or quarantine premises. If the department has requested the assistance of law enforcement in enforcing the isolation or quarantine, the department shall provide law enforcement personnel with a list of individuals authorized to enter the isolation or quarantine premises.

e. Any individual entering an isolation or quarantine premises with or without authorization of

the department or a local board of health may be isolated or quarantined pursuant to this rule.

1.9(5) Isolation and quarantine by local boards of health.

a. A local board of health may:

- (1) Isolate individuals who are presumably or actually infected with a quarantinable disease;
- (2) Quarantine individuals who have been exposed to a quarantinable disease;
- (3) Establish and maintain places of isolation and quarantine; and
- (4) Adopt emergency rules and issue orders as necessary to establish, maintain, and enforce

isolation or quarantine.

b. Isolation and quarantine undertaken by a local board of health shall be accomplished according to the rules and regulations of the local board of health so long as such rules are not inconsistent with this chapter.

1.9(6) Isolation and quarantine by the Iowa department of public health.

a. Authority.

(1) The department, through the director, the department's medical director, or the director's or medical director's designee, may:

1. Isolate individuals or groups of individuals who are presumably or actually infected with a quarantinable disease; and

2. Quarantine individuals or groups of individuals who have been exposed to a quarantinable disease, including individuals who are unable or unwilling to undergo examination, testing, vaccination, or treatment, pursuant to 2003 Iowa Acts, chapter 33.

(2) The department may:

1. Establish and maintain places of isolation and quarantine; and

2. Adopt emergency rules and issue orders as necessary to establish, maintain, and enforce isolation or quarantine.

(3) Isolation and quarantine undertaken by the department, including isolation and quarantine undertaken by the department in the event of a public health disaster, shall be established pursuant to paragraph 1.9(6)"b" or "c."

b. Temporary isolation and quarantine without notice. The department may temporarily isolate or quarantine an individual or groups of individuals through an oral order, without notice, only if delay in imposing the isolation or quarantine would significantly jeopardize the department's ability to prevent or limit the transmission of a communicable or possibly communicable disease to others. If the department imposes temporary isolation or quarantine of an individual or groups of individuals through an oral order, the department shall issue a written order as soon as is reasonably possible and in all cases within 24 hours of issuance of the oral order if continued isolation or quarantine is necessary to prevent or limit the transmission of a communicable or possibly communicable disease.

c. Written order. The department may isolate or quarantine an individual or groups of individuals through a written order issued pursuant to this rule.

(1) The written order shall include all of the following:

1. The identity of the individual, individuals, or groups of individuals subject to isolation or quarantine.

2. The premises subject to isolation or quarantine.

3. The date and time at which isolation or quarantine commences.

4. The suspected communicable disease.

5. A description of the less restrictive alternatives that were attempted and were unsuccessful, or the less restrictive alternatives that were considered and rejected, and the reasons such alternatives were rejected.

6. A statement of compliance with the conditions and principles for isolation and quarantine specified in subrule 1.9(3).

7. The legal authority under which the order is requested.

8. The medical basis upon which isolation or quarantine is justified.

9. A statement advising the individual, individuals, or groups of individuals of the right to appeal

the written order pursuant to subrule 1.9(7) and the rights of individuals and groups of individuals subject to quarantine and isolation as listed in subrule 1.9(8).

10. A copy of this chapter and the relevant definitions of this rule.

(2) A copy of the written order shall be provided to the individual to be isolated or quarantined within 24 hours of issuance of the order in accordance with any applicable process authorized by the Iowa Rules of Civil Procedure. If the order applies to a group or groups of individuals and it is impractical to provide individual copies, the order may be posted in a conspicuous place in the isolation or quarantine premises.

1.9(7) Appeal from order imposing isolation or quarantine.

a. Contested case. The subject of a department order imposing isolation or quarantine may appeal a written order and has the right to a contested case hearing regarding such appeal. The subject of a department order imposing isolation or quarantine may appeal the order by submitting a written appeal within ten days of receipt of the written order. The appeal shall be addressed to the Department of Public Health, Division of Epidemiology, Emergency Medical Services, and Disaster Operations, Lucas State Office Building, Des Moines, Iowa 50319-0075. Unless stayed by order of the director or a district court, the written order for quarantine or isolation shall remain in force and effect until the appeal is finally determined and disposed of upon its merits.

b. Presiding officer. The presiding officer in a contested case shall be the director or the director's designee. The director or the director's designee may be assisted by an administrative law judge in conducting the contested case hearing. The decision of the director or the director's designee shall be the department's final decision and is subject to judicial review in accordance with the provisions of Iowa Code chapter 17A.

c. Proceeding. The contested case hearing shall be conducted in accordance with the provisions contained at 641—Chapter 173. The hearing shall be held as soon as is practicable, and in no case later than ten days from the date of receipt of the appeal. The hearing may be held by telephonic or other electronic means if necessary to prevent additional exposure to the communicable or possibly communicable disease. In extraordinary circumstances and for good cause shown, the department may apply to continue the hearing date for up to ten additional days on a petition filed pursuant to this rule. The presiding officer may use discretion in granting a continuance giving due regard to the rights of the affected individuals, the protection of the public's health, and the availability of necessary witnesses and evidence.

d. Judicial review. The aggrieved party to the final decision of the department may petition for judicial review of that action pursuant to Iowa Code chapter 17A. Petitions for judicial review shall be filed within 30 days after the decision becomes final.

e. Immediate judicial review of department order. The department acknowledges that in certain circumstances the subject or subjects of a department order may desire immediate judicial review of a department order in lieu of proceeding with the contested case process. The department recognizes that the procedural step of pursuing exhaustion of administrative remedies may be inadequate for purposes of Iowa Code section 17A.19, and the department may consent to immediate jurisdiction of the district court when requested by the subject or subjects of a department order and justice so requires. Unless stayed by order of the director or a district court, the written order for quarantine or isolation shall remain in force and effect until the judicial review is finally determined and disposed of upon its merits.

1.9(8) Rights of individuals and groups of individuals subject to isolation or quarantine. Any individual or group of individuals subject to isolation or quarantine shall have the following rights:

a. The right to be represented by legal counsel.

b. The right to be provided with prior notice of the date, time, and location of any hearing.

c. The right to participate in any hearing. The hearing may be held by telephonic or other electronic means if necessary to prevent additional exposure to the communicable or possibly communicable disease.

d. The right to respond and present evidence and argument on the individual's own behalf in any

- e. The right to cross-examine witnesses who testify against the individual.
- f. The right to view and copy all records in the possession of the department which relate to the subject of the written order.

1.9(9) Consolidation of claims. In any proceeding brought pursuant to this rule, to promote the fair and efficient operation of justice and having given due regard to the rights of the affected individuals, the protection of the public's health, and the availability of necessary witnesses and evidence, the department or a court may order the consolidation of individual claims into group claims, if all of the following conditions exist:

- a. The number of individuals involved or to be affected is so large that individual participation is impractical.
- b. There are questions of law or fact common to the individual claims or rights to be determined.
- c. The group claims or rights to be determined are typical of the affected individuals' claims or rights.
- d. The entire group will be adequately represented in the consolidation.

1.9(10) Implementation and enforcement of isolation and quarantine.

a. *Jurisdictional issues.* The department has primary jurisdiction to isolate or quarantine individuals or groups of individuals if the communicable disease outbreak has affected more than one county or has multicounty, statewide, or interstate public health implications. When imposing isolation or quarantine, the department shall coordinate with the local health department as appropriate. If isolation or quarantine is imposed by the department, a local board of health or local health department may not alter, amend, modify, or rescind the isolation or quarantine order.

b. *Assistance of local boards of health and local health departments.* If isolation or quarantine is imposed by the department, the local boards of health and the local health departments in the affected areas shall assist in the implementation of the isolation or quarantine order.

c. *Assistance of law enforcement.* Pursuant to Iowa Code section 135.35, all peace officers of the state shall enforce and execute a lawful department order for isolation or quarantine within their respective jurisdictions. The department shall take all reasonable measures to minimize the risk of exposure to peace officers and others assisting with enforcement of an isolation or quarantine order.

d. *Penalty.* Pursuant to Iowa Code section 135.38, any individual who knowingly violates a lawful department order for isolation or quarantine, whether written or oral, shall be guilty of a simple misdemeanor. The court-ordered sentence may include a fine of up to \$500 and imprisonment not to exceed 30 days.

e. *Enforcement action.* The department may file a civil action in Polk County district court to enforce a department order for isolation or quarantine. Such action shall be filed in accordance with Iowa Rules of Civil Procedure.

641—1.10(139A) Disinfection. Disinfection should be consistent with guidelines provided by the Centers for Disease Control and Prevention, Public Health Service, U.S. Department of Health and Human Services, Atlanta, Georgia. (Garner JS, Hospital Infection Control Practices Advisory Committee. Guideline for isolation precautions in hospitals. *Infect Control Hosp Epidemiol* 1996; 17:53-80, and *Am J Infect Control* 1996; 24:24-52.)

641—1.11(141A) Contagious or infectious disease notification at time of death. The purpose of this rule is to establish contagious or infectious disease notification requirements for the information of any person handling a dead body.

1.11(1) A health care provider attending a person prior to the person's death shall, at the time of death, place with the body a written notice which specifies or signifies either "known contagious or infectious disease" or "suspected contagious or infectious disease."

1.11(2) The health facility in which the health care provider is working shall be responsible for establishing written procedures and implementing the specific internal practices necessary to satisfy

this notification requirement.

641—1.12(135,137,139A) Quarantine and isolation—model rule for local boards.

1.12(1) Applicability. The provisions of rule 1.12(135,137,139A) are applicable in jurisdictions in which a local board has adopted this rule by reference in accordance with Iowa Code section 137.6. This rule shall not be construed to require a local board to adopt this model rule.

1.12(2) Definitions.

“*Board*” means [insert the name of the city, county, or district board of health].

“*Department*” means the Iowa department of public health.

“*Isolation*” means the separation of persons or animals presumably or actually infected with a communicable disease, or that are disease carriers, for the usual period of communicability of that disease. Isolation shall be in such places, marked by placards if necessary, and under such conditions to prevent the direct or indirect conveyance of the infectious agent or contagion to susceptible individuals.

“*Quarantinable disease*” means any communicable disease which presents a risk of serious harm to public health and which may require isolation or quarantine to prevent its spread. “Quarantinable disease” includes but is not limited to cholera; diphtheria; infectious tuberculosis; plague; smallpox; yellow fever; viral hemorrhagic fevers, including Lassa, Marburg, Ebola, Crimean-Congo, South American, and others not yet isolated or named; and severe acute respiratory syndrome (SARS).

“*Quarantine*” means the limitation of freedom of movement of persons or animals that have been exposed to a communicable disease, within specified limits marked by placards, for a period of time equal to the longest usual incubation period of the disease. The limitation of movement shall be in such manner as to prevent the spread of a communicable disease.

1.12(3) General provisions.

a. Voluntary confinement. Prior to instituting mandatory isolation or quarantine pursuant to this rule, the board may request that an individual or group of individuals voluntarily confine themselves to a private home or other facility.

b. Quarantine and isolation. The board is authorized to impose and enforce quarantine and isolation restrictions. Quarantine and isolation shall rarely be imposed by the board. If a quarantinable disease occurs in Iowa, individuals with a suspected or active quarantinable disease and contacts to the case may be quarantined or isolated as the particular situation requires. Any quarantine or isolation imposed by the board shall be established and enforced in accordance with this rule.

c. The local board of health shall notify, consult and work cooperatively with the Iowa department of agriculture and land stewardship and the state veterinarian office on issues relating to isolation and quarantine of animals.

1.12(4) Conditions and principles. The board shall adhere to all of the following conditions and principles when isolating or quarantining individuals or a group of individuals:

a. The isolation or quarantine shall be by the least restrictive means necessary to prevent the spread of a communicable or possibly communicable disease to others and may include, but is not limited to, confinement to private homes, other private premises, or public premises.

b. Isolated individuals shall be confined separately from quarantined individuals.

c. The health status of isolated or quarantined individuals shall be monitored regularly to determine if the individuals require further or continued isolation or quarantine.

d. If a quarantined individual subsequently becomes infected or is reasonably believed to have become infected with a communicable or possibly communicable disease, the individual shall be promptly removed to isolation.

e. Isolated or quarantined individuals shall be immediately released when the board determines that the individuals pose no substantial risk of transmitting a communicable or possibly communicable disease.

f. The needs of isolated or quarantined individuals shall be addressed in a systematic and competent fashion including, but not limited to, providing adequate food; clothing; shelter; means of

communicating with those in and outside of isolation or quarantine; medication; and competent medical care.

g. The premises used for isolation or quarantine shall be maintained in a safe and hygienic manner and shall be designed to minimize the likelihood of further transmission of infection or other harm to isolated or quarantined individuals.

h. To the extent possible, cultural and religious beliefs shall be considered in addressing the needs of individuals in isolation and quarantine premises and in establishing and maintaining the premises.

1.12(5) Isolation or quarantine premises.

a. Sites of isolation or quarantine shall be prominently placarded with isolation or quarantine signs prescribed and furnished by the department and posted on all sides of the building wherever access is possible.

b. An individual subject to isolation or quarantine shall obey the rules and orders of the board and shall not go beyond the isolation or quarantine premises.

c. The department or the board may authorize physicians, health care workers, or others access to individuals in isolation or quarantine as necessary to meet the needs of isolated or quarantined individuals.

d. No individual, other than an individual authorized by the department or the board, shall enter isolation or quarantine premises. If the department has requested the assistance of law enforcement in enforcing the isolation or quarantine, the department shall provide law enforcement personnel with a list of individuals authorized to enter the isolation or quarantine premises.

e. Any individual entering an isolation or quarantine premises with or without authorization of the department or the board may be isolated or quarantined pursuant to this rule.

1.12(6) Isolation and quarantine.

a. Authority. The board may:

- (1) Isolate individuals who are presumably or actually infected with a quarantinable disease;
- (2) Quarantine individuals who have been exposed to a quarantinable disease;
- (3) Establish and maintain places of isolation and quarantine; and
- (4) Adopt emergency rules and issue orders as necessary to establish, maintain, and enforce isolation or quarantine.

b. Isolation and quarantine undertaken by the board shall be accomplished in accordance with this rule.

c. Temporary isolation and quarantine without notice. The board may temporarily isolate or quarantine an individual or groups of individuals through an oral order, without notice, only if delay in imposing the isolation or quarantine would significantly jeopardize the board's ability to prevent or limit the transmission of a communicable or possibly communicable disease to others. If the board imposes temporary isolation or quarantine of an individual or groups of individuals through an oral order, the board shall issue a written order as soon as is reasonably possible and in all cases within 24 hours of issuance of the oral order if continued isolation or quarantine is necessary to prevent or limit the transmission of a communicable or possibly communicable disease.

d. Written order. The board may isolate or quarantine an individual or groups of individuals through a written order issued pursuant to this rule.

(1) The written order shall include all of the following:

1. The identity of the individual, individuals, or groups of individuals subject to isolation or quarantine.

2. The premises subject to isolation or quarantine.

3. The date and time at which isolation or quarantine commences.

4. The suspected communicable disease.

5. A description of the less restrictive alternatives that were attempted and were unsuccessful, or the less restrictive alternatives that were considered and rejected, and the reasons such alternatives were rejected.

6. A statement of compliance with the conditions and principles for isolation and quarantine specified in subrule 1.12(4).

7. The legal authority under which the order is requested.

8. The medical basis upon which isolation or quarantine is justified.

9. A statement advising the individual, individuals, or groups of individuals of the right to appeal the written order pursuant to subrule 1.12(7) and the rights of individuals and groups of individuals subject to quarantine and isolation as listed in subrule 1.12(8).

10. A copy of this rule and the relevant definitions.

(2) A copy of the written order shall be provided to the individual to be isolated or quarantined within 24 hours of issuance of the order in accordance with any applicable process authorized by the Iowa Rules of Civil Procedure. If the order applies to a group or groups of individuals and it is impractical to provide individual copies, the order may be posted in a conspicuous place in the isolation or quarantine premises.

1.12(7) Appeal from order imposing isolation or quarantine.

a. Appeal. The subject of a board order imposing isolation or quarantine may appeal a written order by submitting a written appeal within ten days of receipt of the written order. The appeal shall be addressed to [insert name of board and board address]. Unless stayed by order of the board or a district court, the written order for quarantine or isolation shall remain in force and effect until the appeal is finally determined and disposed of upon its merits.

b. Proceeding. The appeal proceeding shall be conducted in accordance with this rule [or insert specific board rule governing appeal proceedings]. The proceeding shall be held as soon as is practicable, and in no case later than ten days from the date of receipt of the appeal. The hearing may be held by telephonic or other electronic means if necessary to prevent additional exposure to the communicable or possibly communicable disease. In extraordinary circumstances and for good cause shown, the board may continue the proceeding date for up to ten days, giving due regard to the rights of the affected individuals, the protection of the public's health, and the availability of necessary witnesses and evidence. At the appeal proceeding, the subject of the appeal shall have the right to introduce evidence on all issues relevant to the order. The board, by majority vote, may modify, withdraw, or order compliance with the order under appeal.

c. Judicial review. The aggrieved party to the final decision of the board may petition for judicial review of that action by filing an action in the appropriate district court. Petitions for judicial review shall be filed within 30 days after the decision becomes final.

d. Immediate judicial review of board order. The board acknowledges that in certain circumstances the subject or subjects of a board order may desire immediate judicial review of a board order in lieu of proceeding with the board's appeal process. The board may consent to immediate jurisdiction of the district court when requested by the subject or subjects of a board order and justice so requires. Unless stayed by order of the board or a district court, the written order for quarantine or isolation shall remain in force and effect until the judicial review is finally determined and disposed of upon its merits.

1.12(8) Rights of individuals and groups of individuals subject to isolation or quarantine. Any individual or group of individuals subject to isolation or quarantine shall have the following rights:

a. The right to be represented by legal counsel.

b. The right to be provided with prior notice of the date, time, and location of any hearing.

c. The right to participate in any hearing. The hearing may be held by telephonic or other electronic means if necessary to prevent additional exposure to the communicable or possibly communicable disease.

d. The right to respond and present evidence and argument on the individual's own behalf in any hearing.

e. The right to cross-examine witnesses who testify against the individual.

f. The right to view and copy all records in the possession of the board which relate to the subject of the written order.

1.12(9) Consolidation of claims. In any proceeding brought pursuant to this rule, to promote the fair and efficient operation of justice and having given due regard to the rights of the affected individuals, the protection of the public's health, and the availability of necessary witnesses and evidence, the board or a court may order the consolidation of individual claims into group claims, if all of the following conditions exist:

- a. The number of individuals involved or to be affected is large enough that consolidation would be the best use of resources.
- b. There are questions of law or fact common to the individual claims or rights to be determined.
- c. The group claims or rights to be determined are typical of the affected individuals' claims or rights.
- d. The entire group will be adequately represented in the consolidation.

1.12(10) Implementation and enforcement of isolation and quarantine.

a. *Jurisdictional issues.* The department has primary jurisdiction to isolate or quarantine individuals or groups of individuals if the communicable disease outbreak has affected more than one county or has multicounty, statewide, or interstate public health implications. If isolation or quarantine is imposed by the department, the board may not alter, amend, modify, or rescind the isolation or quarantine order.

b. *Assistance of local boards of health and local health departments.* If isolation or quarantine is imposed by the department, the local boards of health and the local health departments in the affected areas shall assist in the implementation of the isolation or quarantine order.

c. *Penalty.* Pursuant to Iowa Code sections 137.21 and 139A.25(1), any individual who violates a lawful board order for isolation or quarantine, whether written or oral, shall be guilty of a simple misdemeanor. The court-ordered sentence may include a fine of up to \$500 and imprisonment not to exceed 30 days.

d. *Enforcement action.* The board, through the office of the county attorney, may file a civil action in the appropriate district court to enforce a board order for isolation or quarantine. Such action shall be filed in accordance with Iowa Rules of Civil Procedure.

641—1.13(135,139A) Area quarantine.

1.13(1) General provisions. The department and local boards of health are authorized to impose and enforce area quarantine in accordance with this rule. Area quarantine shall rarely be imposed by the department or by local boards of health.

1.13(2) Conditions and principles. The department and local boards of health shall adhere to all of the following conditions and principles when imposing and enforcing area quarantine:

a. Area quarantine shall be imposed by the least restrictive means necessary to prevent or contain the spread of a suspected or confirmed quarantinable disease or suspected or known hazardous or toxic agent.

b. Area quarantine shall be immediately terminated when the department or a local board of health determines that no substantial risk of exposure to a quarantinable disease or hazardous or toxic agent continues to exist.

c. The geographical boundaries of an area quarantine shall be established by risk assessment procedures including medical and scientific analysis of the quarantinable disease or hazardous or toxic agent, the location of the affected area, the risk of spread or contamination, and other relevant information.

1.13(3) Area quarantine sites.

a. Sites of area quarantine shall be prominently identified to restrict ingress and egress to and from the area, to the extent practicable. The department or a local board of health may placard or otherwise identify the site, or may request the assistance of law enforcement in identifying the site.

b. No individual, other than an individual authorized by the department or a local board of health, shall enter a building, structure, or other physical location subject to area quarantine. The department or a local board of health may authorize public health officials, environmental specialists,

health care providers, or others access to an area quarantine site as necessary to conduct public health investigations, to decontaminate the site, or for other public health purposes. Notwithstanding any provision in this chapter to the contrary, law enforcement, fire service, and emergency medical service providers may enter an area quarantine site to provide emergency response services or to conduct emergency law enforcement investigations or other emergency activities without authorization by the department or a local board of health. If the department has requested the assistance of law enforcement in enforcing the area quarantine, the department shall provide law enforcement personnel with a list of individuals authorized to enter the area quarantine site.

c. An individual authorized to enter an area quarantine site may be required to wear personal protective equipment as appropriate.

d. No individual, other than an individual authorized by the department or a local board of health, shall remove any item or object from a building, structure, or other physical location subject to area quarantine.

e. An individual entering an area quarantine site without authorization of the department or a local board of health may be isolated or quarantined pursuant to rule 1.9(135,139A) and may be found guilty of a simple misdemeanor.

1.13(4) Area quarantine by local boards of health or the department of public health.

a. Authority.

(1) The department, through the director, the department's medical director, or the director or medical director's designee, may impose area quarantine through oral or written order. Prior to imposing area quarantine, the department shall attempt to notify the local board or boards of health in the affected geographic area. If attempts to notify the local boards of health are initially unsuccessful, the department shall continue to make regular notification attempts until successful.

(2) A local board of health may impose area quarantine through oral or written order. Prior to imposing area quarantine, a local board of health shall attempt to notify the department by contacting the director, medical director, or department duty officer by telephone. If attempts to notify the department are initially unsuccessful, the local board of health shall continue to make regular notification attempts until successful.

b. Temporary area quarantine without notice. The department or a local board of health may temporarily impose area quarantine through an oral order, without notice, only if delay in imposing area quarantine would significantly jeopardize the department's or local board's ability to prevent or contain the spread of a suspected or confirmed quarantinable disease or to prevent or contain exposure to a suspected or known hazardous or toxic agent. If the department or local board imposes temporary area quarantine through an oral order, a written order shall be issued as soon as is reasonably possible and in all cases within 24 hours of issuance of the oral order if continued area quarantine is necessary.

c. Written order. The department or local board may impose area quarantine through a written order issued pursuant to this rule.

(1) The written order shall include all of the following:

1. The building or buildings, structure or structures, or other definable physical location, or portion thereof, subject to area quarantine.

2. The date and time at which area quarantine commences and the date and time at which the area quarantine shall be terminated, if known.

3. The suspected or confirmed quarantinable disease or the chemical, biological, radioactive, or other hazardous or toxic agent.

4. A statement of compliance with the conditions and principles for area quarantine specified in subrule 1.13(2).

5. The legal authority under which the order is imposed.

6. The medical or scientific basis upon which area quarantine is justified.

7. A statement advising the owner or owners of the building or buildings, structure or structures, or other definable physical location subject to area quarantine of the right to appeal the written order pursuant to subrule 1.13(5) and the rights of owners of sites subject to area quarantine pursuant to

subrule 1.13(6).

8. A copy of 641—Chapter 1 and the relevant provisions of this rule.

(2) A copy of the written order shall be provided to the owner or owners of the building or buildings, structure or structures, or other definable physical location subject to area quarantine within 24 hours of issuance of the order in accordance with any applicable process authorized by the Iowa Rules of Civil Procedure; or, if the order applies to a group of owners and it is impractical to provide individual notice to each owner, the written order shall be posted in a conspicuous place at the site of area quarantine.

1.13(5) Appeal from order imposing area quarantine.

a. Contested case. The subject of a department order imposing area quarantine may appeal a written order and has the right to a contested case hearing regarding such appeal. The subject of a department order imposing area quarantine may appeal the order by submitting a written appeal within 10 days of receipt or other notice of the written order. The appeal shall be addressed to the Department of Public Health, Division of Acute Disease Prevention and Emergency Response, Lucas State Office Building, Des Moines, Iowa 50319-0075. Unless stayed by order of the director or a district court, the written order for area quarantine shall remain in force and effect until the appeal is finally determined and disposed of upon its merits.

b. Presiding officer. The presiding officer in a contested case shall be the director or the director's designee. The director or the director's designee may be assisted by an administrative law judge in conducting the contested case hearing. The decision of the director or the director's designee shall be the agency's final decision and is subject to judicial review in accordance with the provisions of Iowa Code chapter 17A.

c. Proceeding. The contested case hearing shall be conducted in accordance with the provisions contained at 641—Chapter 173. The hearing shall be held as soon as is practicable, and in no case later than 10 days from the date of receipt of the appeal. In extraordinary circumstances and for good cause shown, the department may apply to continue the hearing date on a petition filed pursuant to this paragraph for up to 10 days, which continuance the presiding officer may grant in its discretion giving due regard to the rights of the affected individuals, the protection of the public's health, and the availability of necessary witnesses and evidence.

d. Judicial review. The aggrieved party to the final decision of the department may petition for judicial review of that action pursuant to Iowa Code chapter 17A. Petitions for judicial review shall be filed within 30 days after the decision becomes final.

e. Immediate judicial review of department order. The department acknowledges that in certain circumstances the subject or subjects of a department order may desire immediate judicial review of a department order in lieu of proceeding with the contested case process. The department recognizes that the procedural step of pursuing exhaustion of administrative remedies may be inadequate for purposes of Iowa Code section 17A.19, and the department may consent to immediate jurisdiction of the district court when requested by the subject or subjects of a department order and justice so requires. Unless stayed by order of the director or a district court, the written order for area quarantine shall remain in force and effect until the judicial review is finally determined and disposed of upon its merits.

1.13(6) Rights of owners of sites subject to area quarantine. An owner of a building, structure, or other physical location subject to area quarantine shall have the following rights:

- a.* The right to be represented by legal counsel.
- b.* The right to be provided with prior notice of the date, time, and location of any hearing.
- c.* The right to participate in any hearing.
- d.* The right to respond and present evidence and argument on the owner's own behalf in any hearing.
- e.* The right to cross-examine witnesses who testify against the individual.
- f.* The right to view and copy all records in the possession of the department which relate to the subject of the written order.

1.13(7) Consolidation of claims. In any proceeding brought pursuant to this rule, to promote the fair and efficient operation of justice and having given due regard to the rights of the affected individuals, the protection of the public's health, and the availability of necessary witnesses and evidence, the department or a court may order the consolidation of individual claims into group claims, if all of the following conditions exist:

- a. The number of individuals involved or who may be affected is so large that individual participation is impractical.
- b. There are questions of law or fact common to the individual claims or rights to be determined.
- c. The group claims or rights to be determined are typical of the affected individuals' claims or rights.
- d. The entire group will be adequately represented in the consolidation.

1.13(8) Implementation and enforcement of area quarantine.

a. *Jurisdictional issues.* The department has primary jurisdiction to impose area quarantine if the quarantinable disease or hazardous or toxic agent has affected more than one county and implicates multicounty or statewide public health concerns. If area quarantine is imposed by the department, a local board of health or local health department may not alter, amend, modify, or rescind the area quarantine order.

b. *Assistance of local boards of health and local health departments.* If area quarantine is imposed by the department, the local boards of health and the local health departments in the affected areas shall assist in the implementation of the area quarantine.

c. *Assistance of law enforcement.* Pursuant to Iowa Code section 135.35, all peace officers of the state shall enforce and execute a lawful department order for area quarantine within their respective jurisdictions. The department shall take all reasonable measures to minimize the risk of individual exposure of peace officers and others assisting with enforcement of an area quarantine order.

d. *Emergency response, investigation, and decontamination—authority of other agencies.* Emergency response, investigation, and decontamination activities in and around an area quarantine site shall be conducted by law enforcement, fire service, emergency medical service providers, or other appropriate federal, state, or local officials in accordance with federal and state law and accepted procedures and protocols for emergency response, investigation, and decontamination. This rule shall not be construed to limit the authority of law enforcement, fire service, emergency medical service providers, or other federal, state, or local officials to conduct emergency response, investigation, or decontamination activities to the extent authorized by federal and state law and accepted procedures and protocols.

e. *Penalty.* Pursuant to Iowa Code section 135.38, any individual who knowingly violates a lawful department order for area quarantine, whether written or oral, shall be guilty of a simple misdemeanor. The court-ordered sentence may include a fine of up to \$500 and imprisonment not to exceed 30 days.

f. *Enforcement action.* The department may file a civil action in Polk County District Court to enforce a department order for area quarantine. Such action shall be filed in accordance with Iowa Rules of Civil Procedure.

These rules are intended to implement Iowa Code Supplement sections 135.140, 135.144, and 139A.2 and Iowa Code sections 135.11(4), 139A.3, 139A.4, 139A.5, 139A.9, 139A.21, 139A.31, 141A.1, 141A.2 and 141A.5.

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