

**RULES
OF
TENNESSEE DEPARTMENT OF HEALTH
HEALTH SERVICES ADMINISTRATION
COMMUNICABLE AND ENVIRONMENTAL DISEASE SERVICES**

**CHAPTER 1200-14-01
COMMUNICABLE AND ENVIRONMENTAL DISEASES**

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1200-14-01-.01 DEFINITION OF TERMS.

- (1) For the purpose of these regulations the terms used herein are defined as follows:
 - (a) Carrier - A person who harbors, or who is reasonably believed by the Commissioner, health officer, or designee to harbor a specific pathogenic organism and who is potentially capable of spreading the organism to others, whether or not there are presently discernible signs and symptoms of the disease.
 - (b) Case - An instance of an individual or group of individuals who have contracted a reportable disease, health disorder or condition under investigation by CEDS.
 - (c) CEDS - Communicable and Environmental Disease Services in the Bureau of Health Services Administration of the Tennessee Department of Health, or its successor agency.
 - (d) Commissioner - Means the Commissioner of the Tennessee Department of Health or a designated representative.
 - (e) Communicable Disease - An illness due to an infectious agent or its toxic products which is transmitted directly or indirectly to a well person from an infected person or

(Rule 1200-14-01-.01, continued)

animal, or through the agency of an intermediate animal host, vector, or inanimate environment.

- (f) Contact - Any person or animal known to have been in such association with a person or animal reasonably suspected of being infected with a disease-causing agent as to have had the opportunity of acquiring the infection.
- (g) Contamination - The presence of a pathogenic agent on a body surface on or in an inanimate article or substance.
- (h) Cultures or Specimens - Material taken from any source and cultured or otherwise examined for the purpose of determining the presence of an organism or organisms or other evidence of infection or disease.
- (i) Department - All references to the Department in these regulations shall refer to the Tennessee Department of Health.
- (j) Disinfestation - Any physical or chemical-process by which undesired animal forms, especially arthropods or rodents, present upon the person, the clothing, or in the environment of an individual or on domestic animals, may be destroyed upon the person, his clothing, upon the animal or in the environment of the person.
- (k) Epidemic (or Disease Outbreak) - The occurrence in a community or region of one or more cases of illness that is in excess of normal expectancy.
- (l) Event - An occurrence of public health significance and required by the Commissioner to be reported in the List.
- (m) Healthcare Provider - All persons, facilities and entities regulated pursuant to the provisions of Title 63 and 68, including but not limited to medical doctors, chiropractors, dentists, nurses, nurse practitioners, osteopathic physicians, pharmacists, laboratory personnel, veterinarians, dispensing opticians, nursing home administrators, physician assistants, respiratory care practitioners, clinical perfusionists, and midwives.
- (n) Inapparent or Subclinical Infection - A person or animal has an inapparent or subclinical infection when the infectious agent has so mild an effect that even though infection is present and identifiable by laboratory means, it is undetected clinically.
- (o) Incidence - The number of cases of disease, of infection, or other event occurring during a prescribed time period, in relation to the unit of population in which they occur; thus the incidence of tuberculosis expressed as a rate is the number of new cases reported per 100,000 population per year.
- (p) Infectious Agent - A viable pathogen capable of producing infection or disease.
- (q) Infected Person - Infected persons include patients or sick persons, persons with inapparent (or subclinical) infection and carriers.
- (r) Infection - The entry and development or multiplication of a particular pathogen in the body of man or animal.
- (s) Isolation - The separation for the period of communicability of infected persons, or persons reasonably suspected to be infected, from other persons, in such places and under such conditions as will prevent the direct or indirect conveyance of the infectious agent from infected persons to other persons who are susceptible or who may spread the agent to others.

(Rule 1200-14-01-.01, continued)

- (t) List - Means the List of Reportable Disease and Reporting Mechanisms as set forth by the Commissioner.
- (u) Local Health Authority - The administrative officer of the local health department appointed by the Commissioner with the duty of executing health programs and enforcing local and Departmental health regulations. If qualified, the health director may be designated also to serve as the health officer.
 1. Local Health Director - The administrative officer of the local health department appointed by the Commissioner with the duty of executing health programs and enforcing local and Departmental health regulations. If qualified, the health director may be designated also to serve as the health officer.
 2. Local Health Officer - A licensed doctor of medicine or osteopathy appointed by the Commissioner to provide medical direction and medical enforcement for the local health department.
 3. Local Board of Health - An optional board established by local legislative bodies. The board of health may adopt local rules and regulations to protect the general health and safety of citizens. The board of health has the duty to enforce local and Departmental rules and regulations through the local health director and/or the local health officer.
- (v) Period of Communicability - The time during which an infectious agent may be transmitted from an infected person to others.
- (w) Quarantine - Limitation of freedom of movement or isolation of a person, or preventing or restricting access to premises upon which the person, cause or source of a disease may be found, for a period of time as may be necessary to confirm or establish a diagnosis, to determine the cause or source of a disease, and/or to prevent the spread of a disease. These limitations may be accomplished by placing a person in a health care facility or a supervised living situation, by restricting a person to the person's home, or by establishing some other situation appropriate under the particular circumstances.
- (x) Reportable disease - Any disease which is communicable, contagious, subject to isolation or quarantine, or epidemic, and required by the Commissioner to be reported in the List.
- (y) Reservoir of Infection - Reservoirs of infection are humans, animals, insects, plants, soil, or inanimate organic matter, in which an infectious agent lives and multiplies and depends primarily for survival, reproducing itself in such manner that it can be transmitted to man.
- (z) Source of Infection - The person, animal, object, item, or substance from which an infectious agent passes immediately to a host.
- (aa) Susceptible - A person or animal not known to be immune to a specific disease.
- (bb) Suspect - A person whose medical history and symptoms, examination or diagnostic tests suggest may have or may be developing a reportable disease.

Authority: T.C.A. §§ 4-5-202, 68-1-103, 68-1-104, 68-1-201, and 68-5-104. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 14, 1977; effective May 16, 1977. Amendment filed April 20, 1987; effective June 4,

(Rule 1200-14-01-.01, continued)

1987. Amendment filed July 10, 1995; effective November 28, 1995. Amendment filed March 30, 2004; effective July 29, 2004. Emergency rule filed October 8, 2009; effective through April 6, 2010. Amendment filed December 29, 2009; effective March 29, 2010.

1200-14-01-.02 REPORTABLE DISEASES.

- (1) All healthcare providers and other persons knowing of or suspecting a case, culture, or specimen of a reportable disease or event shall report that occurrence to the Department of Health in the time and manner set forth by the Commissioner in the List.
- (2) The Commissioner shall re-evaluate, update, and post the List at least annually and from time to time as appropriate. The Commissioner shall post the annual update on or before November 15th of each year and this new List shall become effective starting January 1st of the following year. If the Commissioner posts an updated List more frequently than on an annual basis, then the updated List will become effective on the date stated in the List. The List shall be available online at the Department of Health's web page and in print.

Authority: T.C.A. §§ 4-5-202, 68-1-103, 68-1-104, 68-1-201, 68-5-101, 68-5-104, 68-5-104(a), 68-5-107, 68-5-112, 68-10-112, and 68-29-107. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987. Amendment filed July 10, 1995; effective November 28, 1995. Amendment filed December 19, 1998; effective April 30, 1998. Amendment filed March 31, 2000; effective June 14, 2000. Amendment filed August 29, 2003; effective December 29, 2003. Amendment filed March 30, 2004; effective July 29, 2004. Amendment to rule 1200-14-01-.02 filed July 30, 2004; effective November 26, 2004. Emergency rule filed October 8, 2009; effective through April 6, 2010. Amendment filed December 29, 2009; effective March 29, 2010.

1200-14-01-.03 REPEALED.

Authority: T.C.A. § 68-5-104(a). **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987. Amendment filed March 31, 2000; effective June 14, 2000. Emergency rule filed October 8, 2009; effective through April 6, 2010. Repeal filed December 29, 2009; effective March 29, 2010.

1200-14-01-.04 REPEALED.

Authority: T.C.A. § 68-5-104(a). **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987. Amendment filed March 31, 2000; effective June 14, 2000. Emergency rule filed October 8, 2009; effective through April 6, 2010. Repeal filed December 29, 2009; effective March 29, 2010.

1200-14-01-.05 REPEALED.

Authority: T.C.A. § 68-5-104(a). **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987. Emergency rule filed October 8, 2009; effective through April 6, 2010. Repeal filed December 29, 2009; effective March 29, 2010.

1200-14-01-.06 DUTIES OF PHYSICIANS.

- (1) It shall be the duty of the attending physician, immediately upon discovering a case or suspected case of communicable disease to inform the head of the household and appropriate healthcare facility personnel of this fact and to instruct these persons of such isolation of the patient and concurrent disinfection as may be necessary to prevent spread of the infection. It shall be the duty of persons so informed to comply with such instructions unless otherwise instructed by the local health officer or his authorized agent. Provided, this

(Rule 1200-14-01-.06, continued)

regulation shall be construed to mean that only a physician, or other person/or persons duly authorized by applicable state law, has the authority to establish quarantine, or isolation, or remove established quarantine or isolation restrictions for communicable diseases.

- (2) It shall be the duty of physicians to comply with disease control measures established by the Department to contain and control disease outbreaks that threaten the public health.

Authority: T.C.A. §§ 4-5-202, 68-1-103, 68-1-104, 68-1-201, and 68-5-104. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 14, 1977; effective May 16, 1977. Amendment filed April 20, 1987; effective June 4, 1987. Amendment filed March 30, 2004; effective July 29, 2004.

1200-14-01-.07 REPEALED.

Authority: T.C.A. §§ 49-1769, 53-607, 53-621, 53-905, 53-1023, and 53-1109. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Repeal filed January 11, 1994; effective March 27, 1994.

1200-14-01-.08 TUBERCULOSIS CASES RESTRICTED.

- (1) Any person declared to have tuberculosis in an infectious stage shall be prohibited from working in any place of employment where contact with other persons would constitute a public health hazard. Any owner or manager of any such establishment having knowledge or suspecting an employee or prospective employee of having this disease in an infectious stage shall not employ or continue to employ any such person or persons until the absence or noninfectiousness or the negligible likelihood of transmission of the suspected disease has been determined and certified by a physician holding an unlimited license to practice medicine in this State. Provided, however, that such certification must be acceptable to the local health officer, who, through State of local facilities, may require a physical, laboratory and/or x-ray examination without cost to the patient to determine the disease status.
- (2) Any person declared to have tuberculosis in an infectious stage shall be prohibited from teaching or otherwise working in, or attending any private or public school. Any superintendent, principal, or teacher having knowledge of or suspecting a student or teacher of having tuberculosis in an infectious stage shall prohibit the attendance of such person or persons at a school until the absence or noninfectiousness of the suspected disease has been determined and certified to by a physician holding an unlimited license to practice medicine in this State. Provided, however, that such certification must be acceptable to the local health officer in the same manner and under the same conditions as stated in Part (1) of this Section.

Authority: T.C.A. § 68-5-104(a). **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 14, 1977; effective May 16, 1977. Amendment filed April 20, 1987; effective June 4, 1987.

1200-14-01-.09 PERSONS ADMITTED TO HOSPITALS OR NURSING HOMES DESIGNATED TO ACCEPT STATE-SPONSORED TUBERCULOSIS PATIENTS.

All state-sponsored patients admitted to these hospitals shall be pre-authorized and be approved by a designated representative of the Department.

Authority: T.C.A. § 68-5-104(a). **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987.

1200-14-01-.10 SCOPE OF PAYMENT FOR TUBERCULOSIS PATIENTS.

Payment for services rendered to approved tuberculosis patients, subject to the availability of funds and current Departmental policy, will be made only after the provider has made a reasonable effort to collect from third parties, either governmental provider has made a reasonable effort to collect from third parties, either governmental or private, as well as the individual or the person legally responsible for the debts of the patient. The Commissioner or his designee may utilize the definition of a person medically indigent as defined in these Regulations, in making the decision for whom the Division of Tuberculosis Control of the Tennessee Department of Health will expend funds.

Authority: T.C.A. § 68-9-104. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987.

1200-14-01-.11 INFECTIOUS TUBERCULOSIS.

Patients are considered infectious as long as the specific causative organisms are discharged unless the patient has been on anti-tuberculous drugs for a sufficient length of time to be considered non-infectious by the attending physicians.

Authority: T.C.A. § 68-9-104. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987.

1200-14-01-.12 REPEALED.

Authority: T.C.A. § 68-9-104. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Repeal filed April 20, 1987; effective June 4, 1987.

1200-14-01-.13 PERSONS ELIGIBLE FOR IN-PATIENT AND OUT-PATIENT SERVICES.

Those persons with or suspected of having infectious tuberculosis now living in Tennessee are considered residents of Tennessee and are, therefore, eligible for services under this program.

Authority: T.C.A. § 68-9-104(a). **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987.

1200-14-01-.14 PERSONS WITH LEGAL RESIDENCE OUTSIDE OF TENNESSEE.

Those persons with a legal residency outside the State of Tennessee and known to have infectious tuberculosis may be admitted temporarily to an approved hospital and receive other tuberculosis services to protect the public health of the citizens of the State of Tennessee.

Authority: T.C.A. § 68-9-104(a). **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977.

1200-14-01-.15 GENERAL MEASURES FOR THE EFFECTIVE CONTROL OF REPORTABLE DISEASES.

- (1) The local health officer or the Commissioner or a designated representative of the Commissioner, upon receiving a report of a reportable disease or of a suspected epidemic of disease or of a suspected case of a disease of public health significance or event, shall:

- (a) Confer with the physician, laboratory, hospital, or person making the report;

(Rule 1200-14-01-.15, continued)

- (b) Collect such specimens for laboratory examination as may be necessary to confirm the diagnosis of the disease and/or to find the source of the infection or the epidemic;
 - (c) Obtain all names and information necessary to identify and contact all persons potentially exposed to the source of the disease outbreak as needed to protect the public health;
 - (d) Make a complete epidemiological investigation to include (but not limited to): review of appropriate medical and laboratory records of affected persons and controls, interviews of affected persons and controls, and recording of the findings on a communicable disease field record; and
 - (e) Establish appropriate control measures which may include examination, treatment, isolation, quarantine, exclusion, disinfection, immunization, disease surveillance, closure of establishment, education, and other measures considered appropriate by medical experts for the protection of the public's health.
- (2) Medical and relevant non-medical records and information shall be made available when requested, for inspection and copying of, by a duly authorized representative of the Department while in the course of investigating a disease under these regulations. The original records shall not be removed from the facility and any information obtained shall be treated as confidential and sensitive.
 - (3) For the purpose of this section, appropriate medical experts shall mean the latest edition of the Report of the Committee on Infectious Diseases of the American Academy of Pediatrics or the Control of Communicable Diseases Manual by the American Public Health Association (latest edition). Consideration will also be given to recommendations of the Advisory Committee on Immunization Practices (ACIP) and other current recommendations issued by the Centers for Disease Control and Prevention, U.S. Department of Health and Human Services. Additionally, information provided directly from the Department by the Division of Communicable Disease Control or the Division of Tuberculosis Control shall be considered appropriate control measures for the protection of public health and may be used instead of the other cited references.
 - (4) Access to information necessary for the effective control of diseases: In the event an entity or person does not cooperate with the local health officer, Commissioner, or his designated representative by providing records or other information necessary to carry out the purposes of these Rules and/or 1200-14-04 et seq., the local health officer, the Commissioner or his designated representative may petition the General Sessions Court where the person or entity resides, is found, or is located to obtain a court order requiring disclosure of such information. Such petition shall set forth the specific underlying facts and/or circumstances that demonstrate the information sought is necessary to carry out the purposes of these Rules and/or 1200-14-04-.01 et seq.

Authority: T.C.A. §§ 4-5-202, 68-1-103, 68-1-104, 68-1-201, 68-5-101, and 68-5-104. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987. Amendment filed March 30, 2004; effective July 29, 2004. Emergency rule filed October 8, 2009; effective through April 6, 2010. Amendment filed December 29, 2009; effective March 29, 2010.

1200-14-01-.16 MINIMUM PERIODS OF COMMUNICABILITY.

For the purpose of these regulations, the minimum periods of communicability for clinical or inapparent (subclinical) cases of the diseases named in these regulations shall be determined by the Commissioner, or his designated representative, using guidance in current resources named in section .15(3) and/or from medical consultants within the Department. The period of communicability of a specific disease shall be

(Rule 1200-14-01-.16, continued)

observed by local health officers in controlling spread of the disease and shall run from the onset of the earliest symptoms or laboratory evidence of an infectious state until the use of medications and/or laboratory tests and/or the course of the disease indicates that the person is no longer able to transmit the infection.

Authority: T.C.A. § 68-5-104(q). **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987.

1200-14-01-.17 CONFIDENTIALITY.

All individually identifiable health information collected, created, and/or prepared by the Department is deemed confidential and shall not be considered a public record. The Department may disclose such information to those entities or persons as are necessary to carry out the purposes of these Rules and 1200-14-04-.01 et seq. or as otherwise authorized or required by law.

Authority: T.C.A. §§ 4-5-202, 68-1-103, 68-1-104, 68-1-201, and 68-5-104. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Repeal filed January 11, 1994; effective March 27, 1994. New rule filed March 30, 2004; effective July 29, 2004.

1200-14-01-.18 REPEALED.

Authority: T.C.A. § 68-5-104(a). **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Repeal filed April 20, 1987; effective June 4, 1987.

1200-14-01-.19 REPEALED.

Authority: T.C.A. § 68-5-104(a). **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Repeal filed April 20, 1987; effective June 4, 1987.

1200-14-01-.20 CONCURRENT DISINFECTIONS.

It shall be the duty of the local health officer to give detailed instructions to the nurses or other persons caring for a case of communicable disease which has been officially isolated or quarantined in regard to the disinfection and disposal of all articles contaminated directly or indirectly by contact with the patient; it shall be the duty of the nurse or attendant and head of the household faithfully to carry out such disinfection throughout the communicable period of the disease.

Authority: T.C.A. § 68-5-104(a). **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987.

1200-14-01-.21 TERMINAL DISINFECTION.

It shall be the duty of the local health officer, prior to the release from official isolation or quarantine of any case of communicable disease, to have instituted such terminal disinfection and cleansing measures as he may deem necessary. Terminal disinfection shall in no case be a substitute for concurrent disinfection throughout the course of the disease.

Authority: T.C.A. §§ 49-1769, 53-607, 53-621, 53-905, 53-1023 and 53-1109. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987.

1200-14-01-.22 SALE OF MILK AND MILK PRODUCTS FORBIDDEN IN CERTAIN CASES.

- (1) When a case of cholera, diphtheria, hepatitis type A, poliomyelitis, salmonellosis (including typhoid fever), shigellosis, campylobacteriosis, acute giardiasis, streptococcal infection, or a carrier of salmonella or shigella exists or resides on any farm or dairy producing milk, cream, butter, cheese, or other milk products, the local health officer:
 - (a) May prohibit the removal or sale of these products from such farm or dairy unless the handling or processing of the products be done in a manner which will preclude the possibility of contamination or the case is no longer considered infectious;
 - (b) Shall, if potentially contaminated products are being sold or consumed in another health jurisdiction, immediately report the situation to the local health officer concerned. Giving necessary information regarding the disease and the name and location of such farm or dairy and the place where these products are sold or consumed.

Authority: T.C.A. § 68-5-104(a). **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987.

1200-14-01-.23 EMPLOYMENT AS A FOODHANDLER RESTRICTED IN CERTAIN CASES.

No person who is in an infectious stage with cholera, diphtheria, hepatitis type A, poliomyelitis, salmonellosis (including typhoid fever), shigellosis, campylobacteriosis, acute giardiasis or streptococcal infection shall serve or directly handle in any manner food intended for sale or public consumption.

Authority: T.C.A. §§ 4-5-202, 68-1-103, 68-1-104, 68-1-201, and 68-5-104. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987. Amendment filed March 30, 2004; effective July 29, 2004.

1200-14-01-.24 EXCLUSION FROM SCHOOL FOR SPECIAL DISEASES.

- (1) It shall be the duty of the school authorities for any public, private, or church-related school and day care or Head Start authorities to exclude from their facilities any child who is infected with or suspected of having the following diseases: measles, rubella, mumps, chickenpox and other illnesses designated by the local health officer as requiring exclusion.
- (2) With respect to an infestation of pediculosis or scabies, it shall be the duty of school authorities for any public, private, or church-related school and day care or Head Start authorities to follow the guidelines promulgated by the U.S. Centers for Disease Control and Prevention. At any time the Department receives notice that those guidelines have been modified, it shall promptly notify the Department of Education.

Authority: T.C.A. §§ 4-5-202, 68-1-103, 68-1-104, 68-1-201, and 68-5-104. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987. Amendment filed March 30, 2004; effective July 29, 2004. Repeal and new rule filed May 2, 2011; effective July 31, 2011.

1200-14-01-.25 LOCAL AUTHORITIES MAY MAKE ADDITIONAL REQUIREMENTS.

These regulations shall be considered the minimum requirements for the prevention and control of communicable diseases. Municipalities and local boards of health are authorized to make and enforce such additional ordinances, rules or regulations as they deem necessary and as herein set forth shall be enforced.

(Rule 1200-14-01-.25, continued)

Authority: T.C.A. §§ 49-1769, 53-607, 53-621, 53-905, 53-1023, and 53-1109. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977.

1200-14-01-.26 OBSTRUCTING LOCAL HEALTH OFFICERS OR DEPARTMENTAL REPRESENTATIVES.

No person shall interfere with or obstruct the entrance into any house or premises, or the inspection, examination, or interview of any occupant thereof or the examination of any relevant record, by the responsible health officer, his duly authorized agent or a representative of the Department in the proper discharge of his or her official duties under these Rules and 1200-14-04 et seq.

Authority: T.C.A. §§ 4-5-202, 68-1-103, 68-1-104, 68-1-201, and 68-5-104. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987. Amendment filed March 30, 2004; effective July 29, 2004.

1200-14-01-.27 ENFORCEMENT.

It shall be the duty of all local health authorities to obey and enforce the provisions of these regulations. Whenever any local health authority willfully neglects, fails, or refuses to comply with the provisions of these regulations, and it is apparent that an epidemic of a communicable disease exists or threatens to invade other jurisdictions, it shall be the duty of the Department to carry out the provisions of the law in such municipality or county, and the necessary expenses incurred thereby shall be paid by the respective municipality or county as prescribed by law.

Authority: T.C.A. §§ 4-5-202, 68-1-103, 68-1-104, 68-1-201, and 68-5-104. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987. Amendment filed March 30, 2004; effective July 29, 2004.

1200-14-01-.28 REPEALED.

Authority: T.C.A. §§ 4-5-202, 68-1-103, 68-1-104, 68-1-201, and 68-5-104. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987. Amendment filed March 30, 2004; effective July 29, 2004. Repeal filed May 11, 2010; effective October 29, 2010.

1200-14-01-.29 IMMUNIZATION AGAINST CERTAIN DISEASES PRIOR TO SCHOOL ATTENDANCE IN TENNESSEE.

- (1) Every nursery school, day care center, Head Start center, Kindergarten, or other pre-school, day care or grades Kindergarten through twelve of any public, private, or church related school shall obtain proof of adequate immunization against diphtheria, measles (rubeola), pertussis (whooping cough), poliomyelitis, rubella, mumps, hepatitis B and tetanus on the form prescribed by the Commissioner (unless otherwise exempted by law) prior to admitting a child. It shall be the duty of the school to enforce the provisions of this regulation, subject to the exemptions as set out in T.C.A. § 49-6-5001(b).
- (2) The state and county health departments are authorized to provide proof of immunization to the admissions officer of any school in the state of Tennessee. For the purpose of this subsection, "school" shall include nursery schools, Kindergartens, other pre-schools, day care centers and facilities, after school day care facilities, grades Kindergarten through twelve of any public, private or church-related schools, vocational schools, technical schools, colleges and universities. The state and county health departments are further authorized to provide proof of immunization to physicians who are evaluating a school-aged patient's immunization status.

(Rule 1200-14-01-.29, continued)

- (3) (a) The Department shall publish an official Certificate of Immunization (hereinafter "Certificate"). A Certificate may be signed by an individual licensed by the Board of Medical Examiners, the Board of Osteopathic Examiners, or an Advanced Practice Registered Nurse licensed by the Board of Nursing (hereinafter "providers") or by a public health nurse employed by a local health department. The Certificate also may be qualified as complete without the signature of a provider if a certificate that has been validated by the Tennessee Immunization Registry is printed from the Registry, indicating the patient's immunization records in the Registry meet all criteria for compliance with state requirements for that patient's age and grade. The Certificate may include space to record vaccinations which are routinely recommended but not required by law. Certificates shall be available online to authorized users of the Tennessee Immunization Registry or in hard copy to providers from local health departments or from the Department's central office. Tennessee Immunization Registry validated certificates may be produced by all authorized users of the Registry.
- (b) As stated in subparagraph (3)(a), a certificate of immunization shall be considered "signed" by a qualified provider when it bears either
1. A hard copy signature of a qualified provider; or
 2. An electronic validation of completed requirements, appropriate for the child's age and education level, generated by the Tennessee Immunization Registry pursuant to a secure login process.
- (4) For each disease identified in these rules, the Department adopts the recommended immunization schedule or the "catch-up" immunization schedule (when applicable), published by the Advisory Committee on Immunization Practices (ACIP) of the U.S. Centers for Disease Control and Prevention (CDC). An individual shall be presumed to be immunized against a particular disease when the individual has been immunized in a manner consistent with the recommendations of ACIP for that disease. The Department shall make the schedule available on its website and at local health departments, and shall revise the schedule from time to time in accordance with revisions published by ACIP, and shall publish the effective dates of any revisions.
- (5) For children aged between 8 weeks and 19 months of age enrolling in child care facilities, a provider shall issue a Certificate showing a child is age-appropriately immunized in accordance with the ACIP schedule at the time of enrollment. For these children, a provider shall issue an updated Certificate at no later than 19 months of age.
- (6) A provider may issue a Temporary Certificate for a child who has not received all required vaccines, but is in the process of completing required immunizations. A Temporary Certificate must have an expiration date that is one month after the date the next required immunization is due according to the minimum acceptable ("catch-up") dose interval published on the Official Immunization Schedule. An expired Certificate is not valid proof of immunization. The school shall obtain a current Certificate no later than the expiration date of a Temporary Certificate.
- (7) A provider shall certify adequate immunization against measles, mumps and rubella for admission into any child care facility and grades Kindergarten through twelve. For purposes of this paragraph adequate immunization is defined as:
- (a) For children 12 months of age or older admitted to a child care facility, one dose of vaccine against measles, mumps and rubella administered no earlier than 4 days before the first birthday; or

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- (b) For children admitted to grades Kindergarten through twelve, two doses of vaccine against measles, mumps and rubella, administered a minimum of 28 days apart and no earlier than 4 days before the first birthday; or
 - (c) For children 12 months of age or older, laboratory evidence of immunity against each disease.
- (8) A provider shall certify adequate immunization against *Haemophilus influenza* type B (“Hib”) for any child under the age of five years entering into any child care facility.
- (9) A provider shall certify adequate immunization against varicella, or a history of varicella disease, prior to admission of a child aged 12 months or older in licensed child care facilities. For purposes of this paragraph, adequate immunization is defined as:
- (a) One dose of varicella vaccine administered no earlier than 4 days before the child’s first birthday; or
 - (b) Laboratory evidence of immunity; or
 - (c) A history verified by a physician, advanced practice nurse, physician’s assistant or public health nurse employed by a local health department, of varicella disease. Documentation of the past illness is not required to confirm a history of disease;
- (10) A provider shall certify adequate immunization against varicella, or a history of the disease, prior to a child’s entry into Kindergarten.
- (11) A provider shall certify adequate immunization against varicella for any child entering Kindergarten, and for new enrollees into any school. For purposes of this paragraph, adequate immunization is defined as one of the following:
- (a) Two doses of varicella vaccine; administered at least 28 days apart and no earlier than 4 days before the child’s first birthday; or
 - (b) Laboratory evidence of immunity; or
 - (c) A history verified by a physician, advanced practice nurse, physician’s assistant or public health nurse employed by a local health department, of varicella disease. Documentation of the past illness is not required to confirm a history of disease;
- (12) Effective July 1, 2010, a provider shall certify adequate immunization against pneumococcal disease for enrollment of any child under the age of five years into any child care facility.
- (13) Effective October 1, 2010, a provider shall certify continued adequate immunization against tetanus, diphtheria and pertussis for any child entering the 7th grade (or, in the case of students in ungraded classrooms, any child age 13). For the purposes of this paragraph, adequate immunization is defined as a complete primary tetanus and diphtheria-containing vaccine series and a dose of vaccine against tetanus, diphtheria and pertussis administered at or after age 10 years.
- (14) Effective July 1, 2010, a provider shall certify adequate immunization against hepatitis A for any child aged 18 months or over, but under five (5) years, enrolling in child care facilities. For purposes of this paragraph, adequate immunization is defined as
- (a) One dose of hepatitis A vaccine; or
 - (b) Documented laboratory evidence of immunity.

(Rule 1200-14-01-.29, continued)

- (15) Effective July 1, 2011, a provider shall certify adequate immunization against hepatitis A for any child enrolling in Kindergarten. For purposes of this paragraph, adequate immunization is defined as
- (a) Two doses of hepatitis A vaccine; or
 - (b) Documented laboratory evidence of immunity.
- (16) Unless exempted by law, any new full-time enrollee of a higher education institution with an enrollment greater than two hundred students who is not enrolled as a full-time distance learning student shall present proof of adequate immunization against the following diseases:
- (a) Measles, provided that this requirement shall only apply to those students born on or after January 1, 1957; for purposes of this subparagraph, adequate immunization is defined as:
 1. Two doses of measles-containing vaccine, administered at least 28 days apart and no earlier than 4 days before the first birthday; or
 2. Laboratory evidence of immunity.
 - (b) Mumps, provided that this requirement shall only apply to those students born on or after January 1, 1957; for purposes of this subparagraph, adequate immunization is defined as:
 1. Two doses of mumps-containing vaccine, administered at least 28 days apart and no earlier than 4 days before the first birthday; or
 2. Laboratory evidence of immunity.
 - (c) Rubella, provided that this requirement shall only apply to those students born on or after January 1, 1957; for purposes of this subparagraph, adequate immunization is defined as:
 1. Two doses of rubella-containing vaccine, administered at least 28 days apart and no earlier than 4 days before the first birthday; or
 2. Laboratory evidence of immunity.
 - (d) Varicella, provided that this requirement shall only apply to those students born on or after January 1, 1980. For purposes of this subparagraph, adequate immunization is defined as follows:
 1. Two doses of varicella-containing vaccine, administered at least 28 days apart; or
 2. Laboratory evidence of immunity; or
 3. A history verified by a physician, advanced practice nurse, physician's assistant or public health nurse employed by a local health department, of varicella disease. Documentation of the past illness is not required to confirm a history of disease.
 - (e) For purposes of this paragraph, "full time" means, for an undergraduate, enrolled in twelve (12) or more educational credit hours, and for a graduate student, enrolled in nine (9) or more educational credit hours, or such lesser number as may be deemed full time by the institution. Such students may be enrolled or registered after a single

(Rule 1200-14-01-.29, continued)

dose of all required vaccines, provided that the second dose is obtained within 2 months of registration, and at least 28 days after the first dose, and provided, further, that the institution has a procedure for identifying students who have failed to obtain the necessary immunizations and for taking appropriate action to ensure compliance.

- (17) Effective July 1, 2011, unless exempted by law, any student enrolled in a higher education institution who is a student in a school of medicine, nursing, dentistry, laboratory technology or other allied health profession shall present proof of protection against hepatitis B before such trainee is expected to perform procedures with the potential to expose them to potentially infectious blood. For purposes of this paragraph adequate immunization is defined as:
- (a) A complete hepatitis B vaccine series; or
 - (b) Laboratory evidence of immunity or infection
- (18) An individual may be exempted from the requirements of this section only under the following circumstances:
- (a) Where a physician licensed by the Board of Medical Examiners, the Board of Osteopathic Examiners or a public health nurse employed by a local Health Department determines that a particular vaccine is contraindicated for one of the following reasons:
 - 1. The individual meets the criteria for contraindication set forth in the manufacturer's vaccine package insert; or
 - 2. The individual meets the criteria for contraindication published by the U.S. Centers for Disease Control or the ACIP;
 - 3. In the best professional judgment of the physician, based upon the individual's medical condition and history, the risk of harm from the vaccine outweighs the potential benefit.
 - (b) An individual who has been exempted from a particular vaccination must comply with immunization requirements for any vaccines from which he/she has not been exempted.
 - (c) Where a parent or guardian, or in the case of an adult student, the student, provides to the school a written statement, affirmed under penalties of perjury, that vaccination conflicts with the religious tenets and practices of the parent or guardian, or in the case of an adult student, the student.
- (19) If the Commissioner determines that insufficient vaccine is available to meet the terms of these rules, the Commissioner shall notify providers, the Commissioners of the Departments of Education and Human Services and the public of any necessary change in immunization requirements, consistent with any changes published by ACIP. The changes will be published as a temporary addendum to the Official Immunization Schedule and individuals vaccinated in accordance with that temporary schedule will be deemed adequately immunized until the Commissioner determines, in accordance with ACIP recommendations, that sufficient vaccine is again available. When sufficient vaccine is again available, Commissioner shall so notify providers, the Commissioners of Education and Human Services and the public and reinstate the Official Immunization Schedule. The reinstated Official Immunization Schedule shall not become effective until at least 2 months after the determination that sufficient vaccination is again available.

Authority: T.C.A. §§ 4-5-202, 49-6-5001, 49-6-5002(a), 49-6-5003, 68-1-103, 68-5-103, and 68-5-105(a).
Administrative History: Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977;

(Rule 1200-14-01-.29, continued)

effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987. Amendment filed April 21, 1988; effective June 5, 1998. Amendment filed June 8, 1990; effective July 23, 1990. Amendment filed August 26, 1998; effective November 9, 1998. Amendment filed July 29, 1999; effective October 9, 1999. Amendment filed July 10, 2001; effective September 23, 2001. Withdrawal filed September 21, 2001, 1200-14-01-.29(7). Amendment filed September 10, 2009; effective December 9, 2009. Amendments filed June 13, 2013; effective November 28, 2013. Amendments filed July 15, 2019; effective October 13, 2019.

1200-14-01-.30 RABIES.

The definition of “dog,” “cat,” “owner,” and “vaccination” as defined in T.C.A. § 68-8-102, shall be applicable in these regulations.

Authority: T.C.A. § 68-8-105. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987.

1200-14-01-.31 PUBLIC RABIES VACCINATION CLINICS.

It shall be the duty of each local health department to provide vaccination of dogs and cats against rabies. In addition to the registration fee as provided for in Section 68-8-104, Tennessee Code Annotated, dog and cat owners may be required to pay the cost for each dog and cat vaccinated, which shall include the cost of the vaccine and the services for the vaccination. Nothing herein shall be construed as not permitting a veterinarian to charge his regular fee outside of health department sponsored vaccination clinics.

Authority: T.C.A. § 68-8-105. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987.

1200-14-01-.32 AUTHORIZED RABIES VACCINE SOURCES AND TYPES.

It shall be the duty of any person authorized to vaccinate dogs and cats to select and properly use a rabies vaccine of either a killed virus or modified live virus tissue culture type which is licensed by and in accordance with the standards prescribed by the United States Department of Agriculture for interstate sale and use. To insure proper vaccination and to provide proof of current vaccination status, T.C.A. 68-8-103 requires that all rabies vaccinations be given by or under the direct supervision of a veterinarian licensed in the State. It shall be prohibited to sell rabies vaccine for use in dogs and cats to persons other than licensed veterinarians unless the purchaser possesses a prescription for the vaccine from a veterinarian duly licensed in Tennessee. These regulations apply only to the rabies vaccinations of domestic dogs and cats. The most recent Compendium of Animal Rabies Vaccines published by the Association of State Public Health Veterinarians shall be used as a guideline by public health officials and veterinarians for the selection of approved rabies vaccines and their appropriate use (site and route of inoculation, duration of immunity, species application, etc.). A State-furnished rabies vaccination tag and certificate shall be issued to every owner whose dog or cat is vaccinated and a copy of the certificate provided by the veterinarian to the local health department.

Authority: T.C.A. § 68-8-105. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987.

1200-14-01-.33 RABIES VACCINATION SCHEDULE OF DOGS AND CATS.

It shall be the duty of every owner to have his dog or cat vaccinated against rabies after the dog reaches three months of age, the cat six months of age. Regardless of the type of licensed vaccine used or the age of the animal at the time of the first (primary) vaccination, the animal shall be revaccinated one year later. Following the first two vaccinations, booster vaccinations will be due at either one or three year

(Rule 1200-14-01-.33, continued)

intervals in accordance with the approved duration of immunity of the specific vaccine used and the species vaccinated. The required due date for revaccination shall be placed on the certificate by the veterinarian administering the vaccine. As part of their registration and rabies control programs, local jurisdictions may have more stringent requirements, such as annual rabies vaccinations regardless of vaccine type used. For purposes of animal control programs and medical decisions regarding human anti-rabies treatments, a dog or cat shall be considered currently vaccinated only if a valid certificate exists and the revaccination date on the certificate has not been reached.

Authority: T.C.A. § 68-4-405. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987.

1200-14-01-.34 RABIES VACCINATION CERTIFICATE.

The current vaccination certificate identifying the animal, the vaccine used, the due date for revaccination and other information as required in T.C.A. § 68-8-104 shall be kept by the person who owns, keeps or harbors the said dog or cat at all times subject to the inspection of the proper county officer. Copies of the current certificate shall also be kept by the local health department and by the veterinarian administering the vaccine.

Authority: T.C.A. § 68-8-105. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendment filed April 20, 1987; effective June 4, 1987.

1200-14-01-.35 TURTLES, TORTOISES, AND TERRAPINS.

- (1) "Turtle" means any reptile of the order Chelonia.
- (2) "Institution" means a school, college, university, research laboratory or other facility having a bonafide research or teaching interest in turtles. Zoos supported by public funds are also defined as "institutions".

Authority: T.C.A. §§ 49-1769, 53-607, 53-621, 53-905, 53-1023, and 53-1109. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977.

1200-14-01-.36 SALE OF TURTLES.

- (1) Except as otherwise provided in this chapter, it shall be unlawful to import, sell, barter or otherwise exchange or distribute to the public, any live turtle(s) with a carapace length of less than four (4) inches. This includes offering them for adoption or for free with or without the purchase of pet supplies (e.g., turtle tanks, food, etc.).
- (2) It shall be unlawful to sell turtles to anyone under eighteen (18) years of age.
- (3) The Commissioner or the Commissioner's designated representative may order the removal to institutions for scientific or educational purposes, exportation, or humane destruction of any turtle(s) that are unlawfully imported, sold, bartered, exchanged or offered for sale or distribution to the public in violation of paragraph (1) and/or paragraph (2) above.
- (4) The Commissioner or the Commissioner's designated representative may quarantine turtles or take samples of tank water or any other appropriate samples of or from turtles offered for sale or distribution for the purpose of testing for salmonella or other organisms which may cause or have caused disease in humans. The Commissioner or the Commissioner's designated representative may order the immediate removal to institutions for scientific or educational purposes, exportation, or humane destruction of any turtle(s) found contaminated with salmonella or other organisms which may cause or have caused disease in humans.

(Rule 1200-14-01-.36, continued)

- (5) The following warning shall be posted conspicuously for buyer information at every display of turtles for retail sale or distribution or where the public may come in contact with turtles:

CAUTION: Children under 5 years old and people with weak immune systems (such as chemotherapy patients or those with HIV/AIDS) should avoid contact with reptiles. These people can get very sick from a germ, called salmonella, that reptiles carry. Reptiles include lizards, snakes, alligators, and turtles. Wash hands thoroughly after handling turtles or material that had contact with turtles. Do not allow water or any other substance that had contact with turtles to come in contact with food or areas where food is prepared. Do not bathe turtles or clean their tanks in your kitchen or bathroom and do not have close contact with turtles which could allow direct contamination of the mouth (e.g., kissing, etc.).

- (6) Receipts and record keeping required:

- (a) For each sale of turtle(s) at retail, a sales receipt shall be issued by the seller to the purchaser at the time of the sale. The sales receipt shall have printed legibly on its front or shall be accompanied by an informational sheet with the warning statement contained in paragraph (5) above.
- (b) The seller shall keep a complete record of all purchases, losses, and other dispositions of turtles. The Commissioner or the Commissioner's designated representative may request these records at any time.

Authority: T.C.A. §§ 49-1769, 53-607, 53-621, 53-905, 53-102, 53-1109, 4-5-202, 68-1-103, and 68-1-104. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Amendments filed March 23, 2016; effective June 21, 2016.

1200-14-01-.37 TURTLES IN PRE-KINDERGARTEN SCHOOLS, DAYCARE CENTERS, AND CHILDCARE CENTERS.

It shall be unlawful for any pre-kindergarten school, daycare center, or childcare center to have turtles on their premises unless such school, daycare center or childcare center shall have given the parents of enrolled children written guidance conforming with the language set forth in Rule 1200-14-01-.36(5).

Authority: T.C.A. §§ 4-5-202, 68-1-103, and 68-1-104. **Administrative History:** New rule filed March 23, 2016; effective June 21, 2016.

1200-14-01-.38 SALE OF TURTLES FOR SCIENTIFIC, EDUCATIONAL, OR FOOD PURPOSES EXEMPTED.

Rule 1200-14-01-.36 does not apply to the sale of turtles to institutions for scientific or educational purposes, nor to the sale of turtles for food purposes.

Authority: T.C.A. §§ 49-1769, 53-607, 53-621, 53-905, 53-1023, and 53-1109. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Rule was previously numbered 1200-14-01-.37 but was renumbered 1200-14-01-.38 with the addition of a new rule 1200-14-01-.37 filed March 23, 2016; effective June 21, 2016.

1200-14-01-39 SALE OF TURTLES OUTSIDE OF TENNESSEE EXEMPTED.

Wholesale establishments in Tennessee dealing in the sale of turtles shall not be prohibited from selling turtles to other wholesale or retail establishments outside of the State of Tennessee.

(Rule 1200-14-01-.39, continued)

Authority: T.C.A. §§ 49-1769, 53-607, 53-621, 53-905, 53-102, and 53-1109. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Rule was previously numbered 1200-14-01-.38 but was renumbered 1200-14-01-.39 with the addition of a new rule 1200-14-01-.37 filed March 23, 2016; effective June 21, 2016.

1200-14-01-.40 REPEAL OF THE CONFLICTING REGULATIONS.

All rules, regulations, and by-law of the State Department of Public Health previously adopted which are in conflict with the provisions of these regulations are hereby repealed.

Authority: T.C.A. §§ 49-1769, 53-607, 53-621, 53-905, 53-1023, and 53-1109. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Rule was previously numbered 1200-14-01-.39 but was renumbered 1200-14-01-.40 with the addition of a new rule 1200-14-01-.37 filed March 23, 2016; effective June 21, 2016.

1200-14-01-.41 VALIDATION AND ENDORSEMENT OF REGULATIONS.

If for any reason regulation or part of a regulation shall be held to be unconstitutional or invalid, then that fact shall not invalidate any other part of these regulations, but the same shall be enforced without reference to the part so held to be invalid.

Authority: T.C.A. §§ 49-1769, 53-607, 53-621, 53-905, 53-1023, and 53-1109. **Administrative History:** Original rule certified June 7, 1974. Repeal and new rule filed March 31, 1977; effective May 2, 1977. Rule was previously numbered 1200-14-01-.40 but was renumbered 1200-14-01-.41 with the addition of a new rule 1200-14-01-.37 filed March 23, 2016; effective June 21, 2016.

1200-14-01-.42 REPEALED.

Authority: T.C.A. §§ 4-5-202, 37-1-403(G), 68-1-103, 68-1-106, 68-10-101, 68-10-112, 68-10-113, and 68-29-107. **Administrative History:** Original Rule filed April 20, 1987; effective June 4, 1987. Amendment filed December 16, 1991; effective January 30, 1992. Amendment filed March 31, 2000; effective June 14, 2000. Emergency rule filed October 8, 2009; effective through April 6, 2010. Repeal filed December 29, 2009; effective March 29, 2010. Rule was previously numbered 1200-14-01-.41 but was renumbered 1200-14-01-.42 with the addition of a new rule 1200-14-01-.37 filed March 23, 2016; effective June 21, 2016.

1200-14-01-.43 REPEALED.

Authority: T.C.A. §§ 4-5-202, 68-1-103, and 68-1-104. **Administrative History:** Original rule filed July 10, 1995; effective November 28, 1995. Emergency rule filed October 8, 2009; effective through April 6, 2010. Repeal filed December 29, 2009; effective March 29, 2010. Rule was previously numbered 1200-14-01-.42 but was renumbered 1200-14-01-.43 with the addition of a new rule 1200-14-01-.37 filed March 23, 2016; effective June 21, 2016.