

**Note from the Codifier:** The OAH website includes notices and the text of proposed temporary rules as required by G.S. 150B-21.1(a1). Prior to the agency adopting the temporary rule, the agency must hold a public hearing no less than five days after the rule and notice have been published and must accept comments for at least 15 business days.  
For questions, you may contact the Office of Administrative Hearings at 984-236-1850 or email oah.postmaster@oah.nc.gov.

## TITLE 10A – DEPARTMENT OF HEALTH AND HUMAN SERVICES

*Notice is hereby given in accordance with G.S. 150B-21.1 that the Department of Health and Human Services intends to adopt the rules cited as 10A NCAC 14E .0113, .0114, .0209-.0213, .0317-.0331, .0403 and .0404.*

**Codifier of Rules** received for publication the following notice and proposed temporary rule(s) on: July 6, 2023.

### **Public Hearing:**

**Date:** July 27, 2023

**Time:** 10:00 a.m.

**Location:** Dorothea Dix Park, Brown Building, Room 104, 801 Biggs Drive, Raleigh, NC 27603

**Reason for Proposed Temporary Action:** A serious and unforeseen threat to the public health, safety or welfare. The effective date of a recent act of the General Assembly or of the U.S. Congress, cite: SL2023-14, Part I, Section 1.1 and Part II, Section 2.4, effective date: July 1, 2023. On June 30, 2023, the Codifier of Rules notified N.C. DHHS that, “Pursuant to G.S. 150B-21.7, all permanent rules in 10A NCAC 14E are repealed effective July 1, 2023 following the repeal of G.S. 14-45.1 in Session Law 2023-14.” The repeal of these rules occurred following a submission by the Department requesting the Codifier amend the history note of the rules to reflect the change in statutory authority from G.S. 14-45.1 to Session Law 2023-14, Part II, Section 2.4. The Department’s rulemaking authority under both laws directs the Department to regulate facilities suitable for the performance of abortions through ensuring that minimum health and safety standards are implemented and adhered to by the facilities performing abortions and providing other reproductive health services. Specifically, the General Assembly states that enforcement of these basic standards are to ensure safe and adequate treatment of individuals in abortion clinics. 131E-153(b)(2). The rules repealed effective July 1, 2023 contain current minimum standards for nursing services, laboratory services, emergency back-up services, surgical services, medications and anesthesia, post-operative care, and staff qualifications. Additionally, rules regulating basic standards for building codes, sanitation, and record keeping in abortion clinics have also been removed from the Administrative Code. The repeal of these rules was an unforeseen action as the Department’s rulemaking authority over the facilities suitable for the performance of abortions has remained substantially the same, and therefore, authority for maintaining and adopting rules to ensure that health and safety standards of these facilities remains in effect. In sum, the repeal of these rules represents a serious and unforeseen threat to public health and safety of those seeking reproductive health care and to the operation of facilities providing this care, and therefore, temporary rulemaking is both necessary and appropriate.

**Comment Procedures:** Comments from the public shall be directed to: Nadine Pfeiffer, 809 Ruggles Drive, 2701 Mail Service Center, Raleigh, NC 27699-2701; email DHSR.RulesCoordinator@dhhs.nc.gov. The comment period begins July 14, 2023 and ends August 4, 2023.

## CHAPTER 14 - DIRECTOR, DIVISION OF HEALTH SERVICE REGULATION

### SUBCHAPTER 14E – LICENSURE OF SUITABLE FACILITIES FOR THE PERFORMANCE OF SURGICAL ABORTIONS

#### SECTION .0100 – LICENSURE PROCEDURE

#### **10A NCAC 14E .0113 CHANGES**

All stages of the plans from schematics through working drawings shall be reviewed by the Division's staff each time a change is made.

Authority G.S. 143B-10; S.L. 2023-14, s. 2.4.

#### **10A NCAC 14E .0114 APPROVAL**

(a) Approval of construction documents and specifications shall be obtained from the Division of Health Service Regulation, in accordance with the rules in Section .0200 of this Subchapter. The construction documents and specifications require additional approval from the Department of Health and Human Services, Division of Public Health, Environmental Health Section, and the Department of Insurance.

(b) Approval of construction documents and specifications shall expire one year after the date of approval unless a building permit for the construction has been obtained prior to the expiration date of the approval of construction documents and specifications.

Authority G.S. 143B-10; S.L. 2023-14, s. 2.4.

#### SECTION .0200 - MINIMUM STANDARDS FOR CONSTRUCTION AND EQUIPMENT

**10A NCAC 14E .0209 ELEVATOR**

- (a) In multi-story buildings, at least one elevator for patient use shall be provided.
- (b) At least one dimension of the elevator cab shall be six and one-half feet to accommodate stretcher patients.
- (c) The elevator door shall have an opening of no less than three feet in width, which is minimum for stretcher use.

*Authority G.S. 143B-10; S.L. 2023-14, s. 2.4.*

**10A NCAC 14E .0210 CORRIDORS**

The width of corridors shall be sufficient to allow for patient evacuation by stretcher, but in no case shall patient-use corridors be less than 60 inches.

*Authority S.L. 2023-14, s. 2.4.*

**10A NCAC 14E .0211 DOORS**

Minimum width of doors to all rooms needing access for stretchers shall be three feet. No door shall swing into corridors in a manner that might obstruct traffic flow or reduce the required corridor width except doors to spaces such as small closets not subject to occupancy.

*Authority S.L. 2023-14, s. 2.4.*

**10A NCAC 14E .0212 ELEMENTS AND EQUIPMENT**

The physical plant shall provide equipment to carry out the functions of the clinic with the following minimum requirements:

- (1) Mechanical requirements.
  - (a) Temperatures and humidities:
    - (i) The mechanical systems shall be designed to provide the temperature and humidities shown in this Sub-Item:

Area	Temperature	Relative Humidity
Procedure	70-76 degrees F.	50-60%
Recovery	75-80 degrees F.	30-60%
    - (b) All air supply and exhaust systems for the procedure suite and recovery area shall be mechanically operated. All fans serving exhaust systems shall be located at the discharge end of the system. The ventilation rates shown herein shall be considered as minimum acceptable rates.
      - (i) The ventilation system shall be designed and balanced to provide the pressure relationships detailed in Sub-Item (b)(vii) of this Rule.
      - (ii) All air supplied to procedure rooms shall be delivered at or near the ceiling of the room and all exhaust or return from the area shall be removed near the floor level at not less than three inches above the floor.
      - (iii) Corridors shall not be used to supply air to or exhaust air from any procedure or recovery room except to maintain required pressure relationships.
      - (iv) All ventilation or air conditioning systems serving procedure rooms shall have a minimum of one filter bed with a minimum filter efficiency of 80 percent.
      - (v) Ventilation systems serving the procedure or recovery rooms shall not be tied in with the soiled holding or work rooms, janitors' closets or locker rooms if the air is to be recirculated in any manner.
      - (vi) Air handling duct systems shall not have duct linings.
      - (vii) The following general air pressure relationships to adjacent areas and ventilation rates shall apply:

Area	Pressure Relationship	Minimum Air Changes/Hour
Procedure	P	6
Recovery	P	6
<u>Soiled work,</u>		
<u>Janitor's closet,</u>		
<u>Toilets,</u>		
Soiled holding	N	10
<u>Clean work or</u>		
Clean holding	P	4

(P = positive pressure N = negative pressure)

- (2) Plumbing And Other Piping Systems.
  - (a) Medical Gas and Vacuum Systems
    - (i) Piped-in medical gas and vacuum systems, if installed, shall meet the requirements of NFPA-99-2012, type one system, which is hereby incorporated by reference including subsequent amendments and editions. Copies of NFPA-99-2012 may be purchased from the National Fire Protection Association, 1 Batterymarch Park, P.O. Box 9101, Quincy, MA 02269-9101, or accessed electronically free of charge at <http://www.nfpa.org>.
    - (ii) If inhalation anesthesia is used in any concentration, the facility must meet the requirements of NFPA 70-2011 and NFPA 99-2012, current editions relating to inhalation anesthesia, which are

hereby incorporated by reference including subsequent amendments and editions. Copies of NFPA 70-2011 and NFPA 99-2012 may be purchased from the National Fire Protection Association, 1 Batterymarch Park, P.O. Box 9101, Quincy, MA 02269-9101, or accessed electronically free of charge at <http://www.nfpa.org>.

- (b) Lavatories and sinks for use by medical personnel shall have the water supply spout mounted so that its discharge point is a minimum distance of five inches above the rim of the fixture with mixing type fixture valves that can be operated without the use of the hands.
- (c) Hot water distribution systems shall provide hot water at hand washing and bathing facilities at a minimum temperature of 100 degrees F. and a maximum temperature of 116 degrees F.
- (d) Floor drains shall not be installed in procedure rooms.
- (e) Building drainage and waste systems shall be designed to avoid installations in the ceiling directly above procedure rooms.
- (3) Electrical Requirements.
  - (a) Procedure and recovery rooms, and paths of egress from these rooms to the outside shall have at a minimum, listed battery backup lighting units of one and one-half hour capability that will automatically provide at least five foot candles of illumination at the floor in the event needed for a utility or local lighting circuit failure.
  - (b) Electrically operated medical equipment necessary for the safety of the patient shall have, at a minimum, battery backup.
  - (c) Receptacles located within six feet of sinks or lavatories shall be ground-fault protected.
  - (d) At least one wired-in, ionization-type smoke detector shall be within 15 feet of each procedure or recovery room entrance.
- (4) Buildings systems and medical equipment shall have preventative maintenance conducted as recommended by the equipment manufacturers' or installers' literature to assure operation in compliance with manufacturer's instructions.

Authority G.S. 143B-10; S.L. 2023-14, s. 2.4.

#### **10A NCAC 14E .0213 SHARED SERVICES**

When there is written indication that services are to be shared or purchased, appropriate modifications or deletions in space requirements may be anticipated.

Authority G.S. 143B-10; S.L. 2023-14, s. 2.4.

### **SECTION .0300 – GOVERNING AUTHORITY**

#### **10A NCAC 14E .0317 OWNERSHIP**

The ownership of the abortion clinic shall be fully disclosed to the Division.

Authority G.S. 143B-10; S.L. 2023-14, s. 2.4.

#### **10A NCAC 14E .0318 GOVERNING AUTHORITY**

- (a) The governing authority, as defined in Rule .0101(6) of this Subchapter, shall appoint a chief executive officer or a designee of the clinic to represent the governing authority and shall define his or her authority and duties in writing. This person shall be responsible for the management of the clinic, implementation of the policies of the governing authority and authorized and empowered to carry out the provisions of these Rules.
- (b) The chief executive officer or designee shall designate, in writing, a person to act on his or her behalf during his or her absence. In the absence of the chief executive officer or designee, the person on the grounds of the clinic who is designated by the chief executive officer or designee to be in charge of the clinic shall have access to all areas in the clinic related to patient care and to the operation of the physical plant.
- (c) When there is a planned change in ownership or in the chief executive officer, the governing authority of the clinic shall notify the Division in writing of the change.
- (d) The clinic's governing authority shall adopt operating policies and procedures that shall:
  - (1) specify the individual to whom responsibility for operation and maintenance of the clinic is delegated and methods established by the governing authority for holding such individuals responsible;
  - (2) provide for at least annual meetings of the governing authority, for which minutes shall be maintained; and
  - (3) maintain a policies and procedures manual designed to ensure professional and safe care for the patients which shall be reviewed, and revised when necessary, at least annually, and shall include provisions for administration and use of the clinic, compliance, personnel quality assurance, procurement of outside services and consultations, patient care policies, and services offered.
- (e) When the clinic contracts with outside vendors to provide services such as laundry, or therapy services, the governing authority shall be responsible to assure the supplier meets the same local and state standards the clinic would have to meet if it were providing those services itself using its own staff.
- (f) The governing authority shall provide for the selection and appointment of the professional staff and the granting of clinical privileges and shall be responsible for the professional conduct of these persons.
- (g) The governing authority shall be responsible for ensuring the availability of supporting personnel to meet patient needs and to provide safe patient care.

**10A NCAC 14E .0319 POLICIES AND PROCEDURES AND ADMINISTRATIVE RECORDS**

- (a) The following essential documents and references shall be on file in the administrative office of the clinic:
- (1) documents evidencing control and ownerships, such as deeds, leases, or incorporation or partnership papers;
  - (2) policies and procedures of the governing authority, as required by Rule .0318 of this Section;
  - (3) minutes of the governing authority meetings;
  - (4) minutes of the clinic's professional and administrative staff meetings;
  - (5) a current copy of the rules of this Subchapter;
  - (6) reports of inspections, reviews, and corrective actions taken related to licensure; and
  - (7) contracts and agreements related to licensure to which the clinic is a party.
- (b) All operating licenses, permits, and certificates shall be displayed on the licensed premises.
- (c) The governing authority shall prepare a manual of clinic policies and procedures for use by employees, medical staff, and contractual physicians to assist them in understanding their responsibilities within the organizational framework of the clinic. These shall include:
- (1) patient selection and exclusion criteria; and clinical discharge criteria;
  - (2) policy and procedure for validating the full and true name of the patient;
  - (3) policy and procedure for each type of abortion procedure performed at the clinic;
  - (4) policy and procedure for the provision of patient privacy in the recovery area of the clinic;
  - (5) protocol for determining gestational age as defined in Rule .0101(5) of this Subchapter;
  - (6) protocol for referral of patients for whom services have been declined; and
  - (7) protocol for discharge instructions that informs patients who to contact for post-procedural problems and questions.

**10A NCAC 14E .0320 ADMISSION AND DISCHARGE**

- (a) There shall be on the premises throughout all hours of operation an employee authorized to receive patients and to make administrative decisions on their disposition.
- (b) All patients shall be admitted only under the care of a physician who is currently licensed to practice medicine in North Carolina.
- (c) Any patient not discharged within 12 hours following the abortion procedure shall be transferred to a general hospital.
- (d) Following admission and prior to obtaining the consent for the procedure, representatives of the clinic's management shall provide to each patient the following information:
- (1) a fee schedule and any extra charges routinely applied;
  - (2) the name of the attending physician(s) and hospital admitting privileges, if any. In the absence of admitting privileges a statement to that effect shall be included;
  - (3) instructions for post-procedure problems and questions as outlined in Rule .0329(d) of this Section;
  - (4) grievance procedures a patient may follow if dissatisfied with the care and services rendered; and
  - (5) the telephone number for Complaint Intake of the Division.

**10A NCAC 14E .0321 MEDICAL RECORDS**

- (a) A complete and permanent record shall be maintained for all patients including:
- (1) the date and time of admission and discharge;
  - (2) the patient's full and true name;
  - (3) the patient's address;
  - (4) the patient's date of birth;
  - (5) the patient's emergency contact information;
  - (6) the patient's diagnoses;
  - (7) the patient's duration of pregnancy;
  - (8) the patient's condition on admission and discharge;
  - (9) a voluntarily-signed consent for each surgery or procedure and signature of the physician performing the procedure witnessed by a family member, other patient representative, or facility staff member;
  - (10) the patient's history and physical examination including identification of pre-existing or current illnesses, drug sensitivities or other idiosyncrasies having a bearing on the procedure or anesthetic to be administered; and
  - (11) documentation that indicates all items listed in Rule .0320(d) of this Section were provided to the patient.
- (b) All other pertinent information such as pre- and post-procedure instructions, laboratory report, drugs administered, report of abortion procedure, and follow-up instruction, including family planning advice, shall be recorded and authenticated by signature, date, and time.
- (c) If Rh is negative, the significance shall be explained to the patient and so recorded. The patient in writing may reject Rh immunoglobulin. A written record of the patient's decision shall be a permanent part of her medical record.
- (d) An ultrasound examination shall be performed and the results, including gestational age, placed in the patient's medical record for any patient who is scheduled for an abortion procedure.
- (e) The clinic shall maintain a daily procedure log of all patients receiving abortion services. This log shall contain at least the following:
- (1) the patient name;
  - (2) the estimated length of gestation;

- (3) the type of procedure;
- (4) the name of physician;
- (5) the name of Registered Nurse on duty; and
- (6) the date and time of procedure.

(f) Medical records shall be the property of the clinic and shall be preserved or retained in the State of North Carolina for a period of not less than 10 years from the date of the most recent discharge, unless the client is a minor, in which case the record must be retained until three years after the client's 18th birthday, regardless of change of clinic ownership or administration. Such medical records shall be made available to the Division upon request and shall not be removed from the premises where they are retained except by subpoena or court order.

(g) The clinic shall have a written plan for destruction of medical records to identify information to be retained and the manner of destruction to ensure confidentiality of all material.

(h) Should a clinic cease operation, arrangements shall be made for preservation of records for at least 10 years. The clinic shall send written notification to the Division of these arrangements.

*Authority G.S. 143B-10; S.L. 2023-14, s. 2.4.*

#### **10A NCAC 14E .0322 PERSONNEL RECORDS**

##### (a) Personnel Records:

- (1) A record of each employee shall be maintained that includes the following:
  - (A) employee's identification;
  - (B) application for employment that includes education, training, experience and references;
  - (C) resume of education and work experience;
  - (D) verification of valid license (if required), education, training, and prior employment experience; and
  - (E) verification of references.
- (2) Personnel records shall be confidential.
- (3) Notwithstanding the requirement found in Subparagraph (b)(2) of this Rule, representatives of the Division conducting an inspection of the clinic shall have the right to inspect personnel records.

##### (b) Job Descriptions:

- (1) The clinic shall have a written description that describes the duties of every position.
- (2) Each job description shall include position title, authority, specific responsibilities, and minimum qualifications. Qualifications shall include education, training, experience, special abilities, and valid license or certification required.
- (3) The clinic shall review annually and, if needed, update all job descriptions. The clinic shall provide the updated job description to each employee or contractual employee assigned to the position.

(c) All persons having direct responsibility for patient care shall be at least 18 years of age.

(d) The clinic shall provide an orientation program to familiarize each new employee or contractual employee with the clinic, its policies, and the employee's job responsibilities.

(e) The governing authority shall be responsible for implementing health standards for employees, as well as contractual employees, which are consistent with recognized professional practices for the prevention and transmission of communicable diseases.

(f) Employee and contractual employee records for health screening as defined in Rule .0101(7) of this Subchapter, education, training, and verification of professional certification shall be available for review by the Division.

*Authority G.S. 143B-10; S.L. 2023-14, s. 2.4.*

#### **10A NCAC 14E .0323 NURSING SERVICE**

(a) The clinic shall have an organized nursing staff under the supervision of a nursing supervisor who is currently licensed as a Registered Nurse and who has responsibility and accountability for all nursing services.

(b) The nursing supervisor shall be responsible and accountable to the chief executive officer or designee for:

- (1) provision of nursing services to patients; and
- (2) developing a nursing policy and procedure manual and written job descriptions for nursing personnel.

(c) The clinic shall have the number of licensed and ancillary nursing personnel on duty to assure that staffing levels meet the total nursing needs of patients based on the number of patients in the clinic and their individual nursing care needs.

(d) There shall be at least one Registered Nurse with experience in post-operative or post-partum care who is currently licensed to practice professional nursing in North Carolina on duty in the clinic at all times patients are in the clinic.

*Authority G.S. 143B-10; S.L. 2023-14, s. 2.4.*

#### **10A NCAC 14E .0324 QUALITY ASSURANCE**

(a) The governing authority shall establish a quality assurance program for the purpose of providing standards of care for the clinic. The program shall include the establishment of a committee that shall evaluate compliance with clinic procedures and policies.

(b) The committee shall determine corrective action, if necessary.

(c) The committee shall consist of at least one physician who is not an owner, the chief executive officer or designee, and other health professionals. The committee shall meet at least once per quarter.

(d) The functions of the committee shall include development of policies for selection of patients, approval for adoption of policies, review of credentials for staff privileges, peer review, tissue inspection, establishment of infection control procedures, and approval of additional procedures to be performed in the clinic.

(e) Records shall be kept of the activities of the committee for a period not less than 10 years. These records shall include:

- (1) reports made to the governing authority;
- (2) minutes of committee meetings including date, time, persons attending, description and results of cases reviewed, and recommendations made by the committee; and
- (3) information on any corrective action taken.

(f) Orientation, training, or education programs shall be conducted to correct deficiencies that are uncovered as a result of the quality assurance program.

Authority G.S. 143B-10; S.L. 2023-14, s. 2.4.

#### **10A NCAC 14E .0325 LABORATORY SERVICES**

(a) Each clinic shall have the capability to provide or obtain laboratory tests required in connection with the procedure to be performed.

(b) The governing authority shall establish written policies requiring examination by a pathologist of all surgical specimens except for those types of specimens that the governing authority has determined do not require examination.

(c) Each patient shall have the following performed and a record of the results placed in the patient's medical record prior to the abortion:

- (1) pregnancy testing, except when a positive diagnosis of pregnancy has been established by ultrasound;
- (2) anemia testing (hemoglobin or hematocrit); and
- (3) Rh factor testing.

(d) Patients requiring the administration of blood shall be transferred to a local hospital having blood bank facilities.

(e) The clinic shall maintain a manual in a location accessible by employees, that includes the procedures, instructions, and manufacturer's instructions for each test procedure performed, including:

- (1) sources of reagents, standard and calibration procedures, and quality control procedures; and
- (2) information concerning the basis for the listed "normal" ranges.

(f) The clinic shall perform and document, at least quarterly, calibration of equipment and validation of test results.

Authority G.S. 143B-10; S.L. 2023-14, s. 2.4.

#### **10A NCAC 14E .0326 EMERGENCY BACK-UP SERVICES**

(a) Each clinic shall have a written plan for the transfer of emergency cases from the clinic to a nearby hospital when hospitalization becomes necessary.

(b) The clinic shall have procedures, personnel, and suitable equipment to handle medical emergencies which may arise in connection with services provided by the clinic.

(c) The clinic shall have a written agreement between the clinic and a hospital to facilitate the transfer of patients who are in need of emergency care. A clinic that has documentation of its efforts to establish such a transfer agreement with a hospital that provides emergency services and has been unable to secure such an agreement shall be considered to be in compliance with this Rule.

(d) The clinic shall provide intervention for emergency situations. These provisions shall include:

- (1) basic cardio-pulmonary life support;
- (2) emergency protocols for:
  - (A) administration of intravenous fluids;
  - (B) establishing and maintaining airway support;
  - (C) oxygen administration;
  - (D) utilizing a bag-valve-mask resuscitator with oxygen reservoir;
  - (E) utilizing a suction machine; and
  - (F) utilizing an automated external defibrillator;
- (3) emergency lighting available in the procedure room as set forth in Rule .0212 of this Subchapter; and
- (4) ultrasound equipment.

Authority G.S. 143B-10; S.L. 2023-14, s. 2.4.

#### **10A NCAC 14E .0327 SURGICAL SERVICES**

(a) The procedure room shall be maintained exclusively for surgical procedures and shall be so designed and maintained to provide an atmosphere free of contamination by pathogenic organisms. The clinic shall establish procedures for infection control and universal precautions.

(b) Tissue Examination:

- (1) The physician performing the abortion is responsible for examination of all products of conception (P.O.C.) prior to patient discharge. Such examination shall note specifically the presence or absence of chorionic villi and fetal parts, or the amniotic sac. The results of the examination shall be recorded in the patient's medical record.
- (2) If adequate tissue is not obtained based on the gestational age, ectopic pregnancy or an incomplete procedure shall be considered and evaluated by the physician performing the procedure.
- (3) The clinic shall establish procedures for obtaining, identifying, storing, and transporting specimens.

Authority G.S. 143B-10; S.L. 2023-14, s. 2.4.

#### **10A NCAC 14E .0328 MEDICATIONS AND ANESTHESIA**

(a) No medication or treatment shall be given except on written order of a physician.

(b) Any medications shall be administered by a Registered Nurse licensed in accordance with G.S. 90-171.30 or G.S. 90-171.32 and must be recorded in the patient's permanent record.

(c) The anesthesia shall be administered only under the direct supervision of a licensed physician.

Authority G.S. 143B-10; S.L. 2023-14, s. 2.4.

#### **10A NCAC 14E .0329 POST-OPERATIVE CARE**

(a) A patient whose pregnancy is terminated on an ambulatory basis shall be observed in the clinic to ensure that no post-operative complications are present. Thereafter, patients may be discharged according to a physician's order and the clinic's protocols.

(b) Any patient having an adverse condition or complication known or suspected to have occurred during or after the performance of the abortion shall be transferred to a hospital for evaluation or admission.

(c) The following criteria shall be documented prior to discharge:

(1) the patient shall be ambulatory with a stable blood pressure and pulse; and

(2) bleeding and pain shall be controlled.

(d) Written instructions shall be issued to all patients in accordance with the orders of the physician in charge of the abortion procedure and shall include the following:

(1) symptoms and complications to be looked for; and

(2) a dedicated telephone number to be used by the patients should any complication occur or question arise. This number shall be answered by a person 24 hours a day, seven days a week.

(e) The clinic shall have a defined protocol for triaging post-operative calls and complications. This protocol shall establish a pathway for physician contact to ensure ongoing care of complications that the operating physician is incapable of managing.

Authority G.S. 143B-10; S.L. 2023-14, s. 2.4.

#### **10A NCAC 14E .0330 CLEANING OF MATERIALS AND EQUIPMENT**

(a) All supplies and equipment used in patient care shall be properly cleaned or sterilized between use for different patients.

(b) Methods of cleaning, handling, and storing all supplies and equipment shall be such as to prevent the transmission of infection through their use.

Authority G.S. 143B-10; S.L. 2023-14, s. 2.4.

#### **10A NCAC 14E .0331 FOOD SERVICE**

Nourishments, such as crackers and soft drinks, shall be available and offered to all patients.

Authority G.S. 143B-10; S.L. 2023-14, s. 2.4.

### **SECTION .0400 - MEDICAL STAFF**

#### **10A NCAC 14E .0403 QUALIFICATIONS**

Every person admitted to practice in the clinic shall qualify by submitting a signed application in writing which shall contain the following data: age, year and school of graduation, date of licensure, statement of postgraduate work, and experience.

Authority G.S. 143B-10; S.L. 2023-14, s. 2.4.

#### **10A NCAC 14E .0404 FILE**

An individual file for each physician practicing in the clinic shall be maintained. Each file shall contain the information outlined in Rule .0403 of this Section.

Authority G.S. 143B-10; S.L. 2023-14, s. 2.4.