

## **REQUEST FOR TECHNICAL CHANGE**

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13F .1801

**DEADLINE FOR RECEIPT: Monday, November 8, 2021**

***NOTE: This request when viewed on computer extends several pages. Please be sure you have reached the end of the document.***

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

*Were the changes that were made to this Rule post-publication in the Register due to public comment?*

*In (a), lines 7 and 8, you are requiring the facility to "establish and implement" policies and procedures, but on line 10, the Department will "develop and approve" these. How will this work?*

*And on line 10, and elsewhere the term is used, what do you mean by "approve"? Since the Department is creating the policies and procedures, why and how is it also approving them?*

*In (a)(3), lines 20-21, what are "nationally recognized standards"? Does your regulated public know?*

*Please make the language on line 23 Paragraph (b). Otherwise, you have two (a)(1), (a)(2), and (a)(3) and you cannot have that. Please be sure to revert to (c), (d), and (e) on Page 2, lines 8, 14, and 17.*

*In the current second (a)(3), Page 2, line 1, we strive to avoid "should" in rule. Please state "Measures for the facility to consider..."*

*On line 4, please insert a comma after "residents"*

*In current (c), lines 15 and 16, since you are renumbering the paragraphs, please be sure these cross-references are still accurate. Please note the same for current (d), line 17.*

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

Amanda J. Reeder  
Commission Counsel  
Date submitted to agency: October 25, 2021

10A NCAC 13F .1801 is adopted with changes as published in 35:19 NCR 2133-2136 as follows:

### SECTION .1800 - INFECTION PREVENTION AND CONTROL

#### 10A NCAC 13F .1801 INFECTION PREVENTION AND CONTROL ~~PROGRAM~~ POLICIES AND PROCEDURES

(a) In accordance with Rule .1211(a)(4) of this Subchapter and G.S. 131D-4.4A(b)(1), the facility shall establish and implement an infection prevention and control ~~program (IPCP)~~ policies and procedures consistent with the federal Centers for Disease Control and Prevention (CDC) published guidelines on infection prevention and control.

~~(b) The Department shall develop and approve a set of policies and procedures for infection prevention and control consistent with the federal CDC published guidelines on infection prevention and control that shall be made available on the Division of Health Service Regulation, Adult Care Licensure Section website at <https://info.ncdhhs.gov/dhsr/acls/acforms.html> at no cost. The facility shall assure the following policies and procedures are established and implemented consistent with the federal CDC published guidelines, which are hereby incorporated by reference including subsequent amendments and editions, on infection control that are accessible at no charge online at <https://www.cdc.gov/infectioncontrol>, and addresses either:~~

- ~~(1) utilize the policies and procedures for infection prevention and control approved by the Department;~~
- ~~(2) develop policies and procedures for infection prevention and control that are consistent with the Department approved policies and procedures; or~~
- ~~(3) develop policies and procedures for infection prevention and control that are based on nationally recognized standards in infection prevention and control that are consistent with the federal CDC published guidelines on infection prevention and control.~~

~~The facility's infection and control policies and procedures shall be implemented by the facility and shall address the following:~~

- ~~(1) Standard and transmission-based precautions, for which guidance can be found on the CDC website at <https://www.cdc.gov/infectioncontrol/basics>, precautions, including:~~
  - ~~(A) respiratory hygiene and cough etiquette;~~
  - ~~(B) environmental cleaning and disinfection;~~
  - ~~(C) reprocessing and disinfection of reusable resident medical equipment;~~
  - ~~(D) hand hygiene;~~
  - ~~(E) accessibility and proper use of personal protective equipment (PPE); and~~
  - ~~(F) types of transmission-based precautions and when each type is indicated, including contact precautions, droplet precautions, and airborne precautions; precautions;~~
- ~~(2) When and how to report to the local health department when there is a suspected or confirmed reportable communicable disease case or condition, or communicable disease outbreak in accordance with Rule .1802 of this Section; Section;~~

(3) Measures the facility should consider taking in the event of a communicable disease outbreak to prevent the spread of illness, such as isolating infected residents; limiting or stopping group activities and communal dining; limiting or restricting outside visitation to the facility; screening staff, residents and visitors for signs of illness; and use of source control as tolerated by the ~~residents.~~ residents; and

(4) Strategies for addressing potential staffing issues and ensuring staffing to meet the needs of the residents during a communicable disease ~~outbreak.~~ outbreak.

~~(e)~~ (b) When a communicable disease outbreak has been identified at the facility or there is an emerging infectious disease threat, the facility shall ensure implementation of the facility's ~~IPCP, related~~ infection prevention and control policies and procedures, ~~and published guidance issued by the CDC; however, if~~ and when issued, guidance or directives specific to the communicable disease outbreak or emerging infectious disease threat that have been issued in writing by the North Carolina Department of Health and Human Services or local health ~~department, the specific~~ department. ~~guidance or directives shall be implemented by the facility.~~

~~(d)~~ (c) In accordance with Rule .1211 of this Subchapter and G.S. 131D-4.4A(b)(4), the facility shall ensure all staff are trained within 30 days of hire and annually on the policies and procedures listed in Subparagraphs ~~(b)(1)~~ (a)(1) through ~~(2)~~ (a)(2) of this Rule.

~~(e)~~ (d) The policies and procedures listed in Paragraph ~~(b)~~ (a) of this Rule shall be maintained in the facility and accessible to staff working at the facility.

*History Note: Authority G.S. 131D-2.16; 131D-4.4A; 143B-165;*  
*Emergency Adoption Eff. October 23, 2020;*  
*Temporary Adoption Eff. December 30, 2020. 2020;*  
*Adopted Eff. December 1, 2021.*

## **REQUEST FOR TECHNICAL CHANGE**

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13F .1802

**DEADLINE FOR RECEIPT: Monday, November 8, 2021**

The Rules Review Commission staff has completed its review of this Rule prior to the Commission's next meeting. The Commission has not yet reviewed this Rule and therefore there has not been a determination as to whether the Rule will be approved. You may call our office to inquire concerning the staff recommendation.

In reviewing this Rule, the staff recommends the following technical changes be made:

*In (b), line 8, is there a requirement of how these notices will be sent? Or is this entirely up to the facility to determine?*

*Was the addition of (c)(2) due to public comment?*

*And what is "bi-weekly" here? Twice a week, with the specific days to be determined by the facility?*

*And should the order of (c)(1) and (2) be switched?*

Please retype the rule accordingly and resubmit it to our office at 1711 New Hope Church Road, Raleigh, North Carolina 27609.

Amanda J. Reeder  
Commission Counsel

Date submitted to agency: October 25, 2021

10A NCAC 13F .1802 is adopted with changes as published in 35:19 NCR 2133-2136 as follows:

**10A NCAC 13F .1802     REPORTING AND NOTIFICATION OF A SUSPECTED OR CONFIRMED  
COMMUNICABLE DISEASE OUTBREAK**

(a) The facility shall report suspected or confirmed communicable diseases and conditions within the time period and in the manner determined by the Commission for Public Health as specified in 10A NCAC 41A .0101 and 10A NCAC 41A .0102(a)(1) through (a)(3), which are hereby incorporated by reference, including subsequent amendments.

(b) The facility shall ~~inform~~ provide the residents and their representative(s) and staff with an initial notice within 24 hours following confirmation by the local health department of a communicable disease outbreak. The facility, in its initial notification to residents and their representative(s), shall:

- (1) not disclose any personally identifiable information of the residents or staff;
- (2) provide information on the measures the facility is taking to prevent or reduce the risk of transmission, including whether normal operations of the facility will change; and
- ~~(3) provide weekly updates until the communicable illness within the facility has resolved, as determined by the local health department; and~~
- ~~(4) provide education to the resident(s) concerning measures they can take to reduce the risk of spread or transmission of infection.~~
- (3) provide information to the resident(s) concerning measures they can take to reduce the risk of spread or transmission of infection.

(c) Following the initial notice to residents and their representative(s) of a communicable disease outbreak, the facility shall provide the following:

- (1) an update that the communicable illness within the facility has resolved, as determined by the local health department; and
- (2) bi-weekly updates until the communicable illness within the facility has resolved, as determined by the local health department.

*History Note: Authority G.S. 131D-2.16; 131D-4.4B; 131D-4.5; 143B-165;*  
*Emergency Adoption Eff. October 23, 2020;*  
*Temporary Adoption Eff. December 30, 2020. 2020;*  
*Adopted Eff. December 1, 2021.*

## **REQUEST FOR TECHNICAL CHANGE**

AGENCY: Medical Care Commission

RULE CITATION: 10A NCAC 13G .1701

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Amanda J. Reeder  
Commission Counsel

Date submitted to agency: October 25, 2021

10A NCAC 13G .1701 is adopted with changes as published in 35:19 NCR 2133-2136 as follows:

### SECTION .1700 - INFECTION PREVENTION AND CONTROL

#### 10A NCAC 13G .1701 INFECTION PREVENTION AND CONTROL ~~PROGRAM~~ POLICIES AND PROCEDURES

(a) In accordance with Rule .1211(a)(4) of this Subchapter and G.S. 131D-4.4A(b)(1), the facility shall establish and implement an infection prevention and control ~~program (IPCP)~~ policies and procedures consistent with the federal Centers for Disease Control and Prevention (CDC) published guidelines on infection prevention and control.

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- (1) Standard and transmission-based ~~precautions, for which guidance can be found on the CDC website at <https://www.cdc.gov/infectioncontrol/basics>, precautions, including:~~
  - (A) respiratory hygiene and cough etiquette;
  - (B) environmental cleaning and disinfection;
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  - (E) accessibility and proper use of personal protective equipment (PPE); and
  - (F) types of transmission-based precautions and when each type is indicated, including contact precautions, droplet precautions, and airborne ~~precautions; precautions;~~
- (2) When and how to report to the local health department when there is a suspected or confirmed reportable communicable disease case or condition, or communicable disease outbreak in accordance with Rule .1702 of this ~~Section; Section;~~

(3) Measures the facility should consider taking in the event of a communicable disease outbreak to prevent the spread of illness, such as isolating infected residents; limiting or stopping group activities and communal dining; limiting or restricting outside visitation to the facility; screening staff, residents and visitors for signs of illness; and use of source control as tolerated by the ~~residents.~~ residents; and

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