

**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 Medical Care Commission intends to adopt the rules cited as 10A NCAC 13F .1801, .1802; 13G .1701 and .1702.

**Codifier of Rules** approved these rules as emergency rules effective October 23, 2020 and received for publication the following notice and proposed temporary rules on October 15, 2020.

### Public Hearing:

**Date:** November 4, 2020

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

**Location:** Conference Call: 1-877-848-7030 Access Code: 5133201

**Reason for Proposed Temporary Action:** On March 10, 2020, the Governor of North Carolina, by issuing Executive Order No. 116, declared a state of emergency to coordinate a response and enact protective measures to help prevent the spread of SARS-CoV-2, commonly known as COVID-19. COVID-19 is a respiratory disease that can result in serious illness or death. The World Health Organization, the Center for Disease Control and Prevention (CDC), and the United States Department of Health and Human Services have declared COVID-19 a public health threat and emergency. In order to protect the health and safety of citizens residing in adult care homes and family care homes and the healthcare workforce employed in these facilities, the N.C. Medical Care Commission seeks to adopt 10A NCAC 13F .1801, 10A NCAC 13F .1802, 10A NCAC 13G .1701, and 10A NCAC 13G .1702 under temporary procedures. These regulations are needed to save lives in adult care homes and family care homes and protect the health of the residents and staff.

**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 October 23, 2020 and ends November 16, 2020.

## CHAPTER 13 - NC MEDICAL CARE COMMISSION

### SUBCHAPTER 13F – LICENSING OF ADULT CARE HOMES OF SEVEN OR MORE BEDS

#### SECTION .1800 - INFECTION PREVENTION AND CONTROL

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

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

(b) The facility shall ensure implementation of the facility's IPCP, related policies and procedures, and guidance or directives issued by the CDC, the local health department, and/or the North Carolina Department of Health and Human Services.

(c) The facility shall assure the following policies and procedures are established and implemented consistent with the federal CDC guidelines on infection control and addresses at least 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>, 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);
  - (F) types of transmission-based precautions and when each type is indicated, including contact precautions, droplet precautions, and airborne 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;
- (3) Resident care when there is suspected or confirmed communicable disease in the facility, including, when indicated, isolation of infected residents, limiting or stopping group activities and communal dining, and based on the mode of transmission, use of source control by the residents. Source control includes the use of face coverings for residents when the mode of transmission is through a respiratory pathogen;
- (4) Procedures for screening visitors to the facility and criteria for restricting visitors who exhibit signs of illness, as well as posting signage for visitors regarding screening and restriction procedures;
- (5) Procedures for screening facility staff and criteria for restricting staff who exhibit signs of illness from working;

- (6) Procedures and strategies for addressing staffing issues and ensuring staffing to meet the needs of the residents during a communicable disease outbreak;
- (7) The annual review of the facility's IPCP and update of the IPCP as necessary; and
- (8) a process for updating policies and procedures to reflect guidelines and recommendations by the CDC, local health department, and North Carolina Department of Health and Human Services during a public health emergency as declared by the United States and that applies to North Carolina or a public health emergency declared by the State of North Carolina.

(d) In accordance with Rule .1211 of this Subchapter, the facility shall ensure all staff are trained within 30 days of hire and annually on the policies and procedures listed in Subparagraphs (c)(1) through (5) of this Rule. Training on Parts (c)(1)(D) and (E) of this Rule shall include hands-on demonstration by a trained instructor and return demonstration by the staff person.

(e) The facility shall ensure that, prior to administration, all staff responsible for administering tests to residents for the diagnosis of a communicable disease or condition shall be trained on the proper use of testing devices and materials consistent with manufacturer's specifications.

(f) The facility shall ensure staff employed in a management or supervisory role in the facility are trained within 30 days of hire and annually on the policies and procedures listed in Subparagraphs (c)(1) through (6) of this Rule.

(g) The policies and procedures listed in Paragraph (c) of this Rule shall be maintained in the facility and accessible to staff working at the facility.

(h) The facility shall ensure that the IPCP is incorporated into the facility's emergency preparedness disaster plan and updated as needed to address any emerging infectious disease threats to protect the residents during a shelter-in-place or emergency evacuation event.

*Authority G.S. 131D-2.16; 131D-4.4A; 131D-4.5; 143B-165.*

## **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 Rules 10A NCAC 41A .0101 and 10A NCAC 41A .0102(a)(1) through (a)(3), including subsequent amendments and editions.

(b) The facility shall implement recommendations to the greatest extent practicable provided by the local health department in response to a suspected or confirmed communicable disease case or condition or communicable disease outbreak.

(c) The facility shall inform the residents and their representative(s) within 24 hours following confirmation by the local health department of a communicable disease outbreak, or one or more confirmed cases of COVID-19 among any resident or staff person. The facility, in its 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;
- (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.

*Authority G.S. 131D-2.16; 131D-4.4B; 131D-4.5; 143B-165.*

## **SUBCHAPTER 13G – LICENSING OF FAMILY CARE HOMES**

### **SECTION .1700 - INFECTION PREVENTION AND CONTROL**

#### **10A NCAC 13G .1701 INFECTION PREVENTION AND CONTROL PROGRAM**

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

(b) The facility shall ensure implementation of the facility's IPCP, related policies and procedures, and guidance or directives issued by the CDC, the local health department, and/or the North Carolina Department of Health and Human Services.

(c) The facility shall assure the following policies and procedures are established and implemented consistent with the federal CDC guidelines on infection control and addresses at least 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>, 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);
  - (F) types of transmission-based precautions and when each type is indicated, including contact precautions, droplet precautions, and airborne 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;
- (3) Resident care when there is suspected or confirmed communicable disease in the facility, including, when indicated, isolation of infected residents, limiting or stopping group activities and communal dining, and based on the mode of transmission, use of source control by the residents. Source control includes the use of face coverings for residents when the mode of transmission is through a respiratory pathogen;
- (4) Procedures for screening visitors to the facility and criteria for restricting visitors who exhibit signs of illness, as well as posting signage for visitors regarding screening and restriction procedures;
- (5) Procedures for screening facility staff and criteria for restricting staff who exhibit signs of illness from working;
- (6) Procedures and strategies for addressing staffing issues and ensuring staffing to meet the needs of the residents during a communicable disease outbreak;
- (7) The annual review of the facility's IPCP and update of the IPCP as necessary; and
- (8) a process for updating policies and procedures to reflect guidelines and recommendations by the CDC, local health department, and North Carolina Department of Health and Human Services during a public health emergency as declared by the United States and that applies to North Carolina or a public health emergency declared by the State of North Carolina.

(d) In accordance with Rule .1211 of this Subchapter, the facility shall ensure all staff are trained within 30 days of hire and annually on the policies and procedures listed in Subparagraphs (c)(1) through (5) of this Rule. Training on Parts (c)(1)(D) and (E) of this Rule shall include hands-on demonstration by a trained instructor and return demonstration by the staff person.

(e) The facility shall ensure that, prior to administration, all staff responsible for administering tests to residents for the diagnosis of a communicable disease or condition shall be trained on the proper use of testing devices and materials consistent with manufacturer's specifications.

(f) The facility shall ensure staff employed in a management or supervisory role in the facility are trained within 30 days of hire and annually on the policies and procedures listed in Subparagraphs (c)(1) through (6) of this Rule.

(g) The policies and procedures listed in Paragraph (c) of this Rule shall be maintained in the facility and accessible to staff working at the facility.

(h) The facility shall ensure that the IPCP is incorporated into the facility's emergency preparedness disaster plan and updated as needed to address any emerging infectious disease threats to protect the residents during a shelter-in-place or emergency evacuation event.

*Authority G.S. 131D-2.16; 131D-4.4A; 131D-4.5; 143B-165.*

#### **10A NCAC 13G .1702 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 Rules 10A NCAC 41A .0101 and 10A NCAC 41A .0102(a)(1) through (a)(3), including subsequent amendments and editions.

(b) The facility shall implement recommendations to the greatest extent practicable provided by the local health department in response to a suspected or confirmed communicable disease case or condition or communicable disease outbreak.

(c) The facility shall inform the residents and their representative(s) within 24 hours following confirmation by the local health department of a communicable disease outbreak, or one or more confirmed cases of COVID-19 among any resident or staff person. The facility, in its 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;
- (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.

*Authority G.S. 131D-2.16; 131D-4.4B; 131D-4.5; 143B-165.*