1	10A NCAC 14E .0310 is proposed for amendment as follows:	
2		
3	10A NCAC 14	E .0310 EMERGENCY BACK-UP SERVICES
4	(a) Each clinic shall have a written plan for the transfer of emergency cases from the clinic to a nearby hospital	
5	when hospitaliz	ation becomes necessary.
6	(b) The clinic s	shall have procedures, personnel, and suitable equipment to handle medical emergencies which may
7	arise in connection with services provided by the clinic.	
8	(c) The clinic	shall have a written agreement between the clinic and a nearby hospital to facilitate the transfer of
9	patients who ar	re in need of emergency care. A clinic that has documentation of its efforts to establish such a
10	transfer agreement with a hospital that provides emergency services and has been unable to secure such an	
11	agreement shall	be considered to be in compliance with this Rule.
12	(d) The facility	r <u>clinic</u> shall provide intervention for emergency situations. These provisions shall <u>include</u> : <u>include</u> :
13	but are not limit	red to:
14	(1)	Basic basic cardio-pulmonary life support;
15	(2)	Emergency emergency protocols for:
16		(a) (A) Venous access supplies, administration of intravenous fluids;
17		(b) (B) Air-way support and oxygen, establishing and maintaining airway support;
18		(C) oxygen administration;
19		(e) (D) utilizing a bag-valve-mask resuscitator Bag-valve mask unit with oxygen reservoir,
20		reservoir; and
21		(d) (E) <u>utilizing a Suction suction</u> machine; <u>and</u>
22		(F) utilizing an automated external defibrillator;
23	(3)	Emergency emergency lighting available in the operating room; procedure room as set forth in
24		Rule .0206 of this Subchapter; and
25	(4)	Ultrasound ultrasound equipment.
26		
27	History Note:	Authority G.S. 14-45.1(a); G.S.90-21.83; 143B-10; S.L.2013-366 s.4(c);
28		Eff. February 1, 1976;
29		Readopted Eff. December 19, 1977;
30		Amended Eff. <u>April 1, 2015;</u> July 1, 1994; December 24, 1979.