10A NCAC 14E .0310 is proposed for amendment as follows:

10A NCAC 14E .0310    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 nearby 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 facility clinic shall provide intervention for emergency situations. These provisions shall include: include but are not limited to:

    (1) Basic basic cardio-pulmonary life support;
    (2) Emergency emergency protocols for:
        (a) (A) Venous access supplies, administration of intravenous fluids;
        (b) (B) Airway support and oxygen, establishing and maintaining airway support;
        (C) oxygen administration;
        (e) (D) utilizing a bag-valve-mask resuscitator Bag-valve-mask unit with oxygen reservoir;
             reservoir; and
        (d) (E) utilizing a suction suction machine; and
        (F) utilizing an automated external defibrillator;
    (3) Emergency emergency lighting available in the operating room, procedure room as set forth in Rule .0206 of this Subchapter; and
    (4) Ultrasound ultrasound equipment.

History Note:  Authority G.S. 14-45.1(a); G.S.90-21.83; 143B-10; S.L.2013-366 s.4(c);
Eff. February 1, 1976;
Readopted Eff. December 19, 1977;
Amended Eff. April 1, 2015; July 1, 1994; December 24, 1979.