1	10A NCAC 13F .1801 is adopted under temporary procedures with changes as follows:	
2		
3		SECTION .1800 - INFECTION PREVENTION AND CONTROL
4		
5	10A NCAC 13	
6		nce with Rule 13F.1211 .1211(a)(4) of this Subchapter and G.S. 131D-4.4A(b)(1), the facility shall
7		mplement a comprehensive an infection prevention and control program (IPCP) consistent with the
8		for Disease Control and Prevention (CDC) <u>published</u> guidelines on infection prevention and control.
9	•	r shall ensure implementation of the facility's IPCP, related policies and procedures, and guidance or
10	directives issue	d by the CDC, the local health department, and/or the North Carolina Department of Health and Human
11	Services.	
12		lity shall assure the following policies and procedures are established and implemented consistent with
13	the federal CD0	C <u>published</u> guidelines guidelines, which are hereby incorporated by reference including subsequent
14	amendments	and editions, on infection control that are accessible at no charge online at
15	https://www.cd	c.gov/infectioncontrol, on infection control and addresses at least the following:
16	(1)	Standard and transmission-based precautions, for which guidance can be found on the CDC website
17		at https://www.cdc.gov/infectioncontrol/basics, including:
18		(A) respiratory hygiene and cough etiquette;
19		(B) environmental cleaning and disinfection;
20		(C) reprocessing and disinfection of reusable resident medical equipment;
21		(D) hand hygiene;
22		(E) accessibility and proper use of personal protective equipment (PPE); and
23		(F) types of transmission-based precautions and when each type is indicated, including contact
24		precautions, droplet precautions, and airborne precautions:
25	(2)	When and how to report to the local health department when there is a suspected or confirmed
26		reportable communicable disease case or condition, or communicable disease outbreak in
27		accordance with Rule 13F .1802 of this Section:
28	(3)	Resident care when there is suspected or confirmed communicable disease in the facility, including,
29		when indicated, isolation of infected residents, limiting or stopping group activities and communal
30		dining, and based on the mode of transmission, use of source control as tolerated by the residents.
31		Source control includes the use of face coverings for residents when the mode of transmission is
32		through a respiratory pathogen:
33	(4)	Procedures for screening visitors to the facility and criteria for restricting visitors who exhibit signs
34		of illness, as well as posting signage for visitors regarding screening and restriction procedures;
35	(5)	Procedures for screening facility staff and criteria for restricting staff who exhibit signs of illness
36		from working;

1 (6) Procedures and strategies for addressing staffing issues and ensuring staffing to meet the needs of 2 the residents during a communicable disease outbreak: 3 (7) The annual review and update of the facility's IPCP to be consistent with published CDC guidance 4 on infection control; and update of the IPCP as necessary; and 5 (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 6 7 (NCDHHS) during a public health emergency as declared by the United States and that applies to 8 North Carolina or a public health emergency declared by the State of North Carolina. 9 (c) When a communicable disease outbreak has been identified at the facility or there is an emerging infectious disease 10 threat, the facility shall ensure implementation of the facility's IPCP, related policies and procedures, and published 11 guidance issued by the CDC; however, if guidance or directives specific to the communicable disease outbreak or 12 emerging infectious disease threat have been issued in writing by the NCDHHS or local health department, the specific 13 guidance or directives shall be implemented by the facility. 14 (d) In accordance with Rule 13F .1211 of this Subchapter, the facility shall ensure all staff are trained within 30 days 15 of hire and annually on the policies and procedures listed in Subparagraphs (e)(1) (b)(1) through (5) of this Rule. 16 Training on Parts (e)(1)(D) (b)(1)(D) and (E) of this Rule shall include hands-on demonstration by a trained an 17 instructor who is a licensed health professional and return demonstration by the staff person. 18 (e) The facility shall ensure that, prior to administration, all staff responsible for administering tests to residents for 19 the diagnosis of a communicable disease or condition shall be trained on the proper use of testing devices and materials 20 consistent with manufacturer's specifications. 21 (f) The facility shall ensure staff employed in a management or supervisory role in the facility are trained within 30 22 days of hire and annually on the policies and procedures listed in Subparagraphs (e)(1) (b)(1) through (6) of this Rule. 23 (g) The policies and procedures listed in Paragraph (e) (b) of this Rule shall be maintained in the facility and accessible 24 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 25 26 updated as needed to shall address any emerging infectious disease threats to protect the residents during a shelter-in- 27 place or emergency evacuation event. 28 29 Authority G.S. 131D-2.16; 131D-4.4A; 131D-4.5; 143B-165; History Note: 30 Emergency Adoption Eff. October 23, 2020; 2020; Temporary Adoption Eff. December 30, 2020. 31