- 1 10A NCAC13P .1401 is proposed for amendment as follows: 2 3 10A NCAC 13P .1401 CHEMICAL ADDICTION OR ABUSE TREATMENT RECOVERY PROGRAM 4 REOUIREMENTS 5 (a) The OEMS shall provide a treatment monitoring program for aiding in the recovery and rehabilitation of EMS personnel subject to disciplinary action for being unable to perform as credentialed EMS personnel with reasonable 6 7 skill and safety to patients and the public by reason of use of alcohol, drugs, chemicals, or any other type of material 8 as set forth in Rule .1507(b)(9) .1507 of this Subchapter. 9 (b) This program requires: 10 an initial assessment by a healthcare professional specialized specializing in chemical dependency (1)11 approved by the treatment program; 12 (2)a treatment plan developed by the healthcare professional described in Subparagraph (b)(1) of this 13 Rule by a healthcare professional specializing in chemical dependency for the individual using the 14 findings of the initial assessment; assessment. The Department and individual will enter into a 15 consent agreement based up on the treatment plan; and 16 (3)random body fluid screenings using a standardized methodology designed by OEMS program staff 17 to ensure reliability in verifying compliance with program standards; 18 (4)the individual attend three self help recovery meetings each week for the first year of participation, 19 and two each week for the remainder of participation in the treatment program; 20 <del>(5)</del>(3) monitoring by OEMS program staff of the individual for compliance with the treatment program; 21 consent agreement entered into by the Department and the individual entering the program. 22 written progress reports, shall be made available for review by OEMS upon completion of the initial (6) assessment of the treatment program, upon request by OEMS throughout the individual's 23 24 participation in the treatment program, and upon completion of the treatment program. Written 25 progress reports shall include: 26 (A)progress or response to treatment and when the individual is safe to return to practice; 27 <del>(B)</del> compliance with program criteria;
  - 28 (C) a summary of established long term program goals; and
    29 (D) contain pertinent medical, laboratory, and psychiatric records with a focus on chemical
    30 dependency.

32 History Note: Authority G.S. 131E-159(f); 143-508(b); 143-508(d)(10);

33 *Eff. October 1, 2010;* 

31

34 *Readopted Eff. January 1, 2017: 2017;* 

35 <u>Amended Eff. July 1, 2021.</u>