1	10A NCAC 13S .0326 is proposed for adoption as follows:
2	
3	10A NCAC 13S .0326 EMERGENCY BACK-UP SERVICES
4	(a) Each clinic shall have a written plan for the transfer of emergency cases from the clinic to the closest hospit
5	when hospitalization becomes necessary. Emergency case is defined as a condition manifesting itself by acu
6	symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could
7	reasonably be expected to result in placing the individual's health in serious jeopardy, serious impairment to bodil
8	functions, or serious dysfunction of bodily organs.
9	(b) The clinic shall have written protocols, personnel, and equipment to handle medical emergencies as defined above
10	which may arise in connection with services provided by the clinic.
11	(c) All clinics shall have written emergency instructions for clinic staff to carry out in the event of an emergency. A
12	clinic personnel shall be familiar and capable of carrying out written emergency instructions:
13	(1) Instructions shall be followed in the event of an emergency, any untoward anesthetic, medical of
14	procedural complications, or other conditions making transfer to an emergency department and/o
15	hospitalization of a patient necessary.
16	(2) The instructions shall include arrangements for immediate contact of emergency medical services whe
17	indicated and when advanced cardiac life support is needed.
18	(3) When emergency medical services are not indicated, the instructions shall include procedures for time
19	escort of the patient to the hospital or to an appropriate licensed health care professional.
20	(d) The clinic shall provide intervention for emergency situations. These provisions shall include:
21	(1) basic cardio-pulmonary life support;
22	(2) emergency protocols for:
23	(A) administration of intravenous fluids;
24	(B) establishing and maintaining airway support;
25	(C) oxygen administration;
26	(D) utilizing a bag-valve-mask resuscitator with oxygen reservoir; and
27	(E) utilizing an automated external defibrillator.
28	(3) emergency lighting available in the procedure room as set forth in Rule .0212 of this Subchapte
29	<u>and</u>
30	(4) ultrasound equipment.
31	
32	History Note: Authority G.S. 131E-153; 131E-153.5; 143B-165.
33	Codifier determined that findings of need did not meet criteria for emergency rule on October 30
34	<u>2023;</u>
35	Emergency Rule Eff. November 14, 2023;
36	Temporary Adoption Eff. February 8, 2024;
37	Adopted Eff. October 1, 2024.