



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor


MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

December 30, 2020

MEMORANDUM

TO: N.C. Licensed Adult Care Homes & Family Care Homes

FROM: Megan Lamphere, Chief 

RE: Temporary Rules for Infection Prevention & Control in Adult Care Homes and Family Care Homes – Effective December 30, 2020

On December 17, 2020, the N.C. Rules Review Commission approved adult care home rules 10A NCAC 13F .1801 & .1802 and family care homes rules 10A NCAC 13G .1701 & .1702 governing infection prevention and control for temporary adoption. The rules are effective today, December 30, 2020. Temporary rules are effective for 270 days and replace the emergency rules that became effective on October 23, 2020. A copy of the rules is included in this memorandum below.

The rules, like the previous emergency rules, require each facility to develop and implement an infection prevention and control program based on guidance from the federal Centers for Disease Control & Prevention (CDC), including:

- Infection prevention and control policies and procedures,
- Timely reporting of suspected communicable disease cases,
- Communication with staff, residents and families, and
- Staff training.

As these temporary rules will expire in 270 days, the agency is initiating the permanent rulemaking process which will include additional opportunity for provider input. Communication regarding the permanent rules will be forthcoming.

Thank you for all you are doing to protect the health and safety of the residents in our state's adult care homes and family care homes.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

ADULT CARE LICENSURE SECTION

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ADULT CARE HOME RULES:

SECTION .1800 - INFECTION PREVENTION AND CONTROL

10A NCAC 13F .1801 INFECTION PREVENTION AND CONTROL PROGRAM

(a) In accordance with Rule .1211(a)(4) of this Subchapter and G.S. 131D-4.4A(b)(1), the facility shall establish and implement an infection prevention and control program (IPCP) consistent with the federal Centers for Disease Control and Prevention (CDC) published guidelines on infection prevention and control.

(b) The facility shall assure the following policies and procedures are established and implemented consistent with the federal CDC published guidelines, which are hereby incorporated by reference including subsequent amendments and editions, on infection control that are accessible at no charge online at <https://www.cdc.gov/infectioncontrol>, and addresses the following:

- (1) Standard and transmission-based precautions, for which guidance can be found on the CDC website at <https://www.cdc.gov/infectioncontrol/basics>, including:
 - (A) respiratory hygiene and cough etiquette;
 - (B) environmental cleaning and disinfection;
 - (C) reprocessing and disinfection of reusable resident medical equipment;
 - (D) hand hygiene;
 - (E) accessibility and proper use of personal protective equipment (PPE); and
 - (F) types of transmission-based precautions and when each type is indicated, including contact precautions, droplet precautions, and airborne precautions:
- (2) When and how to report to the local health department when there is a suspected or confirmed reportable communicable disease case or condition, or communicable disease outbreak in accordance with Rule .1802 of this Section:
- (3) Resident care when there is suspected or confirmed communicable disease in the facility, including, when indicated, isolation of infected residents, limiting or stopping group activities and communal dining, and based on the mode of transmission, use of source control as tolerated by the residents. Source control includes the use of face coverings for residents when the mode of transmission is through a respiratory pathogen:
- (4) Procedures for screening visitors to the facility and criteria for restricting visitors who exhibit signs of illness, as well as posting signage for visitors regarding screening and restriction procedures;
- (5) Procedures for screening facility staff and criteria for restricting staff who exhibit signs of illness from working;
- (6) Procedures and strategies for addressing staffing issues and ensuring staffing to meet the needs of the residents during a communicable disease outbreak:

- (7) The annual review and update of the facility's IPCP to be consistent with published CDC guidance on infection control; and
 - (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 (NCDHHS) during a public health emergency as declared by the United States and that applies to North Carolina or a public health emergency declared by the State of North Carolina.
- (c) When a communicable disease outbreak has been identified at the facility or there is an emerging infectious disease threat, the facility shall ensure implementation of the facility's IPCP, related policies and procedures, and published guidance issued by the CDC; however, if guidance or directives specific to the communicable disease outbreak or emerging infectious disease threat have been issued in writing by the NCDHHS or local health department, the specific guidance or directives shall be implemented by the facility.
- (d) In accordance with Rule .1211 of this Subchapter, the facility shall ensure all staff are trained within 30 days of hire and annually on the policies and procedures listed in Subparagraphs (b)(1) through (5) of this Rule. Training on Parts (b)(1)(D) and (E) of this Rule shall include hands-on demonstration by an instructor who is a licensed health professional and return demonstration by the staff person.
- (e) The facility shall ensure that, prior to administration, all staff responsible for administering tests to residents for the diagnosis of a communicable disease or condition shall be trained on the proper use of testing devices and materials consistent with manufacturer's specifications.
- (f) The facility shall ensure staff employed in a management or supervisory role in the facility are trained within 30 days of hire and annually on the policies and procedures listed in Subparagraphs (b)(1) through (6) of this Rule.
- (g) The policies and procedures listed in Paragraph (b) of this Rule shall be maintained in the facility and accessible to staff working at the facility.
- (h) The facility's emergency preparedness disaster plan shall address any emerging infectious disease threats to protect the residents during a shelter-in-place or emergency evacuation event.

*History Note: Authority G.S. 131D-2.16; 131D-4.4A; 143B-165;
Emergency Adoption Eff. October 23, 2020;
Temporary Adoption Eff. December 30, 2020.*

10A NCAC 13F .1802 REPORTING AND NOTIFICATION OF A SUSPECTED OR CONFIRMED COMMUNICABLE DISEASE OUTBREAK

(a) The facility shall report suspected or confirmed communicable diseases and conditions within the time period and in the manner determined by the Commission for Public Health as specified in Rules 10A NCAC 41A .0101 and 10A NCAC 41A .0102(a)(1) through (a)(3), which are hereby incorporated by reference, including subsequent amendments.

(b) The facility shall inform the residents and their representative(s) and staff within 24 hours following confirmation by the local health department of a communicable disease outbreak, or one or more confirmed cases of COVID-19 among any resident or staff person. The facility, in its notification to residents and their representative(s), shall:

- (1) not disclose any personally identifiable information of the residents or staff;
- (2) provide information on the measures the facility is taking to prevent or reduce the risk of transmission, including whether normal operations of the facility will change;
- (3) provide weekly updates until the communicable illness within the facility has resolved, as determined by the local health department; and
- (4) provide education to the resident(s) concerning measures they can take to reduce the risk of spread or transmission of infection.

History Note: Authority G.S. 131D-2.16; 131D-4.4B; 131D-4.5; 143B-165;
Emergency Adoption Eff. October 23, 2020;
Temporary Adoption Eff. December 30, 2020.

FAMILY CARE HOME RULES:

SECTION .1700 - INFECTION PREVENTION AND CONTROL

10A NCAC 13G .1701 INFECTION PREVENTION AND CONTROL PROGRAM

(a) In accordance with Rule .1211(a)(4) of this Subchapter and G.S. 131D-4.4A(b)(1), the facility shall establish and implement an infection prevention and control program (IPCP) consistent with the federal Centers for Disease Control and Prevention (CDC) published guidelines on infection prevention and control.

(b) The facility shall assure the following policies and procedures are established and implemented consistent with the federal CDC published guidelines, which are hereby incorporated by reference including subsequent amendments and editions, on infection control that are accessible at no charge online at <https://www.cdc.gov/infectioncontrol>, and addresses the following:

- (1) Standard and transmission-based precautions, for which guidance can be found on the CDC website at <https://www.cdc.gov/infectioncontrol/basics>, including:
 - (A) respiratory hygiene and cough etiquette;
 - (B) environmental cleaning and disinfection;
 - (C) reprocessing and disinfection of reusable resident medical equipment;
 - (D) hand hygiene;
 - (E) accessibility and proper use of personal protective equipment (PPE); and
 - (F) types of transmission-based precautions and when each type is indicated, including contact precautions, droplet precautions, and airborne precautions:
- (2) When and how to report to the local health department when there is a suspected or confirmed reportable communicable disease case or condition, or communicable disease outbreak in accordance with Rule .1702 of this Section:
- (3) Resident care when there is suspected or confirmed communicable disease in the facility, including, when indicated, isolation of infected residents, limiting or stopping group activities and communal dining, and based on the mode of transmission, use of source control as tolerated by the residents. Source control includes the use of face coverings for residents when the mode of transmission is through a respiratory pathogen:
- (4) Procedures for screening visitors to the facility and criteria for restricting visitors who exhibit signs of illness, as well as posting signage for visitors regarding screening and restriction procedures;
- (5) Procedures for screening facility staff and criteria for restricting staff who exhibit signs of illness from working;
- (6) Procedures and strategies for addressing staffing issues and ensuring staffing to meet the needs of the residents during a communicable disease outbreak:
- (7) The annual review and update of the facility's IPCP to be consistent with published CDC guidance on infection control; and

- (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 (NCDHHS) during a public health emergency as declared by the United States and that applies to North Carolina or a public health emergency declared by the State of North Carolina.
- (c) When a communicable disease outbreak has been identified at the facility or there is an emerging infectious disease threat, the facility shall ensure implementation of the facility's IPCP, related policies and procedures, and published guidance issued by the CDC; however, if guidance or directives specific to the communicable disease outbreak or emerging infectious disease threat have been issued in writing by the NCDHHS or local health department, the specific guidance or directives shall be implemented by the facility.
- (d) In accordance with Rule .1211 of this Subchapter, the facility shall ensure all staff are trained within 30 days of hire and annually on the policies and procedures listed in Subparagraphs (b)(1) through (5) of this Rule. Training on Parts (b)(1)(D) and (E) of this Rule shall include hands-on demonstration by an instructor who is a licensed health professional and return demonstration by the staff person.
- (e) The facility shall ensure that, prior to administration, all staff responsible for administering tests to residents for the diagnosis of a communicable disease or condition shall be trained on the proper use of testing devices and materials consistent with manufacturer's specifications.
- (f) The facility shall ensure staff employed in a management or supervisory role in the facility are trained within 30 days of hire and annually on the policies and procedures listed in Subparagraphs (b)(1) through (6) of this Rule.
- (g) The policies and procedures listed in Paragraph (b) of this Rule shall be maintained in the facility and accessible to staff working at the facility.
- (h) The facility's emergency preparedness disaster plan shall address any emerging infectious disease threats to protect the residents during a shelter-in-place or emergency evacuation event.

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10A NCAC 13G .1702 REPORTING AND NOTIFICATION OF A SUSPECTED OR CONFIRMED COMMUNICABLE DISEASE OUTBREAK

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- (1) not disclose any personally identifiable information of the residents or staff;
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- (3) provide weekly updates until the communicable illness within the facility has resolved, as determined by the local health department; and
- (4) provide education to the resident(s) concerning measures they can take to reduce the risk of spread or transmission of infection.

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