

1 10A NCAC 13K .0401 is readopted with changes as published in 34:24 NCR 2380-2383 as follows:

2
3 **SECTION .0400 - PERSONNEL**

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5 **10A NCAC 13K .0401 PERSONNEL**

6 (a) Written policies shall be established and implemented by the agency regarding infection control and exposure to
7 communicable diseases consistent with the rules set forth in 10A NCAC 41A. 41A, which is incorporated by reference,
8 including subsequent [amendments and editions.] amendments. These policies and procedures shall include provisions
9 for compliance with 29 CFR 1910 (~~Occupational Occupational~~ Safety and Health ~~Standards~~) Standards, which is
10 incorporated by reference including subsequent amendments. amendments and editions. Emphasis shall be placed on
11 compliance with These editions shall include 29 CFR 1910.1030 (Airborne and Bloodborne Pathogens). Bloodborne
12 Pathogens. Copies of Title 29 Part 1910 can be ~~purchased from the Superintendent of Documents, U.S. Government~~
13 ~~Printing Office, P.O. Box 371954, Pittsburgh, PA 15250 7954 or by calling Washington, D.C. (202) 512 1800. The~~
14 ~~cost is twenty one dollars (\$21.00) and may be purchased with a credit card. obtained online at no charge at~~
15 [https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=10051&p_table=STANDARDS.](https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=10051&p_table=STANDARDS)

16 (b) Hands-on care ~~employees must~~ team members shall have a baseline ~~skin~~ test for tuberculosis. Individuals who
17 test positive ~~must shall~~ demonstrate non-infectious status prior to assignment in a patient's home. Individuals who
18 have previously tested positive ~~to for~~ the tuberculosis ~~skin~~ test shall obtain a baseline and subsequent annual
19 verification that they are free of tuberculosis symptoms. The verification shall be obtained from the local health
20 department, a private ~~physician~~ physician, or health nurse employed by the agency. The ~~Tuberculosis Control~~
21 ~~Communicable Disease~~ Branch of the North Carolina Department of Health and Human Services, Division of Public
22 Health, ~~1902 1905~~ Mail Service Center, Raleigh, NC ~~27699 1902~~ 27699-1905 will ~~provide,~~ provide free of charge
23 guidelines for conducting and verification utilizing and Form ~~DEHNR DHHS~~ DHHS 3405 (Record of Tuberculosis
24 Screening). Employees identified by agency risk assessment to be at risk for exposure ~~are required to shall~~ be
25 subsequently tested ~~at intervals prescribed by OSHA standards. in accordance with Centers for Disease Control (CDC)~~
26 guidelines, which is incorporated by reference with subsequent amendments and editions. A copy of the CDC
27 guidelines can be obtained online at no charge at
28 [https://search.cdc.gov/search/?query=TB+testing+intervals&sitelimit=&utf8=%E2%9C%93&affiliate=cdc-main.](https://search.cdc.gov/search/?query=TB+testing+intervals&sitelimit=&utf8=%E2%9C%93&affiliate=cdc-main)

29 (b)(c) Written policies shall be established and implemented ~~which~~ by the agency that include personnel record
30 content, orientation, patient family volunteer training, and in-service education. Records on the subject of in-service
31 education and attendance shall be maintained by the agency and retained for ~~at least~~ one year.

32 (c)(d) Job descriptions for every position, including volunteers involved in direct patient/family services, shall be
33 established ~~in writing which~~ by the agency and shall include the position's qualifications and specific responsibilities.
34 ~~Individuals Hospice team member(s)~~ shall be assigned only to duties ~~for which that~~ they are trained and competent to
35 ~~perform and when applicable for which they are properly licensed. perform, or licensed to perform.~~

36 (d)(e) Personnel records shall be established and maintained for ~~all hospice staff, [team,] both~~ team members,
37 including paid and direct patient/family services volunteers. These records shall be maintained ~~at least~~ for one year

1 after ~~termination from agency employment.~~ employment or volunteer service ends. When ~~requested,~~ requested by the
 2 State surveyors, the records shall be available on the agency premises for inspection by the Department. The records
 3 shall include:

- 4 (1) an application or resume ~~which that~~ lists education, ~~training~~ training, and previous ~~employment that~~
 5 ~~can be verified,~~ employment, including job title;
- 6 (2) a job description with record of acknowledgment by the ~~staff;~~ team member(s);
- 7 (3) reference checks or verification of previous employment;
- 8 (4) records of tuberculosis annual screening for ~~those employees for whom the test is necessary as~~
 9 ~~described in Paragraph (a) of this Rule;~~ hands-on care [team;] team members;
- 10 (5) documentation of Hepatitis B immunization or declination for ~~hands-on~~ hands-on care staff; ~~[team;]~~
 11 team members;
- 12 (6) ~~airborne and~~ bloodborne pathogen training for ~~hands-on~~ hands-on care staff; ~~[team,]~~ team members,
 13 including annual updates, in compliance with 29 CFR 1910 and in accordance with the agency's
 14 exposure control plan;
- 15 (7) performance evaluations according to agency ~~policy and~~ policy, or at least annually;
- 16 (8) verification of ~~staff credentials as applicable;~~ team member(s) credentials;
- 17 (9) records of the verification of competencies by agency supervisory personnel of ~~all~~ skills required of
 18 hospice services personnel to carry out patient care ~~tasks to which the staff is assigned.~~ tasks. The
 19 method of verification shall be defined in agency policy.

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 21 *History Note:* Authority G.S. 131E-202;
 22 Eff. November 1, 1984;
 23 Amended Eff. February 1, 1996; November 1, 1989 1989;
 24 Readopted Eff. January 1, 2021.