

1 10A NCAC 13D .2209 is amended as published in 40:12 NCR 986-998 as follows:

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3 **10A NCAC 13D .2209 INFECTION CONTROL**

4 (a) A facility shall establish and maintain an infection prevention and control program for the purpose of providing a  
5 safe, clean and comfortable environment and preventing the transmission of communicable diseases and ~~infection.~~  
6 infectious agents.

7 (b) Under the infection prevention and control program, the facility shall decide what procedures, such as isolation  
8 techniques, are needed for individual patients, ~~investigate episodes of infection and attempt to control and prevent~~  
9 ~~infections~~ while conducting surveillance for and evaluating infections, including healthcare associated infections  
10 (HAIs) and implementing control measures to decrease the risk of HAIs in the facility.

11 (c) The facility shall maintain records of infections, and of the corrective actions taken.

12 (d) The facility shall ensure ~~communicable disease testing as required by 10A NCAC 41A,~~ compliance with 10A  
13 NCAC 41A "Communicable Disease Control" which is incorporated by reference, including subsequent amendments.  
14 Copies of these Rules may be obtained at no charge by contacting the Communicable Disease Branch, Epidemiology  
15 Section, Division of Public Health, N.C. Department of Health and Human Services, Division of Public Health,  
16 ~~Tuberculosis Control Branch,~~ 1902 Mail Service Center, Raleigh, North Carolina 27699-1902. These rules can be  
17 accessed at [http://reports.oah.state.nc.us/ncac.asp?folderName=%5CTitle%2010A%20-](http://reports.oah.state.nc.us/ncac.asp?folderName=%5CTitle%2010A%20-%20Health%20and%20Human%20Services%5CChapter%2041%20-%20Epidemiology%20Health)  
18 %20Health%20and%20Human%20Services%5CChapter%2041%20-%20Epidemiology%20Health.

19 ~~Screening shall be done upon admission of all patients being admitted from settings other than hospitals, nursing~~  
20 ~~facilities or combination facilities. Staff shall be screened within seven days of the hire date. The facility shall ensure~~  
21 ~~tuberculosis screening annually thereafter for patients and staff.~~

22 (e) All cases of reportable disease as defined by 10A NCAC 41A .0101 "Communicable Disease Control" "Reportable  
23 Diseases and Conditions" ~~and outbreaks consisting of two or more linked cases of disease transmission shall be~~  
24 ~~reported to the local health department. An outbreak of a communicable disease consisting of two or more linked~~  
25 ~~cases of disease transmission shall also be reported to the local health department.~~

26 (f) Persons with a documented prior positive two-step skin test (TST) or a single interferon gamma release assay  
27 (IGRA) do not require additional testing, but evaluation may still be required. The following persons shall be tested  
28 for Mycobacterium tuberculosis using a two-step skin test or a single interferon Gamma Release Assay administered  
29 in accordance with recommendations and guidelines published by the Centers for Disease Control and Prevention:

30 (1) Patients upon admission to a licensed nursing home. If the patient is being admitted directly from  
31 a hospital, licensed nursing home or adult care home in North Carolina and there is documentation  
32 of a two-step skin TST or a single IGRA test, then the patient does not need to be retested.

33 (2) Staff of licensed nursing home upon employment.

34 (3) Except as provided in the last sentence of Subparagraph (f)(1) of this Rule, persons listed in  
35 Paragraph (f) of this rule shall be required only to have a single TST or IGRA in the following  
36 situations:

37 (A) If the person has ever had a two-step skin test; or

1 (B) If the person has had a single skin test within the last twelve months.

2 (4) The facility shall ensure tuberculosis screening annually thereafter for patients and staff. The  
3 screening can be accomplished by verbal elicitation of symptoms and potential exposures to  
4 tuberculosis. TST or IGRA testing at annual screening is only required for individuals who either  
5 report one or more symptom of tuberculosis disease or report a new potential exposure to infectious  
6 tuberculosis.

7 (f)(g) The facility shall use isolation precautions for any patient deemed appropriate by its infection prevention and  
8 control program and as recommended by the following Centers for Disease Control and Prevention guidelines,  
9 Management of Multidrug-Resistant Organisms In Healthcare Settings, 2006,  
10 <http://www.cdc.gov/ncidod/dhqp/pdf/ar/MDROGuideline2006.pdf>, Multidrug-resistant Organisms (MDRO)  
11 Management Guidelines, <https://www.cdc.gov/infection-control/hcp/mdro-management/index.html>,  
12 and 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings,  
13 <http://www.cdc.gov/hicpac/2007ip/2007isolationprecautions.html>, which is incorporated by reference, including  
14 subsequent amendments.

15 (g)(h) The facility shall prohibit any employee with a communicable disease or infected skin lesion from direct contact  
16 with patients or their food, if direct contact is the mode of transmission of the disease. exudative lesions and or weeping  
17 dermatitis from handling patient care equipment and devices used in performing invasive procedures and from all  
18 direct patient care that involves the potential for contact of the patient, equipment, or devices with the lesion or  
19 dermatitis until the condition resolves.

20 (h)(i) The facility shall require all staff to use hand washing technique hygiene techniques as indicated recommended  
21 in the Centers for Disease Control and Prevention, "Guideline for Hand Hygiene in Health-Care Settings,  
22 ~~Recommendations of the Healthcare Infection Control Practices Advisory Committee and the~~  
23 ~~HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force~~". This information can be accessed at  
24 <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5116a1.htm> [https://www.cdc.gov/infection-control/hcp/hand-](https://www.cdc.gov/infection-control/hcp/hand-hygiene/index.html)  
25 [hygiene/index.html](https://www.cdc.gov/infection-control/hcp/hand-hygiene/index.html), which is incorporated by reference, including subsequent amendments.

26 ~~(j)~~(j) All linen shall be handled, store, processed and transported so as to prevent the spread of infection.

27 (k) Blood glucose meters shall be dedicated for single patient use. The patient's blood glucose meter should be stored  
28 in a manner that will protect against inadvertent use of the device for additional patients. The blood glucose meter  
29 should be cleaned and disinfected after every use, per the manufacturer's instructions. The blood glucose meter should  
30 be protected from cross contamination via contact with other meters or equipment. If the patient no longer needs  
31 assisted blood glucose monitoring or is discharged from the facility, a meter designed for professional settings, not an  
32 over-the-counter device, will be disinfected according to manufacturer's instructions prior to use on another patient.

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34 *History Note: Authority G.S. 131E-104; 131E-113;*  
35 *Eff. January 1, 1996;*  
36 *Amended Eff. July 1, 2012;*

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*Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015-2015;*

*Pursuant to G.S. 150B-21.3A, rule is necessary Eff. April 2, 2025;*

*Amended Eff. August 1, 2026-May 1, 2026.*