

10A NCAC 13D .2209 INFECTION CONTROL

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

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

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

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

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

(f) Persons with a documented prior positive two-step skin test (TST) or a single interferon gamma release assay (IGRA) do not require additional testing, but evaluation may still be required. The following persons shall be tested for Mycobacterium tuberculosis using a two-step skin test or a single interferon Gamma Release Assay administered in accordance with recommendations and guidelines published by the Centers for Disease Control and Prevention, which can be accessed free of charge at <http://cdc.gov/tb-healthcare-settings/hcp/screening-testing/baseline-testing.html>:

- (1) Patients upon admission to a licensed nursing home. If the patient is being admitted directly from a hospital, licensed nursing home or adult care home, in North Carolina, and there is documentation of a two-step skin TST or a single IGRA test, then the patient does not need to be retested.
- (2) Staff of licensed nursing home upon employment.
- (3) Except as provided in the last sentence of Subparagraph (f)(1) of this Rule, persons listed in Paragraph (f) of this Rule shall be required only to have a single TST or IGRA in the following situations:
 - (A) If the person has ever had a two-step skin test; or
 - (B) If the person has had a single skin test within the last twelve months.
- (4) The facility shall ensure tuberculosis screening annually thereafter for patients and staff. The screening can be accomplished by verbal elicitation of symptoms and potential exposures to tuberculosis. TST or IGRA testing at annual screening is only required for individuals who either report one or more symptom of tuberculosis disease or report a new potential exposure to infectious tuberculosis.

(g) The facility shall use isolation precautions for any patient deemed appropriate by its infection prevention and control program and as recommended by the Centers for Disease Control and Prevention guidelines. Multidrug-resistant Organisms (MDRO) Management Guidelines, located at <https://www.cdc.gov/infection-control/hcp/mdro-management/index.html>, and 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, <http://www.cdc.gov/hicpac/2007ip/2007isolationprecautions.html>, are incorporated by reference, including subsequent amendments, and can be accessed free of charge.

(h) The facility shall prohibit any employee with a communicable disease, and exudative lesions, weeping dermatitis from handling patient care equipment and devices used in performing invasive procedures, and from all direct patient care that involves the potential for contact of the patient, equipment, or devices with the lesion or dermatitis until the condition resolves.

(i) The facility shall require all staff to use hand hygiene techniques as recommended in the Centers for Disease Control and Prevention, "Guideline for Hand Hygiene in Health-Care Settings, This information can be accessed at <https://www.cdc.gov/infection-control/hcp/hand-hygiene/index.html>, incorporated by reference, including subsequent amendments, free of charge.

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

(k) Blood glucose meters shall be dedicated for single patient use. The patient's blood glucose meter should be stored in a manner that will protect against inadvertent use of the device for additional patients. The blood glucose meter should be cleaned and disinfected after every use, per the manufacturer's instructions. The blood glucose meter should be protected from cross contamination via contact with other meters or equipment. If the patient no longer needs

assisted blood glucose monitoring or is discharged from the facility, a meter designed for professional settings, not an over-the-counter device, will be disinfected according to manufacturer's instructions prior to use on another patient.

*History Note: Authority G.S. 131E-104; 131E-113;
Eff. January 1, 1996;
Amended Eff. July 1, 2012;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 22, 2015;
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