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SECTION .0400 - ADMINISTRATION

3
.0401 OWNERSHIP

The ownership of the abortion clinic shall be fully disclosed to the division.

History Note: Statutory Authority G.S. 14-45.1(a);
Eff. February 1, 1976.

3
.0402 PERSON IN AUTHORITY

A qualified person shall be designated to have authority and be responsible for the administrative and professional functions of the clinic.

History Note: Statutory Authority G.S. 14-45.1(a);
Eff. February 1, 1976.

3
.0403 MANUAL

The person in charge of the clinic shall prepare a manual of clinic policies and procedures for use by employees and medical staff to assist them in understanding their responsibilities within the organizational framework of the clinic.

History Note: Statutory Authority G.S. 14-45.1(a);
Eff. February 1, 1976.

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.0404 ADMISSION AND DISCHARGE

(a) There shall be on the premises throughout all hours of operation an employee authorized to receive patients and to make administrative decisions on their disposition.

(b) All patients shall be admitted only under the care of a qualified physician who is currently licensed to practice medicine in North Carolina.

(c) Any patient not discharged within 12 hours following the abortion procedure shall be transferred to a general hospital.

(d) Reasonable precautions shall be taken to insure the safety and legal rights of all patients.

History Note: Statutory Authority G.S. 14-45.1(a);
Eff. February 1, 1976.

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→ .0405 MEDICAL RECORDS

(a) A complete and permanent record shall be maintained for all patients including the date and time of admission and discharge, the full and true name, address, date of birth, nearest

of kin, diagnoses, duration of pregnancy, condition on admission and discharge, referring and attending physician, a witnessed, voluntarily-signed consent for surgery, authenticated history and physical examination including identification or pre-existing or current illnesses, drug sensitivities or other idiosyncrasies having a bearing on the operative procedure or anesthetic to be administered.

(b) All other pertinent information such as pre- and post-operative instructions, counseling, laboratory report, drugs administered, and follow-up instructions including family planning advice should be recorded and authenticated.

(c) If Rh is negative, the significance should be explained to the patient and so recorded. The patient in writing may reject or accept the appropriate desensitization material. A written record of the patient's decision shall be a permanent part of her medical record.

History Note: Statutory Authority G.S. 14-45.1(a);
Eff. February 1, 1976.

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.0006 PERSONNEL

(a) Application.

Each prospective employee must submit an application for employment which provides a sufficient outline of personal background, identification, training, experience, and references.

(b) Health Examinations.

All personnel shall be given a preemployment physical examination including screening for communicable diseases. The physical examination is to be repeated annually on all personnel. Any person who shows signs of respiratory infections, skin lesions, diarrhea, or other communicable diseases shall be excluded from work if, in the judgment of a physician, it is necessary to do so for the protection of patients and others.

(c) Records.

Records of application and physical examination shall be available for review by the division.

History Note: Statutory Authority G.S. 14-45.1(a);
Eff. February 1, 1976.

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.0007 NURSING SERVICE

(a) Licensed Personnel.

There shall be a minimum of one registered nurse with experience in postoperative or post-partum care who is currently licensed to practice professional nursing in North Carolina on



RECEIVED

Dec 19, 1977

State of North Carolina
Department of Justice

BY Nancy Lapis

ADMINISTRATIVE PROCEDURES SECTION
ATTORNEY GENERAL'S OFFICE

RUFUS L. EDMISTEN
ATTORNEY GENERAL

REGULATION CERTIFICATION

I do hereby certify that the attached regulation(s) 10 NCAC 3E are correct
(cite)

copies as (adopted, ~~amended~~) by N. C. Medical Care Commission pursuant to the authority
(agency)

vested in it by 14-45.1(a) of the General Statutes of North Carolina.
(section(s))

— This regulation is to be effective thirty days after filing with the Attorney General's Office.

X This regulation is to be effective 0 days after filing with the Attorney General's Office, on

December 19, 1977 (date). An effective date of other than thirty days after filing is necessary

because of the following circumstances: These regulations have been readopted at public hearing to be effective immediately upon filing. The regulations have been readopted in compliance with law and a thirty day delay in their implementation would work a hardship on the North Carolina Medical Care Commission.

I. O. Wilkerson
(Officer)
I. O. Wilkerson, Jr., Secretary
N. C. Medical Care Commission
(Title)

The attached regulation(s) are received for filing on this day 12/19/77 and are in the form specified by this office.

Rufus L. Edmisten
Attorney General
[Signature]
(by Deputy Attorney General)

10 NCAC 3E .0304(d) and .0305(b) and (c) have been amended as follows:

.0304 ADMISSION AND DISCHARGE

- (d) ~~Reasonable precautions shall be taken to insure the~~ The safety and legal rights of all patients, shall be insured.

History Note: Statutory Authority G.S. 14-45.1(a); G.S. 143B-10;
Eff. February 1, 1976;
Readopted Eff. December 19, 1977;
Amended Eff. November 1, 1989.

December

.0305 MEDICAL RECORDS

- (b) All other pertinent information such as pre- and post-operative instructions, counseling, laboratory report, drugs administered, and follow-up instructions including family planning advice ~~should~~ shall be recorded and authenticated.
- (c) If Rh is negative, the significance ~~should~~ shall be explained to the patient and so recorded. The patient in writing may reject or accept the appropriate desensitization material. A written record of the patient's decision shall be a permanent part of her medical record.

History Note: Statutory Authority G.S. 14-45.1(a); G.S. 143B-10;
Eff. February 1, 1976;
Readopted Eff. December 19, 1977;
Amended Eff. November 1, 1989.

December

10 NCAC 3E .0305 is amended as published in the North Carolina Register Volume 9, Issue 1, page 8 as follows with changes:

.0305 MEDICAL RECORDS

(a) A complete and permanent record shall be maintained for all patients including the date and time of admission and discharge_{Ti}; the full and true name_{Ti}; address_{Ti}; date of birth_{Ti}; nearest of kin_{Ti}; diagnoses_{Ti}; duration of pregnancy; condition on admission and discharge_{Ti}; referring and attending physician_{Ti}; a witnessed, voluntarily-signed consent for each surgery or procedure and signature of the physician performing the procedure_{Ti} and the physician's authenticated history and physical examination including identification of pre-existing or current illnesses, drug sensitivities or other idiosyncrasies having a bearing on the operative procedure or anesthetic to be administered.

(b) All other pertinent information such as pre- and post-operative instructions, ~~counseling~~, laboratory report, drugs administered, report of operation and follow-up instruction including family planning advice shall be recorded and authenticated.

(c) If Rh is negative, the significance shall be explained to the patient and so recorded. The patient in writing may reject or accept the appropriate desensitization material. A written record of the patient's decision shall be a permanent part of her medical record.

(d) An ultrasound examination shall be performed and the results posted in the patient's medical record for any patient whose fetal age is estimated to be 12 weeks or greater and for any patient where there is determined to be a size or date discrepancy, who is scheduled for an abortion procedure.

(e) The facility shall maintain a daily procedure log of all patients receiving abortion services. This log shall contain at least patient name, estimated length of gestation, type of procedure, name of physician, name of RN on duty, and date and time of procedure.

(f) Medical records shall be the property of the owner of the facility and shall be preserved or retained in the State of North Carolina for at least 20 years regardless of change of facility ownership or administration. Such medical records shall be made available to the Division upon request and shall not be removed from the premises where they are retained except by subpoena or court order.

(g) The facility shall have a plan for destruction of medical records to identify information to be retained and the manner of destruction to ensure confidentiality of all material.

(h) Should a facility cease operation, arrangements shall be made for preservation of records for at least 20 years. The facility shall notify the Division, in writing, concerning the arrangements.

History Note: Statutory Authority G.S. 14-45.1 (a); 143B-10;
Eff. February 1, 1976;
Readopted Eff. December 19, 1977;
Amended Eff. July 1, 1994; December 1, 1989.