

### **10A NCAC 13B .3405 DESIGNATED CRITICAL ACCESS HOSPITALS**

The requirements of 10A NCAC 13B shall apply to Critical Access Hospitals with the following modifications:

- (1) Autopsy facilities required in Rule .4907 of this Subchapter are not required provided that the facility has in effect a written agreement with another facility meeting Rule .4907 of this Subchapter for providing autopsy services.
- (2) Radiological services required in Section .4800 and Rule .6210 of this Subchapter are not required provided that the facility has a written agreement with another licensed facility meeting the requirements of Section .4800 and Rule .6210 of this Subchapter which makes radiological service available.
- (3) Emergency services required in Rules .4102-.4110 of this Subchapter are not required. Emergency response capability set forth in Rule .4101 of this Subchapter shall be provided. Medical staff shall require that facility personnel are capable of initiating life-saving measures at a first-aid level of response for any patient or person in need of such services. This shall include:
  - (a) Establishing protocols or agreements with any facility providing emergency services;
  - (b) Initiating basic cardio-pulmonary resuscitation according to the American Red Cross or American Heart Association standards;
  - (c) Availability of intravenous fluids and supplies required to establish intravenous access; and
  - (d) Availability of first-line emergency drugs as specified by the medical staff.
- (4) Anesthesia services required in Section .4600 of this Subchapter are not required in hospitals not offering outpatient surgery services.
- (5) Food services required in Section .4700 of this Subchapter shall be provided for inpatients directly or made available through contractual arrangements.
- (6) "Observation bed" as defined in Rule .3001(32) of this Subchapter does not apply. For purposes of this Section, "Observation bed" means a bed used for no more than 48-hours, to evaluate and determine the condition and disposition of a patient and is not considered a part of the hospital's licensed bed capacity.

*History Note: Authority G.S. 131E-79;  
Eff. January 1, 1996;  
Amended Eff. November 1, 2004;  
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. July 22, 2017.*