

Appendix:

Rules related to animals and public health: North Carolina Administrative Code

Rabies Rules

The North Carolina rules governing Public Health are found in N.C. Administrative Code Title 10A, Chapter 41- Epidemiology Health

(<http://reports.oah.state.nc.us/ncac.asp?folderName=\Title%2010A%20-%20Health%20and%20Human%20Services\Chapter%2041%20-%20Epidemiology%20Health>).

Additional rules applicable to rabies are found in Title 10A, chapters 09, 13, 42, 45 and 70, and in Title 02, Chapter 52. As of May 2012, the N.C. Administrative Code contains 14 rules that pertain specifically to rabies:

- VETERINARY CARE - [02 NCAC 52J .0210](#)
- VETERINARY REPORTABLE DISEASES - [02 NCAC 52C .0603](#)
- ANIMAL KEEPING, CERTIFICATIONS AND EXHIBITION – HEALTH CERTIFICATE, VACCINATIONS - [02 NCAC 52K .0601](#)
- EMERGENCY DEPARTMENT POLICIES AND PROCEDURES - [10A NCAC 13B .4106](#)
- PUBLIC HEALTH: REPORTABLE HUMAN COMMUNICABLE DISEASES - [10A NCAC 41A .0101](#)
- ESSENTIAL PUBLIC HEALTH SERVICES - [10A NCAC 45C .0101](#)
- HANDLING AND TRANSPORTATION OF (HUMAN) BODIES - [10A NCAC 41A .0212](#)
- TIME OF RABIES VACCINATION (VETERINARY PUBLIC HEALTH) - [10A NCAC 41G .0101](#)
- FEES FOR RABIES TAGS, LINKS, AND RIVETS (VETERINARY PUBLIC HEALTH) - [10A NCAC 41G .0102](#)
- APPROVED RABIES VACCINES (VETERINARY PUBLIC HEALTH) - [10A NCAC 41G .0103](#)
- SUBMITTING SPECIMENS OR SAMPLES FOR RABIES TESTING AND RECEIVING RESULTS FROM THE STATE LABORATORY OF PUBLIC HEALTH - [10A NCAC 42A .0105](#)
- FEES CHARGED BY THE STATE LABORATORY OF PUBLIC HEALTH - [10A NCAC 42A .0106](#)
- FAMILY CHILD CARE HOMES: SAFETY, MEDICATION, AND SANITATION REQUIREMENTS - [10A NCAC 09 .1720](#)
- FAMILY FOSTER HOMES: ENVIRONMENTAL REGULATIONS - [10A NCAC 70E .1110](#)

The text of these rules follow. All rules are available on the N.C. Office of Administrative Hearings' Administrative Code web site at <http://reports.oah.state.nc.us/ncac.asp>. Additional rules relating to pets; dogs, cats and other animals; medical waste management; and other animal and health-related topics also apply to Veterinary Public Health; a search on that site by key words will result in links to those rules.

02 NCAC 52J .0210 VETERINARY CARE

(a) A written program of veterinary care to include disease control and prevention, vaccination, euthanasia, and adequate veterinary care shall be established with the assistance of a licensed veterinarian by any person who is required to be licensed or registered under the Animal Welfare Act, Article 3 of Chapter 19A of the General Statutes.

(b) If there is a disease problem that persists for more than 30 days at the facility, the facility operator shall obtain and follow a veterinarian's written recommendations for correcting the problem.

(c) Each dog and cat shall be observed daily by the animal caretaker in charge, or by someone under his direct supervision. Sick or diseased, injured, lame, or blind dogs or cats shall be provided with veterinary care or be euthanized, provided that this shall not affect compliance with any state or local law requiring the holding, for a specified period, of animals suspected of being diseased. If euthanasia is performed at a certified facility, a list of personnel approved to perform euthanasia shall be maintained in a Policy and

Procedure Manual as described in 02 NCAC 52J .0800. Diseased or deformed animals shall be sold or adopted only under the policy set forth in the "Program of Veterinary Care." Full written disclosure of the medical condition of the animal shall be provided to the new owner.

(d) All animals in a licensed or registered facility shall be in compliance with the North Carolina rabies law, G.S. 130A, Article 6, Part 6. However, no shelter shall be disapproved following inspection or otherwise cited for failure to inoculate any dog or cat known to be less than 12 weeks old or until such animals have been in the shelter at least 15 days.

History Note: Authority G.S. 19A-24;
Eff. April 1, 1984;
Amended Eff. March 23, 2009; January 1, 2005.

02 NCAC 52C .0603 (VETERINARY) REPORTABLE DISEASES

All persons practicing veterinary medicine in North Carolina shall report the following diseases and conditions to the State Veterinarian's office by telephone within two hours after the disease is reasonably suspected to exist:

- (1) Anthrax;
- (2) Avian Chlamydiosis (Psitticosis, Ornithosis);
- (3) Avian Encephalomyelitis;
- (4) Avian Influenza (High Pathogenic);
- (5) Avian Influenza (Low Pathogenic);
- (6) Brucellosis (livestock only);
- (7) Classical Swine Fever (Hog Cholera);
- (8) Contagious Equine Metritis;
- (9) Echinococcus;
- (10) Equine Encephalomyelitis (including Eastern Equine Encephalomyelitis, Venezuelan Equine Encephalomyelitis, Western Equine Encephalomyelitis, and St. Louis Encephalomyelitis);
- (11) Equine Infectious Anemia;
- (12) Exotic Newcastle Disease;
- (13) Foreign Animal Diseases (including, in addition to those listed in this Rule, any disease believed to be absent from the United States and its territories);
- (14) Fowl Typhoid (*Salmonella gallinarum*);
- (15) Infectious Laryngotracheitis (other than vaccine induced);
- (16) Leishmaniasis;
- (17) *Mycoplasma gallisepticum*/*Mycoplasma synoviae*;
- (18) Paramyxovirus (other than Newcastle; includes menangle virus);
- (19) Plague (*Yersinia pestis*);
- (20) Pseudorabies;
- (21) Pullorum (*Salmonella pullorum*);
- (22) Q fever (*Coxiella burnetii*);
- (23) Rabies (equine and livestock only);
- (24) Scabies (cattle and sheep only);
- (25) Screw Worm (Exotic myiasis);
- (26) Transmissible spongiform encephalopathies (including Bovine Spongiform Encephalopathy, Chronic Wasting Disease, and scrapie);
- (27) Tuberculosis;
- (28) Tularemia (*Francisella tularensis*);
- (29) Vesicular Disease (Foot and Mouth, Vesicular Stomatitis, Vesicular Exanthema, Swine Vesicular Disease); and
- (30) West Nile (domestic animals only).

History Note: Authority G.S. 106-307.2;
Temporary Adoption Eff. December 1, 2002;
Eff. August 1, 2004.

SECTION .0600 - ANIMAL KEEPING, CERTIFICATIONS AND EXHIBITION

02 NCAC 52K .0601 HEALTH CERTIFICATE; VACCINATIONS

(a) An official health certificate as defined in 02 NCAC 52B .0202, a rabies vaccination certificate (when applicable), and any other documentation required by 02 NCAC 52B for species or state of origin, shall accompany all animals contained in a public contact setting.

(b) An animal for which there is an approved rabies vaccine, but which is too young to receive rabies vaccination, is prohibited from animal contact exhibits unless proof of rabies vaccination, within the preceding 12 months, of the mother is provided.

(c) Initial rabies vaccination shall be administered at least 30 days prior to the event. Subsequent vaccinations for livestock shall be no more than one year prior to the event and may be within 30 days of the event if proof of previous vaccination is provided. Dogs and cats shall be in compliance with the North Carolina rabies law, G.S. 130A, Article 6, Part 6.

(d) If no licensed rabies vaccine exists for a particular species (such as rabbits, goats, llamas, and camels), no vaccination is required.

History Note: Authority G.S. 106-520.3A;
Eff. September 1, 2006;
Amended Eff. November 1, 2008.

10 NCAC 03C .4106 (EMERGENCY DEPARTMENT) POLICIES AND PROCEDURES

Each emergency department shall establish written policies and procedures which specify the scope and conduct of patient care to be provided in the emergency areas. They shall include the following:

- (1) the location, storage, and procurement of medications, blood, supplies, equipment and the procedures to be followed in the event of equipment failure;
- (2) the initial management of patients with burns, hand injuries, head injuries, fractures, multiple injuries, poisoning, animal bites, gunshot or stab wounds and other acute problems;
- (3) the provision of care to an unemancipated minor not accompanied by a parent or guardian, or to an unaccompanied unconscious patient;
- (4) management of alleged or suspected child, elder or adult abuse;
- (5) the management of pediatric emergencies;
- (6) the initial management of patients with actual or suspected exposure to radiation;
- (7) management of alleged or suspected rape victims;
- (8) the reporting of individuals dead on arrival to the proper authorities;
- (9) the use of standing orders;
- (10) tetanus and rabies prevention or prophylaxis; and
- (11) the dispensing of medications in accordance with state and federal laws.

History Note: Authority G.S. 131E-79;
Eff. January 1, 1996.

CHAPTER 41 – HEALTH: EPIDEMIOLOGY

SUBCHAPTER 41A – COMMUNICABLE DISEASE CONTROL

SECTION .0100 – REPORTING OF COMMUNICABLE DISEASES

10A NCAC 41A .0101 REPORTABLE DISEASES AND CONDITIONS

(a) The following named diseases and conditions are declared to be dangerous to the public health and are hereby made reportable within the time period specified after the disease or condition is reasonably suspected to exist:

- (1) acquired immune deficiency syndrome (AIDS) - 24 hours;
- (2) anthrax - immediately;
- (3) botulism - immediately;
- (4) brucellosis - 7 days;
- (5) campylobacter infection - 24 hours;
- (6) chancroid - 24 hours;
- (7) chlamydial infection (laboratory confirmed) - 7 days;
- (8) cholera - 24 hours;
- (9) Creutzfeldt-Jakob disease – 7 days;
- (10) cryptosporidiosis - 24 hours;
- (11) cyclosporiasis - 24 hours;
- (12) dengue - 7 days;
- (13) diphtheria - 24 hours;
- (14) Escherichia coli, shiga toxin-producing - 24 hours;
- (15) ehrlichiosis - 7 days;
- (16) encephalitis, arboviral - 7 days;
- (17) foodborne disease, including Clostridium perfringens, staphylococcal, Bacillus cereus, and other and unknown causes - 24 hours;
- (18) gonorrhea - 24 hours;
- (19) granuloma inguinale - 24 hours;
- (20) Haemophilus influenzae, invasive disease - 24 hours;
- (21) Hantavirus infection – 7 days;
- (22) Hemolytic-uremic syndrome – 24 hours;
- (23) Hemorrhagic fever virus infection – immediately;
- (24) hepatitis A - 24 hours;
- (25) hepatitis B - 24 hours;
- (26) hepatitis B carriage - 7 days;
- (27) hepatitis C, acute - 7 days;
- (28) human immunodeficiency virus (HIV) infection confirmed - 24 hours;
- (29) influenza virus infection causing death - 24 hours;
- (30) legionellosis - 7 days;
- (31) leprosy – 7 days;
- (32) leptospirosis - 7 days;
- (33) listeriosis – 24 hours;
- (34) Lyme disease - 7 days;
- (35) lymphogranuloma venereum - 7 days;
- (36) malaria - 7 days;
- (37) measles (rubeola) - 24 hours;
- (38) meningitis, pneumococcal - 7 days;
- (39) meningococcal disease - 24 hours;
- (40) monkeypox – 24 hours;
- (41) mumps - 7 days;
- (42) nongonococcal urethritis - 7 days;
- (43) novel influenza virus infection – immediately;
- (44) plague - immediately;
- (45) paralytic poliomyelitis - 24 hours;

- (46) pelvic inflammatory disease – 7 days;
- (47) psittacosis - 7 days;
- (48) Q fever - 7 days;
- (49) rabies, human - 24 hours;
- (50) Rocky Mountain spotted fever - 7 days;
- (51) rubella - 24 hours;
- (52) rubella congenital syndrome - 7 days;
- (53) salmonellosis - 24 hours;
- (54) severe acute respiratory syndrome (SARS) – 24 hours;
- (55) shigellosis - 24 hours;
- (56) smallpox –immediately;
- (57) Staphylococcus aureus with reduced susceptibility to vancomycin – 24 hours;
- (58) streptococcal infection, Group A, invasive disease - 7 days;
- (59) syphilis - 24 hours;
- (60) tetanus - 7 days;
- (61) toxic shock syndrome - 7 days;
- (62) trichinosis - 7 days;
- (63) tuberculosis - 24 hours;
- (64) tularemia - immediately;
- (65) typhoid - 24 hours;
- (66) typhoid carriage (Salmonella typhi) - 7 days;
- (67) typhus, epidemic (louse-borne) - 7 days;
- (68) vaccinia – 24 hours;
- (69) vibrio infection (other than cholera) - 24 hours;
- (70) whooping cough - 24 hours;
- (71) yellow fever - 7 days.

(b) For purposes of reporting, confirmed human immunodeficiency virus (HIV) infection is defined as a positive virus culture, repeatedly reactive EIA antibody test confirmed by western blot or indirect immunofluorescent antibody test, positive nucleic acid detection (NAT) test, or other confirmed testing method approved by the Director of the State Public Health Laboratory conducted on or after February 1, 1990. In selecting additional tests for approval, the Director of the State Public Health Laboratory shall consider whether such tests have been approved by the federal Food and Drug Administration, recommended by the federal Centers for Disease Control and Prevention, and endorsed by the Association of Public Health Laboratories.

(c) In addition to the laboratory reports for Mycobacterium tuberculosis, Neisseria gonorrhoeae, and syphilis specified in G.S. 130A-139, laboratories shall report:

- (1) Isolation or other specific identification of the following organisms or their products from human clinical specimens:
 - (A) Any hantavirus or hemorrhagic fever virus.
 - (B) Arthropod-borne virus (any type).
 - (C) Bacillus anthracis, the cause of anthrax.
 - (D) Bordetella pertussis, the cause of whooping cough (pertussis).
 - (E) Borrelia burgdorferi, the cause of Lyme disease (confirmed tests).
 - (F) Brucella spp., the causes of brucellosis.
 - (G) Campylobacter spp., the causes of campylobacteriosis.
 - (H) Chlamydia trachomatis, the cause of genital chlamydial infection, conjunctivitis (adult and newborn) and pneumonia of newborns.
 - (I) Clostridium botulinum, a cause of botulism.
 - (J) Clostridium tetani, the cause of tetanus.
 - (K) Corynebacterium diphtheriae, the cause of diphtheria.
 - (L) Coxiella burnetii, the cause of Q fever.
 - (M) Cryptosporidium parvum, the cause of human cryptosporidiosis.
 - (N) Cyclospora cayetanensis, the cause of cyclosporiasis.
 - (O) Ehrlichia spp., the causes of ehrlichiosis.
 - (P) Shiga toxin-producing Escherichia coli, a cause of hemorrhagic colitis, hemolytic uremic syndrome, and thrombotic thrombocytopenic purpura.

- (Q) *Francisella tularensis*, the cause of tularemia.
 - (R) Hepatitis B virus or any component thereof, such as hepatitis B surface antigen.
 - (S) Human Immunodeficiency Virus, the cause of AIDS.
 - (T) *Legionella* spp., the causes of legionellosis.
 - (U) *Leptospira* spp., the causes of leptospirosis.
 - (V) *Listeria monocytogenes*, the cause of listeriosis.
 - (W) Monkeypox.
 - (X) *Mycobacterium leprae*, the cause of leprosy.
 - (Y) *Plasmodium falciparum*, *P. malariae*, *P. ovale*, and *P. vivax*, the causes of malaria in humans.
 - (Z) Poliovirus (any), the cause of poliomyelitis.
 - (AA) Rabies virus.
 - (BB) *Rickettsia rickettsii*, the cause of Rocky Mountain spotted fever.
 - (CC) Rubella virus.
 - (DD) *Salmonella* spp., the causes of salmonellosis.
 - (EE) *Shigella* spp., the causes of shigellosis.
 - (FF) Smallpox virus, the cause of smallpox.
 - (GG) *Staphylococcus aureus* with reduced susceptibility to vanomycin.
 - (HH) *Trichinella spiralis*, the cause of trichinosis.
 - (II) Vaccinia virus.
 - (JJ) *Vibrio* spp., the causes of cholera and other vibrioses.
 - (KK) Yellow fever virus.
 - (LL) *Yersinia pestis*, the cause of plague.
- (2) Isolation or other specific identification of the following organisms from normally sterile human body sites:
- (A) Group A *Streptococcus pyogenes* (group A streptococci).
 - (B) *Haemophilus influenzae*, serotype b.
 - (C) *Neisseria meningitidis*, the cause of meningococcal disease.
- (3) Positive serologic test results, as specified, for the following infections:
- (A) Fourfold or greater changes or equivalent changes in serum antibody titers to:
 - (i) Any arthropod-borne viruses associated with meningitis or encephalitis in a human.
 - (ii) Any hantavirus or hemorrhagic fever virus.
 - (iii) *Chlamydia psittaci*, the cause of psittacosis.
 - (iv) *Coxiella burnetii*, the cause of Q fever.
 - (v) Dengue virus.
 - (vi) *Ehrlichia* spp., the causes of ehrlichiosis.
 - (vii) Measles (rubeola) virus.
 - (viii) Mumps virus.
 - (ix) *Rickettsia rickettsii*, the cause of Rocky Mountain spotted fever.
 - (x) Rubella virus.
 - (xi) Yellow fever virus.
 - (B) The presence of IgM serum antibodies to:
 - (i) *Chlamydia psittaci*
 - (ii) Hepatitis A virus.
 - (iii) Hepatitis B virus core antigen.
 - (iv) Rubella virus.
 - (v) Rubeola (measles) virus.
 - (vi) Yellow fever virus.
- (4) Laboratory results from tests to determine the absolute and relative counts for the T-helper (CD4) subset of lymphocytes that have a level below that specified by the Centers for Disease Control and Prevention as the criteria used to define an AIDS diagnosis.

History Note: Authority G.S. 130A-134; 130A-135; 130A-139; 130A-141;
 Temporary Rule Eff. February 1, 1988, for a period of 180 days to expire on July 29, 1988;
 Eff. March 1, 1988;

Amended Eff. October 1, 1994; February 1, 1990;
Temporary Amendment Eff. July 1, 1997;
Amended Eff. August 1, 1998;
Temporary Amendment Eff. February 13, 2003; October 1, 2002; February 18, 2002; June 1, 2001;
Amended Eff. April 1, 2003;
Temporary Amendment Eff. November 1, 2003; May 16, 2003;
Amended Eff. January 1, 2005; April 1, 2004;
Temporary Amendment Eff. June 1, 2006;
Amended Eff. April 1, 2008; November 1, 2007; October 1, 2006;
Temporary Amendment Eff. January 1, 2010;
Temporary Amendment Expired September 11, 2010;
Amended Eff. April 1, 2011.

SUBCHAPTER 45C - PUBLIC HEALTH SERVICES

10A NCAC 45C .0101 ESSENTIAL PUBLIC HEALTH SERVICES

G.S. 130A-1.1(b) establishes categories of essential public health services and directs the Department to assure, within the resources available to it, that these services are available and accessible to all citizens of the State. The following are the specific services to be provided under each essential public health services category:

- (1) Health Support:
 - (a) Assessment of health status, health needs, and environmental risks to health;
 - (b) Patient and community education;
 - (c) Public health laboratory support for essential public health services;
 - (d) Registration of vital events;
- (2) Environmental Health:
 - (a) Lodging and institutional sanitation;
 - (b) On-site domestic sewage and wastewater disposal;
 - (c) Water and food sanitation and safety:
 - (i) Public water supply safety;
 - (ii) Private water supply sanitation;
 - (iii) Milk sanitation;
 - (iv) Shellfish sanitation;
 - (v) Public swimming pool sanitation;
 - (vi) Food sanitation;
- (3) Personal Health:
 - (a) Child health:
 - (i) Lead poisoning prevention;
 - (ii) Well-child care;
 - (iii) Genetic services;
 - (iv) Services to the developmentally-disabled child;
 - (v) Child care coordination;
 - (vi) Adolescent health services;
 - (vii) School health services;
 - (b) Chronic Disease Control:
 - (i) Early detection and referral;
 - (ii) Patient education;
 - (iii) Chronic disease monitoring and treatment;
 - (iv) Home health services;
 - (c) Communicable Disease Control:
 - (i) Tuberculosis control;
 - (ii) Immunization;

- (iii) Epidemiologic investigation, surveillance and general communicable disease control;
- (iv) HIV/STD control;
- (v) Rabies control;
- (d) Dental Public Health:
 - (i) Dental health education;
 - (ii) Fluoride prophylaxis;
 - (iii) Sealant utilization;
 - (iv) Dental screening and referral;
- (e) Family Planning:
 - (i) Preconceptional counseling;
 - (ii) Contraceptive care;
 - (iii) Fertility services;
- (f) Health Promotion and Risk Reduction:
 - (i) Lifestyle behavior modification;
 - (ii) Injury control;
 - (iii) Nutrition counseling;
- (g) Maternal Health Services:
 - (i) Prenatal and postpartum care;
 - (ii) Maternity care coordination.

History Note: Authority G.S. 130A-1.1;
Eff. July 1, 1992.

10A NCAC 41A .0212 HANDLING AND TRANSPORTATION OF BODIES

(a) It shall be the duty of the physician attending any person who dies and is known to be infected with HIV, plague, or hepatitis B or any person who dies and is known or reasonably suspected to be infected with smallpox, rabies, severe acute respiratory syndrome (SARS), or Jakob-Creutzfeldt to provide written notification to all individuals handling the body of the proper precautions to prevent infection. This written notification shall be provided to funeral service personnel at the time the body is removed from any hospital, nursing home, or other health care facility. When the patient dies in a location other than a health care facility, the attending physician shall notify the funeral service personnel verbally of the precautions required as soon as the physician becomes aware of the death. These precautions are noted in Paragraphs (b) and (c).

(b) The body of any person who died and is known or reasonably suspected to be infected with smallpox or severe acute respiratory syndrome (SARS) or any person who died and is known to be infected with plague shall not be embalmed. The body shall be enclosed in a strong, tightly sealed outer case which will prevent leakage or escape of odors as soon as possible after death and before the body is removed from the hospital room, home, building, or other premises where the death occurred. This case shall not be reopened except with the consent of the local health director. Nothing in this Paragraph shall prohibit cremation.

(c) Persons handling the body of any person who died and is known to be infected with HIV or hepatitis B or any person who died and is known or reasonably suspected to be infected with Jakob-Creutzfeldt or rabies shall be provided written notification to observe blood and body fluid precautions.

History Note: Authority G.S. 130A-144; 130A-146;
Temporary Rule Eff. February 1, 1988, for a period of 180 days to expire on July 29, 1988; Eff. March 1, 1988; Recodified from 15A NCAC 19A .0204 Eff. June 11, 1991;
Temporary Amendment Eff. November 1, 2003;
Amended Eff. April 1, 2004.

SUBCHAPTER 41G - VETERINARY PUBLIC HEALTH

SECTION .0100 - VETERINARY PUBLIC HEALTH PROGRAM

10A NCAC 41G .0101 TIME OF RABIES VACCINATION

(a) When rabies vaccine is administered by a certified rabies vaccinator to a dog or cat, the dog or cat shall be re-vaccinated annually.

(b) When rabies vaccine is administered by a licensed veterinarian to a dog or cat, the dog or cat shall be re-vaccinated one year later and every three years thereafter, if a rabies vaccine licensed by the U.S. Department of Agriculture as a three-year vaccine is used. Annual re-vaccination shall be required for all rabies vaccine used other than the U.S. Department of Agriculture three-year vaccine. However, when a local board of health adopts a resolution stating that in order to control rabies and protect the public health annual vaccination is necessary within the area over which they have jurisdiction, then the dog or cat must be vaccinated annually regardless of the type vaccine used, until the resolution is repealed.

History Note: Authority G.S. 130A-5(3); 185;
Eff. February 1, 1976;
Amended Eff. May 10, 1976;
Readopted Eff. December 5, 1977;
Amended Eff. September 1, 1990; January 1, 1984.

10A NCAC 41G .0102 FEES FOR RABIES TAGS, LINKS, AND RIVETS

(a) The Division of Epidemiology shall charge a fee to be paid by veterinarians or local health departments for the provision of rabies tags, links, and rivets. This fee shall be determined on the basis of actual cost plus transportation, and an additional five cents (\$.05) per tag to be used to fund rabies education and prevention programs.

(b) The Division of Epidemiology shall charge a fee to be paid by veterinarians or local health departments for the provision of I Care rabies tags. This fee shall be determined on the basis of actual cost plus transportation, an additional five cents (\$.05) per tag to be used to fund rabies education and prevention programs plus an additional fifty cents (\$0.50) per tag. The fifty cents (\$0.50) fee per tag shall be credited to the Spay/Neuter fund established in G.S. 19A-62.

History Note: Authority G.S. 130A-190;
Eff. January 1, 1982;
Amended Eff. September 1, 1990;
Temporary Amendment Eff. July 22, 1997;
Amended Eff. August 1, 1998;
Temporary Amendment Eff. May 4, 2001;
Temporary Amendment Expired February 26, 2002;
Codifier Objected to findings of need on February 11, 2003;
Temporary Amendment Eff. February 24, 2003;
Amended Eff. August 1, 2004.

10A NCAC 41G .0103 APPROVED RABIES VACCINES

Any animal rabies vaccine licensed by the United States Department of Agriculture is approved for use on animals in North Carolina.

History Note: Filed as a Temporary Amendment Eff. March 17, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Authority G.S. 130A-185;
Eff. January 1, 1983;
Amended Eff. July 1, 1993; September 1, 1990; December 1, 1988; June 1, 1988.

10A NCAC 42A .0105 SUBMITTING SPECIMENS OR SAMPLES AND RECEIVING RESULTS (STATE LABORATORY OF PUBLIC HEALTH)

(a) For specific information on individuals or agencies to whom the services described in this Chapter are available, type of specimen or sample to submit, when and how to collect proper specimen or sample, how to ship specimen or sample, test procedures to request, information to submit with specimen or samples, when to expect results, aid in interpretation of results, persons to contact for information or consultation, location and hours this laboratory is open, order forms for kits and biologicals and their current prices, and other pertinent information, please refer to the "laboratory services" manual which is available to authorized senders of specimens or samples and may be obtained from this laboratory.

(b) Private citizens may submit specimens or samples to this laboratory in only one circumstance, animals or animal heads for rabies examination.

(c) Individuals will be given the results of analysis made on specimens in the circumstances described in (b) of this Rule but in all other instances may receive the results only upon written request of the authorized sender.

(d) Upon request of the person who sends a specimen to this laboratory for testing, copies of the laboratory results may be furnished to another authorized sender. Copies of laboratory results shall also be furnished to the Department's health divisions for follow-up or tracking of communicable diseases or conditions in accordance with applicable laws or rules.

*History Note: Authority G.S. 130A-88;
Eff. February 1, 1976;
Amended Eff. May 1, 1977;
Readopted Eff. November 15, 1977;
Amended Eff. September 1, 1990; October 1, 1985.*

10A NCAC 42A .0106 FEES (STATE LABORATORY OF PUBLIC HEALTH)

(a) Upon request, the State Laboratory of Public Health furnishes to authorized senders of specimens and samples kits and materials for collecting and submitting specimens and samples. The fees for these kits and materials are based on cost and are subject to change as costs change.

(b) Upon request, the State Laboratory of Public Health furnishes, to persons authorized to administer them vaccines and other biologicals such as antirabic treatments. The prices for these are based on cost and cost of shipment and are subject to change as these costs change.

(c) An individual is eligible to receive rabies vaccine and immune globulin without charge for rabies post-exposure treatment when the individual meets all of the following criteria:

- (1) the individual's family income is at or below the federal poverty level in effect on July 1 of each fiscal year as determined by the local health department;
- (2) the individual meets the residency and other requirements set forth in 10A NCAC 45A .0200, except that the individual shall not be eligible for Medicaid or health insurance reimbursement for rabies post-exposure treatment as determined by the local health department; and
- (3) the treatment is recommended by a physician licensed to practice medicine.

(d) The State Laboratory of Public Health provides laboratory analysis services to assist owners and operators of public water systems in complying with the North Carolina Drinking Water Act. These services must be contracted for on a yearly basis and must be paid for in advance. Refunds of prepayments will be made only when:

- (1) The water system ceases to exist as a public water system or merges with a larger water system;
- (2) The water system changes in status from a community to a non-community water system or from a non-community to a community water system;
- (3) There has been an overpayment of fees; or
- (4) The laboratory fails to perform an analysis in accordance with the contract.

(e) Fees for the analysis of public water supplies shall be as follows:

PARAMETER	FEE
Inorganic Chemistry	\$200.00
Organic Chemistry	\$190.00
Coliform	\$ 20.00
Trihalomethanes	\$ 60.00
Sodium and Corrosivity	\$ 60.00
Radiochemistry:	
gross alpha and beta	\$ 50.00
radium 226	\$ 65.00
radium 228	\$ 50.00
uranium	\$ 75.00
Any single organic or inorganic parameter	\$ 15.00

*History Note: Authority G.S. 130A-5(12); 130A-326;
Eff. February 1, 1976;
Readopted Eff. November 15, 1977;
Amended Eff. February 1, 1991; September 1, 1990; April 1, 1987.
Temporary Amendment Eff. August 9, 1993 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner;
Amended Eff. January 1, 1994.*

10A NCAC 09 .1720 (FAMILY CHILD CARE HOMES) SAFETY, MEDICATION, AND SANITATION REQUIREMENTS

(a) To assure the safety of children in care, the operator shall:

- (1) empty firearms of ammunition and keep both in separate, locked storage;
- (2) keep items used for starting fires, such as matches and lighters, out of the children's reach;
- (3) keep all medicines in locked storage;
- (4) keep hazardous cleaning supplies and other items that might be poisonous, e.g., toxic plants, out of reach or in locked storage when children are in care;
- (5) keep first aid supplies in a place accessible to the operator;
- (6) keep tobacco products out of reach or in locked storage when children are in care;
- (7) ensure the equipment and toys are in good repair and are developmentally appropriate for the children in care;
- (8) have a working telephone within the family child care home. Telephone numbers for the fire department, law enforcement office, emergency medical service, and poison control center shall be posted near the telephone;
- (9) have access to a means of transportation that is always available for emergency situations; and
- (10) be able to recognize common symptoms of illnesses.

(b) The operator may provide care for a mildly ill child who has a Fahrenheit temperature of less than 100 degrees axillary or 101 degrees orally and who remains capable of participating in routine group activities; provided the child does not:

- (1) have the sudden onset of diarrhea characterized by an increased number of bowel movements compared to the child's normal pattern and with increased stool water; or
- (2) have two or more episodes of vomiting within a 12 hour period; or
- (3) have a red eye with white or yellow eye discharge until 24 hours after treatment; or
- (4) have scabies or lice; or
- (5) have known chicken pox or a rash suggestive of chicken pox; or
- (6) have tuberculosis, until a health professional states that the child is not infectious; or
- (7) have strep throat, until 24 hours after treatment has started; or

- (8) have pertussis, until five days after appropriate antibiotic treatment; or
 - (9) have hepatitis A virus infection, until one week after onset of illness or jaundice; or
 - (10) have impetigo, until 24 hours after treatment; or
 - (11) have a physician's or other health professional's written order that the child be separated from other children.
- (c) The following provisions apply to the administration of medication in family child care homes:
- (1) No prescription or over-the-counter medication and no topical, non-medical ointment, repellent, lotion, cream or powder shall be administered to any child:
 - (A) without written authorization from the child's parent;
 - (B) without written instructions from the child's parent, physician or other health professional;
 - (C) in any manner not authorized by the child's parent, physician or other health professional;
 - (D) after its expiration date; or
 - (E) for non-medical reasons, such as to induce sleep.
 - (2) Prescribed medications:
 - (A) shall be stored in the original containers in which they were dispensed with the pharmacy labels specifying:
 - (i) the child's name;
 - (ii) the name of the medication or the prescription number;
 - (iii) the amount and frequency of dosage;
 - (iv) the name of the prescribing physician or other health professional; and
 - (v) the date the prescription was filled; or
 - (B) if pharmaceutical samples, shall be stored in the manufacturer's original packaging, shall be labeled with the child's name, and shall be accompanied by written instructions specifying:
 - (i) the child's name;
 - (ii) the names of the medication;
 - (iii) the amount and frequency of dosage;
 - (iv) the signature of the prescribing physician or other health professional; and
 - (v) the date the instructions were signed by the physician or other health professional; and
 - (C) shall be administered only to the child for whom they were prescribed.
 - (3) A parent's written authorization for the administration of a prescription medication described in Paragraph (c)(2) of this Rule shall be valid for the length of time the medication is prescribed to be taken.
 - (4) Over-the-counter medications, such as cough syrup, decongestant, acetaminophen, ibuprofen, topical antibiotic cream for abrasions, or medication for intestinal disorders shall be stored in the manufacturer's original packaging on which the child's name is written or labeled and shall be accompanied by written instructions specifying:
 - (A) the child's name;
 - (B) the names of the authorized over-the-counter medication;
 - (C) the amount and frequency of the dosages;
 - (D) the signature of the parent, physician or other health professional; and
 - (E) the date the instructions were signed by the parent, physician or other health professional.

The permission to administer over-the-counter medications is valid for up to 30 days at a time, except as allowed in Subparagraphs (c)(6), (7), (8), and (9) of this Rule. Over-the-counter medications shall not be administered on an "as needed" basis, other than as allowed in Subparagraphs (c)(6), (7), (8), and (9) of this Rule.
 - (5) When questions arise concerning whether any medication should be administered to a child, the caregiver may decline to administer the medication without signed, written dosage instructions from a licensed physician or authorized health professional.
 - (6) A parent may give a caregiver standing authorization for up to six months to administer prescription or over-the-counter medication to a child, when needed, for chronic medical

conditions and for allergic reactions. The authorization shall be in writing and shall contain:

- (A) the child's name;
 - (B) the subject medical conditions or allergic reactions;
 - (C) the names of the authorized over-the-counter medications;
 - (D) the criteria for the administration of the medication;
 - (E) the amount and frequency of the dosages;
 - (F) the manner in which the medication shall be administered;
 - (G) the signature of the parent;
 - (H) the date the authorization was signed by the parent; and
 - (I) the length of time the authorization is valid, if less than six months.
- (7) A parent may give a caregiver standing authorization for up to 12 months to apply over-the-counter, topical ointments, topical teething ointment or gel, insect repellents, lotions, creams, and powders --- such as sunscreen, diapering creams, baby lotion, and baby powder --- to a child, when needed. The authorization shall be in writing and shall contain:
- (A) the child's name;
 - (B) the names of the authorized ointments, repellents, lotions, creams, and powders;
 - (C) the criteria for the administration of the ointments, repellents, lotions, creams, and powders;
 - (D) the manner in which the ointments, repellents, lotions, creams, and powders shall be applied;
 - (E) the signature of the parent;
 - (F) the date the authorization was signed by the parent; and
 - (G) the length of time the authorization is valid, if less than 12 months.
- (8) A parent may give a caregiver standing authorization to administer a single weight-appropriate dose of acetaminophen to a child in the event the child has a fever and a parent cannot be reached. The authorization shall be in writing and shall contain:
- (A) the child's name;
 - (B) the signature of the parent;
 - (C) the date the authorization was signed by the parent;
 - (D) the date that the authorization ends or a statement that the authorization is valid until withdrawn by the parent in writing.
- (9) A parent may give a caregiver standing authorization to administer an over-the-counter medication as directed by the North Carolina State Health Director or designee, when there is a public health emergency as identified by the North Carolina State Health Director or designee. The authorization shall be in writing, may be valid for as long as the child is enrolled, and shall contain:
- (A) the child's name;
 - (B) the signature of the parent;
 - (C) the date the authorization was signed by the parent; and
 - (D) the date that the authorization ends or a statement that the authorization is valid until withdrawn by the parent in writing.
- (10) Pursuant to G.S. 110-102.1A, a caregiver may administer medication to a child without parental authorization in the event of an emergency medical condition when the child's parent is unavailable, providing the medication is administered with the authorization and in accordance with instructions from a bona fide medical care provider.
- (11) A parent may withdraw his or her written authorization for the administration of medications at any time in writing.
- (12) Any medication remaining after the course of treatment is completed or after authorization is withdrawn shall be returned to the child's parents. Any medication the parent fails to retrieve within 72 hours of completion of treatment, or withdrawal of authorization, shall be discarded.
- (13) Any time prescription or over-the-counter medication is administered by a caregiver to children receiving care, including any time medication is administered in the event of an

emergency medical condition without parental authorization as permitted by G.S. 110-102.1A, the child's name, the date, time, amount and type of medication given, and the name and signature of the person administering the medication shall be recorded. This information shall be noted on a medication permission slip, or on a separate form developed by the provider which includes the required information. This information shall be available for review by a representative of the Division during the time period the medication is being administered and for at least six months after the medication is administered. No documentation shall be required when items listed in Subparagraph (c)(7) of this Rule are applied to children.

- (d) To assure the health of children through proper sanitation, the operator shall:
- (1) collect and submit samples of water from each well used for the children's water supply for bacteriological analysis to the local health department or a laboratory certified to analyze drinking water for public water supplies by the North Carolina Division of Laboratory Services every two years. Results of the analysis shall be on file in the home;
 - (2) have sanitary toilet, diaper changing and handwashing facilities. Diaper changing areas shall be separate from food preparation areas;
 - (3) use sanitary diapering procedures. Diapers shall be changed whenever they become soiled or wet. The operator shall:
 - (A) wash his or her hands before, as well as after, diapering each child;
 - (B) ensure the child's hands are washed after diapering the child; and
 - (C) place soiled diapers in a covered, leak proof container which is emptied and cleaned daily;
 - (4) use sanitary procedures when preparing and serving food. The operator shall:
 - (A) wash his or her hands before and after handling food and feeding the children; and
 - (B) ensure the child's hands are washed before and after the child is fed;
 - (5) wash his or her hands, and ensure the child's hands are washed, after toileting or handling bodily fluids.
 - (6) refrigerate all perishable food and beverages. The refrigerator shall be in good repair and maintain a temperature of 45 degrees Fahrenheit or below. A refrigerator thermometer is required to monitor the temperature;
 - (7) date and label all bottles for each individual child, except when there is only one bottle fed child in care;
 - (8) have a house that is free of rodents;
 - (9) screen all windows and doors used for ventilation;
 - (10) have all household pets vaccinated with up-to-date vaccinations as required by North Carolina law and local ordinances. Rabies vaccinations are required for cats and dogs; and
 - (11) store garbage in waterproof containers with tight fitting covers.
- (e) The operator shall not force children to use the toilet and the operator shall consider the developmental readiness of each individual child during toilet training.
- (f) The operator shall not use tobacco products at any time while children are in care. Smoking or use of tobacco products shall not be permitted indoors while children are in care, or in a vehicle when children are transported.

*History Note: Authority G.S. 110-88; 110-91(6);
Eff. July 1, 1998;
Amended Eff. May 1, 2004; April 1, 2003; April 1, 2001.*

10A NCAC 70E .1110 (FAMILY FOSTER HOMES) ENVIRONMENTAL REGULATIONS

- (a) The home and yard shall be maintained and repaired so that they are not hazardous to the children in care.
- (b) The house shall be kept free of uncontrolled rodents and insects.
- (c) Windows and doors used for ventilation shall be screened.

- (d) The kitchen shall be equipped with an operable stove and refrigerator, running water and eating, cooking, and drinking utensils to accommodate the household members. The eating, cooking, and drinking utensils shall be cleaned and stored after each use.
- (e) Household equipment and furniture shall be in good repair.
- (f) Flammable and poisonous substances, medications, and cleaning materials shall be stored out of the reach of children placed for foster care.
- (g) Explosive materials, ammunition, and firearms shall each be stored separately, in locked places.
- (h) Documentation that household pets have been vaccinated for rabies shall be maintained by the foster parents.
- (i) Each home shall have heating, air-cooling, or ventilating capability to maintain a range between 65° F (18.3° C) and 85° F (29.4° C).
- (j) Rooms including toilets, baths, and kitchens without operable windows, shall have mechanical ventilation to the outside.

History Note: Authority G.S. 131D-10.1; 131D-10.3; 131D-10.5; 143B-153;
Eff. September 1, 2007.

Note: This information is provided in this format and on this site for convenience. For official versions of North Carolina Administrative Code rules, please see the N.C. Office of Administrative Hearings' Administrative Code web site (<http://reports.oah.state.nc.us/ncac.asp>).