## 10A NCAC 13B .4102 CLASSIFICATION OF OPTIONAL EMERGENCY SERVICES

- (a) Any facility providing emergency services shall classify its capability in providing such services according to the following criteria:
  - (1) Level I:
    - (A) the facility shall have a comprehensive, 24-hour-per-day emergency service with at least one physician experienced in emergency care on duty in the emergency care area;
    - (B) the facility shall have in-hospital physician coverage by members of the medical staff or by senior-level residents for at least medical, surgical, orthopedic, obstetric, gynecologic, pediatric and anesthesia services;
    - (C) services of other medical and surgical specialists shall be available; and
    - (D) the facility shall provide prompt access to labs, radiology, operating suites, critical care and obstetric units and other services as defined by the governing body.
  - (2) Level II:
    - (A) the facility shall have 24-hour per day emergency service with at least one physician experienced in emergency care on duty in the emergency care area; and
    - (B) the facility shall have consultation available within 30 minutes by members of the medical staff or by senior level residents to meet the needs of the patient. Consultation by phone is acceptable.
  - (3) Level III: The facility shall have emergency service available 24 hours per day with at least one physician available to the emergency care area within 30 minutes through a medical staff call roster.
- (b) Facilities seeking trauma center designation shall comply with G.S. 131E-162.
- (c) The location of the emergency access area shall be identified by clearly visible signs.

History Note: Authority G.S. 131E-79;

RRC objection due to lack of statutory authority Eff. July 13, 1995;

Eff. January 1, 1996;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. July 22, 2017.