

OFFICE OF LEGISLATIVE RESEARCH  
PUBLIC ACT SUMMARY



**PA 21-185—SB 1030**  
*Public Health Committee*  
*Appropriations Committee*

**AN ACT CONCERNING NURSING HOMES AND DEMENTIA SPECIAL CARE UNITS**

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*Requires DPH to seek available federal or state funds for nursing home infrastructure improvements and report to the Public Health Committee by January 1, 2022*

**SUMMARY:** This act makes various unrelated changes concerning nursing homes and dementia special care units and the delivery of long-term care services. Under the act, a “dementia special care unit” is a unit in an assisted living facility that locks, secures, segregates, or provides special programs or units for residents diagnosed with probable Alzheimer’s disease, dementia, or another similar disorder. The unit or program must be one that prevents or limits a resident’s access outside the designated or separated area or advertises or markets itself as providing specialized care or services for those with Alzheimer’s disease or dementia.

**EFFECTIVE DATE:** October 1, 2021, except the provisions concerning (1) the Public Health Preparedness Advisory Committee (§ 9) and funding for nursing home infrastructure improvements (§ 11) take effect upon passage and (2) infectious disease testing in nursing homes (§ 6) take effect August 5, 2021, pursuant to the governor’s Executive Order 13A.

### § 1 — INFECTION PREVENTIONISTS

*Requires nursing homes and dementia special care units to employ a full-time infection and prevention control specialist who must work a rotating schedule that covers each eight-hour shift at least once monthly*

The act requires each nursing home and dementia special care unit (hereafter “facility”) to employ a full-time infection and prevention control specialist responsible for:

1. ongoing administrator and employee training on infection prevention and control using multiple training methods, including in-person training and providing written materials in English and Spanish;
2. (a) including information on infection prevention and control in the documentation the facility provides to residents regarding their rights while in the facility and (b) posting the information in areas visible to residents;
3. participating as a member of the facility’s infection prevention and control committee and reporting to the committee at its regular meetings on the administrator and employee training he or she provided as described

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- above;
4. providing training on infection prevention and control methods to the facility's supplemental or replacement staff in the event of an infectious disease outbreak or other situation reducing the facility's staffing levels; and
  5. any other duties or responsibilities the facility deems appropriate.

Under the act, each facility must require its infection and prevention control specialist to work on a rotating schedule that ensures he or she covers each eight-hour shift at least once monthly to ensure compliance with relevant infection control standards.

### § 2 — LOCAL EMERGENCY OPERATIONS PLAN

*Requires a nursing home's and dementia special care unit's administrative head to provide its emergency operations plan to the municipality where it is located to help the municipality develop the local emergency operations plan required under the Interstate Mutual Aid Compact*

The act requires the administrative head of each nursing home and dementia special care unit to provide its emergency operations plan to the municipality in which the facility is located. The facility must do this by January 1, 2022, to assist the municipality in developing its emergency operations plan required under the Interstate Mutual Aid Compact. This compact provides a legal framework for municipalities to request and provide mutual aid when any member municipality declares a local civil preparedness emergency.

### § 3 — PERSONAL PROTECTIVE EQUIPMENT

*Requires nursing homes to maintain at least a two-month supply of personal protective equipment for their staff*

The act requires each nursing home's administrative head to ensure that the (1) home maintains at least a two-month supply of personal protective equipment (PPE) for its staff and (2) PPE is of various sizes based on staff's needs.

Under the act, PPE cannot be shared among facility staff and may only be reused in accordance with the federal Centers for Disease Control and Prevention's strategies to optimize PPE supplies in health care settings.

The act also requires administrative heads to hold staff fittings for N95 masks or higher rated masks certified by the National Institute for Occupational Safety and Health, at a frequency the Department of Public Health (DPH) determines.

The act requires the Department of Emergency Management and Homeland Security, by January 1, 2022, to consult with DPH and establish a process to evaluate, provide feedback on, approve, and distribute PPE for use by nursing homes in a public health emergency.

### § 4 — INTRAVENOUS LINES

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*Requires a nursing home's administrative head to ensure there is at least one staff member or contracted professional available on-call during each shift who is licensed or certified to start an intravenous line*

The act requires each nursing home's administrative head to ensure that there is at least one staff member or contracted professional available on-call during each shift who is licensed or certified to start an intravenous line.

### § 5 — NURSING HOME INFECTION PREVENTION AND CONTROL COMMITTEES

*Generally, requires a nursing home's infection prevention and control committee to meet at least monthly, and, during an infectious disease outbreak, daily*

The act requires a nursing home's infection prevention and control committee to meet at least monthly, and, during an infectious disease outbreak, daily. But if daily meetings disrupt the home's operations, the committee must instead meet at least weekly.

Under the act, the committee is responsible for establishing infection prevention and control protocols for the nursing home and monitoring the home's infection prevention and control specialist. It must also evaluate (1) the implementation and outcome of these protocols and (2) whether the specialist is satisfactorily performing his or her responsibilities. The committee must conduct this evaluation at least annually and after every infectious disease outbreak at the home.

### § 6 — INFECTIOUS DISEASE TESTING IN NURSING HOMES

*Requires nursing homes to test staff and residents for an infectious disease during an outbreak at an appropriate frequency determined by DPH*

The act requires nursing homes to test staff and residents for an infectious disease during an outbreak. They must do so at an appropriate frequency determined by DPH based on the circumstances surrounding the outbreak and the impact of testing on controlling it.

### § 7 — FAMILY COUNCILS

*Requires each nursing home's and dementia special care unit's administrative head, by January 1, 2022, to encourage and assist in establishing a family council to encourage and support open communication between the facility and residents' families and friends*

The act requires each nursing home's and dementia special care unit's administrative head, by January 1, 2022, to encourage and assist in the establishment of a family council to support open communication between the facility and each resident's family members and friends. Under the act, a "family council" is an independent, self-determining group of residents' family members and friends that is geared to meeting the needs and interests of residents and their families and friends.

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### § 8 — RESIDENT VISITATION AT NURSING HOMES

*Requires nursing homes, by January 1, 2022, to take certain actions to ensure residents have regular opportunities for in-person and virtual visitation with family members and friends and that their social and emotional needs are met*

The act requires each nursing home's administrative head, by January 1, 2022, to ensure that each resident's care plan includes the following:

1. measures to address the resident's social, emotional, and mental health needs, including opportunities for social connection and strategies to minimize social isolation;
2. visitation protocols and any other information relevant to visitation written in plain language and in a form and manner that may be reasonably understood by the resident and his or her family and friends; and
3. information on the role of the Office of the State Long-Term Care Ombudsman, including the office's contact information.

The act also requires each administrative head, by the same date, to ensure that the home's staff is educated on best practices for addressing residents' social, emotional, and mental health needs and all components of person-centered care.

### § 9 — PUBLIC HEALTH PREPAREDNESS ADVISORY COMMITTEE

*Requires the Public Health Preparedness Advisory Committee, by October 1, 2021, to amend the plan for emergency responses to public health emergencies to include responses related to nursing homes and dementia special care units and providers of community-based services to their residents*

The act requires the state's Public Health Preparedness Advisory Committee, by October 1, 2021, to amend the plan for emergency responses to public health emergencies to include a plan for emergency responses related to nursing homes and dementia special care units and those who provide community-based services to their residents.

By law, the committee advises DPH on responses to public health emergencies. It consists of the DPH and emergency services and public protection commissioners; the six top legislative leaders; the chairs and ranking members of the Public Health, Public Safety, and Judiciary committees; representatives of municipal and district health directors appointed by the DPH commissioner; and any other organizations or individuals the DPH commissioner deems relevant to the effort.

### § 10 — NURSING HOME MINIMUM STAFFING LEVELS

*Requires DPH, by January 1, 2022, to modify nursing home daily minimum staffing levels to require at least three hours of direct care per resident*

The act requires DPH, by January 1, 2022, to modify minimum staffing levels in nursing homes to:

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1. require at least three hours of direct care per resident per day and
2. modify staffing level requirements for social workers and recreational staff to require (a) one full-time social worker per 60 residents and (b) recreational staffing levels lower than current requirements, as the DPH commissioner deems appropriate.

The act also requires the DPH commissioner to adopt regulations to implement the above requirements.

Prior DPH regulations required nursing homes to maintain aggregate licensed nurse and nurse's aide staffing levels of at least 1.9 hours of direct care per resident per day (Conn. Agencies Reg., § 19-13-D8t(m)).

### § 11 — FUNDING FOR NURSING HOME INFRASTRUCTURE IMPROVEMENTS

*Requires DPH to seek available federal or state funds for nursing home infrastructure improvements and report to the Public Health Committee by January 1, 2022*

The act requires DPH to seek available federal or state funds for infrastructure improvements to the state's nursing homes. It requires the commissioner, by January 1, 2022, to report to the Public Health Committee on her success in accessing such funding.