



OLR RESEARCH REPORT

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INFECTION CONTROL IN ALZHEIMER'S SPECIAL CARE UNITS

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You asked if there are any state laws or regulations on preventing or treating urinary tract infections (UTIs) in residents of nursing homes with Alzheimer's special care units or programs.

SUMMARY

There are no state laws or regulations on preventing or treating UTIs in residents of nursing homes with Alzheimer's special care units or programs. However, federal and Department of Public Health (DPH) regulations require all nursing homes to establish infection control programs that investigate, control, and prevent infections in the facility. Homes must establish an infection control committee to develop the program and designate a registered nurse to oversee the program's daily operation.

In addition, DPH regulations require nursing homes to (1) hold regular medical staff meetings to discuss resident care, including infections; (2) employ a sufficient number of nursing staff to, among other things, protect residents from infection; (3) train feeding assistants in infection control, and (4) have policies and procedures regarding infections associated with IV (intravenous) therapy.

ALZHEIMER'S SPECIAL CARE UNITS OR PROGRAMS

The law defines an “Alzheimer’s special care unit or program” as a nursing facility, residential care home, assisted living facility, adult congregate living facility, adult day care center, hospice, or adult foster home that:

1. locks, secures, segregates, or provides special programs or units for residents diagnosed with probable Alzheimer’s disease, dementia, or a similar disorder and
2. 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 people with Alzheimer’s disease or dementia ([CGS § 19a-562](#)).

DPH licenses and regulates Connecticut nursing homes, but does not specifically designate or license those with Alzheimer’s special care units or programs. It licenses nursing homes at two levels of care: (1) chronic and convalescent nursing homes, which provide skilled nursing care and (2) rest homes with nursing supervision, which provide intermediate care.

The department does not track the number of nursing homes with Alzheimer’s special care units or programs, but estimates that approximately 40 of the state’s 240 licensed nursing homes have them.

The law requires nursing homes with Alzheimer’s special care units or programs to make certain disclosures to residents or their legal representatives, including, among other things, the (1) nature and extent of staff coverage, training, and continuing education and (2) physical environment and design features that support the functioning of cognitively impaired residents ([CGS § 19a-562](#)). Homes must also provide annual Alzheimer’s and dementia-specific training to (1) licensed and registered direct care staff and nurse’s aides who provide direct patient care and (2) unlicensed and unregistered staff ([CGS § 19a-562a](#)).

INFECTION CONTROL IN NURSING HOMES

There are no state laws or regulations on preventing or treating UTIs in residents of nursing homes with Alzheimer’s special care units or programs. However, federal law and DPH regulations require all nursing homes to establish infection control programs that investigate, control, and prevent infections in the facility.

Federal Regulations

Federal regulations require each nursing home to implement an infection control program to (1) provide a safe, sanitary, and comfortable environment and (2) help prevent the development and transmission of disease and infection. The program must:

1. investigate, control, and prevent infections in the nursing home;
2. decide what procedures, such as isolation, should be applied to an individual resident; and
3. maintain a record of incidents and corrective actions related to infections.

If the infection control program determines that a resident needs isolation to prevent the spread of infection, the nursing home must isolate the resident. The home must also prohibit employees with a communicable disease or infected skin lesions from having direct contact with residents or their food, if such contact will transmit the disease. Nursing homes must also require staff to wash their hands after direct resident contact and handle linens in a way that prevents the spread of infection (42 CFR § 483.65).

DPH Regulations

DPH regulations require each nursing home to have an infection control committee to develop (1) an infection prevention, surveillance, and control program to protect residents and staff from institution- or community-associated infections and (2) policies and procedures for investigating, controlling, and preventing infections in the facility.

The committee must meet at least quarterly and include representatives of the facility's administration; medical and nursing staff; and pharmacy, dietary, maintenance, and housekeeping departments. The nursing home must designate a registered nurse to oversee the infection control program's daily operation under the committee's direction (Conn. Agencies Reg., § [19-13-D8t\(t\)](#)).

In addition, nursing homes must:

1. hold medical staff meetings at least once every 90 days to discuss, among other things, resident care topics such as infections (Conn. Agencies Reg., § [19-13-D8t\(i\)\(4\)\(A\)\(i\)](#));

2. employ a sufficient number of nurses and nurse's aides to provide appropriate resident care 24 hours per day, seven days per week to ensure that, among other things, each resident is protected from infection (Conn. Agencies Reg., § [19-13-D8t\(m\)](#));
3. require feeding assistants they employ to complete 10 hours of training that includes infection control (Conn. Agencies Reg., § [19-13-D8t\(l\)\(9\)\(B\)](#));
4. have written policies and procedures on the surveillance, prevention, and review of infections associated with IV therapy (Conn. Agencies Reg., § [19-13-D8u\(C\)\(vii\)](#)); and
5. handle and process laundry in a manner that ensures infection control (Conn. Agencies Reg., § [19-13-D8t\(v\)\(15\)\(A\)](#)).

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