



**Substitute Senate Bill No. 1030**

**Public Act No. 21-185**

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

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) (*Effective October 1, 2021*) (a) As used in this section and sections 2 to 11, inclusive, of this act:

(1) "Nursing home" means any chronic and convalescent nursing home or any rest home with nursing supervision that provides nursing supervision under a medical director twenty-four hours per day, or any chronic and convalescent nursing home that provides skilled nursing care under medical supervision and direction to carry out nonsurgical treatment and dietary procedures for chronic diseases, convalescent stages, acute diseases or injuries; and

(2) "Dementia special care unit" means the unit of any assisted living facility that locks, secures, segregates or provides a special program or unit for residents with a diagnosis of probable Alzheimer's disease, dementia or other similar disorder, in order to prevent or limit access by a resident outside the designated or separated area, or that advertises or markets the facility as providing specialized care or services for persons suffering from Alzheimer's disease or dementia.

(b) Each nursing home and dementia special care unit shall employ a

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full-time infection prevention and control specialist who shall be responsible for the following:

(1) Ongoing training of all administrators and employees of the nursing home or dementia special care unit on infection prevention and control using multiple training methods, including, but not limited to, in-person training and the provision of written materials in English and Spanish;

(2) The inclusion of information regarding infection prevention and control in the documentation that the nursing home or dementia special care unit provides to residents regarding their rights while in the home or unit and posting of such information in areas visible to residents;

(3) Participation as a member of the infection prevention and control committee of the nursing home or dementia special care unit and reporting to such committee at its regular meetings regarding the training he or she has provided pursuant to subdivision (1) of this subsection;

(4) The provision of training on infection prevention and control methods to supplemental or replacement staff of the nursing home or dementia special care unit in the event an infectious disease outbreak or other situation reduces the staffing levels of the home or unit; and

(5) Any other duties or responsibilities deemed appropriate for the infection prevention and control specialist, as determined by the nursing home or dementia special care unit.

(c) Each nursing home and dementia special care unit shall require its infection and control specialist to work on a rotating schedule that ensures the specialist covers each eight-hour shift at least once per month for purposes of ensuring compliance with relevant infection control standards.

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Sec. 2. (NEW) (*Effective October 1, 2021*) On or before January 1, 2022, the administrative head of each nursing home and each dementia special care unit shall provide its emergency plan of operations to the political subdivision of this state in which it is located for purposes of the development of the emergency plan of operations for such political subdivision of this state required pursuant to the Interstate Mutual Aid Compact made and entered into under section 28-22a of the general statutes.

Sec. 3. (NEW) (*Effective October 1, 2021*) (a) The administrative head of each nursing home shall ensure that (1) the home maintains at least a two-month supply of personal protective equipment for its staff, and (2) the personal protective equipment is of various sizes based on the needs of the home's staff. The personal protective equipment shall not be shared amongst the home's staff and may only be reused in accordance with the strategies to optimize personal protective equipment supplies in health care settings published by the National Centers for Disease Control and Prevention. The administrative head of each nursing home shall hold fittings of his or her staff for N95 masks or higher rated masks certified by the National Institute for Occupational Safety and Health, at a frequency determined by the Department of Public Health.

(b) On or before January 1, 2022, the Department of Emergency Management and Homeland Security, in consultation with the Department of Public Health, shall establish a process to evaluate, provide feedback on, approve and distribute personal protective equipment for use by nursing homes in a public health emergency.

Sec. 4. (NEW) (*Effective October 1, 2021*) The administrative head of each nursing home shall ensure that there is at least one staff member or contracted professional licensed or certified to start an intravenous line who is available on-call during each shift to start an intravenous line.

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Sec. 5. (NEW) (*Effective October 1, 2021*) Each nursing home's infection prevention and control committee shall meet (1) at least monthly, and (2) during an outbreak of an infectious disease, daily, provided daily meetings do not cause a disruption to the operations of the nursing home, in which case the committee shall meet at least weekly. The prevention and control committee shall be responsible for establishing infection prevention and control protocols for the nursing home and monitoring the nursing home's infection prevention and control specialist. Not less than annually and after every outbreak of an infectious disease in the nursing home, the prevention and control committee shall evaluate (A) the implementation and analyze the outcome of such protocols, and (B) whether the infection prevention and control specialist is satisfactorily performing his or her responsibilities under subsection (b) of section 1 of this act.

Sec. 6. (NEW) (*Effective October 1, 2021*) Each nursing home shall, during an outbreak of an infectious disease, test staff and residents of the nursing home for the infectious disease at a frequency determined by the Department of Public Health as appropriate based on the circumstances surrounding the outbreak and the impact of testing on controlling the outbreak.

Sec. 7. (NEW) (*Effective October 1, 2021*) On or before January 1, 2022, the administrative head of each nursing home and dementia special care unit shall encourage the establishment of a family council and assist in any such establishment. The family council shall facilitate and support open communication between the nursing home or dementia special care unit and each resident's family members and friends. As used in this section, "family council" means an independent, self-determining group of the family members and friends of the residents of a nursing home or dementia special care unit that is geared to meeting the needs and interests of the residents and their family members and friends.

Sec. 8. (NEW) (*Effective October 1, 2021*) (a) On or before January 1,

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2022, the administrative head of each nursing home shall ensure that each resident's care plan includes the following:

(1) Measures to address the resident's social, emotional and mental health needs, including, but not limited to, opportunities for social connection and strategies to minimize isolation;

(2) Visitation protocols and any other information relevant to visitation that shall be written in plain language and in a form that may be reasonably understood by the resident and the resident's family members and friends; and

(3) Information on the role of the Office of the Long-Term Care Ombudsman established under section 17a-405 of the general statutes including, but not limited to, the contact information for said office.

(b) On or before January 1, 2022, the administrative head of each nursing home shall ensure that its staff is educated regarding (1) best practices for addressing the social, emotional and mental health needs of residents, and (2) all components of person-centered care.

Sec. 9. (*Effective from passage*) On or before October 1, 2021, the Public Health Preparedness Advisory Committee established pursuant to section 19a-131g of the general statutes shall amend the plan for emergency responses to a public health emergency prepared pursuant to said section to include a plan for emergency responses to a public health emergency in relation to nursing homes and dementia special care units and providers of community-based services to residents of such homes and units.

Sec. 10. (NEW) (*Effective October 1, 2021*) (a) On or before January 1, 2022, the Department of Public Health shall (1) establish minimum staffing level requirements for nursing homes of three hours of direct care per resident per day, and (2) modify staffing level requirements for social work and recreational staff of nursing homes such that the

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requirements (A) for social work are one full-time social worker per sixty residents, and (B) for recreational staff are lower than the current requirements, as deemed appropriate by the Commissioner of Public Health.

(b) The commissioner shall adopt regulations in accordance with the provisions of chapter 54 of the general statutes that set forth nursing home staffing level requirements to implement the provisions of this section.

Sec. 11. (*Effective from passage*) The Department of Public Health shall seek any federal or state funds available for improvements to the infrastructure of nursing homes in the state. Not later than January 1, 2022, the Commissioner of Public Health shall report, in accordance with the provisions of section 11-4a of the general statutes, regarding the commissioner's success in accessing such federal or state funds available for infrastructure improvement to the joint standing committee of the General Assembly having cognizance of matters relating to public health.

Approved July 13, 2021