

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner



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Governor
Susan Bysiewicz
Lt. Governor

BLAST FAX 2021-34

TO: Long Term Care Providers

FROM: Manisha Juthani, MD, DPH Commissioner

CC: Deputy Commissioner Heather Aaron, MPH, LNHA
Adelita Orefice, MPM, JD, CHC, Chief of Staff
Barbara Cass, RN., Branch Chief, Healthcare Quality and Safety Branch
Donna Ortelle, Section Chief, Facility Licensing and Investigations Section

DATE: December 27, 2021

SUBJECT: Infection Preventionist Qualifications

Recently, the General Assembly passed new requirements addressing infection control in long term care. These changes must be implemented along with the existing federal and state regulations that address infection control obligations of your facility.

The Regulations of the Connecticut State Agencies (“Regulations”), specifically section 19-13-D8t (t)(2) and (3) require in part, that the facility have an infection control committee that shall be responsible for the development of (i) an infection prevention, surveillance, and control program which shall have as its purpose the protection of patients and personnel from institution-associated or community-associated infections, and (ii) policies and procedures for investigating, controlling and preventing infections in the facility and (iii) recommendations to implement such policy. Further, the Regulations require the facility designate a Registered Nurse (RN) to be responsible for the day to day to operation of a surveillance program under the direction of the infection control committee.

The federal regulation for nursing homes at 42 CFR 483.80(b), requires the facility to “designate *one or more individual(s)* as the Infection Preventionist(s) (IPs) who are responsible



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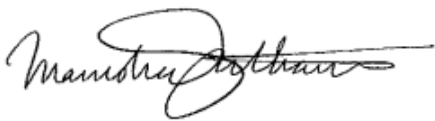


for the facility's Infection Prevention Control Program (IPCP).” This program’s written standards, policies, and procedures must include, but are not limited to a “system of surveillance designed to identify possible communicable diseases or infections...”. Among other qualifications, the IP must have “primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field.” The IP must meet the professional requirements in 42 CFR 483.80(b), but the regulation does not require the IP to be a RN.

Against this background, Public Act 21-185, directs in part: “Each nursing home and dementia special care unit shall employ a full-time infection prevention and control *specialist*”. The Act requires that the infection prevention and control specialist be a member of the infection control committee.¹ The specialist’s responsibilities include but are not limited to training of all administrators and employees of the nursing home or dementia special care unit on infection prevention and control and providing information regarding infection control and prevention in documentation provided to residents. The specialist is distinct from and has different responsibilities than the IP, although the IP can serve as the specialist for the facility.

To summarize, to integrate state and federal regulations, the requirement of the R.N. is at a minimum, required in the Regulations of the Connecticut State Agencies, as the individual that provides oversight of the surveillance component of the infection prevention and control program. Please be advised, the Department has interpreted the regulation and has concluded the IP does not need to be a Registered Nurse, but rather the IP must demonstrate training in primary professional training in nursing, medical technology, microbiology, epidemiology, or other related field. If the facility appoints an IP who is not an RN, it must designate an RN to supervise the surveillance component of the infection prevention and control program.

The facility must determine based on their Facility Assessment the qualified staff to fulfill these roles.

A handwritten signature in black ink, appearing to read "Manisha Juthani". The signature is fluid and cursive, with a long horizontal stroke at the end.

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¹ Section 5 of the Act also added requirements for the facility’s infection prevention and control committee.