STATE OF NEW YORK

11114

IN ASSEMBLY

November 6, 2020

Introduced by COMMITTEE ON RULES -- (at request of M. of A. Gottfried) -- read once and referred to the Committee on Health

AN ACT directing the department of health to establish and implement an infection inspection audit and checklist on residential care facilities, nursing homes and long-term care facilities

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Definitions. For the purposes of this act, the following terms shall have the following meanings:

(a) "Department" means the department of health.

(b) "Facility" means a licensed nursing home, residential health care facility, or a facility providing long-term health-related services.

(c) "Nursing home" means a facility providing therein nursing care to sick, invalid, infirm, disabled or convalescent persons in addition to lodging and board or health-related service, or any combination of the foregoing, and in addition thereto, providing nursing care and health-related service, or either of them, to persons who are not occupants of the facility.

(d) "Audit" means the infection control competency audit created by the department under this act.

(e) "Checklist" means the infection control competency audit checklist created by the department under this act.

§ 2. Establishing the infection control competency audit. (a) The department shall promulgate rules and regulations establishing an infection control competency audit consistent with the provisions of this act. The audit shall include a competency checklist which incorporates specific core competencies based on guidance set forth in this act.

(b) The department shall conduct audits on and after October 1, 2020.

§ 3. Audit evaluation. (a) The infection control competency audit shall utilize a checklist with a point system to evaluate the competency of the facility being audited. Each item in the checklist shall be valued at one point. In order to receive a point for items that have sub items each sub-item must be met. Facilities subject to the infection control competency audit shall be required to fulfill the required criteria of a minimum of eighty percent of the audit checklist.

EXPLANATION--Matter in *italics* (underscored) is new; matter in brackets [-] is old law to be omitted.

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(b) If a facility meets at least eighty-five percent of the criteria within the checklist, the facility will be scored as "in adherence" with the infection control competency audit.

(c) If a facility only meets sixty percent of the required criteria within the checklist, the facility will be scored as "in adherence but warrants reinspection."

(d) If a facility meets less than sixty percent of the criteria within the checklist, the facility will be scored as "not in adherence."

§ 4. Facilities not in adherence with infection control competency audit. (a) The department shall establish a penalty framework for those facilities determined to be "not in adherence" with the inspection control checklist. A facility being found "not in adherence" may result in revocation or suspension of the facility's license; provided, however, that no such revocation shall be ordered unless the department has provided the facility with a fourteen day grace period, solely for a facility's first time being found "not in adherence", to meet at least eighty percent of the criteria within the checklist.

(b) Audits shall occur at two-week intervals for facilities that are found to be "not in adherence" by the established infection control competency checklist until such facilities meet at least eighty percent of the criteria within the checklist.

§ 5. Audit standards core competencies. The department shall establish an infection control competency audit and checklist for facilities which shall include, but not be limited to:

(a) Infection control. (i) The facility shall have an infection lead to:

(A) address and improve infection control based on federal and state public health advisories; and

(B) spend an adequate time in the building focused on activities dedicated to infection control.

(ii) The facility shall have an infection control program with written policies and procedures which includes, but is not limited to:

(A) A written plan to investigate, control and take action to prevent infections in the facility;

(B) Written procedures to allow for isolation and universal precautions for residents suspected or confirmed to have a contagious or infectious disease; and

(C) A record of incidence and corrective actions related to infections.

(iii) During recognized periods of contagious or infectious disease outbreaks, the facility shall have screening requirements for every individual entering the facility, including staff, for infectious disease symptoms.

(iv) The facility shall establish a dedicated area for those residents confirmed by testing to be infected with an infectious disease or are recovering from an infectious disease.

(v) The facility shall have a staffing plan to limit transmission that shall include, but not be limited to:

(A) Dedicated, consistent staffing teams who directly interact with residents that are confirmed or suspected to be infected with a contagious or infectious disease; and

(B) Limiting clinical and other staff who have direct resident contact to specific areas of the facility. There should be no rotation of staff between various areas of the facility during the period they are working each day during periods of recognized outbreaks.

(vi) The facility shall have ensured ongoing access to the necessary supplies for hand hygiene.

(vii) The facility shall have ensured ongoing access to federally registered hospital disinfectants or centers for disease control acceptable alternatives to allow for necessary and appropriate cleaning and disinfecting of high touch surfaces and shared resident care equipment.

(b) Personal protective equipment. (i) The facility shall possess and maintain a supply of all necessary items of personal protective equipment in line with the most recent department guidance to protect facility personnel and residents.

(ii) The facility has a contingency plan to address supply shortages of personal protective equipment.

(iii) The facility shall train staff and establish protocols for selecting, donning and doffing appropriate personal protective equipment and demonstrate competency during resident care.

(iv) The facility shall ensure availability of personal protective equipment throughout the facility and outside resident rooms when there are units with separate cohorted spaces for both positive and negative infectious disease residents.

(v) The facility shall require the use of recommended personal protective equipment for all front-line staff in line with the most recent department personal protective equipment guidance.

(c) Staffing. (i) The facility shall demonstrate that there has been advanced planning, in alignment with the facility's emergency preparedness plans, for backup staffing utilizing all resources in advance of staff testing to be able to cover shifts based on potential staff quarantines.

(ii) The facility shall have an employee responsible for conducting a daily assessment of staffing status and needs during outbreak of infectious or contagious disease.

(d) Clinical care. (i) The facility shall shave infection control policies that outline the recommended transmission-based precautions that should be used when caring for residents with respiratory infection. These policies shall accommodate for department and centers for disease control guidance on personal protective equipment conservation methods.

(ii) The facility shall ensure all health care professionals which enter the facility have been trained to recognize the signs and symptoms of COVID-19 and other infectious diseases.

(iii) The facility has written requirements for residents to be screened for symptoms and have their vital signs monitored, including oxygen saturation and temperature checks at a minimum of two times per day and documented in the clinical record during a recognized outbreak of contagious or infectious diseases.

(iv) The facility shall ensure that residents with any suspected respiratory or infectious illnesses are assessed at a more frequent rate.

(e) Communication. The facility shall have a written plan for daily communications with staff, residents, and the resident's families regarding the status and impact of COVID-19 in the facility, including but not limited to the prevalence of confirmed cases of COVID-19 in staff and residents and personal protective equipment availability.

(f) Reporting. The facility shall have a written plan for reporting of increased incidence of infections to the appropriate area office of the office of health systems management.

§ 6. This act shall take effect immediately.