# **SENATE** . . . . . . . . . . . . . . . . . . No. 1476

## The Commonwealth of Massachusetts

#### PRESENTED BY:

#### Mark C. Montigny

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act to improve infection control within long-term care facilities.

#### PETITION OF:

NAME:	DISTRICT/ADDRESS:	
Mark C. Montigny	Second Bristol and Plymouth	
Michael O. Moore	Second Worcester	3/8/2021

## **SENATE . . . . . . . . . . . . . . . No. 1476**

By Mr. Montigny, a petition (accompanied by bill, Senate, No. 1476) of Mark C. Montigny and Michael O. Moore for legislation to improve infection control within long-term care facilities. Public Health.

### The Commonwealth of Massachusetts

In the One Hundred and Ninety-Second General Court (2021-2022)

An Act to improve infection control within long-term care facilities.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1	SECTION 1. Notwithstanding any general or special law to the contrary, the department
2	of public health shall promulgate regulations to ensure each long-term care facility, licensed
3	pursuant to section 71 of chapter 111, establishes and maintains an infection prevention and
4	control program designed to provide a safe, sanitary, and comfortable environment and to help
5	prevent the development and transmission of communicable diseases and infections. Said
6	regulations shall include, but not be limited to, the following:
7 8	(a) Infection prevention and control program. Each facility must establish an infection prevention and control program that must include, at a minimum, the following elements:
9	(1) A system for preventing, identifying, reporting, investigating, and controlling
10	infections and communicable diseases for all residents, staff, volunteers, visitors, and other
11	individuals providing services under a contractual arrangement.

12 (2) Written standards, policies, and procedures for the program, which must include, but13 are not limited to:

(i) A system of surveillance designed to identify possible communicable diseases or
infections before they can spread to other persons in the facility;

16 (ii) When and to whom possible incidents of communicable disease or infections should17 be reported;

(iii) Standard and transmission-based precautions to be followed to prevent spread ofinfections;

20 (iv) When and how isolation should be used for a resident; including but not limited to:

(A) The type and duration of the isolation, depending upon the infectious agent or
 organism involved, and

(B) A requirement that the isolation should be the least restrictive possible for the
 resident under the circumstances.

(v) The circumstances under which the facility must prohibit employees with a
 communicable disease or infected skin lesions from direct contact with residents or their food, if
 direct contact will transmit the disease; and

(vi) The hand hygiene procedures to be followed by staff involved in direct residentcontact.

30 (3) An antibiotic stewardship program that includes antibiotic use protocols and a system
31 to monitor antibiotic use.

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32	(4) A system for recording incidents identified under the facility's infection prevention
33	and control program and the corrective actions taken by the facility.
34	(b) Infection preventionist. The facility must designate one or more individuals as the
35	infection preventionist who are responsible for the facility's infection prevention and control
36	plan. The infection preventionist must:
37	(1) Have primary professional training in nursing, medical technology, microbiology,
38	epidemiology, or other related healthcare field;
39	(2) Be qualified by education, training, experience or certification;
40	(3) Work full-time at the facility; and
41	(4) Have completed specialized training in infection prevention and control.
42	(c) Infection prevention training for staff and volunteers. The individual designated as the
43	infection preventionist, or at least one of the individuals if there is more than one infection
44	preventionist, must provide orientation and annual in-service training to all staff, including
45	temporary staff and volunteers, on infection control policies and procedures. The infection
46	preventionist shall document the date and time of said training for each staff person and report to
47	the department not less than once per calendar year.
48	SECTION 2. The department shall promulgate regulations pursuant to this Act no later
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49 than 180 days from passage.