

CHAPTER 243

AN ACT concerning certain long-term care facilities and supplementing Title 26 of the Revised Statutes.

BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

C.26:2H-12.87 Definitions, requirements for certain long-term care facilities relative outbreak response plans.

1. a. As used in this section:

“Cohorting” means the practice of grouping patients who are or are not colonized or infected with the same organism to confine their care to one area and prevent contact with other patients.

“Department” means the Department of Health.

“Endemic level” means the usual level of given disease in a geographic area.

“Isolating” means the process of separating sick, contagious persons from those who are not sick.

“Long-term care facility” means a nursing home, assisted living residence, comprehensive personal care home, residential health care facility, or dementia care home licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.).

“Long-term care facility that provides care to ventilator-dependent residents” means a long-term care facility that has been licensed to provide beds for ventilator care.

“Outbreak” means any unusual occurrence of disease or any disease above background or endemic levels.

b. Notwithstanding any provision of law to the contrary, the department shall require long-term care facilities to develop an outbreak response plan within 180 days after the effective date of this act, which plan shall be customized to the facility, based upon national standards and developed in consultation with the facility’s infection control committee, if the facility has established an infection control committee. At a minimum, each facility’s plan shall include, but shall not be limited to:

(1) a protocol for isolating and cohorting infected and at-risk patients in the event of an outbreak of a contagious disease until the cessation of the outbreak;

(2) clear policies for the notification of residents, residents’ families, visitors, and staff in the event of an outbreak of a contagious disease at a facility;

(3) information on the availability of laboratory testing, protocols for assessing whether facility visitors are ill, protocols to require ill staff to not present at the facility for work duties, and processes for implementing evidence-based outbreak response measures;

(4) policies to conduct routine monitoring of residents and staff to quickly identify signs of a communicable disease that could develop into an outbreak; and

(5) policies for reporting outbreaks to public health officials in accordance with applicable laws and regulations.

c. (1) In addition to the requirements set forth in subsection b. of this section, the department shall require long-term care facilities that provide care to ventilator-dependent residents to include in the facility’s outbreak response plan written policies to meet staffing, training, and facility demands during an infectious disease outbreak to successfully implement the outbreak response plan, including either employing on a full-time or part-time basis, or contracting with on a consultative basis, the following individuals:

(a) an individual certified by the Certification Board of Infection Control and Epidemiology; and

(b) a physician who has completed an infectious disease fellowship.

(2) Each long-term care facility that provides care to ventilator-dependent residents shall submit to the department the facility's outbreak response plan within 180 days after the effective date of this act.

(3) The department shall verify that the outbreak response plans submitted by long-term care facilities that provide care to ventilator-dependent residents are in compliance with the requirements of subsection b. of this section and with the requirements of paragraph (1) of this subsection.

d. (1) Each long-term care facility that submits an outbreak response plan to the department pursuant to subsection c. of this section shall review the plan on an annual basis.

(2) If a long-term care facility that provides care to ventilator-dependent residents makes any material changes to its outbreak response plan, the facility shall, within 30 days after completing the material change, submit to the department an updated outbreak response plan. The department shall, upon receiving an updated outbreak response plan, verify that the plan is compliant with the requirements of subsections b. and c. of this section.

e. (1) The department shall require a long-term care facility that provides care to ventilator-dependent residents to assign to the facility's infection control committee on a full-time or part-time basis, or on a consultative basis:

(a) an individual who is a physician who has completed an infectious disease fellowship; and

(b) an individual designated as the infection control coordinator, who has education, training, completed course work, or experience in infection control or epidemiology, including certification in infection control by the Certification Board of Infection Control and Epidemiology. The infection control committee shall meet on at least a quarterly basis and both individuals assigned to the committee pursuant to this subsection shall attend at least half of the meetings held by the infection control committee.

2. The Department of Health shall implement the provisions of this act, and pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), adopt rules or regulations as are necessary to effectuate the provisions of this act.

3. This act shall take effect immediately.

Approved August 15, 2019.