

California Law Now Allows More Professionals to Qualify for the Infection Preventionist Role in Skilled Nursing Facilities

Key Points

- As of January 1, 2022, skilled nursing facilities are not limited to hiring licensed nurses to fill the role of infection preventionist.
- California still requires the total time dedicated to the infection preventionist role be full-time.

In January 2021, Assembly Bill (AB) 2644, codified as Health & Safety Code Section 1255.9, required California skilled nursing facilities to have a registered nurse or licensed vocational nurse serving as a full-time infection preventionist. California's requirement that the position be filled by a nurse distinguished it from the corresponding federal requirement (42 C.F.R. § 483.80 (b)), which recognized that other professionals may possess the requisite training and experience to fulfill the infection preventionist role.

As of January 1, 2022, with the enactment of AB 1585, California law is now in line with federal law on that issue. Health & Safety Code Section 1255.9 now states that the infection preventionist must be someone with primary professional training as a "licensed nurse, medical technologist, microbiologist, epidemiologist, public health professional, or other health care related field." Consistent with federal law, California law now states that the infection preventionist must also be qualified by education, training, clinical or health care experience, or certification and have completed specialized training in infection prevention and control.

California law still diverges from federal law regarding the infection preventionist role's full-time status. While federal law requires the infection preventionist to work at least part-time at the facility, California requires skilled nursing facilities have a full-time, dedicated infection preventionist. This full-time role can be filled by either one full-time infection preventionist or by two staff members sharing the duties. Although California broadened the training requirements for those who may hold the role of infection preventionist with this update, the Code still prohibits facilities from counting the hours of the infection preventionist toward the minimum direct patient care staffing calculations.



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