

Pioneers in Quality

Infection Prevention and Control for Laboratory Accreditation Programs

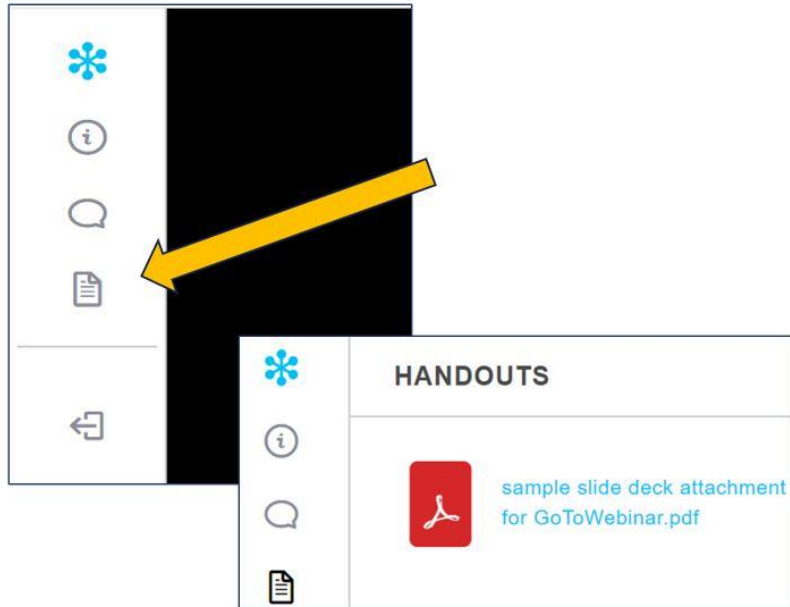
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Participant Learning Objectives



- Discuss the rationale for the Infection Control standards rewrite
- Explain the structure and content of the new Infection Control standards and elements of performance
- Demonstrate application of the new Infection Prevention and Control Program Assessment Tool

Disclosure Statement

All staff and speakers have disclosed that they do not have any conflicts of interest. For example, financial arrangements, affiliations with, or ownership of organizations that provide grants, consultancies, honoraria, travel, or other benefits that would impact the presentation of today's webinar content.

Welcome & Introduction

Speakers



**Beth Ann Longo, DrPH, RN, MBA,
MSN**

Associate Director, Department of
Research

Email:

BLongo@jointcommission.org



Natalya Rosenberg, PhD, RN

Senior Product Director
Global Accreditation and Certification
Product Development

Email:

NRosenberg@jointcommission.org

Speakers



Tiffany Wiksten, DNP, RN, CIC

Team Lead

Standards Interpretation Group

Division of Accreditation and
Certification Operations (ACO)

Email:

TWiksten@jointcommission.org



Jessica Woodruff, MPH

Project Manager/Webinar Moderator
Engagement on Quality Improvement

Programs

Email:

JWoodruff@jointcommission.org

The New Joint Commission Infection Control Standards for Laboratories

Natalya Rosenberg, PhD, RN

Associate Director, Global Standards & Survey Development

Division of Accreditation and Certification Operations (ACO)

Tiffany Wiksten, DNP, RN, CIC

Team Lead, Standards Interpretation Group

Division of Accreditation and Certification Operations (ACO)

05/05/2025



IC Chapter Rewrite Initiative

Overview

- Changes for LAB effective July 1, 2025
- The IC chapter underwent a full rewrite and will replace the current IC chapter
- Chapter rewrite consistent with the ongoing initiative to:
 - Simplify requirements
 - Eliminate requirements that do not add value to accreditation surveys
 - Align requirements more closely to law and regulation and the CDC's Core Infection Prevention and Control Practices

What Will the New Infection Control Chapter Look Like?

New Numbering Starts at
IC.04.01.01



• Issued December 20, 2024 •

Prepublication Requirements



Revised Infection Control (IC) Chapter

The Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online *E-dition*®), accredited organizations and paid subscribers can also view them in the monthly periodical *The Joint Commission Perspectives*®. To begin your subscription, call 800-746-6578 or visit <http://www.jcrinc.com>.

Please note: Where applicable, this report shows current standards and EPs first, with deleted language struck-through. Then, the revised requirement follows in bold text, with new language underlined.

APPLICABLE TO THE OFFICE BASED SURGERY ACCREDITATION PROGRAM
Effective July 1, 2025

Infection Prevention and Control (IC) Chapter

IC.04.01.01

The practice maintains an infection prevention and control program for the prevention and control of infections and communicable diseases.

Element(s) of Performance for IC.04.01.01

New EP 1 The practice's infection prevention and control program is under the direction of a designated



What Will the New Infection Control Chapter Look Like?

Condensed and Reorganized

11 Standards
35 Elements of Performance



3 Standards
9 Elements of Performance

How Do I Keep Track of all the Changes? A Reference Guide

- Posted with pre-publication standards on:

[Prepublication Standards | The Joint Commission](#)

- Shows how concepts transitioned from the old IC chapter to the new



Reference Guide: Infection Control Standards		
Effective July 1, 2025, for the Office Based Surgery Accreditation Program		
Infection Control Topic	Old IC Standard/EP	New IC Standard/EP
Individual(s) responsible for infection prevention and control	IC.01.01.01, EP 3	IC.04.01.01, EPs 1
Resources for infection prevention and control activities	IC.01.02.01, EPs 1,3	See LD.03.03.01 EP 2 LD.03.06.01 EP 2
Infection risk identification	IC.01.03.01, EPs 1,3	IC.06.01.01, EPs 1,2
Setting goals for/prioritizing infection prevention and control activities based on risk	IC.01.04.01, EP 1	IC.06.01.01, EP 1
Documentation of planned infection prevention and control activities	IC.01.05.01, EP 2	N/A
Requirements for infection control policies and procedures	N/A	IC.04.01.01, EPs 3,4, 10
Use of evidence-based national guidelines when developing infection prevention and control activities	IC.01.05.01, EP 1	IC.04.01.01, EP 3,4
Requirements for policies and procedures addressing the reprocessing reusable devices, including the use of manufacturers' instructions	N/A	IC.04.01.01, EP 4,10
Surveillance	IC.01.05.01, EP 2 IC.02.01.01, EP 1	IC.04.01.01, EP 3 IC.06.01.01, EP 6
Implementation of infection prevention and control activities, such as standard and transmission-based precautions, cleaning, disinfection, and sterilization of medical equipment, devices and supplies, etc.	IC.02.01.01, EPs 1,2,3,4, 10,11 IC.02.02.01, EPs 1,2,4,5	IC.06.01.01, EP 3
Storage and disposal of infectious waste	IC.02.01.01, EP 6 IC.02.02.01, EP 3	See EC.02.02.01 LD.04.01.01 EP 2
Communication of information to staff, visitors, patients, families on responsibilities in infection prevention and control, e.g., posters or pamphlets	IC.02.01.01, EP 7	IC.06.01.01, EP 3

What Requirements were Eliminated?

- Infection prevention and control written goals (IC.01.04.01)
- Documentation of planned infection prevention and control activities (IC.01.05.01)
 - * *Intent:* Organization can determine its own process

What Requirements were Eliminated? Continued

- Preparing to respond to an increased number of infectious patients or patient specimens (IC.01.06.01)
 - * *Intent:* Eliminated redundancies with EM requirements
- Staff influenza vaccination/goals/data (IC.02.04.01)
 - * *Intent:* Laboratory to follow its policies and procedures and law and regulation

What Requirements were Retained?

- Individual(s) responsible for the program

R3 Report: Note: For laboratories located inside hospitals and integrated into the hospital's infection prevention and control program, the hospital's qualified infection preventionist(s) or infection control professional(s) may be designated to direct the laboratory's infection prevention and control program. In such case, the laboratory must coordinate infection prevention and control activities with the hospital's infection preventionist(s) or infection control professional(s).

What Requirements were Retained? Continued

- Adherence to nationally recognized guidelines and standards of practice
- Assessment of risk for infection/contamination/exposure
- Reporting to health authorities
- Occupational health
- NPSG.07.01.01 on hand hygiene and goals

What Was Added?

- New IC.07.01.01 processes to support preparedness for high-consequence infectious diseases or special pathogens
- More details in [R3 Report Issue 50: New and Revised Requirements for Infection Prevention and Control for Laboratories | The Joint Commission](#)

R³ Report | Requirement, Rationale, Reference

A complimentary publication of The Joint Commission

Issue 50, February 25, 2025

Published for Joint Commission-accredited organizations and interested health care professionals, *R3 Report* provides the rationale and references that The Joint Commission employs in the development of new requirements. While the standards manuals also may provide a rationale, *R3 Report* goes into more depth. The references provide the evidence that supports the requirement. *R3 Report* may be reproduced if credited to The Joint Commission. Sign up for [email](#) delivery.

New and Revised Requirements for Infection Prevention and Control for Laboratories

Effective July 1, 2025, The Joint Commission approved new and revised requirements for the “Infection Prevention and Control” (IC) chapter for laboratories. The IC chapter underwent a full rewrite and will replace the current IC chapter.

In keeping with the ongoing initiative to simplify requirements and provide more meaningful evaluations of organizations, The Joint Commission simplified the content and structure of the IC chapter and eliminated requirements that do not add value to accreditation surveys. The new and revised requirements focus on the structures that are essential for quality and safety and identify a framework for a strong infection prevention and control program, while aligning requirements more closely to the Centers for Disease Control and Prevention (CDC) Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings.

After a review of the literature and consultation with a technical advisory panel on emerging infectious diseases preparedness, The Joint Commission has introduced new Standard IC.07.01.01 and two new elements of performance (EPs) to enhance laboratories’ preparedness for high-consequence infectious diseases or special pathogens. The recent history of infectious disease outbreaks, including severe acute respiratory syndrome (SARS), H1N1 influenza, Middle East respiratory syndrome (MERS), Ebola, and actively ongoing global outbreaks (clade I mpox, Marburg virus) have clearly demonstrated that emerging infectious diseases pose a real threat to human health and can cause significant disruptions in health care delivery systems on local, national, and global scales. The new requirement’s standardized protocol-based approach to preparedness for high-consequence infectious diseases or special pathogens is founded on fundamental infection control principles and serves to protect laboratory staff and the public.

Engagement with stakeholders, customers, and experts

In addition to an extensive literature review and public field review, The Joint Commission sought expert guidance from the following groups:

The New Structure of the Infection Control Chapter

“Set up a Program”



IC.04.01.01 The laboratory has an infection prevention and control program for the prevention and control of communicable diseases and infections.

*** Responsibility assigned *Policies**

“Do IC activities”



IC.06.01.01 The laboratory implements its prevention and control program through prevention and control activities.

***Annual Risk Assessment *IC Activities *Reporting * Occupational health**

“Be Prepared”



IC.07.01.01 The laboratory implements processes to support preparedness for high-consequence infectious diseases or special pathogens

***Protocols *Training/Competency**

New Infection Control Tool Added to Laboratory SAG



Infection Prevention and Control Program Assessment Tool for the Office Based Surgery Program

Note 1: This tool is based on *Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings* and *Guide to Infection Prevention for Outpatient Settings: Minimum Expectations for Safe Care* guidance from the Centers for Disease Control and Prevention (CDC) and the Healthcare Infection Control Practices Advisory Committee (HICPAC).

Note 2: For practices that perform high-level disinfection and sterilization procedures onsite: See Section 2 below.

Required Documents

- Assessment of infection risks
Note: Performed at least annually, the format is determined by the practice.
- Infection prevention and control policies and procedures that guide program activities and methods (in electronic or paper form)
- Action plan(s) for any identified infection control issues

Section 1

Table 1: Elements of Compliance and Scoring Guidance

Elements of Compliance	Standard(s)/EP(s)
Infection Prevention and Control Program	
1. The practice's infection prevention and control program is under the direction of a designated and qualified professional) who has training in infection control. Note: If the practice is part of a system that has a unified infection prevention and control program, the designated infection control professional at the system level may be responsible for the practice's program. The unified infection prevention and control program takes into account the unique circumstances and any significant differences in patient populations and services offered at each practice. Examples of education and training may include in-person or online courses or training from recognized entities (state public health, CDC), professional associations and societies (for example, ADA, AAMI, AORN, APIC, SHEA, IDSA, etc.), or colleges and universities.	IC.04.01.01 EP 1

New Infection Control Tool in SAG continued

- Provides details and clarification on requirements
- Identifies activities that could be evaluated during survey
- Includes new standard and EP references
- Will be added to the Laboratory Survey Activity Guide in Spring 2025

Where to locate the Infection Control Tool now

Available on the **Extranet**:

> **Survey Process Tab**

>> In **Pre-Survey** menu, click on "**Survey Activity Guide**"

>>> Scroll down to "**Additional Resources**"

Additional Resources

- [Life Safety and Environment of Care Document List and Review Tool for Critical Access Hospitals](#)
- [Life Safety and Environment of Care Document List and Review Tool for Hospitals](#)
- [What Happens After Your Joint Commission Survey](#)
- **New** [Infection Prevention and Control Program Assessment Tool for Critical Access Hospitals and Hospitals](#) (effective July 1, 2024)

Note: For more information refer to January 2024 *Perspectives*

- **New** [Infection Prevention and Control Program Assessment Tool for Assisted Living Communities](#) (effective January 1, 2025)

Note: For more information refer to the July 2024 *Perspectives*

- **New** [Infection Prevention and Control Program Assessment Tool for Nursing Care Centers](#) (effective January 1, 2025)



Highlights of the Updated LAB Infection Control Standards

Effective July 1, 2025

Structure of the Updated LAB Infection Control Standards

IC.04.01.01 The laboratory has an infection prevention and control program for the prevention and control of communicable diseases and infections.

IC.06.01.01 The laboratory implements its infection prevention and control program through prevention and control activities.

IC.07.01.01 The laboratory implements processes to support preparedness for high-consequence infectious diseases or special pathogens.

IC.04.01.01

The laboratory has an infection prevention and control program for the prevention and control of communicable diseases and infections.

Designated Infection Preventionist

IC.04.01.01 EP 1 The laboratory's infection prevention and control program is under the direction of a designated and qualified professional who has training in infection control.

Note: Examples of education and training may include in-person or online courses or training from recognized entities (state public health, CDC), professional associations and societies (for example, ADA, AAMI, AORN, APIC, SHEA, IDSA, etc.), or colleges and universities.

Policies and Procedures

IC.04.01.01 EP 3 The laboratory has written policies and procedures to guide its activities and methods for preventing and controlling the transmission of infections and communicable diseases.

The policies and procedures are in accordance with applicable law and regulation, nationally recognized evidence-based guidelines, and standards of practice, including the use of standard precautions.

Law and Regulation

Relevant topics in federal, state, and local law and regulations include but are not limited to:

1. Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens Standard 29 CFR 1910.1030 and Personal Protective Equipment Standard 29 CFR 1910.132
2. Health care worker immunization requirements
3. Reporting of communicable diseases and outbreaks
4. Handling, storage, transportation, and disposal of infectious waste

Standard Precautions include the following:

Hand hygiene, Environmental cleaning and disinfection, Sharps safety, Appropriate use of personal protective equipment, Minimizing potential exposures or use respiratory hygiene and cough etiquette, Cleaning and disinfection of reusable medical equipment

IC.06.01.01

The laboratory implements its infection prevention and control program through prevention and control activities.

Risk Assessment

IC.06.01.01 EP 1 The laboratory identifies risks for infection, contamination, and exposure that pose a risk to patients and staff based on the following:

Blood and infectious materials and associated equipment handled by the laboratory staff

Locations where lab services are provided

Workflows or practices for sample acquisition, handling, transport, preparation, and disposal

Relevant infection control issues identified by the local, state, or federal public health authorities that could impact the laboratory

Laboratory staff contact with patients, if applicable

Risk from organisms with a propensity for transmission within healthcare facilities

IC.06.01.01 EP 2 The laboratory reviews identified risks at least annually or whenever significant changes in risk occur (for example, in response to local infectious diseases outbreaks).

Note: Organizations may use risk assessment recommendations from established authorities

Implementation of Infection Control Activities

IC.06.01.01 EP 3 The laboratory implements activities for the prevention and control of contamination, infections, and communicable diseases. (See also NPSG.07.01.01, EP 1)

Includes, but is not limited to:

- Standard Precautions
 - Hand Hygiene
 - Environmental Cleaning and Disinfection
 - Sharps Safety
 - Personal Protective Equipment
 - Minimizing potential exposures

Hand Hygiene

Staff adhere to Hand hygiene practices:

Use an alcohol-based hand rub or wash with soap and water for the following clinical indications:

- a. Immediately before touching a patient
 - b. Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices
 - c. Before moving from work on a soiled body site to a clean body site on the same patient
 - d. After touching a patient or the patient's immediate environment
 - e. After contact with blood, body fluids or contaminated surfaces
 - f. Immediately after glove removal
 - g. Perform hand hygiene with soap and water when hands are visibly soiled
-



Sharps Safety Practices

Sharps are disposed in accordance with applicable state and local laws and regulations and organization policies.



Environmental Cleaning and Disinfection

Laboratory uses EPA-registered disinfectants, including disposable wipes, in accordance with manufacturers' instructions (for example, dilution, storage, shelf-life, contact time, and method of application).



Personal Protective Equipment

Proper selection and use of PPE is based on the nature of hazard and potential for exposure to blood, body fluids and/or infectious material:

Gloves

Gown Appropriate to Task

Eyewear, Mask or Face shield

Remove/discard PPE

Remove/replace gloves

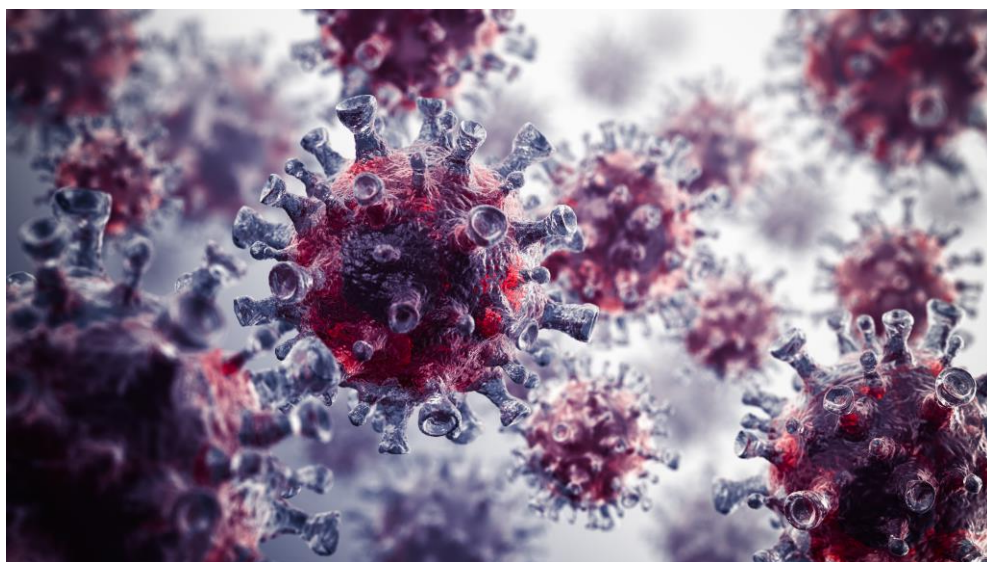


Minimizing Potential Exposures

The laboratory prompts patients and visitors with symptoms of respiratory infection to contain their respiratory secretions and perform hand hygiene after contact with respiratory secretions by providing tissues, masks, hand hygiene supplies and instructional signage or handouts at points of entry and throughout the organization.



Cleaning and Disinfection

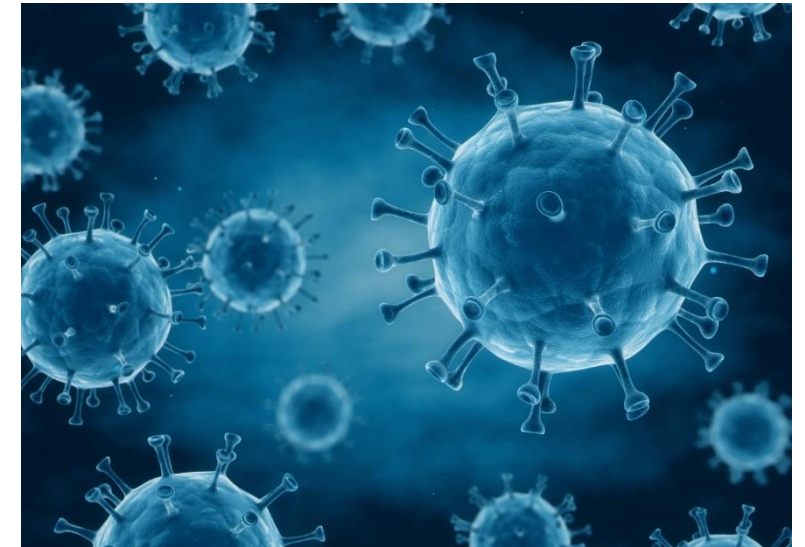


- The laboratory cleans and disinfects reusable medical devices and equipment (for example, point-of-care devices) in accordance with manufacturers' instructions.
- Staff can verbalize who is responsible for cleaning and disinfection of reusable devices and equipment.
- Staff maintain separation between clean and soiled equipment to prevent cross contamination.
- Single-use equipment is discarded after use.

Infectious Disease Outbreaks

IC.06.01.01 EP4 The laboratory implements its policies and procedures for reporting of communicable diseases and outbreaks in accordance with state and local public health authorities' requirements.

- Implementing infection prevention and control activities when an outbreak is first recognized by internal surveillance or public health authorities
- Reporting an outbreak in accordance with state and local health authorities' requirements
- Implementing outbreak investigation
- Communicating information necessary to prevent further transmission of the infection among patients, visitors, and staff, as appropriate



Minimize The Risk Of Communicable Disease Exposure And Acquisition Among Its Staff

IC.06.01.01 EP5 The laboratory implements policies and procedures to minimize the risk of communicable disease exposure and acquisition among its staff, in accordance with law and regulation. The policies and procedures address the following:

The policies and procedures address the following:

- Screening and medical evaluations for infectious diseases
- Immunizations
- Staff education and training
- Management of staff with potentially infectious exposures or communicable illnesses



Occupational Health

For laboratories where respirators are required for staff safety or required by the employer:

- The laboratory has a respiratory protection program that details required worksite-specific procedures and elements for required respirator use, including fit testing for staff at risk.

Following an exposure incident, post-exposure evaluation and follow-up, including prophylaxis as appropriate, is available to the exposed staff and performed by or under the supervision of a practitioner.

- Note: An exposure incident refers to a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an individual's duties.

Laboratory policies and procedures are followed for management of staff with potentially infectious exposures or communicable illnesses (for example, regarding contact with patients).

High Consequence Infectious Diseases

While there is not a standardized definition for high-consequence infection infectious diseases or special pathogens, expert consensus defines these as novel or reemerging infectious agents that are:

- Easily transmitted from person-to-person
- Have limited or no medical countermeasures (such as an effective vaccine or prophylaxis)
- Have a high mortality
- Require prompt identification and implementation of infection control activities (for example, isolation, special personal protective equipment)
- Require rapid notification to public health authorities and special action.

High Consequence Infectious Disease Protocols

IC.07.01.01 The laboratory develops and implements protocols for high-consequence infectious diseases or special pathogens.

EP1 The protocols are readily available for use at the point of care and address the following:

- Procedures for specimen or sample collection, labeling, preparation, handling, packaging, transport and secure specimen containment and disposal
- Required personal protective equipment and proper donning and doffing techniques
- Infection control procedures to support safe specimen collection and management while the patient is in isolation using the hierarchy of controls (for example, the use of dedicated point-of-care devices for routine laboratory testing)
- Procedures for waste management and cleaning and disinfecting spaces, surfaces, and equipment
- Procedures for informing public health authorities and key staff

High Consequence Infectious Disease Education and Training

EP2 The laboratory develops and implements education and training and assesses competencies for staff who will implement protocols for high-consequence infectious diseases or special pathogens.

Note: Training, education, and competency assessment occur as required by laboratory policy or in accordance with law and regulation.

Infection Prevention and Control & Antibiotic Stewardship Resource Center Navigational Demo

Additional Resources

The pre-publication standards are available online:

[Laboratory Accreditation Program Prepublication Programs](#)

Perspective Article January 2025

[January 2025 Perspectives Article- IC Chapter Fully Revised for Laboratories](#)

R3 Report Issue 50

[New and Revised Requirements for Infection Prevention and Control for Laboratories](#)



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