Pioneers in Quality On Demand Infection and Prevention and Control for Laboratory Accreditation Programs

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The learning objectives for this session are, discuss the rationale for the Infection Control standards rewrite, explain the structure and content of the new Infection Control standards and Elements of Performance, and demonstrate application of the Infection Prevention and Control Program Assessment Tool.

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 grant, consultancies, honoraria, travel, or other benefits that would impact the presentation of today's webinar content.

I'll now take a moment to introduce the speakers for this webinar.

Today's presentation features Beth Ann Longo from the Department of Research, Natalya Rosenberg from the Department of Global Accreditation and Certification Product Development, Tiffany Wiksten from the Division of Accreditation and Certification Operations, also known as ACO. And I'm Jessica Woodruff, project manager in the Department of Performance Measurement. And today, I'll be serving as the webinar moderator.

Natalya, I'll now turn it over to you to provide an introduction.

00:05:00
Good afternoon, everyone. It is our pleasure to present to you today on the new Joint Commission Infection Control standards for the laboratory program.

My name is Natalya Rosenberg. And what I'm going to cover in the first part of the presentation is to give a brief high-level overview of the key changes in The Joint Commission Infection Control requirements that go into effect in July 2025. In the second part of the presentation, my colleague, Tiffany Wiksten, will go over the revised standards in greater detail and provide key points that Laboratories need to understand to successfully meet compliance with the revised requirements.

The Infection Control standard revisions that we are discussing today are the result of the Infection Control chapter rewrite initiative that The Joint Commission began two years ago. The goal of the project is to streamline the Infection Control chapter for all accreditation programs. The updated Infection Control chapter for Critical Access Hospitals and hospitals went into effect in July 2024. The revised requirements for Joint Commission-accredited Home Care, Post-acute, and Long-Term Care organizations, and Assisted Living Communities went into effect in January 2025. Revisions for Office-Based Practices, Behavioral Healthcare Organizations, and Laboratories are going into effect in July.

To summarize, the changes for Laboratories go into effect in July 2025. The Infection Control chapter underwent a full rewrite and will replace the current Infection Control chapter. The changes are consistent with the ongoing, wider initiative at The Joint Commission to simplify its requirements and provide more meaningful evaluation of healthcare organizations. We removed requirements that do not add value to accreditation surveys. While developing the revisions for the Infection Control chapter, The Joint Commission obtained information and guidance from a variety of sources, such as law and regulation, CMS CLIA requirements, and nationally established standards, such as the Centers for Disease Control and Prevention for prevention and control practices, including standard precautions. What will the new Infection Control chapter look like?

First, note the new numbering of the standards, starting with IC.04.01.01. Existing standard numbers in the Infection Control chapter will be retired as of July 2025.

The standards will become much more high level, condensed, and reorganized. This graphic depicts the transition between the old IC chapter of standards and Elements of Performance count and the new Infection Control chapter standards and Elements of Performance count. In the current chapter structure, there are 11 standards and 35 Elements of Performance. In the future state, beginning in July, the Infection Control chapter will have three standards and nine Elements of Performance.

To help organizations see how the key concepts have migrated from the old chapter to the new chapter, we provided a reference guide that is posted on our website, along with the prepublication standards. Please access this document on the Standards Prepublication page on the jointcommission.org site and examine those details.

A few words about the standards that were eliminated from the Infection Control chapter, the standards IC.01.04.01 and IC.01.05.01, on written Infection Control goals and documentation of planned Infection Prevention and control activities were deleted. Laboratories can still deploy these processes to support the Infection Control activities. However, The Joint Commission will no longer evaluate goals and written plans during Joint

Commission surveys. One of the goals of the Infection Control chapter revision was to eliminate redundancies with the emergency management requirements. As a result, the standard IC.01.06.01, on preparing to respond to an increased number of infectious patients or patient specimens, was deleted. Finally, the standard IC.02.04.01 on staff vaccination rates, goals, data was eliminated as well. Laboratories are to follow their policies and procedures and would still need to adhere to any relevant state or local regulation.

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Now to the concepts that were retained, Laboratories are still expected to have a designated individual responsible for the Infection Prevention and Control program. The R3 Report provides additional clarification regarding this requirement, stating that, "For Laboratories located inside hospitals that are accredited by The Joint Commission and integrated into the hospital's Infection Prevention and Control program, the hospital's qualified Infection Preventionist, or Infection Control professional, 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 Preventionists or Infection Control professional.

Other requirements that still remain, adherence to nationally recognized guidelines and standards of practice, assessment of risk for infection, contamination, or exposure, reporting to health authorities on communicable diseases or outbreaks, occupational health, the NPSG.07.01.01 on Hand Hygiene and goals was retained as well.

What was added to the revised Infection Control chapter for Laboratories?
New to the Infection Control chapter is the standard IC.07.01.01 to support preparedness for high-consequence infectious diseases with special pathogens. The standard was developed based on recommendations of a technical advisory panel on emerging infectious diseases, which included representatives from established authorities on emerging infectious diseases, such as CDC, ASPR, NETEC, and SHEA. For more details on the new standard IC.07.01.01 and the rationale, please refer to the R3 Report posted on the jointcommission.org site.

Now, let's look at the new structure of the Infection Control chapter from a high level. This graphic depicts the three foundational parts in the new Infection Control chapter. The first part is the setup a program part, represented by the new standard IC.04.01.01. Requirements on the general infrastructure of the program, including the Infection Control leader and the program policies, will live in IC.04.01.01.

The second part is the Do IC activities part, represented by the new standard IC.06.01.01. The standard will contain requirements related to annual risk assessment, implementation of Infection Control activities, reporting requirements, and occupational health. The third section of the chapter is the new standard IC.07.01.01, and it contains requirements on protocols, training, and competencies to support preparedness for high-consequence infectious diseases or special pathogens.

As we said earlier, the standards are becoming more high level, and there is a significantly lower number of Elements of Performance in the new Infection Control chapter. However, the fundamentals of Infection Prevention and control are not changing. Laboratories must continue to adhere to universal precautions. Going forward, those detailed expectations will be provided in the program-specific Infection Prevention and control assessment tool. A screenshot of the tool is shown here.

The tool was created to help Laboratories implement the Infection Prevention and Control program, and provides details and clarification on requirements, identifies activities that could be evaluated during survey, and includes new standard numbers and references. The tool will be added to the organization Survey Activity Guide in spring 2025.

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The tool is already available to accredited Laboratories on the extranet. The exact location is provided on this slide. In the Survey Process tab, locate Pre-Survey menu, then click on Survey Activity Guide. Next, scroll down to Additional Resources section. Thank you for your attention. And I will now turn it over to Tiffany Wiksten, who will present the next segment of the presentation.

Thank you, Natalya. I'm going to pick it up from here. And we're going to cover the highlights of the updated LAB Infection Control standards that are effective on July 1st, 2025.

First, we're going to cover the structure of the updated LAB Infection Control standards, and there are three main standards that we're going to cover. First is IC.04.01.01, the laboratory has an Infection Prevention and control program for the prevention and control of communicable diseases and infections. This standard focuses on the structures that support the Infection Prevention and Control program. The next standard, IC.06.01.01, the laboratory implements its Infection Prevention and control program through prevention and control activities. And this is where the implementation of all Infection Control activities lives. And then last, IC.07.01.01, the laboratory implements processes to support preparedness for high-consequence infectious diseases or special pathogens. And this is a new addition to the Infection Control standards.

Starting with IC.04.01.01, the laboratory has an Infection Prevention and Control Program for the prevention and control of communicable diseases and infections.

First, you need to make sure that your LAB has a designated Infection Preventionist. IC.04.01.01 EP 1 requires the laboratory's Infection Prevention and Control program to be under the direction of a designated and qualified professional who has training in Infection Control. Some examples of education and training may include in-person or online courses, or training from recognized entities, such as: Your state public health department or Centers for Disease Control and Prevention, or professional associations and societies, such as ADA, AAMI, AORN APIC, SHEA, IDSA, or colleges and universities.

Your Infection Prevention and Control program must also have policies and procedures. IC.04.01.01 EP 3 requires your Laboratory to have written policies and procedures to guide your activities and methods for preventing and controlling the transmission of infections and communicable diseases. The policies and procedures should be developed in accordance with applicable law and regulation, nationally recognized evidence-based guidelines, and standards of practice, including the use of standard precautions.

When we talk about law and regulation, relevant topics in federal, state, and local law and regulations that apply to the LAB include, but are not limited, OSHA. I'm sure you're very familiar with OSHA, OSHA Bloodborne Pathogen Standard, OSHA Personal Protective Equipment Standard, or OSHA Respiratory Protection Standard. There may be healthcare worker immunization requirements. You may be required to report communicable diseases and outbreaks to your local public health department. There may be law and regulation that dictates how you handle, store, transport, and dispose of infectious waste. And don't forget standard precautions, so CDC standard precautions, which includes Hand Hygiene, environmental cleaning and disinfection, sharp safety, appropriate use of Personal Protective Equipment, minimizing potential exposures, or using respiratory hygiene and cough etiquette, as well as cleaning and disinfection of reusable medical equipment.

Next, we'll move into IC.06.01.01, and this is where all things implementation lives. The laboratory implements its Infection Prevention and Control program through prevention and control activities.

First, we're going to talk about the risk assessment. IC.06.01.01 EP 1 requires Laboratories to identify risks for infection, contamination, and exposure that pose a risk to patients and staff based on the following:

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First, blood and infectious materials and associated equipment handled by the laboratory staff. So this would include specimens as well as equipment that may be contaminated during routine work practices. Consider locations where LAB services are provided, or workflows or practices for sample acquisition, handling, transport, preparation, and disposal. Consider relevant Infection Control issues identified by local, state, or federal public health authorities that could impact the laboratory, and consider laboratory staff contact with patients if applicable. So consider what might be going on in the community that the patients may come into your organization with, if it's flu season, RSV, COVID-19. And also consider risks from organisms with a propensity for transmission within healthcare facilities, things like multi-drug resistant organisms, airborne infectious diseases, or things like Norovirus. IC.06.01.01 EP 2 requires Laboratories to review identified risks at least annually or whenever significant changes in risk occurs.

So if you perform your risk assessment every year in January, but in May, there's a local infectious disease outbreak, you may need to review your identified risks once again at that point in time 'cause you have a new risk that was identified. So just note, you can use a risk assessment or risk assessment recommendations from established authorities. If you're using a risk assessment template, please make sure that the risk assessment is tailored to your organization.

Next, we're going to talk about implementation of Infection Control activities. IC.06.01.01 EP 3 requires your laboratory to implement activities for the prevention and control of contamination, infections, and communicable diseases. You can also find applicable standards and Elements of Performance related to Hand Hygiene at National Patient Safety Goal 07.01.01 EP1. Infection Control activities include, but is definitely not limited to, standard precautions. Remember, standard precautions includes Hand Hygiene, Environmental Cleaning and Disinfection, Sharp Safety, Personal Protective Equipment, and minimizing potential exposures.

Next, we're going to move into unpacking each one of these topics and going into a little bit more detail about Infection Control activities that surveyors will be looking for.

First, for Hand Hygiene. Surveyors will be evaluating for staff adherence to Hand Hygiene practices. And this means using alcohol-based hand rub or washing with soap and water for the following clinical indications, immediately before touching a patient, before performing an aseptic task or handling invasive medical devices, before moving from work on a soiled body site to a clean body site on the same patient, after touching a patient or the patient's immediate environment, after contact with blood, body fluids, or contaminated surfaces, and immediately after glove removal, as well as performing Hand Hygiene with soap and water when hands are visibly soiled.

Next is Sharps Safety Practices. Sharps are to be disposed of in accordance with applicable state and local laws and regulations and the organization's policies and procedures.

Next, environmental cleaning and disinfection. Laboratories must use EPA-registered disinfectants, including those disposable wipes, in accordance with the manufacturers' instructions for use. So make sure you're reading the labels critically to determine does the product that you're using need to be diluted, and is it being diluted correctly? How should it be stored? There are some disinfectant products that you mix up, and they can only be stored for 12 to 24 hours, or maybe they need to be stored within a certain temperature range. Consider the shelf life or expiration date of the disinfectant products that you're using, and make sure that your staff understand the contact time or wet time for the disinfectant. Many organizations and many staff believe that the contact time is, if you wipe it the amount of time it takes to dry. But the contact time is the amount of time that the surface needs to stay wet with the disinfectant in order for the disinfectant to be effective. And the method of application, is it supplied in a spray? Does it come with a cloth, or does it come as a pop-up tub that has three moistened cloths in it?

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Next, Personal Protective Equipment. So consider proper selection and use of Personal Protective Equipment based on the nature and hazard for potential exposure to blood, body fluids, or infectious materials. When we talk about gloves, staff should wear gloves when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucus membranes, non-intact skin, potentially contaminated skin, or contaminated equipment, could occur. Staff must wear a gown that is appropriate to the

task to protect skin and prevent soiling of clothing during procedures and activities that could cause contact with blood, body fluids, secretions, or excretions.

Staff must use protective eyewear and a mask or face shield to protect the mucus membranes of the eyes, nose, and mouth during procedures and activities that could generate splashes or sprays of blood, body fluids, secretions, and excretions. Masks, goggles, face shields, and combinations of each are used according to the need anticipated by the task performed. Staff must remove and discard Personal Protective Equipment other than respirators upon completing a task before leaving the patient's room or care area or work area. If a respirator is used, it should be removed and discarded, or reprocessed if reusable, after leaving the patient room or care area or work area when closing the door. And last, staff must remove and discard disposable gloves on completion of a task or when soiled during the process of care.

Next, we move on to Minimizing Potential Exposures. The laboratory should prompt patients and visitors with symptoms of respiratory infection to contain their respiratory secretions and perform Hand Hygiene after contact with respiratory secretions by providing items, such as tissues, masks, and Hand Hygiene supplies and instructional signage or handouts, at points of entry and throughout the organization.

When we talk about cleaning and disinfection, the laboratory needs to clean and disinfect reusable medical devices and equipment in accordance with the manufacturers' instructions for use, and this includes point-of-care devices. So make sure you have the manufacturers' instructions for use available for your reusable medical devices and equipment, and you know which disinfection products are approved for use with the specific equipment. Staff should be able to verbalize who is responsible for cleaning and disinfection of reusable devices and equipment, as if nobody is responsible, then items tend to not be cleaned and disinfected. Staff must be able to demonstrate how they maintain separation between clean and soiled equipment to prevent cross-contamination, and should be able to demonstrate the discarding of single-use equipment. So, remember, single-use equipment should be used for one patient, and then be discarded.

In review of infectious disease outbreaks, IC.06.01.01 EP 4 requires Laboratories to implement policies and procedures for reporting of communicable diseases and outbreaks in accordance with your state and local public health authority requirements. So I'm sure you're all pretty familiar with your public health department's website, where you likely have a webpage that's dedicated to identification of the organisms that need to be reported, or cluster of organisms, as well as the timeframe for which they need to be reported. Laboratories should implement Infection Prevention and control activities when an outbreak is first recognized, either by internal surveillance, or if public health authorities notify the lab of an outbreak or potential outbreak scenario. Reporting an outbreak in accordance with state and local health authority requirements, implementing your organization's policies and procedures for outbreak investigation, as well as communicating information necessary to prevent further transmission of the infection among patients, visitors, and staff as appropriate.

Next, minimizing the risk of communicable disease exposure and acquisition among staff. IC.06.01.01 EP 5 requires the laboratory to implement policies and procedures to minimize the risk of communicable disease exposure and acquisition among staff in accordance with law and regulation. Your organization's policies and procedures should address the following, screening and medical evaluations for infectious diseases, immunizations, staff education and training, and management of staff with potentially infectious exposures or communicable diseases.

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When we discuss occupational health, for Laboratories where respirators are used for staff safety or required by the employer, the laboratory must have a respiratory protection program that details required work-specific procedures and elements for required respirator use, including fit testing for staff at risk. And this is an alignment with OSHA's Respiratory Protection Standard. Additionally, 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. So a note here is that an exposure incident refers to a specific eye, mouth, other mucus membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an individual's duties. And then last, the labs policies and procedures are followed for management of staff with potentially infectious exposures or communicable illness. For example, policies and procedures should address contact with patients when staff are potentially infectious.

And last, we're going to move on to high-consequence infectious diseases. While there's not a standardized definition for high-consequence 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 or special Personal Protective Equipment, or require rapid notification to public health authorities and special action. Examples of high-consequence infectious diseases or special pathogens include MERS, novel influenzas, monkeypox, Ebola, or other viral hemorrhagic fever diseases. And this list may change, however, to reflect current regional or global outbreaks or to include future emerging agents.

So, next, we're going to talk about high-consequence infectious disease protocols. IC.07.01.01, which is the new standard, requires Laboratories to develop and implement protocols for high-consequence infectious diseases or special pathogens. EP 1 requires Laboratories to have protocols that 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, because the PPE required may look very, very different than PPE required for traditional pathogens, Infection Control procedures to support safe specimen collection and management while the patient is in isolation using the hierarchy of controls.

So, one example is the use of dedicated point-of-care devices for routine laboratory testing, so those point-of-care devices are not being used between multiple patients. Procedures for waste management and cleaning and disinfecting spaces, surfaces, and equipment, and procedures for informing public health authorities and key staff.

EP 2 requires Laboratories to develop and implement education and training, and assess competencies for staff who will implement protocols for high-consequence infectious disease or special pathogens. So the note here is that training, education, and competency assessment occur as required by LAB policy or in accordance with law and regulation.

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Thank you for taking the time today. And I'm now going to turn it back to Jessica.

Before we end today's webinar for Infection Prevention and Control Laboratory Requirements, we would like to highlight some of the resources that are available on the Infection Prevention and Control Resource Center. This Resource Center offers curated collections of resources that actionable strategies and tools for Infection Prevention and Control professionals. From novice to expert, to support their efforts in complying with Joint Commission accreditation requirements for Infection Control and Antibiotic Stewardship. The Resource Center includes search capabilities by setting topic, Joint Commission standard, pathogen, and HAI type. Users can sign up for e-Alerts to be notified when new resources are added. We'll now share the demo that illustrates navigation to the IPC Resource Center.

Hello, my name is Beth Ann Longo. And I'd like to take a few minutes to tell you about The Joint Commission's Infection Prevention and Control and Antibiotic Stewardship Resource Center, how to access it, and how to navigate the site.

Effective Infection Prevention and Control practices, along with antibiotic stewardship, are essential for preventing disease spread, safeguarding vulnerable populations, and maintaining a safe environment. The Joint Commission supports healthcare organizations as they work to develop comprehensive programs to protect the health and safety of patients and staff. Pointing organizations to resources that help them comply with requirements is one way we can demonstrate our support.

I'm going to show you the Resource Center in a few minutes, but let's first look at a few screenshots, so you can familiarize yourself with how to get there and how the Resource Center is organized.

First, to access the Resource Center, you'll to The Joint Commission's website, www.jointcommission.org. You'll click on the Our Priorities, which is on the blue bar toward the center of the website page. Click on that, and what will happen then is, you'll see this box kind of cascade open. And on the far left, you'll scroll down until you see Infection Prevention and Control. Following that over to the right, you'll then see two links. There's the first link that says, "Infection Prevention and Control," and then under that is the Resource Center.

Now, I would strongly encourage you to start with that first link, Infection Prevention and Control, as there is some really good information that we've provided there for you. And then the Resource Center link will bring you directly to the Resource Center. But once you're familiar with the information on that first link, if you want a shortcut to get directly to the Resource Center, you can certainly use that second link.

Another key feature of the Resource Center is the Hierarchical Guide to Compliance. So to help organizations meet requirements, we've put this guide right in the Resource Center. So, here, you can see the various approaches to compliance, starting with Rules and Regulations. What you can do here for each of these blue boxes on the right here, you can click on each one by clicking on the little plus sign on the right side of that blue box, it will cascade open. And then in this blue box to the left, you can see an example for Rules and Regulations, it cascades open, and then it provides some examples of what we mean by Rules and Regulations. And then to minimize that box, you can just click on that little minus sign.

We also included a summary of the revised Infection Control requirements. Simply click on the plus sign of your program, which is located on the right side of the box, and a box will expand that provides a summary of standards and Elements of Performance. Please note that for programs other than HAP and CAH, we will populate these boxes as the revised requirements are implemented.

Now, there are several ways you can navigate the Resource Center. You can search by setting, by standards, by HAI type, topic, or pathogen. And you can also access frequently asked questions about specific standards from this page. And again, I'll show you in just a minute when I do an actual demo.

To begin your search for resources, you'll want to start by selecting your accreditation program. So on this page, you'll see that the filter boxes are on the left side of the screen. The top filter box is a list of the accreditation programs. So tick the box that is applicable to your organization. The filter boxes under that allow you to filter, as I mentioned, using other search criteria, such as HAI Type or Topic, or the actual standard itself, or Pathogen. Once you've made all of your search criteria selections, the resources will be narrowed, and they'll populate on the right side of the screen.

Now, note that to clear search criteria, you can either uncheck the box, or you can click on the X in the upper right corner of the filter box. Now, once you have finished making your selections, links to your resources will populate on the page just to the right of those filter boxes.

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Just a quick note about a couple other features of the Resource Center before I do a quick demo for you. You can sign up for e-Alerts to be notified when new resources are added, and we encourage you to do so. You'll also see a popup widget called Hotjar, which is a mechanism for getting your feedback on the Resource Center. Please share your feedback, so we can continue to make improvements.

Now, on this slide, you'll see in those five blue boxes, those are the questions that will be asked with that feedback popup. And this is optional, of course, but we do encourage you to provide this feedback. And we ask questions such as, "Are you able to navigate the site easily and access resources?" That's a yes or no. And then others, "How likely you are use the resources that you found on the site?" "How likely you are to revisit the site?" "Are there resources that you feel we should consider adding?" And if you answer yes to that, then there's an opportunity for you to tell us about what that resource is, so that we can be sure to evaluate that and add that to the Resource Center if it meets our criteria.

And before we do the demo, I just want to mention that we will continue to look for practical resources that are suitable for various healthcare settings. So we do encourage you to visit the Resource Center from time to time, sign up for the e-Alerts, as I mentioned, and we hope that you'll find that these resources help you to meet the requirements.

Now, let's navigate to the site for a sneak peek.

To get to the Infection Prevention and Control and Antibiotic Stewardship Resource Center, you first need to go to The Joint Commission's website at www.jointcommission.org. You'll then go to Our Priorities, which is in the center of the blue bar. If you click there, scroll down to Infection Prevention and Control, click, and then click again on Infection Prevention and Control. That will take you right to the landing page.

So on this page, as I previously mentioned, one of the key features of the Resource Center is this Hierarchical Guide to Compliance. If you click on each of these blue boxes, a little plus sign on the right-hand side, each of these boxes will expand, and it will provide some examples. So in this particular example, Rules and Regulations, we have CMS Requirements, Manufacturers' Instructions, and so on. Scrolling down this page, you can look at the Summary of Requirements by Program.

As the other programs become available, we will be sure to populate them here as well. So in each of these light gray boxes, you'll just click the plus sign on the right-hand side, and you'll find that that box expands open, and you'll find a summary of each of the standards and the related Elements of Performance. As you continue to scroll down the page, at the very bottom, you'll see a yellow box that says, "Visit the Resource Center," and you'll want to click there.

On this page, you'll read a little bit about the Resource Center, sign up for e-Alerts, as I mentioned, which is important if you'd like to be alerted whenever we're adding new resources. And then we just talk a little bit here about the various ways that you can navigate the Resource Center. These are the various search criteria. And then, as I pointed out, you can click on Browse FAQs to find answers to Frequently Asked Questions about any of the specific requirements. And then, again, scrolling down on this page, we get to the various resources. So you want to start by selecting your Health Care Setting or accreditation program. So I'm going to just click on Hospital. We have 157 resources that are relevant to the hospital setting, but let's narrow our search. So let's say you want to identify resources that are specific to appointing a qualified Infection Preventionist. So we're going to click on IC.04.01.01. EP 1, and you can see, we have a couple of resources here.

Now, if you want to clear those filter criteria, you can either untick the box, or you can just simply click on the X in the upper right corner of the filter box, and that will clear everything for you. As I mentioned before, you can select by Topic, by Healthcare Associated Infection, and by Pathogen Type.

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Now, I do want to just point out something a little bit different with the Pathogen Type. You'll notice that there aren't any of the little boxes ahead of these labels, that's because these are actual headers. So, for example, if I click on Multi Drug Resistant Organism, what pops up then are various types of MDROs. This will help you to narrow your search a bit more when you're looking for specific resources. If you want to go back, you can just simply click All Categories, and it will bring you back to your full Pathogen Type list.

Finally, there are two other features I'd like to point out. One, in the lower left corner of the screen, there is a little pop-up widget, we call this the Hotjar, and it is a feedback mechanism. And we do encourage you to provide some feedback if you would be willing to do so. There are a few questions that we ask, starting with, "Are you able to navigate the site and easily access information and resources?" And then there are a few other questions pertaining to your intent to revisit the Resource Center from time to time, whether or not you found the resource you were looking for, or if you were looking for a specific resource and weren't able to find it. There's an open text field where you can tell us what that resource was, so that we can take a look at it, and then add it to the Resource Center for others.

And then the last feature I wanted to just draw to your attention is this navigational bar here. This is a shortcut navigational bar where you can simply just click on it, and it quickly jumps to that place on the page. That was on that other page as well. Again, it just helps you, once you're familiar with the Resource Center, it helps you to get where you're going to a little more quickly.

This concludes the navigational demo of the Infection Prevention and Control and Antibiotic Stewardship Resource Center. We hope that you have found this to be helpful. Thank you for your time.

Moving on to our closing, we've included an additional resource slide and provided links to direct you to, the Laboratory Accreditation Program and Prepublication Standard, January 2025 Perspective Article, IC Chapter Fully Revised for Laboratory, New and Revised Requirements for Infection Prevention and Control Laboratory.

To ask questions about the standards or resources, please use the inquiry form at this address, dssminquiries.jointcommission.org. Please note, Joint Commission staff closely monitor this portal. For questions regarding webinar operations or CEs, please submit them via email to pioneersinquality@jointcommission.org.

All Pioneers in Quality webinar recording links, slides, transcripts, Q&A documents can be accessed on The Joint Commission webpage via this link, www.jointcommission.org/measurement/quality-measurement-webinars-and-videos/pioneers-in-quality-general-sessions/.

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Before this webinar concludes, a few words about the CE survey, we use your feedback to inform future content and assess the quality of our educational program. As explained earlier in the webinar, a QR code is shown on the last slide. If you prefer to take the CE survey later, an automated email also delivers the link to the survey.

At the end of the survey, when you click Submit, you will be redirected to a page from which you can print or download a PDF CE certificate. In case you log off without downloading or printing the certificate, an automated email will also be sent to you that includes the link. This email is sent to the email that you provide within the CE survey.

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Thank you, Beth Ann, Natalya, and Tiffany, for developing and presenting the content for this webinar. And thanks to all of you that attended this On Demand webinar. We will pause on this slide for several moments to permit those that wish to use the QR code to scan it with their mobile device. Thank you, and have a great day.