Pioneers in Quality

Infection Prevention and Control for Office Based Surgery Accreditation Programs (OBS)

On Demand Webinar - CE Credit Available for 6 weeks after release

April 2025 release

The Joint Commission

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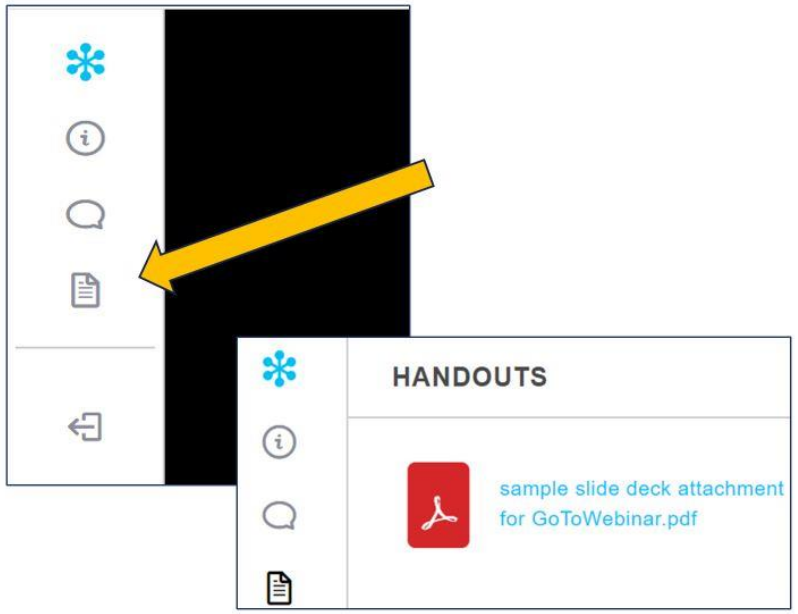

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Continuing Education (CE) Credit available:

- Accreditation Council for Continuing Medical Education (PRA Category 1 credit)
- American Nurses Credentialing Center
- American College of Healthcare Executives (1 Qualifying Education Hour)
- California Board of Registered Nursing

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- **QR code** provided at end of webinar.
- Survey link emailed after you finish the recording.
- **Complete the online evaluation survey.**
- After you click ***SUBMIT***, you will be redirected to a page from which you can print or download/save your PDF CE Certificate.
- A follow-up email from the survey platform also provides the link to the CE certificate.

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

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The New Joint Commission Infection Control Standards for Office-Based Surgery

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3/24/2025

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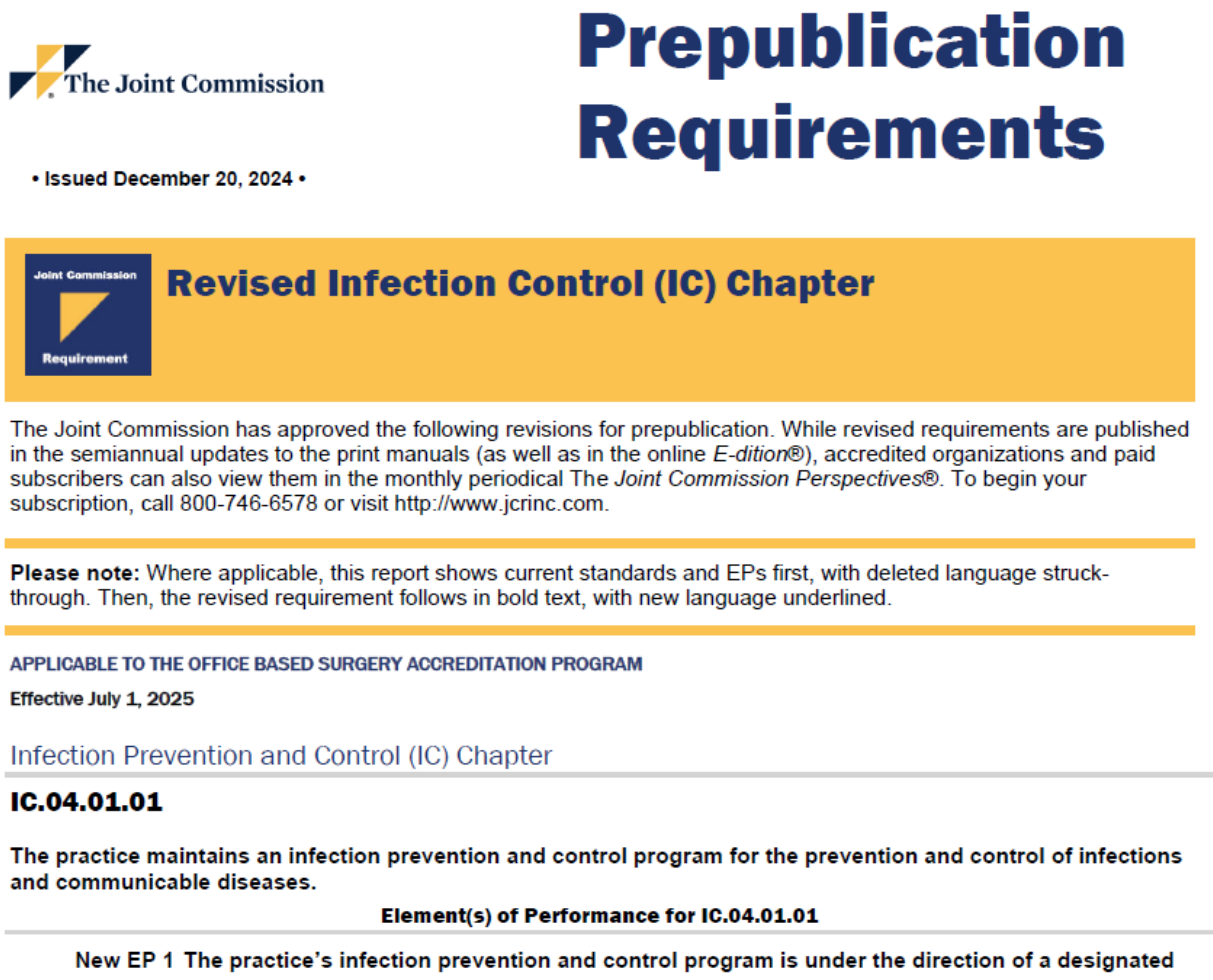
IC Chapter Rewrite Initiative

Overview

- Changes for OBS 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



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Prepublication Requirements

• Issued December 20, 2024 •

Joint Commission Requirement

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

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

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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: Practice can determine its own process
- Staff influenza vaccination/goals/data (IC.02.04.01)
- Practices to prevent surgical site infections (IC.02.05.01)
  * *Intent*: Practice to follow its policies and procedures and law and regulation

What Requirements were Retained?

- Individual(s) responsible for the program
- Adherence to nationally recognized guidelines and standards of practice
- Assessment of risk for infection/contamination/exposure
- Evaluation of activities and action plan when issues arise
- NPSG.07.01.01 on hand hygiene and goals

What Was Added?

- Expanded requirements for policies and procedures, such as high-level disinfection and sterilization

The New Structure of the Infection Control Chapter

“Set up a Program”

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

***Leader *Policies**

“Do IC activities”

IC.06.01.01 The practice implements activities for the prevention and control of infections and communicable diseases.

***Annual Risk Assessment *IC Activities *Action Plan *Linen**

New Infection Control Tool Added to Practice SAG

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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 Practice Survey Activity Guide in Spring 2025

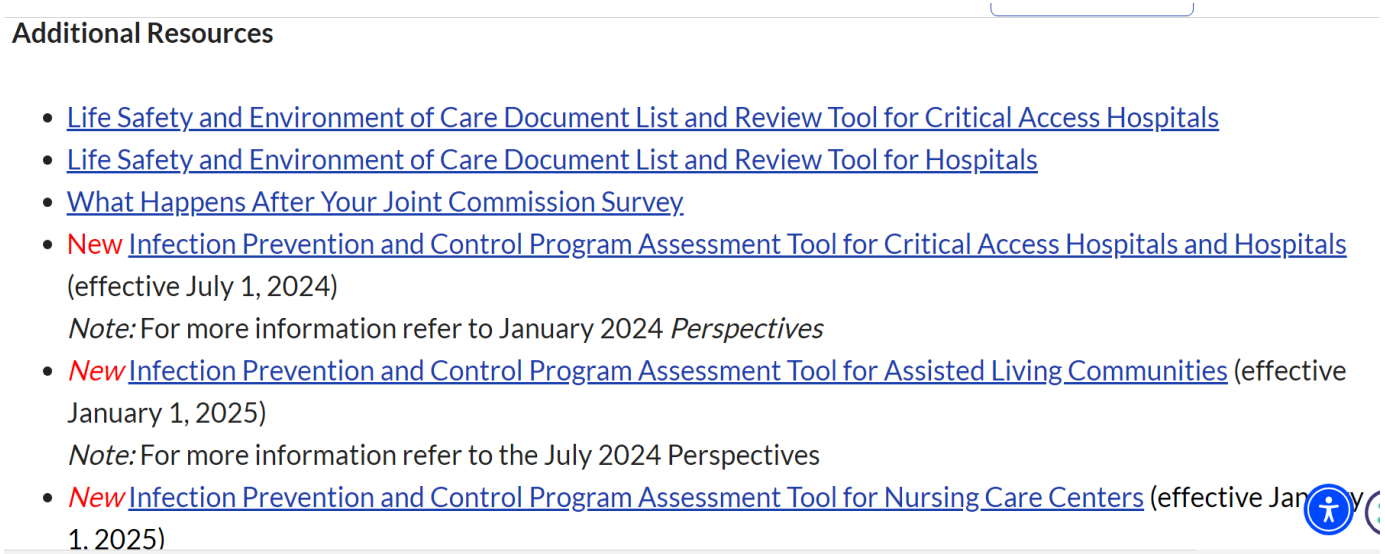
Where to locate the Infection Control Tool now

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 Jan y 1, 2025)

Highlights of the Updated OBS Infection Control Standards

Effective July 1, 2025

Structure of the Updated OBS Infection Control Standards

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

IC.06.01.01 The practice implements activities for the prevention and control of infections and communicable diseases.

IC.04.01.01

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

Infection Prevention and Control Program Oversight

IC.04.01.01 EP 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.

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.

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.

IC.04.01.01 EP 3 The practice's infection prevention and control program has written policies and procedures to guide its activities and methods for preventing, controlling, and investigating 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.

Note 1: Relevant federal, state, and local law and regulations include but are not limited to the Food and Drug Administration (FDA) regulations for reprocessing single-use medical devices; Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens Standard 29 CFR 1910.1030, Personal Protective Equipment Standard 29 CFR 1910.132, and Respiratory Protection Standard 29 CFR 1910.134; health care worker vaccination laws; state and local public health authorities' requirements for reporting of communicable diseases and outbreaks; and state and local regulatory requirements for biohazardous or regulated medical waste generators.

Note 2: Standard precautions include hand hygiene, environmental cleaning and disinfection, injection and medication safety, use of personal protective equipment (PPE), minimizing potential exposures, and reprocessing of reusable medical equipment or devices. For full details on standard precautions, refer to the Centers for Disease Control and Prevention's (CDC) Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All

IC.04.01.01 EP4 For practices performing high-level disinfection and sterilization procedures *onsite*:
The practice's policies and procedures for cleaning, disinfection, and sterilization of reusable medical and surgical devices and equipment address the following:

Cleaning, disinfection, and sterilization of reusable medical and surgical devices in accordance with the Spaulding classification system and manufacturers' instructions
Use of FDA–approved liquid chemical sterilants for the processing of critical devices and high-level disinfectants for the processing of semicritical devices in accordance with the FDA–cleared label and device manufacturers' instructions
Required documentation for device reprocessing cycles, including but not limited to sterilizer cycle logs, the frequency of chemical and biological testing, and the results of testing for appropriate concentration for chemicals used in high-level disinfection
Resolution of conflicts or discrepancies between a medical device manufacturer's instructions and manufacturers' instructions for automated high-level disinfection or sterilization equipment
Criteria and the process for the use of immediate-use steam sterilization
Actions to take in the event of a reprocessing error or failure identified either prior to the release of the reprocessed item(s) or after the reprocessed item(s) was used or stored for later use

Offsite High-Level Disinfection and Sterilization

IC.04.01.01 EP 10 For practices that use offsite high-level disinfection and sterilization services:

The practice defines procedures in accordance with manufacturers' instructions for initial equipment reprocessing that occurs before equipment is transferred to the offsite facility for high-level disinfection and sterilization.

Examples may include:

- Pre-cleaning at the point of use
- Preparing items for transport
- Transporting of item

Education, Training and Competency Assessment

- The practice provides job-specific infection prevention and control education to staff.
  - ❖ Note: Job-specific means that education and training are consistent with or tailored to the performed roles and responsibilities. For example, environmental services staff must be trained in the methods and procedures for surface disinfection

- The practice provides training to staff expected to have contact with blood or other potentially infectious material on the blood borne pathogen standards upon hire, at regular intervals, and as needed.

- The practice staff receive training in the following:
  a. When personal protective equipment (PPE) is necessary
  b. What PPE is necessary
  c. How to properly don, doff, adjust, and wear PPE

- Staff competence in infection control is assessed and documented once every three years, or more frequently as required by practice policy or in accordance with law and regulation.
  - ❖ Note: Competence refers to observable and measurable knowledge, skills, and abilities. Practices have the flexibility to define what staff competencies are needed to ensure correct practical application of practice infection prevention and control policies and procedures.

IC.06.01.01

The practice implements activities for the prevention and control of infections and communicable diseases.

Risk Assessment

IC.06.01.01 EP 1 To prioritize the infection prevention and control program's activities and determine what resources are necessary for the program, the practice identifies risks for infection, contamination, and exposure that pose a risk to patients and staff based on the following:

- Risks based on population served
- Risks based on care, treatment, services provided
- Relevant infection control issues identified by the local, state, or federal public health authorities that could impact the practice
- Risk from organisms with a propensity for transmission within healthcare facilities

IC.06.01.01 EP 2 The practice reviews identified risks at least annually or whenever significant changes in risk occur

- For example, in response to local infectious diseases outbreaks.

Surveillance, Prevention, And Control Of Health Care–associated Infections And Other Infectious Diseases

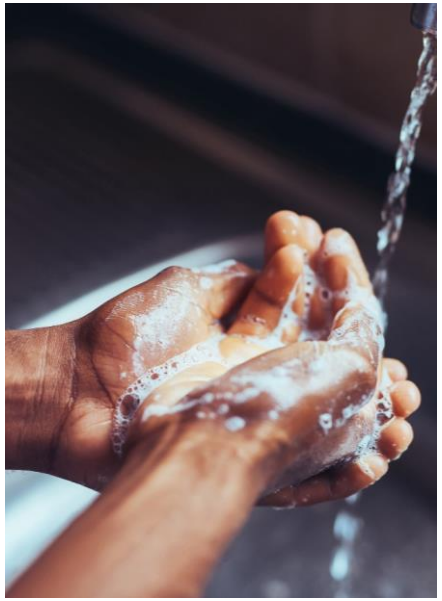
IC.06.01.01 EP3 The practice implements activities for the prevention and control of infections and communicable diseases.(See also NPSG.07.01.01, EP 1)

Includes, but is not limited to:

- Standard Precautions
  - Hand Hygiene, Environmental Cleaning and Disinfection, Injection and Sharps Safety, Personal Protective Equipment, Minimizing potential exposures
  - Reprocessing reusable medical equipment
- Linen
- Operating Room

Hand Hygiene

Standard Precautions: Hand Hygiene	
1. Implement a program that follows categories IA, IB, and IC of either the current Centers for Disease Control and Prevention (CDC) and/or the current World Health Organization (WHO) hand hygiene guidelines.	NPSG.07.01.01 EP 1
2. Set goals for improving compliance with hand hygiene guidelines.	NPSG.07.01.01 EP 2
3. Improve compliance with hand hygiene guidelines based on established goals.	NPSG.07.01.01 EP 3
4. Supplies necessary for adherence to hand hygiene (such as alcohol-based hand rub, soap, water, and a sink) are readily accessible in all areas where patient care is being delivered.	IC.06.01.01 EP 3
5. Alcohol-based hand rub is readily accessible and placed in appropriate locations where it can be accessed by the staff, patients, and visitors. The locations may include the following: a. Entrances to patient rooms or care areas b. At the bedside c. Staff workstations	IC.06.01.01 EP 3
6. Staff 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 (for example, 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	IC.06.01.01 EP 3
7. Staff perform hand hygiene using soap and water when hands are visibly soiled (for example, blood, body fluids) or after caring for a patient with known or suspected *C. difficile* or norovirus during an outbreak. Note: In all other situations, alcohol-based hand rub is preferred.	IC.06.01.01 EP 3



Environmental Cleaning and Disinfection

Standard Precautions: Environmental Cleaning and Disinfection	
1. The practice has written policies and procedures for routine and targeted cleaning and disinfection of environmental surfaces, including identification of responsible staff.	IC.04.01.01 EP 3
2. The practice implements routine and targeted cleaning of environmental surfaces as indicated by the level of patient contact and degree of soiling, including the following: a. Surfaces in the patient care environment and areas are cleaned and disinfected on a regular basis, using an EPA-registered disinfectant. b. Spills of blood or other potentially infectious materials are promptly cleaned and decontaminated, using appropriate EPA-registered disinfectants.	IC.06.01.01 EP 3
3. Cleaners and disinfectants, including disposable wipes, are used in accordance with manufacturers' instructions (for example, dilution, storage, shelf-life, contact time).	IC.06.01.01 EP 3

Injection and Sharps Safety

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Standard Precautions: Injection and Sharps Safety	
1. Injections are prepared using aseptic technique in an area that has been cleaned and separated from potential sources of contamination (for example, visible blood, body fluids, sinks or other water sources).	IC.06.01.01 EP 3
2. Single-dose or single-use vials, ampules, bags or bottles of parenteral solution, fluid infusion or administration sets (for example, intravenous tubing) are used for one patient only.	IC.06.01.01 EP 3
3. Diaphragms of medication vials are disinfected before inserting a device into the vial.	IC.06.01.01 EP 3
4. Needles and syringes are used for one patient only (this includes manufactured prefilled syringes and cartridge devices such as insulin pens).	IC.06.01.01 EP 3
5. The same lancing/fingerstick device is not used for more than one individual, even if the lancet is changed.	IC.06.01.01 EP 3
6. Medication containers are entered with a new needle and a new syringe, even when obtaining additional doses for the same patient.	IC.06.01.01 EP 3
7. If multidose vials are used for more than one patient, medication vials do not enter the immediate patient treatment area (for example, operating room, patient room, anesthesia carts). Note: If multi-dose vials enter the immediate patient treatment area, they must be dedicated for single patient use and discarded immediately after use.	IC.06.01.01 EP 3
8. Immediately or as soon as possible after use, contaminated sharps are discarded in puncture-resistant, leakproof (on the sides and bottom) sharps containers, and sharps containers are replaced when the fill line is reached.	IC.06.01.01 EP 3

Personal Protective Equipment

Standard Precautions: Risk Assessment with Appropriate Use of Personal Protective Equipment	
1. Staff have immediate access to PPE and are able to select, put on, remove, and dispose of PPE in a manner that protects themselves, the patient, and others.	IC.06.01.01 EP 3
2. Gloves are worn when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, potentially contaminated skin, or contaminated equipment could occur. The staff change gloves and perform hand hygiene before moving from a contaminated body site to a clean body site.	IC.06.01.01 EP 3
3. A gown is worn 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.	IC.06.01.01 EP 3
4. Protective eyewear and a mask or a face shield are worn to protect the mucous membranes of the eyes, nose, and mouth during procedures and activities that could generate splashes or sprays of blood, body fluids, secretions, and excretions. Note: Masks, goggles, face shields, and combinations of each are selected according to the need anticipated by the task performed.	IC.06.01.01 EP 3
5. PPE removal and disposal: PPE, other than respirators, are removed and discarded upon completing a task before leaving the patient's room or care area. If a respirator is used, it should be removed and discarded (or reprocessed if reusable) after leaving the patient room or care area and closing the door. Disposable gloves are removed and discarded upon completion of a task or when soiled during the process of care.	IC.06.01.01 EP 3
6. Face masks (procedure or surgical) are worn by staff who are placing a catheter or injecting materials into the epidural or subdural space (for example, during myelogram, epidural, or spinal anesthesia).	IC.06.01.01 EP 3

Minimizing Potential Exposures

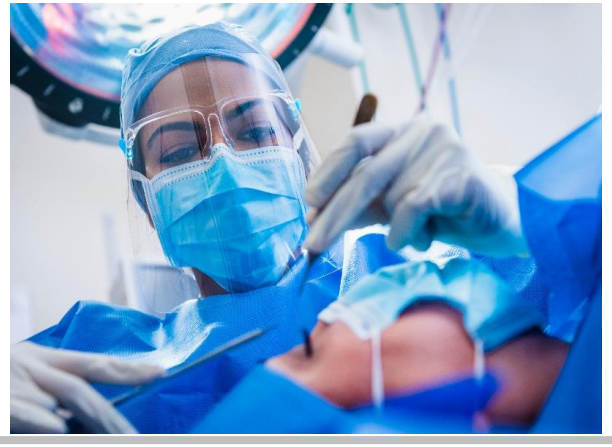
Standard Precautions: Minimizing Potential Exposures.	
1. Practice: a. Posts signs at entrances with instructions to patients with symptoms of respiratory infection to: i. Inform staff or a healthcare provider of symptoms of a respiratory infection when they first register for care, and ii. Practice Respiratory Hygiene/Cough Etiquette (cover their mouths/noses when coughing or sneezing, use and dispose of tissues, and perform hand hygiene after hands have been covered with respiratory secretions).	IC.06.01.01 EP 3
b. Provides tissues and no-touch receptacles for disposal of tissues. c. Provides resources for performing hand hygiene in or near waiting areas.	

Reprocessing Non-Critical Reusable Medical Equipment

Standard Precautions: Reprocessing of Non-Critical Reusable Medical Equipment Note: For reprocessing of critical and semi-critical equipment, see Section 3.	
1. Reusable non-critical medical equipment (for example, blood glucose meters and other point-of-care devices, blood pressure cuffs, oximeter probes) are cleaned and disinfected according to manufacturers' instructions after each use or when visibly soiled.	IC.06.01.01 EP 3
2. Responsibility for cleaning and disinfection of reusable noncritical patient-care equipment and devices is clearly designated.	IC.06.01.01 EP 3

Operating Room

Operating Room	
1. The practice adheres to infection control practices for surgical infection prevention including: a. Adherence to preoperative surgical scrub and hand hygiene b. Appropriate use of surgical attire and drapes c. Adherence to aseptic technique and sterile field d. Minimization of traffic in the operating room e. Adherence to cleaning and disinfection of environmental surfaces f. Terminal cleaning of operating rooms after last procedure of the day	IC.06.01.01 EP 3
2. The practice follows proper ventilation requirements in surgical suites.	EC.02.05.01 EP 7



For Practices that Perform High-Level Disinfection and Sterilization Procedures Onsite

Categories of Medical Devices:

- **Critical items** (e.g., surgical instruments) are objects that enter sterile tissue or the vascular system and must be sterile prior to use (see Sterilization Section).
- **Semi-critical items** (e.g., endoscopes for upper endoscopy and colonoscopy, vaginal probes) are objects that contact mucous membranes or non-intact skin and require, at a minimum, high-level disinfection prior to reuse (see High-level Disinfection Section).
- **Non-critical items** (e.g., blood pressure cuffs) are objects that may come in contact with intact skin but not mucous membranes and should undergo cleaning and low- or intermediate-level disinfection depending on the nature and degree of contamination.
- **Single-use devices (SUDs)** are labeled by the manufacturer for a single use and do not have reprocessing instructions. They may not be reprocessed for reuse except by entities which have complied with FDA regulatory requirements and have received FDA clearance to reprocess specific SUDs

Reprocessing Critical and Semi-Critical Reusable Medical Devices

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1. Only devices labeled as reusable are reprocessed directly by the practice onsite or offsite via a reprocessing vendor. If the practice elects to reuse any devices labeled for single use by the manufacturer, these devices are reprocessed by an entity that is registered with the FDA as a third-party reprocessor and cleared by the FDA to reprocess the specific device in question. The practice has documentation from the third-party reprocessor confirming this is the case.	IC.06.01.01 EP 3
2. For practices that perform high-level disinfection and sterilization procedures onsite: The practice's policies and procedures for cleaning, disinfection, and sterilization of reusable medical and surgical devices and equipment address the following: a. Cleaning, disinfection, and sterilization of reusable medical and surgical devices in accordance with the Spaulding classification system and manufacturers' instructions Note: The Spaulding classification system classifies medical and surgical devices as critical, semicritical, or noncritical based on risk to the patient from contamination on a device and establishes the levels of germicidal activity (sterilization, high-level disinfection, intermediate disinfection, and low-level disinfection) to be used for the three classes of devices. b. Use of FDA–approved liquid chemical sterilants for the processing of critical devices and high- level disinfectants for the processing of semicritical devices in accordance with the FDA–cleared label and device manufacturers' instructions c. Required documentation for device reprocessing cycles, including but not limited to sterilizer cycle logs, the frequency of chemical and biological testing, and the results of testing for appropriate concentration for chemicals used in high-level disinfection d. Resolution of conflicts or discrepancies between a medical device manufacturer's instructions and manufacturers' instructions for automated high-level disinfection or sterilization equipment e. Criteria and the process for the use of immediate-use steam sterilization f. Actions to take in the event of a reprocessing error or failure identified either prior to the release of the reprocessed item(s) or after the reprocessed item(s) was used or stored for later use Note: Depending on the nature of the incident, examples of actions may include quarantine of the sterilizer, recall of item(s), stakeholder notification, patient notification, surveillance, and follow-up.	IC.04.01.01 EP 4
3. Manufacturers' instructions for medical devices and equipment are available to the staff performing reprocessing. The practice may use posters or other condensed methods to provide critical information to staff performing reprocessing to ensure reprocessing consistent with the instructions for use.	IC.06.01.01 EP 3

High Level Disinfection

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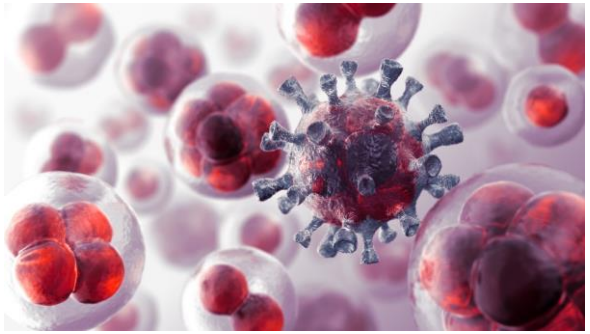
High-level Disinfection:	
1. All reusable semi-critical items receive at least high-level disinfection prior to reuse, in accordance with manufacturers' instructions.	IC.06.01.01 EP 3
2. Flexible endoscopes are inspected for damage and leak tested as part of each reprocessing cycle, in accordance with manufacturers' instructions.	IC.06.01.01 EP 3
3. Items are thoroughly pre-cleaned according to manufacturers' instructions and visually inspected for residual soil prior to high- level disinfection. For instruments with lumens (for example, endoscopes), pre-cleaning of devices must include all channels using cleaning brushes of appropriate size.	IC.06.01.01 EP 3
4. Manufacturers' instructions are followed for the following: a. Enzymatic cleaners or detergents b. Reusable cleaning brushes c. Chemicals used in high-level disinfection, including instructions for preparation, testing for appropriate concentration, and replacement (for example, prior to expiration) Note: The results of testing for appropriate concentration are documented to ensure minimal effective concentration of the active ingredient. d. Disinfection temperatures and length of time e. Device rinsing following high-level disinfection f. If automated reprocessing equipment is used, manufacturers' recommended connectors are used to assure that all endoscope channels are appropriately disinfected.	IC.06.01.01 EP 3
5. Devices are dried thoroughly prior to storage/reuse in accordance with manufacturers' instructions.	IC.06.01.01 EP 3
6. After high-level disinfection, devices are stored in a manner that protects them from damage or contamination.	IC.06.01.01 EP 3
7. The practice has a system in place to identify which endoscope was used on a patient for each procedure.	IC.06.01.01 EP 3



Sterilization

Sterilization:	
8. All reusable critical items are sterilized prior to reuse, in accordance with manufacturers' instructions.	IC.06.01.01 EP 3
9. Items are thoroughly pre-cleaned according to manufacturers' instructions and visually inspected for residual soil prior to sterilization. Note: For instruments with lumens, pre-cleaning of devices must include all channels using cleaning brushes of appropriate size.	IC.06.01.01 EP 3
10. Enzymatic cleaner or detergent is used and discarded according to manufacturers' instructions.	IC.06.01.01 EP 3
11. Cleaning brushes are single-use, disposable items or, if reusable, cleaned and either high-level disinfected or sterilized (per manufacturers' instructions) at least daily.	IC.06.01.01 EP 3
12. After pre-cleaning, items are appropriately wrapped-packaged for sterilization (for example, the package system selected is compatible with the sterilization process being performed, hinged instruments are open, and instruments are disassembled if indicated by the manufacturer).	IC.06.01.01 EP 3
13. The sterilization process is monitored by using a combination of mechanical, chemical, and biological indicators to ensure the effectiveness of the sterilization process. Indicators are used in accordance with the sterilizer or sterilizer accessory (pouch, casket, tray, etc.) manufacturers' instructions.	IC.06.01.01 EP 3
14. For dynamic air removal–type sterilizers (for example, prevacuum steam sterilizers), an air removal test (Bowie-Dick test) is performed each day the sterilizer is used to verify efficacy of air removal in accordance with manufacturers' instructions.	IC.06.01.01 EP 3
15. Sterile packs are labeled with the sterilizer used, the cycle or load number, the date of sterilization, and, if applicable, the expiration date.	IC.06.01.01 EP 3
16. Logs for each sterilizer cycle are current and include results from each load, in accordance with practice policies and procedures. Note: For the absence of policies and procedures, score IC.04.01.01 EP 4	IC.06.01.01 EP 3
17. After sterilization, medical devices and instruments are stored so that sterility is not compromised.	IC.06.01.01 EP 3
18. Sterile packages are inspected for integrity and compromised packages are repackaged and reprocessed prior to use.	IC.06.01.01 EP 3

Sterilization Continued

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19. If immediate-use* steam sterilization (IUSS) is performed, all of the following criteria are met: a. Work practices ensure proper cleaning and decontamination, inspection, and arrangement of the instruments into the recommended sterilizing trays or other containment devices before sterilization. b. Once clean, the item is placed within a container intended for immediate use. c. The sterilizer cycle and parameters used are selected according to the manufacturers' instructions for use for the device, container, and sterilizer. d. The sterilizer function is monitored with mechanical monitors and chemical and biologic indicators that are validated for use with the sterilization cycle and in accordance with the device and sterilizer manufacturers' instructions. e. The processed item must be transferred immediately*, using aseptic technique, from the sterilizer to the actual point of use, the sterile field in an ongoing surgical procedure. *"Immediate use" is defined as the shortest possible time between a sterilized item's removal from the sterilizer and its aseptic transfer to the sterile field. A sterilized item intended for immediate use is not stored for future use, nor held from one case to another.	IC.06.01.01 EP 3
20. Immediate-use steam sterilization is not performed on the following devices: a. Implants (except in documented emergency situations when no other option is available) Note: If IUSS must be used for an implantable device, the name of the patient/patient's unique identifier and any other information needed to accurately link the instrument processed using IUSS back to the patient must be recorded. b. Post-procedure decontamination of instruments used on patients who may have Creutzfeldt-Jakob disease or similar disorders c. Devices that have not been validated with the specific cycle employed d. Single-use devices that are sold sterile	IC.06.01.01 EP 3
21. Staff follow practice policies and procedures in the event of a reprocessing error or failure identified either prior to the release of the reprocessed item(s) or after the reprocessed item(s) was used or stored for later use. Note: Depending on the nature of the incident, examples of actions may include quarantine of the sterilizer, recall of item(s), stakeholder notification, patient notification, surveillance, and follow-up. Note: For the absence of policies and procedures, score IC.04.01.01 EP 4.	IC.06.01.01 EP 3

Action Plans

IC.06.01.01 EP 6

The practice develops and implements action plans when infection control issues arise, including nonadherence with infection control policies and procedures.

Note: The practice evaluates and revises its action plan as needed.

Management of Linens

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IC.06.01.01 EP8

Staff handle, store, process, and transport linens in accordance with local or state regulations.

Linen	
1. Staff handle, store, process, and transport linens in accordance with local or state regulations.	IC.06.01.01 EP 8
2. Soiled textiles/laundry are handled with minimum agitation to avoid contamination of air, surfaces, and persons.	IC.06.01.01 EP 8
3. Clean textiles/linens are covered if stored in a clean area or may be uncovered if stored in a dedicated clean storage area.	IC.06.01.01 EP 8

Infection Prevention and Control & Antibiotic Stewardship Resource Center Navigational Demo

Additional Resources

The pre-publication standards are available online:

Office Based Surgery Accreditation Program Prepublications Standards

Perspective Article January 2025

January 2025 Perspectives Article- IC Chapter Fully Revised for BHC Organizations and OBS Practices

CDC's Core IC Practices

CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings

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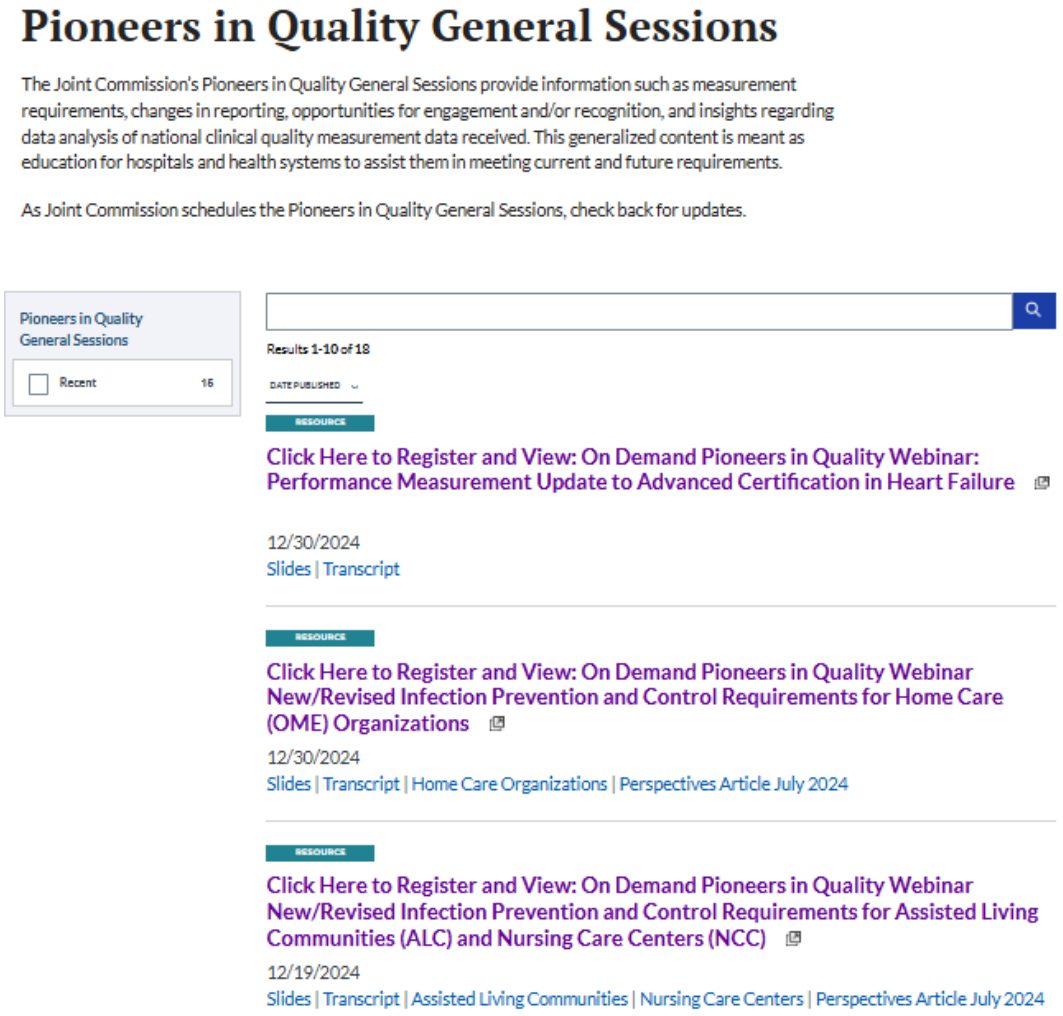

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