

Preventing and Controlling Infection

Infection prevention and control (IPC) practices are essential in protecting patients, healthcare workers, and organizations from risk; enable early detection and intervention; reduce human error; and promote a culture of accountability. Quality standards introduced by Joint Commission help hospitals prepare and implement IPC processes that support ongoing, comprehensive risk assessments and targeted interventions.

Background

Implementing infection prevention and control (IPC) practices protects patients and health workers from avoidable infections. IPC is practiced at all levels — facility managers, leadership, staff, patients, and visitors — and all play a role.

For over 50 years, Joint Commission has emphasized the importance of hospital infection control programs, by developing standards that set the bar for expectations that organizations must follow, establishing this requirement over ten years in advance of similar standards introduced by the Centers for Medicare & Medicaid Services (CMS). In 2024, Joint Commission streamlined its IPC standards to focus on the structures needed to support quality and safety and to align closer with laws and regulations, CMS Conditions of Participation (CoPs), and the CDC Core Infection Prevention and Control Core IPC practices.¹ The 2025 *National Performance Goals™* are further distilled.



Standards

The infection prevention and control practices focus on three critical IPC activities: infection risk assessment, preparedness for high-consequence infectious diseases, and hand hygiene. Hospitals must:

- Implement an IPC program with surveillance, prevention, and control activities that can:
 - Annually identify and prioritize risks for infection, contamination, and exposure that pose risks to patients and staff.
 - Locate risks specific to the geographic location, community, populations served, and services provided.
- Implement processes to support preparedness for high-consequence infectious diseases or special pathogens. Protocols must:
 - Follow the “identify, isolate, and inform” approach.
 - Require PPE and appropriate donning and doffing techniques.
 - Support care of patients while in isolation.
 - Address procedures for handling waste, including cleaning and disinfection of patient care spaces, surfaces, and equipment.
 - Ensure training and competencies for staff who implement high-consequence diseases or special pathogens.
- Comply with either the Centers for Disease Control and Prevention (CDC) hand hygiene guidelines and/or the World Health Organization (WHO) hand hygiene guidelines and set goals for improvement.

Rationale

- Proactive risk assessment specific to each hospital is crucial for effective IPC practices. Without a comprehensive risk assessment, there is no way to determine potential harms and target interventions accordingly.
- Hospitals are the epicenter of outbreaks and pandemics. Preparing for high-consequence infectious diseases or special pathogens is highly variable and currently, hospitals are not required to implement training or competency assessments for special pathogens.ⁱⁱ Implementing a standardized approach will strengthen IPC practices to mobilize quickly when needed.
- Previous outbreaks, such as severe acute respiratory syndrome (SARS), H1N1 influenza, Middle East respiratory syndrome (MERS), Ebola, clade I mpox, Marburg virus, and COVID 19, have clearly demonstrated that emerging infectious diseases pose a real threat to human health and can cause significant disruptions in healthcare delivery systems at a local, national, and global scale.
- Hand hygiene is the foundation of prevention and a well-established mechanism to prevent avoidable infections in hospitals. It is a SHEA/IDSA/APIC Practice Recommendation, with evidence that hospitals performing hand hygiene as indicated by CDC or WHO graded HIGH.ⁱⁱⁱ Hand hygiene has been a National Patient Safety Goal since 2004 and was elevated to a *National Performance Goal* in 2025.
- Compliance with IPC standards and CMS CoPs have been impactful. From 2005–2019, risk-adjusted rates of seven HAIs tracked systematically by the Medicare Patient Safety Monitoring System (MPSMS) of hospital healthcare-acquired infections (HAIs) declined significantly across patient groups.^{iv,v}
- Continuous monitoring and oversight by Joint Commission is necessary to ensure hospitals remain vigilant in their IPC practices.
 - In 2023–2024, Joint Commission cited hospitals with a Request for Improvement (RFI) on average more than two times per hospital surveyed. In 2023, over 77% of the hospitals surveyed had at least one IPC RFI.
 - Over the past decade, IPC citations remain among Joint Commission’s most frequently cited findings of non-compliance.

Related Activities

- Joint Commission collaborates and engages regularly with key players such as the Association for Professionals in Infection Control and Epidemiology (APIC), the Society for Healthcare Epidemiology (SHEA), the Infectious Disease Society of America (IDSA), the Centers for Disease Control and Prevention (CDC), and other stakeholders to gain their input on standards development.
- In 2023, Joint Commission convened a panel of technical experts from HHS Administration for Strategic Preparedness and Response (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE), non-profit organizations such as The National Emerging Special Pathogens Training and Education Center (NETEC), and other preparedness professionals to develop a standardized definition and approach to prepare for high-consequence infectious diseases or special pathogens. Its standards are highlighted in training provided by these emergency preparedness agencies.
- Joint Commission provides education via webinars, educational seminars, publications, and FAQ articles.

ⁱ Centers for Medicare & Medicaid Services. (2022, July 6). Infection prevention and control and antibiotic stewardship program interpretive guidance update (QSO-22-20-Hospitals). U.S. Department of Health & Human Services. <https://www.cms.gov/medicareprovider-enrollment-and-certificationsurvey/certificationgeninfo/policy-and-memos-states-and/infection-prevention-and-control-and-antibiotic-stewardship-program-interpretive-guidance-update> ⁱⁱ Joint Commission. R3: New and revised requirements for infection prevention and control. January 2024. <https://www.jointcommission.org/standards/r3-report/r3-report-issue-41-new-and-revised-requirements-for-infection-prevention-and-control-for/> ⁱⁱⁱ Yokoe DS, Advani SD, Anderson DJ, et al. Executive Summary: A Compendium of Strategies to Prevent Healthcare-Associated Infections in Acute-Care Hospitals: 2022 Updates. *Infection Control & Hospital Epidemiology*. 2023;44(10):1540–1554. [doi:10.1017/ice.2023.138](https://doi.org/10.1017/ice.2023.138) ^{iv} Wang, Yun et al., National Trends in Patient Safety for Four Common Conditions, 2005-2011. *NEJM*. 2014;370(4): 342-35 ^v Eldridge, Noel et al. Trends in Adverse Event Rates in Hospitalized Patients, 2010-2019. *JAMA*. 2022;328(2):173-183



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*National Patient Safety Goals are now a part of the National Performance Goals.



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