



Transcript – 2024 On Demand Pioneers in Quality Webinar New and Revised Requirements for the Infection Prevention and Control (IC) Chapter for Critical Access Hospitals and Hospitals

(Recorded April 2024)

(00:00):

- Welcome everyone and thank you for joining us for this On Demand Pioneers in Quality Webinar: New and Revised Requirements for the Infection Prevention and Control Chapter for Critical Access Hospitals and Hospitals. CE Credit is available for this On Demand webinar for six weeks following its release. We encourage healthcare organizations to share the link to this recording and the slides with their staff and colleagues. There is no limit on how many staff can take advantage of this educational webinar.

Before we start, we'd like to offer just a few tips about webinar audio. Use your computer speakers or headphones to listen. Feedback or dropped audio are common for streaming video. Refresh your screen if this occurs. You can pause the playback at any time. You can return and replay the video by using the same access link from your registration email. We have captioned this recording and the slides are designed to follow Americans with Disabilities Act rules.

(01:00):

If you'd like to follow along and take notes, you can access the slides now within the viewing platform. See the left side of your navigation pane and select the icon that looks like a document. A new popup window will open, and you can select the name of the file. A new browser window will open, and from it, you can download or print the PDF of the slides. After the CE period expires, slides will remain accessible on the Joint Commission website at the link displayed at the bottom of this screen.

CE credit is offered for this webinar. This webinar is approved for one continuing education credit for the entities listed on this slide. Accreditation Council for Continuing Medical Education, the American Nurses Credentialing Center, American College of Healthcare Executives, and the California Board of Registered Nursing. Participants receive a certificate following completion of the webinar and the survey. Although we've listed the organizations that accredit Joint Commission to provide CEs, many other professional societies and state boards, not listed, accept credits, or will match credit from Joint Commission's educational courses.

(02:12):

To earn CE credit, participants must: Individually register for this recorded webinar. Participate for the entire recorded webinar. Complete a short reading activity, and complete a post-program evaluation and attestation survey. For more information on the Joint Commission's continuing education policies, visit the link at the bottom of this slide.

Just a few words on how to navigate to the CE survey and obtain your CE certificate. You will receive the CE survey link two ways. First, the last slide in the presentation shows a QR code accessible via most mobile devices. Second, in case you miss the QR code, you will also receive an automated email that includes the survey link, after you finish the recording. After you access and submit the online evaluation survey, you will be redirected to a link from which you can print or download and save a CE certificate. In case you miss the popup screen with the certificate, an automated email will also be sent to deliver the same certificate link.

(03:23):

The learning objectives for this session are: discuss the rationale for the HAP and CAH 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.

These 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. Myself – Susan Funk, Natalya Rosenberg, and Tiffany Wiksten.

We will now take a moment to introduce the speakers for this webinar. This presentation features Natalya Rosenberg, Project Director, Global Standards and Survey Development and Tiffany Wiksten, Associate Director Standards Interpretation Group. Natalya, I will turn it over to you to introduce the requirements.

(04:33):

- Good afternoon everyone. It is our pleasure to present to you today on the new Joint Commission Infection Control Standards. 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 for hospitals and critical access hospitals that go into effect in July. In the second part of the presentation, I will give the floor to my colleague Tiffany Wiksten who will go over the revised standards in greater detail and provide key points that organizations need to understand to successfully meet compliance with the revised requirements.

(05:19):

Let's talk about the Infection Control Rewrite Initiative and the important milestones for hospital and non-hospital accreditation programs. The Infection Control Rewrite Initiative begins with critical access hospitals and hospitals, but will eventually include all programs that The Joint Commission accredits. As of this presentation date, the Centers for Medicare and Medicaid Services has approved the changes to the standards for hospitals and critical access hospitals. These revised standards are now in pre-publication and go into effect in July of 2024. The Infection Control Rewrite is currently underway for all non-hospital programs. For home care, assisted living community, and nursing care centers programs, the revisions are in their final stages and will go into effect in January 2025. For ambulatory healthcare, behavioral healthcare, and the lab program, the revisions to the IC chapter are expected to go into effect in July of 2025. Please check the Joint Commission Perspectives for these announcements.

(06:45):

And now a brief overview of the Infection Control Rewrite project. The Infection Control Chapter underwent a full rewrite and will replace the current Infection Control Chapter for hospital and critical access hospital accreditation programs. Consistent with the ongoing initiative by The Joint Commission to simplify requirements and provide more meaningful evaluations of hospitals, we removed requirements that do not add value to accreditation surveys and put focus on the structures that are essential to support quality and safety and identify a framework for a strong infection prevention and control program.

The revised standards align more closely to the mandatory components that organizations must follow, such as law and regulation, and CMS Conditions of Participation. The revised requirements are also more closely aligned to the Centers for Disease Control and Prevention Core Infection Prevention and

Control Practices. Because the CDC and the HICPAC Committee characterized these practices as strong recommendations for all healthcare settings, the Core Practices should serve as the foundation for any infection control program. While developing the revisions to the Infection Control Chapter,

(08:12):

The Joint Commission obtained information and guidance from a variety of sources.

We have just mentioned the three important ones, law and Regulation, CMS, conditions of participation and nationally established standards such as the CDC core practices. We have just mentioned the three important ones, law and regulation, CMS, Conditions of Participation, and nationally established standards, such as the CDC Core Practices.

The other important source of learning was a Technical Advisory Panel on Emerging Infectious Diseases. The Joint Commission convened a panel of nine experts from such established authorities on emerging infectious diseases as CDC, ASPR, NETEC, SHEA, Government and Academic Institutions. The guidance from this panel informed the new standard IC 07.01.01 to support preparedness for high consequence infectious diseases or special pathogens. Internal discussions and deliberations were another part of the standard development process. As an accreditor, setting standards of performance for hospitals within a wide range of resources and capabilities, we must take into consideration both the benefit of the requirement and the issue of feasibility. That is, whether all organizations we accredit could meet the standard given a reasonable effort. To explore the feasibility of requirements, we used the field review when we gathered public comments on the proposed standards. Finally, as an accreditor with the deemed authority from the CMS, we obtained CMS approval for the standards changes.

(09:56):

So, what will the new Infection Control Chapter look like? First note, the new numbering for the standards: existing standard numbers will be retired as of July. The standards will become much more high-level, condensed, and reorganized. In the current structure of Accreditation Standards for hospitals. There are 12 Infection Control standards and 51 Elements of Performance. In the future state, beginning in July, the chapter will have four standards and 14 Elements of Performance. To help organizations see how the key concepts have migrated from the old structure to the new structure, we provided a Reference Guide that is posted on our website along with the pre-publication standards. Please access this document and examine those details.

(10:54):

Please also keep in mind the documentation will be required for the infection control program. As of July 1st, 2024, the organization should be prepared to present the following documentation: The hospital's infection prevention and control program written policies and procedures that guide its activities and methods for preventing and controlling the transmission of infections within the hospital and between the hospital and other institutions and settings. Policies and procedures for cleaning, disinfection and sterilization of reusable medical and surgical devices and equipment. The hospital identified risks for infection, contamination, and exposure that pose a risk to patients and staff. The Risk Assessment must be documented, and the risks reviewed at least annually or whenever significant changes in risk occur. Policies and procedures to minimize the risk of communicable disease exposure and acquisition among its staff. in accordance with law and regulation. Finally, protocols for high consequence infectious diseases or special pathogens.

If the standards are at a high-level and there are only 14 Elements of Performance in the future Infection Control Chapter, where are all the details on the very many infection control practices that hospitals do every day and The Joint Commission expectations regarding those? Going forward, those

details will be provided in the Infection Prevention and Control Program Assessment Tool. The tool lists specific infection control practices such as standard precautions, transmission-based precautions, and others to help hospitals assess their programs and prepare for the Joint Commission survey. Those of you who are familiar with the CMS Infection Control Worksheet will find that the Joint Commission Tool has a lot in common with the CMS document.

(13:13):

Here's another illustration on how the tool supports the new Infection Control Chapter requirements. In this example, you can see the details on surveillance and education training and competency expectations. The tool was made available to all accredited organizations in January via the Extranet. The exact location is provided on the slide. In the survey process tab, locate pre-survey menu, then click on Survey Activity Guide. Next, scroll down to Additional Resources section. The tool will also be incorporated in organizations Survey Activity Guide or SAG in the spring.

Once again, the purpose of the tool is to assist organizations successfully meet compliance with infection control requirements. The tool includes required components that could be evaluated during survey, as well as standard and EP references.

(14:25):

In the next section of the presentation, we will go over the highlights of the updated Infection Control standards effective July 1st, 2024. Tiffany Wiksten will present the next section.

I will conclude with an overview of the new Infection Control Chapter structure. There are four standards. The standard IC 04.01.01 addresses the structure of the Infection Prevention and Control Program. The standard IC 05.01.01 concerns the accountabilities of the hospital's governing body and other hospital leaders and the role they play in supporting the operations of the Infection Prevention and Control program and its performance.

IC 06.01.01 is on implementation of the various infection control activities. The majority of the space in the new Infection Prevention and Control Program Assessment Tool is dedicated to the assessment of the specific infection control activities. Finally, the standard IC 07.01.01 requires protocols to support preparedness for high consequence infectious diseases or special pathogens.

Thank you for your attention. I will now turn it over to Tiffany.

(15:59):

- Thank you Natalya for your wonderful background on the development of the new Infection Control standards. So, as we dive into the review of the new Infection Prevention and Control standards, I want you to consider all of those things about your organization that are unique... From your facilities and your buildings, to the care treatment and services that you provide, and the staff working in your organizations. Because the uniqueness of your organizations are going to impact the policies, processes, and procedures that you develop and the implementation of your activities.

Let's get started. First, IC 04.01.01. The hospital has a hospitalwide infection prevention and control program for the surveillance prevention and control of healthcare-associated infections and other infectious diseases.

(16:51):

What I want you to first notice here is that while the scoring location may change, the requirements for the appointment of the person responsible for the infection prevention and control program and qualifications for the infection prevention practitioner remain unchanged. The hospital governing body, based on the recommendation of the medical staff and nursing leaders, appoints an infection preventionist or infection control professional qualified through education, training, experience, or certification in infection prevention to be responsible for the Infection Prevention and Control Program and also the hospital defines the qualifications for the infection preventionist, or infection control professionals, which may be met through ongoing education, training, experience and/or certification.

(17:40):

When we talk about infection prevention and controls responsibilities, you'll notice that many of those things that infection prevention and control are directly responsible are very similar to the current Infection Prevention and Control standards and Elements of Performance. So, Infection Prevention and Control is directly responsible for developing and implementing hospitalwide infection surveillance, prevention and control policies and procedures, documenting the infection prevention and control program surveillance, prevention, and control activities. This first green arrow indicates a newer requirement, Competency-based training, and education. So, there'll be a new requirement for competency-based training and education of hospital staff on infection prevention and control policies and procedures and their application. They are still responsible for preventing and controlling healthcare associated infections, including auditing of adherence to infection prevention and control policies and procedures. And this next green arrow indicates a new requirement for communication and collaboration with all components of the hospital involved in infection prevention and control activities.

(18:48):

Consider those areas that fall outside of infection prevention and control that have infection control implications, such as facilities, hemodialysis, water management, things like that. And then last, communication and collaboration with QAPI on infection prevention and control issues. This yellow box at the bottom here highlights IC 05. 01.01 EP 1, which requires hospital policies to address the roles and responsibilities for infection prevention and control program within the hospital and how the various hospital committees and departments interface with the Infection Prevention and Control Program. So, one example is how to report infectious or communicable disease issues to the infection prevention and control program.

(19:36):

The hospital's Infection Prevention and Control Program has written policies and procedures to guide its activities and methods for preventing and controlling the transmission of infections within the hospital and between the hospital and other institutions and settings. The great news is that the new Infection Control standards uphold the approach to assessing compliance with infection prevention and control requirements, which you see on your screen here. This approach to assessing compliance with infection prevention and control requirements is a framework that organizations should use when prioritizing their sources of information that they use to develop policies, processes, and procedures, and for identifying new products or services to incorporate into your organization. When you review the framework, keep in mind the top three boxes are requirements. Rules and regulations includes entities such as the FDA, the EPA, OSHA or any state or local requirements including hospital administrative code, which may require your organization to follow a specific evidence-based guideline.

Organizations must be compliant with all CMS requirements and the manufacturer's instructions for use for all instruments, supplies, devices, and equipment in use. Manufacturers'

(20:53):

Organizations must be compliant with all CMS requirements and the manufacturer's instructions for use for all instruments, supplies, devices, and equipment in use. Manufacturer's instructions for use may include labeling, such as single use, single patient use, or reusable, and for items that are reusable, include manufacturer's validated instructions for reprocessing, which include steps for cleaning, decontamination, disinfection, high level disinfection or sterilization. The next two buckets Evidence-based Guidelines and National Standards and Consensus Documents. There may be some that are required by rules and regulations. So, state requirements may require you to follow a specific evidence-based guideline related to sterilization and high-level disinfection, or may require you to follow a specific evidence-based guideline for endoscope reprocessing or sterile technique. If there is no regulation that requires you to follow a specific evidence-based guideline, national standard, or consensus document, then it's up to your organization to evaluate the evidence-based guidelines, national standards, and consensus documents, and determine which to incorporate into your organization's processes, policies, and protocols.

The last bucket on the infection control hierarchy is your Organization's Infection Prevention and Control Processes, Policies and Protocols. But note, if you write a policy, process, or protocol that is more restrictive or more detailed than Rules, Regulations, CMS Requirements or the Manufacturer's Instructions for use, your organization will be surveyed to your processes, policies, and protocols.

Also note your organization's processes, policies, and protocols cannot be less strict than Rules, Regulations, CMS Requirements or Manufacturer's Instructions for use.

(22:36):

Next, the hospital's policies and procedures for cleaning, disinfection and sterilization of reusable medical and surgical devices and equipment must address the following: cleaning, disinfection, and sterilization of reusable medical and surgical devices in accordance with the Spalding classification system and the Manufacturer's Instructions for Use. What this means is that items that are approved to be reused by the manufacturer are reprocessed as according to intended use and as per Manufacturer's Instructions for Use.

So, any items that are intended to be used in sterile body cavities, in sterile tissues, or within the vascular system are critical devices and require at minimum sterilization. Any items that come into contact with non-intact skin or mucus membranes are semicritical items and require at minimum high-level disinfection. And items that come into contact with only intact skin require at minimum cleaning and low or intermediate level disinfection.

Next, the use of EPA registered disinfectants for non-critical devices and equipment according to the directions on the product labeling. The use of FDA approved liquid sterilants for the processing of critical devices and high-level disinfectants for the processing of semi-critical devices in accordance with the FDA cleared label and device manufacturer's instructions.

(24:02):

Next policies and procedures need to include required documentation for device reprocessing cycles. So, for example, your sterilizer cycle logs, the frequency of chemical and biological testing, and the results of testing for appropriate concentration of chemicals used for high level disinfection. Policies and procedures should also detail resolution of conflicts or discrepancies between a medical device manufacturer's instructions and the manufacturer's instructions for automated high-level disinfection or sterilization equipment.

Your organization must always have policies and procedures that define the criteria and the process for the use of immediate use steam sterilization, as well as actions to take in the event of a reprocessing error or failure identified either prior to the release of the reprocessed items or after the reprocessed items were used or stored for later use. When you look at your Infection Prevention and Control Program, your Infection Prevention and Control Program should reflect the scope and complexity of your hospital services.

(25:08):

So, your Infection Prevention and Control Program must apply to all staff providing patient care, treatment, or services; apply to all inpatient and outpatient care locations; and apply to all care, treatment, and services provided. In this pink box, we have some additional detail highlighted that's new to the new Infection Control standards and Elements of Performance. The scope of surveillance must be consistent with the scope and complexity of your hospital services.

Policies and procedures should address the special population served by your hospital, which could include things such as bone marrow transplant units, burn units, pediatric units which may have developmental needs and things such as child life services or a playroom, and evidence that new locations, services, and areas are incorporated into your Infection Prevention and Control Program. These could be location services and areas that are either built new by the organization or those areas that are incorporated when a new provider office joins the organization.

(26:15):

Let's move on to IC 05.01.01. The hospital's governing body is accountable for the implementation, performance, and sustainability of the Infection Prevention and Control Program. This may look relatively familiar. The existing Infection Control standards and Elements of Performance identify that leadership must provide material and information resources to support the infection control program.

Examples of material resources include provision of information technology, laboratory services, equipment, supplies such as hand hygiene supplies, personal protective equipment. Information resources includes things such as access to local, state, and federal public health advisories. Staff at the point of use having access to the Manufacturer's Instructions for Use for the items that they're reprocessing. Access to any regulation, guidelines, and consensus documents that are either required or are chosen by your organization to inform policies and procedures. The addition is Human Resources, so human resources to mitigate infection risks and prevent transmission of infection.

The Joint Commission does not specify the number of infection preventionists that an organization must have, but there must be sufficient human resources for all of the activities identified in infection control to be able to be executed or implemented. Additional human resources that organizations may provide are resources that may be used to help support infection prevention and control activities such as human resources designated to assist with auditing of hand hygiene practices or auditing of adherence to personal protective equipment.

(28:02):

When we talk about collaboration with QAPI, the hospital's governing body must ensure that the problems identified by the Infection Prevention and Control Program are addressed in collaboration with the hospital's quality assessment and performance improvement leaders and other leaders. The hospital's QAPI program addresses problems identified by the infection control leaders.

So, this may include publicly reported data or required mandatory publicly reported data, such as that information from NHSN, but that may also be problems identified with the implementation of infection prevention and control activities. So, if you're having difficulties with compliance with hand hygiene or compliance with the implementation of transmission-based precautions, these are other problems that are identified by the infection control leaders that may be escalated up through the QAPI program.

Additionally, the hospital leaders, including the CEO, the medical staff leader, and the nurse executive monitor adherence to corrective action plans, assess the effectiveness of actions taken, and verify the implementation of revised corrective actions as needed. There are occasions where the action plan that we put into place may not fully address the issue that we're trying to mitigate. So, it's really important that we monitor adherence to the corrective action plan and assess effectiveness - and then determine if revised corrective actions are needed.

(29:28):

IC 06.01.01: the hospital implements its Infection Prevention and Control Program through surveillance, prevention, and control activities. This is where all of your implementation of activities is going to live. First, identification of risks for infection, contamination, and exposure that pose a risk to patients and staff. Our six buckets that we're going to evaluate are Risks from organisms with a propensity for transmission. Think about things like multi-drug resistant organisms, or perhaps if you have a behavioral health location, you might think about things like norovirus or respiratory viral illness or scabies. Think about Risks based on geographical location and population served.

Every healthcare organization is within a separate community or separate geographical location, and you may have different risks based on the geographical location that you're in. So, you may serve a population of unvaccinated patients, so you may have a higher concern for patients coming to your organization who may have measles or mumps. Or you may serve a large population that comes from another country that is endemic for multi-drug resistant tuberculosis.

(30:45):

So, you may have a higher threshold or a lower threshold for evaluating people with cough when they come into your organization. Look at your community data, which may give you good information on things like respiratory viral illness in your community, particularly during flu season. Risks based on the care, treatment, and services that you provide. So, risks based on things such as your burn unit, bone marrow transplant unit, indwelling medical devices such as central lines or indwelling urinary catheters, surgical procedures that are performed.

Risks for exposure to infectious material. This is a requirement by OSHA bloodborne pathogen standard. And then information from local, state, or public health advisories. The risk assessment should be performed at least annually. The format is determined by your organization, so The Joint commission does not provide a specific format and there is no longer a requirement to document the prioritized risks. However, that risk assessment you've completed must be documented.

(31:49):

One tip, if you're going to use a template for your risk assessment, make sure that you tailor that template to your specific organization, so ensure you have included behavioral health if it wasn't on the template or hemodialysis and anything that comes on the template that's not a service that you provide, make sure you remove it from that template. Other areas where infection control risks are addressed include in collaboration with the water management program to identify locations where legionella and other opportunistic waterborne pathogens could grow or spread. And the infection control risk

assessment to define the scope of infection risk for projects such as construction, renovation, and maintenance of your facility and the need for barrier measures.

(32:35):

When we look at the implementation of infection prevention and control activities, we look at surveillance, prevention, and control of healthcare associated infections and other infectious diseases. Activities for the surveillance, prevention, and control of healthcare associated infections and other infectious diseases including maintaining a clean and sanitary environment, to avoid sources and transmission of infection, and address any infection control issues identified by public health authorities that could impact the hospital.

This includes, but is not limited to, all of those items that are on the Infection Control Worksheet that Natalya referenced in the beginning of this presentation. Including standard precautions, hand hygiene, environmental cleaning and disinfection, injection and sharps safety, personal protective equipment, minimizing potential exposures, and reprocessing reusable medical equipment. Additionally, other infection control activities are included, such as transmission-based precautions, management of temporary invasive medical devices, occupational health, hemodialysis, laundry and linen, dietary services in the kitchen, and surgical services.

(33:51):

Here we have an example of one of the expanded elements of compliance. So, for hemodialysis, on this slide, we have an example from the Infection Control Worksheet of some of those requirements that are included in the Infection Control Worksheet. This includes items such as staff wearing the appropriate PPE and performing hand hygiene throughout the procedure. Staff performing appropriate central line care, including preparing catheter hubs prior to accessing for hemodialysis. And things like environmental surface disinfection performed when no patient is present in the space. Another example of expanded elements of compliance are for laundry and linen. This section gives us examples for handling soiled textiles in laundry with minimum agitation to avoid contamination of air surfaces and persons. Soiled laundry being contained in leak proof bags or containers at the point of use. And healthcare textiles are protected from environmental contamination during transport and storage.

(34:56):

Another example of expanded elements of compliance are for surgical services. This details staff perform a surgical scrub before donning sterile gloves for surgical procedures. Staff in the surgical area adhere to aseptic and sterile technique. Staff and visitors wear surgical attire and surgical caps and hoods in semi-restricted and restricted areas. Maintenance of the sterile field, traffic in and out of the OR, damp dusting before the first procedure of the day, and other details regarding cleaning of the environment. When we review education, training, and competency assessment, the hospital must provide job specific training and education on infection prevention and control, and the staff's records must confirm completion of the education and training. So, our first note, job specific means that education and training are consistent with or tailored to the performed roles and responsibilities. Our first example is for environmental services. Staff must be trained in the methods and procedures for surface disinfection.

(36:03):

Our second note includes that training and education must include the practical applications of infection prevention and control guidelines, policies, and procedures. Our second note, the hospital provides training to staff expected to have contact with blood or other potentially infectious material on

the bloodborne pathogen standards upon hire, at regular intervals, and as needed, is in alignment with OSHA bloodborne pathogen standard.

And the hospital staff receive training in the following. When personal protective equipment is necessary. What personal protective equipment is necessary. and how to properly don, doff, adjust, and wear the personal protective equipment, which is in alignment with OSHA PPE standard. Additionally, the hospital defines and assesses staff competency in infection prevention and control. Competency-based training must be job specific, so for example, the staff in the sterile processing department must demonstrate competencies in the methods and procedures of sterilization. And staff in areas that perform high level disinfection must demonstrate competencies in the methods and procedures for high level disinfection. And last, the hospital develops and implements education and training and assesses competencies for the staff who will implement protocols for high consequence infectious diseases or other special pathogens.

(37:25):

When it comes to infectious disease outbreaks, the hospital implements its policies and procedures for infectious disease outbreaks, including the following, implementing infection prevention and control activities when an outbreak is first recognized by internal surveillance or public health authorities. This could be identification of one unusual organism of concern, or a cluster of organisms. Organizations must report an outbreak in accordance with state and local public health authorities' requirements. This may include a very specific reporting timeframe. Organizations must implement their outbreak investigation and communicate information necessary to prevent further transmission of the infection among patients, visitors, and staff as appropriate.

(38:15):

Organizations must minimize the risk of communicable disease exposure and acquisition among its staff through the implementation of policies and procedures to minimize the risk of communicable disease exposure and acquisition among its staff in accordance with law and regulation. So, organization policies and procedures must address the following, screening, and medical evaluations for infectious diseases, which could include things like TB. Immunizations may include influenza, measles, mumps, rubella, varicella. Staff education and training, policies, and procedures must also address the management of staff with potentially infectious exposures or communicable diseases. Either those exposed at the organization or those with communicable illnesses who we don't want to enter the organization and provide patient care.

(39:10):

And last IC 07.01.01: The hospital implements processes to support preparedness for high consequence infectious diseases or special pathogens. The hospital develops and implements protocols for high consequence infectious diseases or special pathogens. First, the protocols must be readily available for use at the point of care and address the following. First, identify procedures for screening at the points of entry into the hospital for respiratory symptoms, fever, rash, and travel history to identify or initiate evaluation for high consequence infectious diseases or special pathogens. Points of entry may include the emergency department, ambulatory locations, or even direct admits to the hospital. Next, isolate procedures for implementing transmission-based precautions. If you identify a patient who has symptoms of a high consequence infectious disease, staff should know what the next steps are to take to isolate the patient to prevent transmission in a waiting room or transmission to staff.

(40:21):

Inform procedures for informing public health authorities and key hospital staff. So, remember, your state likely has reporting requirements for specific diseases or either suspected or confirmed. Required personal protective equipment and proper donning and doffing techniques. When you're evaluating a patient with a suspected high consequence infectious disease, there may be special requirements for different types of personal protective equipment. So, staff who are expected to implement high consequence infectious disease protocols should be trained on that personal protective equipment, proper donning, and doffing techniques.

Next, infection control procedures are implemented to support continued and safe provision of care while the patient is in isolation and to reduce exposure among staff, patients, and visitors using the hierarchy of controls. This may look different for each organization depending on the level of care, treatment, and services they can provide for the patient.

Some organizations may have policies and processes in place to support continued safe provision of care while the patient is in the emergency department, awaiting transport to another organization for higher level of care, or if your organization has the capability to provide the higher level of care,

(41:42):

your infection control procedures may include transport of the patient to an inpatient location and policies and procedures to support continued safe provision of care in an inpatient location.

Additionally, procedures for waste management and cleaning and disinfecting patient care spaces, surfaces, and equipment. The hospital also needs to develop and implement education and training and assess competencies for staff who will implement protocols for high consequence infectious diseases or special pathogens. This could include staff at triage or your point of entry who will be asking questions or screening patients. This could include healthcare workers who will isolate and provide care for the patients, or even think about your environmental services staff who may need to follow special procedures for waste management, cleaning, and disinfection of patient care spaces. And that brings us to the end of this presentation. I just want to thank you, as always, for helping to keep our patients safe.

(42:46):

- Thanks Natalya and Tiffany for presenting the requirements and guidance on implementation. We wanted to take just a few moments to inform the audience about how to ask questions regarding today's webinar content. To ask questions about the standards or resources, please use the inquiry form at this address: dssminquiries.jointcommission.org. Joint Commission staff closely monitor this portal. For questions regarding webinar operations or CEs, please submit them via email to pioneersinquality@jointcommission.org. We've also provided the direct links to the pre-publication standards for hospitals and critical access hospitals and a reference guide.

We wanted to provide a coming soon message so you can be on the lookout. In 2024 Joint Commission plans to launch an Infection Prevention and Control Resource Center on its Joint Commission webpage. When it's available, Joint Commission accredited organizations will see promotions in Joint Commission Online and Perspectives that will include the access link. We've also provided links to a couple additional resources. The R3 Report Issue 41, New and Revised Requirements for Infection Prevention and Control for Critical Access Hospitals and Hospitals. And CDC's Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings. All Pioneers in Quality webinar recording links, slides, transcripts, and Q&A documents can be accessed on the Joint Commission's webpage via the

link provided on this slide. After the webinar is no longer available for CE credit, the recording and materials will remain accessible via that page.

(44:36):

Before this webinar concludes, a few words about the CE survey. We use your feedback to determine education gaps and needs, inform future content, and assess the quality of our educational programs. As explained earlier in the webinar, a QR code is shown on the next 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 certificate. In case you log off without downloading or printing your certificate, An automated email will also be sent to you that includes that link. This email is sent to the address that you provided within the CE survey.

Thank you Natalya and Tiffany for developing and presenting the content 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. Have a great day.