Pioneers in Quality

Infection Prevention and Control for Home Care (OME) Organizations
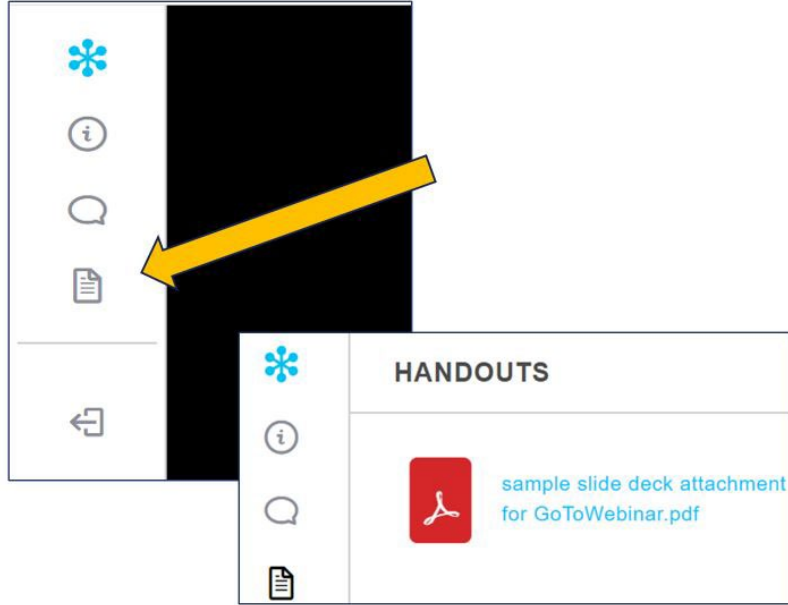
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December 2024

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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 Infection Prevention and Control Program Assessment Tool

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Welcome & Introduction

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The New Joint Commission Infection Control Standards for the Home Care Program

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IC Chapter Rewrite Initiative

Overview

- The IC chapter underwent a full rewrite and will replace the current IC chapter for all accreditation programs

- 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, the Centers for Medicare & Medicaid Services' (CMS) Conditions of Participation (CoPs), and the CDC's Core Infection Prevention and Control Practices

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What Will the New Infection Control Chapter Look Like?

New Numbering Starts at IC.04.01.01

APPLICABLE TO THE HOME CARE ACCREDITATION PROGRAM

Effective January 1, 2025

Infection Prevention and Control (IC) Chapter

IC.04.01.01

The organization maintains and documents an organizationwide 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 3 The organization has written policies and procedures to guide its activities and methods for preventing and controlling the transmission of infections and communicable diseases. The policies and procedures are in accordance with applicable law and regulation, nationally recognized evidence-based guidelines, and standards of practice, including the use of standard precautions.
Note: 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

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Condensed Elements of Performance

> **11 Standards**
>
> **50 Elements of Performance**

> **2 Standards**
>
> **8 Elements of Performance**

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

– Posted with pre-publication standards on:

Prepublication Standards | The Joint Commission

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

Reference Guide: Infection Control Standards

Effective January 1, 2025, for Home Care (OME) Only

Infection Control Topic	Old IC Standard/EP	New IC Standard/EP
An individual(s) responsible for the infection prevention and control program	IC.01.01.01, EP 3	N/A
Resources for the infection prevention and control program	IC.01.02.01, EPs 1,3	See LD.01.03.01 EP 5
Infection risk identification	IC.01.03.01, EPs 1,3	N/A
Setting goals based on identified risks	IC.01.04.01, EPs 1,2,3,4,5	N/A
Infection prevention and control plan	IC.01.05.01, EPs 1,2,5,6	N/A
Requirements for infection control policies and procedures	N/A	IC.04.01.01, EP 3
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
Home health agencies and hospices: Procedures or methods for identifying infections and communicable disease issues.	N/A	IC.04.01.01, EP 6
Surveillance of infections or infection control processes	IC.01.05.01, EP 2	IC.06.01.01, EP 3

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What Standards were Eliminated?

- Responsible leader (IC.01.01.01)

- Infection prevention written goals (IC.01.04.01)

- Activities planning and evaluation (IC.01.05.01; IC.03.01.01)

- Staff influenza vaccination rates/goals/data (IC.02.04.01)

  Note: Follow state and local regulation or organization policies and procedures

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What Standards were Eliminated?

– Procedures to respond to an increased number of potentially infectious patients (IC.01.06.01)

     Note: See Emergency Management standards

What Requirements were Retained?

– Adherence to nationally recognized guidelines and standards of practice, e.g., Standard Precautions

– NPSG.07.01.01 on hand hygiene and goals

– **Home health/hospice:** The infection prevention and control program is an integral part of the organization's quality assessment and performance improvement program

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The New Structure of the Infection Control Chapter

"Set up a Program"

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

*Policies *Methods (*HH, HOS*) *QAPI (*HH, HOS*) *Staff Training

"Do IC activities"

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

*IC Activities *Action Plan

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New Service Applicability

- Most services will have significant reductions in requirement applicability
- New IC requirements will not be applicable to the following services:
  - DME Mail orders
  - Supplies Mail Order
  - Clinical Consultant Pharmacist
  - Long Term Care Pharmacy Dispensing
  - Pharmacy Dispensing
  - Specialty Pharmacy

New Infection Prevention and Control Assessment Tool in SAG

– Provides details and clarification on requirements

– Identifies activities that could be evaluated during survey

– Includes new locations for scoring (Standard and EP)

– Will be added to the Organization Survey Activity Guide in Fall 2024

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New Infection Control Tool in SAG- Example

Policies and Procedures Standard/EP: IC.04.01.01 EP 3

- *For organizations that use and manage temporary invasive medical devices* (for example, intravascular catheter, enteral feeding tube, indwelling urinary catheter, ventilator): The organization has policies and procedures on the management of invasive medical devices used among the organization's patient population.

- *For organizations that use the point-of-care testing devices* (for example, blood glucose meter, INR monitor): The organization has policies and procedures on cleaning and disinfection after every use according to device and disinfectant manufacturers' instructions.

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New Infection Control Tool in SAG, continued

Available on the **Extranet**:

> **Survey Process Tab**

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

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

Additional Resources

- [Life Safety and Environment of Care Document List and Review Tool for Critical Access Hospitals](#)
- [Life Safety and Environment of Care Document List and Review Tool for Hospitals](#)
- [What Happens After Your Joint Commission Survey](#)
- New [Infection Prevention and Control Program Assessment Tool for Critical Access Hospitals and Hospitals](#) (effective July 1, 2024)
  Note: For more information refer to January 2024 *Perspectives*
- *New* [Infection Prevention and Control Program Assessment Tool for Assisted Living Communities](#) (effective January 1, 2025)
  Note: For more information refer to the July 2024 Perspectives
- *New* [Infection Prevention and Control Program Assessment Tool for Nursing Care Centers](#) (effective January 1, 2025)

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The Updated Infection Control Standards for Home Health (OME)

Effective January 1, 2025

Required Documents and Data

- Infection prevention and control policies and procedures
- Documentation of completed job-specific staff education on infection control and prevention
- For home health agencies and hospices:
  - ✓ A procedure(s) for the identification of infections or the risk of infections among patients
  - ✓ A corrective plan(s) for infection control (if appropriate based on the results of surveillance and data analysis)

Key: (D) indicates that documentation is required

Highlights of the Updated OME Infection Control Standards

Effective January 1, 2025

Structure of the Updated OME Infection Control Standards

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

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

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

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

- Include the use of standard precautions.

Note: 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 (CDC) Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings.

Policies and Procedures

Note: For organizations providing care in the patient's residence: Policies and procedures address how to implement/apply infection prevention/treatment practices in the home setting.

For organizations that use and manage temporary invasive medical devices (for example, intravascular catheter, enteral feeding tube, indwelling urinary catheter, ventilator):

- Policies and procedures on the management of invasive medical devices used among the organization's patient population.

For organizations that use the point-of-care testing devices (for example, blood glucose meter, INR monitor):

- Policies and procedures on cleaning and disinfection after every use according to device and disinfectant manufacturers' instructions.

For organizations that perform high-level disinfection or sterilization of reusable medical equipment or devices onsite:

- Policies and procedures on cleaning and disinfection (high-level disinfection and sterilization) that are in accordance with manufacturers' instructions for use.

Procedures for Identifying Infections and Communicable Disease Issues

IC.04.01.01 EP6 The organization has procedures or methods for identifying infections and communicable disease issues.

Develop a procedure for the identification of infections or the risk of infections among patients Examples include, but are not limited to:

- Wound infections, surgical site infections, respiratory viral illness, tuberculosis.

Determine the methodology to be used for identification. Examples of methodologies include, but are not limited to:

Clinical record review	Staff reporting procedures	Review of laboratory results	Data analysis of physician and emergency room visits for symptoms of infection	Identification of an infection's root cause through evaluation of staff technique and patients' or caregivers' self-care technique.

The Infection Prevention and Control Program and Quality Assessment and Performance Improvement

IC.04.01.01 EP7 The infection prevention and control program is organizationwide and an integral part of the organization's quality assessment and performance improvement program.

The organization observes and evaluates services from all disciplines to identify sources or root causes of infection and to track patterns and trends of infections.

Based on the results of surveillance and data analysis, the organization establishes a corrective plan for infection control (if appropriate) and monitors the effectiveness of the corrective plan.

Infection Control Education to Staff

IC.04.01.01 EP8 The organization provides infection control education to staff, patients, family, and other caregivers.

The organization provides job-specific training and education on infection prevention and control. The staff's records confirm completion of education and training.

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

The organization staff receive training in the following:

o When personal protective equipment (PPE) is necessary

o What PPE is necessary

o How to properly don, doff, adjust, and wear PPE

Infection Control Education to Staff

IC.04.01.01 EP8 The organization provides infection control education to staff, patients, family, and other caregivers.

Staff infection control education includes the following, at a minimum:	Information on appropriate use, transport, storage, and cleaning methods of patient care equipment according to manufacturers' instructions
	Job-specific infection prevention education and training to all health care staff includes routes of infection transmission, appropriate disinfection and transport of equipment and devices used for patient care, proper medical waste disposal techniques, and instructions on how to implement current infection prevention/treatment practices in the home setting.
	Processes to ensure that staff are competent in and adhere to infection prevention requirements, consistent with their roles and responsibilities.
	Training occurs before individuals are allowed to perform their duties and periodically thereafter, as designated by organization policy. Additional training is provided in response to recognized lapses in adherence and to address newly recognized infection transmission threats (for example, introduction of new equipment or procedures).

Infection Control Education to Patients, Family, and Other Caregivers

IC.04.01.01 EP8 The organization provides infection control education to staff, patients, family, and other caregivers.

Education for patients, families, and other caregivers includes hand and respiratory hygiene practices and how to clean and care for equipment.

The education provided to patients, families, and other caregivers is specific to a patient's plan of care, health condition(s), and individual learning needs.

For hospices: The hospice may provide infection control education to the patient/caregiver during the visit (when indicated) or may have provided the education during prior treatments. When provided in prior treatments, verify the education is documented in the patient's record

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IC.06.01.01

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

Implementation of Infection Control Activities

IC.06.01.01 EP 3 The organization implements activities for the surveillance, identification, prevention, control, and investigation of infections and communicable diseases, including the use of standard precautions. (See also NPSG.07.01.01, EP 1)

Includes, but is not limited to:

- Hand Hygiene
- Safe Injection Practices
- Environmental Cleaning and Disinfection
- Personal Protective Equipment
- Minimizing potential exposures
- Storage and Transport of personal care equipment and supplies
- Cleaning and Disinfection
- Management of Invasive Medical Devices
- Surveillance

Implementation of Infection Control Activities

Hand hygiene is performed, at a minimum, as follows:

Before contact with a patient

Before performing an aseptic task (for example, insertion of IV, preparing an injection, performing wound care)

After contact with the patient or objects in the immediate vicinity of the patient

After contact with blood, body fluids, or contaminated surfaces

Moving from a contaminated body site to a clean body site during patient care

After removal of personal protective equipment (PPE).

Implementation of Infection Control Activities

Personal Protective Equipment (PPE)

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.	Gloves are worn when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, nonintact skin, potentially contaminated skin, or contaminated equipment could occur.	Staff change gloves and perform hand hygiene before moving from a contaminated body site to a clean body site.	Staff 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.	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.	Personal protective equipment (PPE) is removed and discarded upon completing a task before leaving the patient's room or care area.

Implementation of Infection Control Activities

Staff adhere to **safe injection and medication practices**, including the following:

Use of aseptic technique when preparing and administering medications in an area that has been cleaned and separated from potential sources of contamination (for example, body fluids, sinks or other water sources)

Not reusing needles, lancets, or syringes for more than one use on one patient

Dedicating insulin pens for a single patient and never sharing, even if the needle is changed

Using single-dose vials for parenteral medications whenever possible; not administering medications from a single-dose vial or ampule to multiple patients

Use of fluid infusion and administration sets (intravenous bags, tubing, and connectors) for one patient only and appropriate disposal after use

Considering a syringe or needle/cannula contaminated once it has been used to enter or connect to a patient's intravenous infusion bag or administration set

Entering medication containers with a new needle and a new syringe even when obtaining additional doses for the same patient

Disposing of sharps in accordance with applicable state and local laws and regulations.

Implementation of Infection Control Activities

Invasive medical devices

Staff adhere to invasive medical devices maintenance practices, in accordance with organization policies and procedures.

Note: Examples of invasive medical devices include vascular catheter, indwelling urinary catheter, feeding tube, and ventilator.

Implementation of Infection Control Activities

Minimizing potential exposures

Staff with direct patient contact adhere to the organization policies and procedures when having a respiratory infection or other communicable infection.

Staff handle, transport, and store medications, specimens, and body fluids in the manner that prevents spillage or breakage that may lead to contamination of staff, supplies and equipment or the transport vehicle

Implementation of Infection Control Activities

Cleaning and disinfection

- Reusable medical equipment (for example, blood glucose meters, blood pressure cuffs, oximeter probes) are cleaned/disinfected prior to use on another patient and when soiled.

- Staff maintain separation between clean and soiled equipment to prevent cross contamination.

- Single-use equipment is discarded after use.

- Staff who provide direct patient care are able to verbalize which medical devices or equipment they use are intended for single use (use once and discard), single patient use (use for one patient only but may require processes for management of the equipment and cleaning/disinfection at specific intervals), and multi-patient use (require cleaning/disinfection according to manufacturers' instructions for use prior to use for a different patient).

- For organizations managing invasive mechanical ventilation and Intermittent Positive Pressure Breathing (IPPB) equipment and providing care for patients using such equipment: Nebulizers, humidifiers, IPPB circuits, ventilator circuits, and other reusable components are cleaned and changed in accordance with manufacturers' instructions for use.

Implementation of Infection Control Activities

Storage and transport

Staff follow manufacturers' instructions for use and current standards of practice for the transport and storage of personal care equipment and supplies. For example, clean/sterile wound supplies are stored/protected in the home and during transport by staff.

Staff follow organization procedures for prevention of transmission while transporting medical specimens and medical waste, such as sharps

Implementation of Infection Control Activities

Environmental cleaning and disinfection

Cleaners and disinfectants, including disposable wipes, are used in accordance with manufacturers' instructions

Examples include, but are not limited to:

- Dilution
- Storage
- Shelf-life
- Contact time

Implementation of Infection Control Activities

Surveillance

Organization surveillance activities address processes and/or outcomes as determined by the organization.

For hospices providing inpatient care in their own facilities that elect to use The Joint Commission deemed status option: The organization has an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of infections and communicable diseases in the hospice.

Surveillance is defined as "the ongoing, systematic collection, analysis, interpretation and evaluation of health data closely integrated with the timely dissemination of this data to those who need it." Analysis of surveillance data is used to improve care practices and control infections and transmission of communicable diseases.

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Action Plans

IC.06.01.01 EP 6

The organization develops and implements necessary action plans to address infection control issues and improve its infection prevention and control program.

- The organization develops a corrective action plan to address or prevent infections or transmission of communicable diseases.

- Such plan is based on surveillance findings, any identified root causes of infection or disease transmission, tracking data, and analysis of data findings. The organization evaluates and revises the plan as needed.

Action Plans

Actions to facilitate improvements and disease prevention may include the following:

- Policy, procedure, or practice changes to improve care
- Education for patients, caregivers, and staff to prevent infections and transmission of communicable diseases
- Development of process or outcome measures that could be used to monitor and address identified issues (for example, infection prevention and control observations for technique) evaluates and revises the plan as needed.

Hospice: Sanitary Environment

IC.06.01.01 EP 7 For hospices providing inpatient care in their own facilities that elect to use The Joint Commission deemed status option: The organization maintains a sanitary environment.

 The hospice provides a sanitary environment by following current standards of practice, including nationally recognized infection control precautions, to minimize sources and transmission of infections and communicable diseases.

"Sanitary" includes, but is not limited to, preventing the spread of disease-causing organisms by keeping patient care equipment clean and properly stored. Patient care equipment includes, but is not limited to, toothbrushes, dentures, denture cups, glasses, water pitchers, emesis basins, hairbrushes, combs, bed pans, urinals, and positioning or assistive devices.

Hospice: Management of Linens

IC.06.01.01 EP 8

For hospices providing inpatient care in their own facilities that elect to use The Joint Commission deemed status option:

- The organization has available at all times sufficient amounts of clean linen for all patient uses.

- Linens are handled, stored, processed, and transported in such a manner as to prevent the spread of contaminants

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