



## Pioneers in Quality On Demand Infection and Prevention and Control for Assisted Communities (ALC) & Nursing Care Centers (NCC)

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(00:01):

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

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.

Natalya Rosenberg, Tiffany Wiksten, and myself, Jessica Woodruff.

I will now take a moment to introduce our speakers for this webinar.

Today's presentation features Natalya Rosenberg from the Department of Global Accreditation and Certification Product Development and Tiffany Wiksten from the Division of Accreditation and Certification Operations, also known as ACO.

Natalya, I will now turn it over to you to provide an introduction about the requirements.

(05:08):

Good afternoon everyone. It is our pleasure to present to you today on the new joint commission Infection Control Standards for the Assisted Living Community and the Nursing Care Center Program.

My name is Natalya Rosenberg and what I'm going to cover in the first part of the presentation is to give a brief high level overview of the key changes in The Joint Commission Infection Control Requirements for the Assisted Living Community and Nursing Care Center Programs. These changes go into effect in January 2025. In the second part of the presentation, I will give the floor to my colleague Tiffany Wiksten, who will go over the revised requirements in greater detail and provide key points that organizations need to understand to successfully compliance with the revised standards.

The Infection Control Standard Revisions that we are discussing today are the result of the Infection Control Chapter Rewrite Initiative that The Joint Commission began two years ago. The goal of the project is to streamline the Infection Control Chapter for all accreditation programs. The updated Infection Control Chapter for critical access hospitals and hospitals went into effect in July of 2024.

The changes for the Assisted Living Community program, or ALC, and the Nursing Care Center Program, or NCC, go into effect on January 1st, 2025. The Infection Control Chapter in these programs underwent a full rewrite and will replace the current IC chapter. The changes are consistent with the ongoing wider initiative at The Joint Commission to simplify its requirements and provide more meaningful evaluations of healthcare organizations. We removed requirements that do not add value to accreditation surveys.

The revised standards align more closely to the mandatory components that organizations must follow, such as law and regulation and the Centers for Medicare and Medicaid Services Conditions of Participation. The revised requirements are also more closely aligned to the Centers for Disease Control and Prevention, or CDC, 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 a foundation for any Infection Control program." What will the new Infection Control Chapter look like?

First note, the new numbering of the standards starting from IC.04.01.01. Existing standard numbers in the IC chapter will be retired as of January.

The standards will become much more high level, condensed and reorganized. This graphic depicts the transition between the old IC chapter standard and Element of Performance count to the new IC chapter standard and Element of Performance count.

For the Nursing Care Center's program, in the current chapter of IC standards, there are 13 standards and 49 Elements of Performance, in the future state, beginning in January, the chapter will have two standards and 10 Elements of Performance. This graphic depicts the transition in the total count for the Assisted Living Community program.

Right now, the current IC chapter has 11 standards and 40 Elements of Performance and in the future state there will be two standards and nine Elements of Performance. To help organizations see how the key concepts have migrated from the old chapter to the new chapter, we provided a reference guide that is posted on our website along with the pre-publication standards. Please access this document on the standards pre-publication page of the [jointcommission.org](https://www.jointcommission.org) site and examine those details.

A few words about the requirements that were eliminated from the Infection Control Chapter for the Nursing Care Center Program, the standard IC.01.04.01 on Infection Prevention written goals will be deleted. IC.02.04.01 on staff vaccination rates, goals, and data will be eliminated as well. Organizations will still need to adhere to any staff vaccination related requirements in their locations.

(10:15):

To continue with the requirements that were eliminated in the Infection Control Chapter, both ALC and NCC programs will have deletions of the standard on infection prevention plan and plan evaluation, these current standards numbers, IC.01.05.01 and IC.03.01.01. A note here is that if your state requires an IC plan, you will continue to follow local law and regulation. Another standard that was deleted is IC.01.06.01 on procedures to respond to an increased number of infectious individuals. This standard was eliminated because it was redundant to the emergency management requirements.

Now to the concepts that were retained, in both ALC and NCC programs, there will still be requirements on the following, individual or individuals responsible for the program, adherence to nationally recognized guidelines and standards of practice, such as standard precautions, assessment of risk to prioritize Infection Control activities, NPSG.07.01.01, on hand hygiene and goals.

Finally, in the NCC program, organizations will still be required to offer vaccinations for patients, residents, and staff consistent with CMS requirements.

Now let's look at the new structure of the Infection Control Chapter from a high level. This graphic depicts the two foundational parts of the new Infection Control Chapter, the first part is to, "Set up a program," and it is represented by the new standard IC.04.01.01. The requirements on the general infrastructure of the program will live in this standard. The second part is the, "Do IC activities," part that is represented by the new standard IC.06.01.01. The requirements related to implementation of the various Infection Control activities will be housed in this section. The ALC program will only have these two standards while the NCC program will also have an additional third standard on resident and staff vaccinations.

If the standards are at a high level and there is a significantly lower number of Elements of Performance in the future IC chapter, where are the details of the very many Infection Control activities that organizations do every day? And what are The Joint Commission expectations regarding those? Going forward, these details will be provided in the program specific infection prevention and control program assessment tools. The screenshot shows the first page of the infection prevention and control program assessment tool for the Nursing Care Center Program and there is a tool that was also created for the Assisted Living Community program.

The program specific tools provide details and clarification on requirements, identify activities that could be evaluated during survey, and include new standard number references. These tools will be added to organization survey activity guides in fall 2024.

These tools are already available to accredited organizations, they were posted on the organizations Extranet in July. The exact location is provided on this slide. In the Survey Process Tab, locate Pre-Survey menu, then click on Survey Activity Guide. Next, scroll down to Additional Resources section.

Thank you for your attention and I will now turn it over to Tiffany Wiksten who will present the next segment of the presentation.

Thank you, Natalya. For the remainder of this presentation, we're going to be covering the updated Infection Control Standards for the Nursing Care Center and Assisted Living Community. I'll be presenting them individually, so we're going to start with the updated Infection Control Standards for Nursing Care Center, otherwise abbreviated as NCC, which will go into effect January 1st, 2025.

On this first slide, we're going to talk about required documents and data. The first thing that I want you to note is in this yellow box on the bottom of the slide, there's a capital D with a circle around it, this indicates through the standards and Elements of Performance where documentation is required. So, when you refer to the Comprehensive Accreditation Manual for Nursing Care Center, you should be able to look at the standard and Element of Performance and easily identify those standards and Elements of Performance that have a documentation requirement.

(15:28):

So some of those documentation requirements include assessment of infection risks, the risk assessment is to be performed at least annually in a format determined by the organization, documentation of infection prevention and control policies and procedures that guide program activities and methods in either electronic or paper form, documentation of completed job specific education training and competencies on infection prevention and control, program documents demonstrating that the problems identified by the Infection Prevention and Control Program have been reviewed and addressed in collaboration with the organization's quality assessment and performance improvement leaders. Now there is a note here. The format of this documentation is determined by the organization, so examples may include things like including relevant committee meeting agendas and minutes, presentations, reports, and planning documents.

Now we're going to cover some of the highlights of the updated Nursing Care Center Infection Control Standards that again are effective January 1st, 2025.

The structure of the updated Nursing Care Center Infection Control Standards has changed a bit. You'll see that there are now three main standards. IC.04.01.01, "The organization establishes and maintains an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections." IC06.01.01, "The organization implements activities for the prevention and control of infections and communicable diseases." And IC.06.01.03, "The organization implements policies and procedures to help prevent and control the development and transmission of vaccine preventable diseases among patients, residents, and staff." We're going to investigate each of these standards a little more further in the next few slides.

Let's start with IC.04.01.01, "The organization establishes and maintains an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections."

First, IC.04.01.01 requires the organization to designate one or more individuals as the infection preventionist who is responsible for the infection prevention and control program. The following criteria must be met for the infection preventionist or Infection Control professional. First, they need to have primary professional training in nursing, medical technology, microbiology, epidemiology, or another related field. The infection preventionist for Infection Control professional needs to be qualified by education, training, experience or certification and work at least part-time at the organization. And last, the infection preventionist or Infection Control professional needs to have completed specialized training in infection prevention and control. You can find additional requirements at HR.01.01.01, EP 1. One important note is that examples of training may include in-person or online courses or training from recognized entities such as state public health or CDC. Professional associations and societies such as APIC, SHEA, IDSA or AMDA, and colleges and universities.

IC.04.01.01 EP 2 requires the infection preventionist to collaborate with the organization's quality assessment and improvement leaders and update the leaders on the infection prevention and control program on a regular basis. So, this includes not only updates about previously defined surveillance or data that you're collecting, but also updating leaders on any Infection Control concerns that come up throughout the course of the year. Pay attention to the note here, collaboration includes providing documentation of incidents of communicable disease and infections identified in the organization to quality assessment and improvement leaders.

IC.04.01.01 EP 3 indicates the organization'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 and communicable diseases. The policies and procedures are in accordance with applicable law and regulation, nationally recognized evidence-based guidelines, and standards of practice. On this slide here, you'll see The Joint Commission's Infection Control hierarchy, which is a framework that organizations should use when determining how to prioritize sources of information that you're including into your processes, policies and protocols.

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Starting at the top are rules and regulations, these are things like OSHA bloodborne pathogen standards, OSHA personal protective equipment standards, and OSHA Respiratory Protection Standards. This may also include state, law, and regulation, which may provide very specific requirements for organizations to follow or may require an organization to follow a specific evidence-based guideline such as those put forth by the CDC. Next are CMS requirements for deemed organizations followed by Manufacturer's Instructions for Use. The Manufacturer's Instructions for Use include things such as labeling, single use, single patient use or reusable, and for reusable items, adhering to the Manufacturer's Instructions for Use for all steps of reprocessing, from cleaning, disinfection, high level disinfection, and sterilization, if applicable.

Next are evidence-based guidelines, national standards, and consensus documents. Unless required by state law and regulation or by The Joint Commission, organizations can choose which evidence-based guidelines, national standards and consensus documents to incorporate into their policies, processes, and protocols. Just note, if the organization has a process, policy or protocol that is more restrictive than rules, regulations, CMS requirements or the Manufacturer's Instructions for Use, surveyors will evaluate against the organization's policy. The organization's processes, policies and

protocols cannot be less restrictive than rules and regulations, CMS requirements or the Manufacturer's Instructions for Use.

The written policies and procedures address the following at a minimum, a system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the organization, when and to whom possible incidents of communicable disease or infections should be reported, standard and transmission based precautions to be followed to prevent the spread of infections, when and how isolation should be used for a patient or resident, including but not limited to the type and duration of isolation and a requirement that the isolation is the least restrictive possible for the patient or resident under the circumstances. Circumstances under which the organization prohibits employees with a communicable disease or infected skin lesions from direct contact with patients or residents or their food if direct contact will transmit the disease, and hand hygiene procedures to be followed by staff involved in direct patient or resident contact. There's a note in the yellow box here to pay attention to, "Standard precautions include hand hygiene, environmental cleaning and disinfection, injection and medication safety, use of personal protective equipment, 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 Core infection prevention and control practices for safe healthcare delivery in all settings.

When enhanced barrier precautions are used by the organization, the organization's policies and procedures must identify, the criteria for when enhanced barrier precautions are implemented, the required personal protective equipment for staff for high contact activities, and the duration of the enhanced barrier precautions. Our note in the box below tells us that, "The rationale for using enhanced barrier precautions in nursing homes includes the high prevalence of multi-drug resistant organism colonization among residents and the presence of indwelling medical device and/or wound, regardless of multi-drug resistant organism colonization or infection status." Enhanced barrier precautions are indicated for residents with any of the following: Infection or colonization with a CDC targeted multi-drug resistant organism, when contact precautions do not otherwise apply or wounds and/or indwelling medical devices, even if the resident is not known to be infected or colonized with a multi-drug resistant organism.

Moving on to our next standard IC.06.01.01. The organization implements activities for the prevention and control of infections and other communicable diseases, this is where all of the items that were scored under implementation that started with IC.02 in the previous standards will now be scored.

(25:19):

We're going to start with the Risk Assessment, IC.06.01.01 EP 1 requires organizations to prioritize the program's activities and determine what resources are necessary for the program. The organization identifies risks for infection, contamination, and exposure that pose a risk to patients, residents, and staff based on the following. First is risks based on the geographic location and population served. When you look at your organization, consider where does the population that you serve come from? Perhaps in your community you have a large volume of people who reside in your

area who have relocated from another country that may have an endemic disease such as multi-drug resistant tuberculosis.

Consider the risks based on care, treatment and services provided, things like wound care or perhaps podiatry services or use of a whirlpool tub. Analysis of surveillance activities and other Infection Control data, so looking at the surveillance data that is being collected, evaluating if your goals are being met and considering the risk associated with that surveillance data and goals. Relevant Infection Control issues identified by local, state or federal public health authorities that could impact the organization, this could be something like the type of respiratory viruses that are circulating within the community or the presence of things like Candida Auris in the population that's being served in your community or in your local area or in locations where you may get patients transferred from or risk from organisms with a propensity for transmission within healthcare facilities. In a congregate health setting, like a Nursing Care Center, you may be more focused on things like respiratory viral illnesses, Scabies, Norovirus, and multi-drug resistant organisms, as well as other organisms such as C Difficile. IC.06.01.01 EP 2 requires the organization to review the identified risks at least annually or whenever significant changes in risks occur, so this could be more frequently as new risks are identified. 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.

Looking at the implementation of an Infection Control activities, IC.06.01.01, Ep 3 requires that, "Based on its assessment, the organization implements activities for the surveillance, identification, reporting, investigation, prevention, and control of infections and communicable diseases." You could also reference NPSG.07.01.01, EP1, which provides additional requirements for your hand hygiene program. This includes, but is not limited to, standard precautions, so, hand hygiene, environmental cleaning and disinfection, injection and sharps safety, personal protective equipment, and minimizing potential exposures, as well as reprocessing reusable medical equipment. This includes transmission based precautions, invasive medical devices for clinical management, wound management, management of laundry and linen, and preventing and controlling the development and transmission of vaccine preventable diseases among patients, residents, and staff.

When we talk about surveillance, the organization must implement a system for the notification of the infection preventionist by the clinical laboratory about a residents colonization status and or infection. This may help to drive the implementation of transmission based precautions. The organization has an established system for surveillance based on the national standards of practice and the organization assessment, including the patient and resident population and care and services provided. So the organization's surveillance practices should include, use of published surveillance criteria such as the CDC's National Healthcare Safety Network long-term care criteria to define infections, use of a data collection tool, reporting of the surveillance data to the organization's quality assessment and improvement leaders, follow-up activity and response to surveillance data, such as when an outbreak or cluster is identified, and report summarizing surveillance data annually. The organization should have a current list of communicable diseases which are reportable to local or state public health authorities, this is usually included on the Public Health Department's website. The organization staff should demonstrate knowledge of when and whom to report infections, communicable diseases, contamination or exposure or Infection Control breaches too.

(30:32):

Looking at education, training and competency assessment. The organization must provide job specific training and education on infection prevention and control, and the staff's records confirm



completion of education and training. Our first note is really important, "Job specific," means that education and training are consistent with or tailored to the performed roles and responsibilities. Our example here is for environmental services staff, they must be trained in the methods and procedures for surface disinfection, so consider they must be trained on how to properly dilute the chemicals that they're using for cleaning and disinfection. They need to know if they're using reusable cloths, how long that cloth can be used for and when it needs to be replaced or even the pattern that the room is going to be cleaned in to make sure that they're not cleaning the most dirty surfaces first, followed by cleaner surfaces.

The second note, the training and education must include the practical applications of infection prevention and control guidelines, policies and procedures. The next two bullets really very align with OSHA requirements. First, the organization provides training to staff expected to have contact with blood or other potentially infectious materials on the bloodborne pathogen standards upon higher at regular intervals and as needed and also the staff receive training in the following, when personal protective equipment is necessary, what personal protective equipment is necessary. and how to properly don and doff, adjust and wear the personal protective equipment.

Additionally, the organization needs to define and assess staff competency in infection, prevention and control. So, our note here is that competencies must be job specific. So, staff who manage indwelling medical devices demonstrate competency in access and maintenance of Central Venous Catheters and/or care, maintenance and removal of urinary catheters.

IC.06.01.01 EP 6 requires the organization to develop and implement necessary action plans to address Infection Control issues and improve its infection prevention and control program. So, our note here is that the organization evaluates and revises its plan as needed, this includes the organization infection prevention and control policies and procedures being reviewed at least annually to ensure effectiveness and that they're in accordance with current standards of practice for preventing and controlling infections. The program is then updated as necessary. If the organization population and characteristics change, the organization should identify components of the infection prevention and control program that must be changed accordingly, and the organization evaluates and revises its plan as needed. So, you may look at it annually, but you may need to evaluate and revise it more frequently if population or characteristics change.

IC.06.01.01, EP 8 requires staff to handle, store, process, and transport linens so as to prevent the spread of infections. The picture on the screen here is from the worksheet that Natalya referenced in the beginning of the presentation, it includes a section on laundry and linen and it demonstrates organizations need to ensure that soiled textiles and laundry are handled with minimum agitation to avoid contamination of air, surfaces, and persons, soiled linens are bagged or otherwise contained at the point of collection in leak proof containers or bags and are not sorted or rinsed in the location of use, clean linens are packaged, transported, and stored in a manner that ensures cleanliness and protection from contamination, the organization implements its policy for cleaning and disinfecting the linen carts on the premises or for cart exchange off the premises, and the receiving area for contaminated or soiled linen is clearly separated from the clean laundry areas.

Moving on to our last standard in the Nursing Care Center Program, IC.06.01.03. The organization implements policies and procedures to help prevent and control the development and transmission of vaccine preventable diseases among patients, residents and staff. IC.06.01.03, EP 1 addresses patient vaccination.

(35:03):

The organization offers recommended vaccinations including influenza, pneumococcal disease, and COVID-19 to patients or residents unless the vaccination is medically contraindicated, or the patient or resident has already been immunized. There's a couple of notes associated with this standard and Element of Performance. The first note is that the organization follows national guidelines on when to administer recommended vaccinations to a patient or a resident, this could be based on patient conditions or even time of the year.

Note two, before offering vaccination, the organization provides education to patients and residents and their surrogate decision makers on the benefits and potential side effects of vaccination.

Note three, the organization gives the patient or resident or their surrogate decision maker the opportunity to refuse vaccination, and note four, receipt or non-receipt of vaccination due to medical contraindication or refusal is documented in the patient or resident's medical record.

IC.06.01.03 EP 2 is in regards to staff vaccination. The organization offers recommended vaccinations including the COVID-19 vaccination at a minimum to staff. There are also two important notes associated with this standard and Element of Performance. Note one, the advisory committee on immunization practices provides vaccine specific recommendations and guidelines for you to access, and note two, before offering vaccination, the organization provides education to staff on the benefits and potential side effects of vaccination.

Now we're going to move into the second part of this presentation where we discuss the Updated Infection Control Standards for Assisted Living Communities, ALC, which are also effective January 1st, 2025.

As a brief reminder, when looking at your comprehensive accreditation manual, looking at the standards and Elements of Performance, anywhere you see that capital D with a circle around it indicates that documentation is required, and surveyors may ask you for that documentation. Some of the required documents that are required for the Assisted Living Community include assessment of infection risks, infection prevention and control policies and procedures, documentation of completed job specific staff education on infection prevention and control, and a corrective action or plan or multiple corrective actions or plans.

Now we're going to take a look at some of the highlights of the updated Assisted Living Community Infection Control Standards, again, effective January 1st, 2025. The Assisted Living Community Program has two Infection Control standards, 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, and IC.06.01.01, the organization implements activities for the prevention and control of infections and communicable diseases. We'll dive into each of these individually.

Starting with 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.

IC.04.01.01 EP 1 requires the organization to assign responsibility for the Infection Prevention and Control program to one or more individuals and again, you may also reference HR.01.01.01, EP 1 for additional information. Just keep in mind, the responsible individual oversees implementation of infection prevention and control activities and staff education and training. They're also responsible for maintaining program documentation including policies and procedures. The responsible individual is qualified according to the criteria defined by the organization, again, you may reference HR.01.01.01, EP 1, but as the note indicates here, qualifications for Infection Control may be met through education, training or coaching, experience and/or certification. The responsible individual follows an established process for communicating with local health or public health authorities on the matters of infection prevention and control, including reporting of communicable diseases and outbreaks as required by law and regulation.

IC.04.01.01, EP 3, the organization'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 and communicable diseases.

Note that the policies and procedures should be in accordance with applicable law and regulation, nationally recognized evidence-based guideline and standards of practice, and include the use of standard precautions which are implemented in all locations where healthcare is delivered.

(40:23):

Note, standard precautions include hand hygiene, environmental cleaning and disinfection, injection and medication safety, use of personal protective equipment, 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 Core Infection Prevention and Control Practices for safe healthcare delivery in all settings.

Applicable Law and Regulation, Evidence-based Guidelines and Standards of Practice. Relevant topics in federal, state and local law and regulations include, but are not limited, to the following, Occupational Safety and Health Administration, otherwise known as OSHA, standards, food code, food sanitation and handling regulations, linen and laundry regulations, healthcare worker immunization requirements, requirements for reporting of communicable diseases and outbreaks, requirements for handling, storage, transportation, and disposal of infectious waste.

Nationally recognized guidelines and standards of practice include, but are not limited to, the following, CDC Core infection prevention and control practices for safe healthcare delivery in all settings, including standard precautions, occupational health, and transmission based precautions, CDC guidelines for environmental Infection Control, and CDC or World Health Organization and hygiene guidelines.

IC.04.01.01 EP 8 requires the organization to provide job specific training and education on infection prevention and control, including the following at a minimum: Standard precautions, any education and training required by law and regulation, so this includes things like the OSHA bloodborne Pathogen standard requirements for education and training, practical applications of organization infection prevention and control policies and procedures and again, please note that, "Job specific," means that education and training are consistent with or tailored to the performed roles and responsibilities, the example for environmental services staff is provided again on this slide, environmental services staff are trained in the methods and procedures for surface disinfection. Training occurs before individuals are allowed to perform their duties and periodically thereafter as

designated by your organization's policy. Additional training is provided in response to recognized lapses in adherence to and to address newly recognized infection transmission threats, for example, the introduction of new care treatment services or procedures. The organization defines and assesses staff competency in infection prevention and control, so remember, competency must be job specific, for our example here we highlight food and dietetic services, the staff need to demonstrate proper cleaning and sanitation of hands and surfaces.

IC.04.01.01, EP 9 requires the organization to provide supplies to support infection prevention and control activities. Examples of these supplies include things like alcohol-based hand sanitizers, hand soap, personal protective equipment, and cleaning and disinfection supplies.

Onto the next standard, IC.06.01.01, the organization implements activities for the prevention and control of infections and communicable diseases.

Starting with the risk assessment, IC.06.01.01 EP 1 requires the organization to have a written assessment of its identified risks for infection, contamination, and exposure that pose a risk to residents and staff. Assessment of risk is based on the following, population served, think about any people who live in the Assisted Living Community that may have come from other locations where there may be an endemic or higher risk for a particular disease, multi-drug resistant tuberculosis or multi-drug resistant organisms, think about the care, treatment and services that are provided, including group activities, relevant Infection Control issues identified by local, state, or federal public health authorities that could impact the organization.

Thinking about things like respiratory viral illnesses, influenza season, RSV, and Covid 19. And then organisms with a propensity for transmission within healthcare facilities, again, in areas where there may be congregate activities, you may have a higher risk for transmission of respiratory viral illness or norovirus.

IC.06.01.01 EP 2, the organization reviews identified risks at least annually or whenever significant changes in risk occur. So, this could mean that either a new risk is identified that you need to add to your organization's risk assessment or you have identified that one of your previously identified risks has now become a priority. Other areas where Infection Control risks are addressed include risks relevant to construction, renovation, maintenance, demolition, and repair of the environment.

(45:53):

IC.06.01.01 EP 3 requires organizations to implement activities for the prevention and control of infections and communicable diseases, including the use of standard precautions. Again, also referenced, NPSG.07.01.01, EP 1, in reference to hand hygiene program requirements. Infection Control activities include, but are not limited to, standard precautions, so hand hygiene, safe injection practices, environmental cleaning and disinfection, personal protective equipment, minimizing potential exposures, and cleaning and disinfection.

IC.06.01.01 EP 6 requires organizations to develop a corrective action plan to address lapses in Infection Control practices or to mitigate Infection Control risks identified in the organization. Such a

plan is based on monitoring of adherence to policies and procedures and any identified root causes of infection or disease transmission, so this would cause the organization to evaluate and revise the plan as needed. Actions to facilitate improvements and disease prevention may include the following, policy, procedure or practice changes, education for residents, caregivers and staff to prevent infections and transmission of communicable diseases and the development of process measures that could be used to monitor and address identified issues.

And last, IC.06.01.01, EP 8 requires the organization to handle, store, process, and transport linens in a manner as to prevent the spread of the contaminants and as required by local or state law and regulations. So if your organization is providing linen laundering services, they must be in accordance with local or state law and regulations, if applicable, and clean laundry and linen should be managed in a way to protect them from contamination and contaminated laundry or linen should be managed in a way to contain any contamination so as not to contaminate the environment or people who are handling it. With that, this concludes my portion of the presentation. I will now hand things back over to Jessica for the closing of the webinar, thank you.

Thank you, Tiffany.

To ask questions about the standards or resources, please use the inquiry form at this address, [dssminquiries.jointcommission.org](https://dssminquiries.jointcommission.org). Please note, Joint Commission staff closely monitor this portal.

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

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

(50:07):

Thank you Natalya and Tiffany for developing and presenting the content for this webinar and thanks to all of you that attended this On Demand webinar, we will now pause on this slide for several

moments to permit those that wish to use the QR code to scan it with their mobile device. Thank you and have a great day.