# Pioneers in Quality On Demand Infection and Prevention and Control for Office-Based Surgery Accreditation Programs (OBS)

## Recorded: April 2025

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The learning objectives for this session are: Discuss the rationale for infection control standards rewrite, explain the structure and content of the new infection control standards and elements of performance, demonstrate application of the new infection prevention and control program assessment tool.

All staff and speaker have disclosed that they do not have any conflicts of interest. For example, financial agreements, 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.

I will now take a moment to introduce the speakers of this webinar.

Today's presentation features Beth Ann Longo from the Department of Research, Natalya Rosenberg from the Department of Global Accreditation and Certification Product Development, Tiffany Wiksten from the Division of Accreditation and Certification Operations, also known as ACO, and I am Jessica Woodruff, Project Manager in the Department of Performance Measurement at the Joint Commission and today I'll be serving as the Webinar Moderator.

Before we get started with the new IPC Office-Based surgery requirements, we would like to highlight some of the resources that are available on the Infection Prevention and Control resource Center.

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This resource center offers curated collections of resources with actionable strategies and tools for infection prevention and control professionals from novice to expert to support their efforts in complying with Joint Commission accreditation requirements for infection prevention and control and antibiotic stewardship. The resource center includes search capabilities by topic, Joint Commission standards, pathogen, and HAI type. Users can sign up for E-Alerts to be notified when new resources are added.

Natalya, I will now turn it over to you to provide an introduction about the requirements for Office-Based Surgery.

Good afternoon everyone. It is our pleasure to present to you today on the new Joint Commission Infection Control Standards for the Office-Based Surgery 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 infection control requirements for Office-Based Surgery program that go into effect in July, 2025. In the second part of the presentation, my colleague Tiffany Wiksten will go over the revised standards in greater detail and provide key points that practices need to understand to successfully meet compliance with the revised requirements.

The Infection Control Standard Revisions that we are discussing today are the results of the infection control 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 2024 and the revised requirements for Joint Commission accredited Home Care post-acute and long-term care organizations and Assisted Living Communities went into effect in January 2025.

To summarize, the changes for the Office-Based Surgery program go into effect in July 2025, the Infection Control Chapter underwent a full rewrite and will replace the current Infection Control 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 requirements are also more closely aligned to the Centers for Disease Control and Prevention or CDC core infection prevention and control practices including standard precautions.

So, what will the new Infection Control Chapter look like? First note, the new numbering for the standards starting from IC.04.01.01. Existing standard numbers in the Infection Control Chapter will be retired as of July 2025.

The standards will become much more high level condensed and reorganized. This graphic depicts the transition between the old Infection Control Chapter standard in elements of performance count and the new Infection Control Chapter standard and Elements of Performance count. In the current chapter structure, there are 11 standards and 40 Elements of Performance in the future state. Beginning in July, the Infection Control Chapter will have two standards and nine Elements of Performance. (DOUBLE CHECK PLACEMENT OF INDENTATIONS)

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 standard’s pre-publication page of the jointcommission.org site and examine those details.

Now a few words about the standards that were eliminated from the Infection Control Chapter. The standards IC.01.04.01 and IC.01.05.01 On written Infection Control goals and documentation of Planned Infection Prevention and Control activities were deleted. Practices can still deploy these processes to support the Infection Control activities. However, The Joint Commission will no longer evaluate goals and written plans during our surveys. The 02.04.01 standard on staff vaccination rates goals data will be eliminated as well. Practices ought to follow their policies and procedures and would still need to adhere to any relevant state or local regulation. The standard IC.02.05.01 on practices to prevent surgical site infections will no longer be a distinct requirement in the Infection Control Chapter. Office-Based surgeries will still be expected to follow their policies and procedures and any law and regulation on prevention of surgical site infections as part of their infection control program.

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Now, to the concepts that were retained, there will still be requirements on the following: Having a designated individual responsible for the infection prevention and control program, adherence to nationally recognized guidelines and standards of practice, annual assessment of risks for infection contamination or exposures, evaluation of activities and implementing an action plan when issues arise.

Lastly, the National Patient Safety Goal 07.01.01 on hand hygiene and goals will be retained as well. What was added to the Revised Infection Control Chapter? The chapter will have expanded or more detailed requirements related to Infection Prevention and Control Policies and procedures such as high level disinfection and sterilization policies and procedures.

Now let's look at the new structure of the Infection Control Chapter from a high level. This graphic depicts the two foundational parts in the new Infection Control Chapter. The first part is a set up a program part represented by the new standard IC.04.01.01 requirements on the general infrastructure of the program, including the Infection Control Leader and the program policies and procedures will live in IC.04.01.01.

The second part is the Do IC activities part represented by the new standard IC.06.01.01. This standard will contain requirements related to implementation of the various Infection Control activities including linen management and an Action Plan to address any identified issues. As we said earlier, the standards are becoming more high level and there is significantly lower number of elements of performance in the future Infection Control Chapter. However, the fundamentals of Infection Prevention and Control are not changing.

Office-Based Surgeries must continue to adhere to many infection control activities to provide safe care to the patients. Going forward those details expectations will be provided in the program specific Infection Prevention and Control Assessment Tool. A screenshot of the tool is shown here.

The tool was created to help practices implement the Infection Prevention and Control Program and provides details and clarification on requirements. Identifies activities that could be evaluated during the survey and includes new standard number references. The tool will be added to the organization Survey Activity Guides in the spring 2025. The tool is already available to accredited Office-Based surgeries on the extranet.

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. I'm going to take over from this point and I'm going to give you a highlight of the updated OBS Infection Control Standards that are effective July 1st, 2025.

So, the first thing that we're going to review is the structure of the updated Office-Based Surgery Infection Control Standards. There are two standards, IC.04.01.01 The practice maintains an Infection Prevention and Control Program for the prevention and control of infections and communicable diseases. And IC.06.01.01, The Practice implements activities for the prevention and control of infections and communicable diseases. IC.04.01.01 focuses on the structures of your infection prevention and control program that you need to ensure that your program is successful. And IC.06.01.01 focuses on the implementation of Infection Prevention and Control activities.

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Starting off with IC.04.01.01, the practice maintains an infection prevention and control program for the prevention and control of infections and communicable diseases.

The first Element of Performance that we're going to review is IC.04.01.01 EP 1, which covers Infection Prevention and Control Program oversight. The practice's Infection Prevention and Control program is under the direction of a designated and qualified professional who has training in infection control. Examples of education and training may include in-person or online courses or training from recognized entities such as state public health or CDC or professional associations in societies. Some examples include the ADA, AAMI AORN, APIC, SHEA, IDSA or others or through colleges and universities that provide training in infection control.

One note, if your practice is part of a system that has a unified Infection Prevention and Control program, the designated infection control professional at the system level may be responsible for the practices program. The Unified Infection Prevention and Control program should take into account the unique circumstances and any significant differences in patient populations and services offered at each practice. We're going to talk about that a little bit more in depth in a few slides when we talk about performing the risk assessment.

Next, IC.01.01.01 EP3 requires the practices Infection Prevention and Control Program to have written policies and procedures to guide activities and methods for preventing controlling and investigating infections and communicable diseases. You need to make sure that your policies and procedures are in accordance with applicable law and regulation such as OSHA Bloodborne Pathogen Standard, OSHA Personal Protective Equipment Standard or OSHA Respiratory Protection Standard or any state requirements such as adherence to ADA guidelines. Your policies and procedures must also be in accordance with nationally recognized evidence-based guidelines or standards of practice. Your state may require you to follow specific recognized evidence-based guidelines or standards of practice, or you may get to choose. Your policies and procedures must also include the use of standard precautions, which are precautions that are implemented in every setting in which healthcare is delivered and include basic infection prevention and control activities aimed at the prevention of spread of infectious diseases and protecting healthcare workers.

Next, IC.04.01.01 EP4 applies to practices that perform high level disinfection and sterilization procedures on site by your staff. When you perform high level disinfection and sterilization procedures on site, you need to ensure that you have policies and procedures for cleaning, disinfection and sterilization of reusable medical and surgical devices and equipment that address the following topics. The first is cleaning, disinfection, and sterilization of reusable medical and surgical devices according to an intended use and in accordance with the Spaulding classification system and the manufacturer's instructions for use. Your policies and procedures also need to include the use of FDA approved liquid chemical 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.

Next, your policies and procedures need to detail required documentation for device reprocessing cycles including but not limited to sterilizer cycle logs, the frequency of chemical and biological testing, and the results of testing for appropriate concentration for chemicals used in high level disinfection. Policies and procedures need to address resolution of conflicts or discrepancies between a medical device manufacturer's instructions and the manufacturer's instructions for automated high level disinfection or sterilization of equipment.

If your organization performs immediate use steam sterilization, your policies and procedures need to include the criteria and process for the use of immediate use steam sterilization and any actions to take in the event of a reprocessing error or failure that's identified either prior to the release of the processed item or after the reprocessed item is used and stored for later use. We're going to go through a lot of these elements in more detail and some subsequent slides. If your organization has chosen to send reusable instruments and devices offsite to be high level disinfected and sterilization, IC.04.01.01, EP 10 applies to your practice.

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So, for practices that use offsite high level disinfection and sterilization services, your practice needs to define procedures in accordance with the manufacturer's instructions, for initial equipment reprocessing that occurs before the equipment is transferred to the offsite facility for high level disinfection and sterilization. This may include pre-cleaning at the point of use to remove significant amounts of bioburden, preparing the items for transport, which may include using products or processes to maintain the moisture of instruments until reprocessing occurs and preparing and packaging the items for transport.

Next, we're going to talk about education, training, and competency assessment. There's a couple of requirements that you should be aware of. These actually fall in the Human Resources chapter.

So first, the practice provides job specific infection prevention and control education to staff. And we have a note here that helps clarify this requirement. Job specific means that the education and training are consistent with or tailored to the performed roles and responsibilities. For example, environmental services staff must be trained in the methods and procedures for surface disinfection or staff who perform sterilization or high level disinfection functions must be trained in the methods and procedures for sterilization or high level disinfection.

The next one is to be compliant with OSHA bloodborne pathogen standards. The practice provides training to staff expected to have contact with blood or other potentially infectious material on the Bloodborne Pathogen Standards upon hire and at regular intervals as needed, such as if you identify lapses in the implementation of activities.

Next to be compliant with OSHA Bloodborne Pathogen Standards and personal protective equipment standards. The practice staff receive training in the following, what personal protective equipment is necessary. This could be teaching them how to choose which PPE they need to use or following the organization's policies and procedures for choosing which PPE needs to be used, what PPE is necessary and how to properly don, doff, adjust, and wear including remove Personal Protective Equipment and last staff competence in infection control is assessed and documented once every three years or more frequently as required by practice policy or in accordance with law and regulation.

So, another important note here, competence refers to observable and measurable knowledge, skills, and abilities. Your practice has the flexibility to define what staff competencies are needed to ensure correct practical application of your practices, infection, prevention and control policies and procedures.

Next we're going to review IC.06.01.01 and this is all about implementation of activities. The practice implements, activities for the prevention and control of infections and communicable diseases. We're going to start off with the risk assessment. IC.06.01.01 EP 1 requires practices to prioritize your infection prevention and control programs activities and determine what resources are necessary for the program through the identification of risks for infection, contamination and exposure that pose a risk to patients and staff based on the following.

So first, consider risks based on the population that you serve. Do you serve a population of patients that may be higher risk for being unvaccinated? So, you're concerned that you might be providing care for patients that could have a highly contagious disease such as measles or mumps or pertussis. Do you have risks based on the care, treatment, and services that you provide? So, this could include you perform procedures where you need to use sterilized instruments and devices. And so, services provided are sterilization of instruments.

Consider any relevant infection control issues identified by local, state, or federal public health authorities that could impact the practice. So, think about when the states put out information about circulating flu, COVID-19, RSV, or any other novel infectious threats and how that could impact your practice. And also consider risks from organisms with a propensity for transmission within healthcare facilities. This could be things like multi-drug resistant organisms or organisms that are easily transmitted within the community such as respiratory viral illness. IIC 6 1 1 EP two requires the practice to review these risks at least annually and whenever significant changes in risk occur.

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So, surveyors are going to be looking for the annual evaluation of risks to your specific practice. So, an example of whenever significant changes in risk occur. You might get information from your local public health department about local infectious disease outbreaks that weren't previously included in your risk assessment. It might be a new local infectious disease outbreak.

Next we're going to talk about surveillance prevention and control of healthcare associated infections and other infectious diseases. This is all about implementation of your infection prevention and control policies and procedures. IC.06.01.01 EP three requires the practice to implement activities for the prevention and control of infections and communicable diseases. And you might also reference National Patient Safety Goal.07.01.01 EP one, which includes the requirements for hand hygiene. So, IC.06.01.01 EP three includes but is not limited to implementation of standard precautions, which includes and hygiene, environmental cleaning and disinfection injection and sharp safety, personal protective equipment and minimizing potential exposures as well as reprocessing reusable medical equipment. It also includes linen management and practices in the operating room.

We're going to dive into each of these topics and the information that's included in the infection prevention and control program assessment tool that's available on your Joint Commission extranet site.

We're going to start with hand hygiene, which is an element of standard precautions. The first requirement falls under National Patient Safety Goal IC.07.01.01. Organizations are required to implement a program that follows categories 1A, 1B, and 1C of either the current CDC or World Health Organization Hand hygiene guidelines. All organizations are required to set goals for improving compliance with hand hygiene guidelines and it's up to the organization to determine what exactly they're going to improve compliance with. It could be overall compliance with hand hygiene or it could be related to discreet opportunities such as hand hygiene after glove removal.

Next, organizations need to demonstrate that they are improving compliance with hand hygiene guidelines based on established goals. So, what this means is you would have to have implemented activities to target hand hygiene in order to improve compliance with your hand hygiene guidelines based on established goals. Surveyors will be looking to see if organizations have supplies necessary for adherence to hand hygiene, such as staff access to alcohol-based hand rub soap and water and a sink, and making sure they're readily accessible in all areas where patient care is delivered. Alcohol-based hand rub should be readily accessible and placed in appropriate locations where it can be accessed by staff and patients and visitors and the locations may include the following, but definitely isn't limited to these areas. Entrances to patient rooms or care areas at the bedside and in staff workstations.

Staff should use an alcohol-based hand rub or wash with soap and water for the following clinical indications. Immediately before touching a patient, before performing an aseptic task. So for example, before lacing in an indwelling device or handling invasive medical devices before moving from work on a soiled body site to a clean body site on the same patient after touching a patient or the patient's immediate environment after contact with blood body fluids or contaminated surfaces and immediately after glove removal because gloves are not a substitute for hand hygiene. Staff should perform hand hygiene using soap and water when hands are visibly soiled or they come into contact with a patient with known or suspected c difficile or norovirus during an outbreak.

Next, when it comes to environmental cleaning and disinfection, the practice needs to have written policies and procedures for routine and targeted cleaning and disinfection of environmental services, including identification of the responsible staff. So, your practice may have a cleaning crew who comes in and performs cleaning of the rooms at the end of the day or once a week, but you might have clinical staff who perform cleaning and disinfection of surfaces that are touched by the patient in between each patient. The practice implements routine and targeted cleaning of environmental surfaces as indicated by the level of patient contact and degree of soiling, including the following surfaces in the patient care environment in areas cleaned and disinfected on a regular basis using an EPA registered disinfectant and spills of blood or other potentially infectious materials are promptly decontaminated using appropriate EPA registered disinfectants.

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And then last, cleaners and disinfectants including disposable wipes are used in accordance with the manufacturer's instructions. So, if it's a liquid product, does it need to be diluted? How does it need to be stored? What's the shelf life or expiration date and the contact time or the wet time that the surface needs to remain wet? So, the contact time does not mean I wipe it and it takes three minutes to dry contact time means I wipe it and it has to stay wet for three minutes or whatever time is required by the manufacturer of that product.

Next injection and sharp safety. Injections are prepared using aseptic technique in an area that has been cleaned and separated from potential sources of contamination. So, for example, visible blood, bodily fluids, sinks, or other water sources, single dose or single use vials, ampules bags or bottles of parenteral solution fluid infusion or administration sets are used for only one patient.

The diaphragms of medication vials are disinfected before inserting a device into the vial. Needles and syringes are used for one patient only and this includes manufacture prefilled syringes and cartridge devices such as insulin pens. The same Lansing finger stick device is not used for more than one individual. Even if the lancet is changed, organizations should have single use disposable lancet devices. Medication containers are entered with a new needle and new syringe even when obtaining additional doses for the same patient so as not to introduce contamination into the vial. If multi-dose vials are used for more than one patient, the medication vials do not enter the immediate patient treatment area. So, for example, the operating room, a patient room, or anesthesia carts, if you bring a multi-dose vial into the immediate patient care treatment area, they may be dedicated for single patient use and discarded immediately after use and immediately or as soon as possible after use. Contaminated sharps should be discarded in a puncture resistant leak. Proof on the sides and bottom sharps container and sharps containers should be replaced when the fill line is reached.

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When we discuss personal protective equipment, please note that staff have to have immediate access to Personal Protective Equipment and are able to select, put on, remove and dispose of Personal Protective Equipment in a manner that protects themselves, the patient, and others. Gloves are to be worn when it can be reasonably anticipated. That contact with blood or other potentially infectious materials, mucus membranes, non-intact skin or potentially contaminated skin or contaminated equipment could occur and staff should be changing gloves and performing hand hygiene before moving from a contaminated body site to a clean body site. When necessary, a gown should be worn that is appropriate to the task to protect skin and prevent soiling of clothing during procedures and activities that could cause contact with blood, body fluids, secretions, or excretions.

Protective eyewear and a mask or face shield should be worn to protect the mucus membranes of the eyes, nose and mouth During procedures and activities that could generate splashes or sprays of blood body fluids, secretions, and excretions. Please note masks, goggles, face shields and combinations of each are selected according to the need anticipated by the task being performed. For PPE removal and disposal, PPE other than respirators are removed and discarded upon completing a task before leaving the patient's room or care area. If a respirator is used, it should be removed and discarded or reprocessed if reusable after leaving the patient care area or room and closing the door. Disposable gloves are removed and discarded completion of a task or when soiled during the process of care. And last face masks. So, a procedure or surgical are worn by staff who are placing a catheter or injecting materials into the epidural or subdural spaces. For example, during a myelogram, epidural or spinal anesthesia.

When we discuss minimizing potential exposures, you should ensure that there are signs posted at entries with instructions to patients with symptoms of respiratory infection to first inform staff or a healthcare provider of symptoms of a respiratory infection when they first register for care and practice respiratory hygiene and cough etiquette, which includes covering their mouth and noses when coughing or sneezing use and disposal of tissues and performance of hand hygiene after hands have been covered with respiratory secretions. Your organization should provide tissues and no touch receptacles for disposal of tissues and provide resources for performing hand hygiene in or near the waiting areas.

Next, reprocessing non-critical reusable medical equipment. For reusable non-critical medical equipment such as blood glucose meters and other point of care devices, blood pressure cuffs and pulse oximeter probes. They should be cleaned and disinfected according to the manufacturer's instructions for use after each use or when visibly soiled. You need to clearly designate the person who is responsible for cleaning and disinfection of these reusable noncritical patient care pieces of equipment.

In the operating room, your practice must adhere to infection control practices for surgical infection prevention, including adherence to preoperative surgical scrub and hand hygiene using appropriate surgical attire and drapes, strictly adhering to aseptic technique and sterile fields, minimizing traffic in the operating room or space, adherence to cleaning and disinfection of environmental surfaces and terminal cleaning of the operating rooms after the last procedure of the day. Additionally, the practice needs to ensure proper ventilation requirements in the surgical suites.

For practices that perform high level disinfection and sterilization procedures on site, you should know that there are three categories of medical devices that influence how they should be reprocessed. First critical items such as surgical instruments are objects that enter sterile tissue or the vascular system and must be sterile prior to use. So, this means they should be supplied sterile and ready to use or if not sterilized, need to be sterilized prior to the first use and if reusable, sterilized in between each use. And we're going to refer to the sterilization section for requirements for sterilization. For semi-critical items such as endoscopes that are used for upper endoscopy and colonoscopy or vaginal probes. These are items that contact mucus membranes or non-intact skin and require at minimum high level disinfection prior to reuse.

So, we're going to refer to the high level disinfection section. For noncritical items such as blood pressure cuffs are objects that may come into contact with intact skin but not mucus membranes and should undergo cleaning and low or intermediate level disinfection depending on the nature and degree of contamination. Additionally, you should consider that single use devices are labeled by the manufacturer for a single use and do not have reprocessing instructions. They may not be reprocessed for reuse except by entities which have complied with FDA regulatory requirements and have received FDA clearance to reprocess specific single use devices.

Please note, there are some single use devices that have instructions for sterilization because they are supplied non-sterile and must be sterilized prior to their only use.

Let's dive into reprocessing critical and semi-critical reusable medical devices. So Key Point 1 here, only devices labeled as reusable are reprocessed directly by the practice onsite or offsite via reprocessing vendor. If the practice elects to reuse any devices labeled for single use by the manufacturer, these devices must be reprocessed by an entity that is registered with the FDA as a third party reprocessor and cleared by the FDA to reprocess the specific device in question and the practice should have documentation from the third party reprocessor confirming that this is the case.

Again, just to highlight for practices that perform high level disinfection and sterilization procedures, these are the requirements that are to be included in the practice policies, and procedures for cleaning, disinfection, and sterilization of reusable medical and surgical devices.

And last, the manufacturer's instructions for medical devices and equipment must be available to the staff performing reprocessing. The practice may use posters or other condensed methods to provide critical information to staff performing reprocessing to ensure reprocessing is consistent with the instructions for use.

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Please note, if you choose to use posters or condensed methods, please ensure that the information that the staff are referencing is up to date and applies to the equipment, devices and supplies being used.

Looking at high level disinfection, first note, all reusable semi critical items receive at least high level disinfection prior to reuse in accordance with the manufacturer's instructions. You should note that there are some items that are semi critical that may only have instructions for sterilization and that is okay because it is a higher level of reprocessing. Flexible endoscopes are inspected for damage and leak tested as a part of each reprocessing cycle in accordance with the manufacturer's instructions.

Items are thoroughly pre-cleaned according to the manufacturer's instructions and visually inspected for residual soil prior to high level disinfection. And for instruments with lumens, for example endoscopes, pre-cleaning of devices must include all channels using cleaning brushes of appropriate size.

You should note for things like endoscopes, pre-cleaning may actually have to begin in the location where the procedure was performed, with the rest of cleaning and decontamination being performed in a separate location. Manufacturers instructions for the following are being followed for enzymatic cleaners or detergents. This includes dilution and temperature of the water being mixed with the enzymatic detergent or cleaner. Reusable cleaning brushes and how they're managed. So, do they need to be high level disinfected or sterilized at a specific interval such as the end of the day? Chemicals used in high level disinfection including instructions for preparation, testing for appropriate concentration, and replacement for example, prior to the expiration date. You should note the results of testing for the appropriate concentration are documented to ensure minimum effective concentration of the active ingredient disinfection temperatures and length of time. Many manufacturers of high level disinfection solutions have a specific temperature requirement, so the temperature has to meet a minimum requirement or exceed it at the time of reprocessing. Otherwise they don't endorse that an item has been appropriately high level disinfected and length of Immersion Time to ensure the item is appropriately high level disinfected.

Device rinsing following high level disinfection to ensure all chemical residue has been removed. And if automated reprocessing equipment is used, the manufacturer's recommended connectors are used to assure that all endoscope channels are appropriately disinfected. High level disinfected devices should be dried thoroughly prior to storage and reuse in accordance with the manufacturer's instructions. And after high level disinfection devices need to be stored in a manner that protects them from damage or contamination. Additionally, the practice should have a system in place to identify which endoscope was used on a patient for each procedure, to facilitate the ability to trace an endoscope back to a patient or subsequent patients if necessary.

For sterilization, all reusable critical items are sterilized prior to reuse in accordance with the manufacturer's instructions for use. Items are thoroughly pre-cleaned according to the manufacturer's instructions and visually inspected for residual soil prior to sterilization. Please note for instruments with lumens, pre-cleaning of devices must include all channels using cleaning brushes that are appropriate size. The enzymatic cleaner or detergent is used and discarded according to the manufacturer's instructions. Cleaning brushes are single use disposable items unless the manufacturer indicates that they are reusable and if they are reusable, they should be cleaned and either high level disinfected or sterilized per the manufacturer's instructions at least daily.

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After pre-cleaning items are appropriately wrapped or packaged for sterilization. So, for example, the package system selected is compatible with the sterilization process being performed, hinged instruments are open, and the instruments are disassembled if indicated by the manufacturer. The sterilization process is monitored by using a combination of mechanical, chemical, and biologic indicators to ensure the effectiveness of the sterilization process. Indicators are used in accordance with the sterilizer or sterilizer accessory manufacturer's instructions for use. So, your sterilizer or accessories such as pouches, trays, and wraps. For dynamic air removal sterilizers, for example, pre-vac sterilizers an air removal test is performed each day. The sterilizer is used to verify the efficacy of air removal in accordance with the manufacturer's instructions. Sterile packs must be labeled with the sterilizer used, the cycle or load number, the date of sterilization, and if applicable, any expiration date.

Logs for each sterilization cycle must be maintained and are current and include results from each load in accordance with practice policies and procedures. So, remember, this is an element that is required in your policies and procedures. So, if you don't have a procedure or policy that addresses this, this could be scored at IC.04.01.01, EP4. After sterilization, medical devices and instruments are stored so that sterility is not compromised and sterile packages must be inspected for integrity and compromised packages are repackaged and reprocessed prior to use.

Next, we talk about immediate use steam sterilization. So, if your organization performs immediate use steam sterilization, please ensure the following criteria are met. Work practices ensure proper cleaning and decontamination inspection and arrangement of instruments into the recommended sterilizing. Trays are other containment devices before sterilization. Once clean, the item is placed within a container intended for immediate use. The sterilizer cycle and parameters used are selected according to the manufacturer's instructions for use for the device, container, and sterilizer. The sterilizer function is monitored with mechanical monitors and chemical and biologic indicators that are validated for use with the sterilization cycle and in accordance with the device and sterilizer manufacturer's instructions. The processed item must be transferred immediately using aseptic technique from the sterilizer to the actual point of use on the sterile field in an ongoing procedure. Immediate use is defined as the shortest possible time between a sterilized items removal from the sterilizer and it's aseptic transfer to the sterile field.

A sterilized item intended for immediate use is not stored for future use, nor is it held from one case to another. Immediate use steam sterilization is not performed on the following devices implants except in a documented emergency situation when no other option is available. If IUSS must be used for an implantable device, the name of the patient and patient's unique identifier and any other information needed to accurately link the instrument process using IUSS back to the patient must be recorded post-procedure documentation of instruments used on patients who may have CJD disease or similar disorders, devices that have not been validated with the specific cycle employed and single use devices that are sold sterile.

Staff follow practice policies and procedures in the event of a reprocessing error or failure identified either prior to the release of the reprocessed item or after the reprocessed item was stored for later use. Note, depending on the nature of the incident, examples of actions may include quarantine of the sterilizer, recall of items, stakeholder notification, patient notification, surveillance, and follow up. And again, for the absence of policies and procedures related to reprocessing errors or failures, this would be scored at IC.04.01.01 EP4.

Next we talk about Action Plans. IC.06.01.01 EP6, requires the practice to develop and implement Action Plans when infection control issues arise, including staff at non-adherence with infection control policies and procedures. Now when you implement an Action Plan, please note that when the practice develops and implements an Action Plan in response to identified infection control issues, you should also evaluate and revise your Action Plan as needed because sometimes the Action Plan does not fully address the issues that were identified.

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And last is Management of Linens, IC.06.01.01, EP8. This standard and Element of Performance requires staff to handle, store, process, and transport linens in accordance with local or state regulations, manage soiled textiles and laundry with minimum agitation to avoid contamination of the air surfaces and persons. And clean textiles or linens should be covered if stored in a clean area or maybe uncovered if stored in a dedicated clean storage area. Thank you for spending your time today with me to review the new Infection Control Standards for Office-Based Surgery.

Jessica, I'll now hand it back to you.

Thank you Tiffany. Before we end today's webinar for the IPC Office-Based Surgery Requirement, we would like to highlight some of the Resources that are available on the Infection Prevention and Control Resource Center

This resource center offers curated collections of resources with actionable strategies and tools for infection prevention and control professionals, from novice to expert, to support their efforts in complying with Joint Commission accreditation requirements for infection control and antibiotic stewardship. The resource center includes search capabilities by setting, topic, Joint Commission standard, pathogen, and HAI type. Users can sign up for e-Alerts to be notified when new resources are added.

We will now share a demo that illustrates navigation to the IPC Resource Center.

Hello, my name is Beth Ann Longo and I'd like to take a few minutes to tell you about the Joint Commission's Infection Prevention and Control and Antibiotic Stewardship resource center, how to access it and how to navigate the site.

Effective infection prevention and control practices along with antibiotic stewardship are essential for preventing disease spread, safeguarding vulnerable populations, and maintaining a safe environment. The Joint Commission supports healthcare organizations as they work to develop comprehensive programs to protect the health and safety of patients and staff. Pointing organizations to resources that help them comply with requirements is one way we can demonstrate our support.

I'm going to show you the resource center in a few minutes, but let's first look at a few screenshots so you can familiarize yourself with how to get there and how the resource center is organized.

First, to access the resource center, you'll go to The Joint Commission's website, www.jointcommission.org. You'll click on the Our priorities, which is on the blue bar toward the center of the website page. Click on that and what will happen then is you'll see this box kind of cascade open and on the far left you'll scroll down until you see infection prevention and control. Following that over to the right, you'll then see two links. There's the first link that says Infection Prevention and Control, and then under that is the resource center.

Now, I would strongly encourage you to start with that first link Infection prevention and Control, as there is some really good information that we've provided there for you, and then the resource center link will bring you directly to the resource center, but once you're familiar with the information on that first link, if you want to shortcut to get directly to the resource center, you can certainly use that second link.

Another key feature of the resource center is the hierarchical Guide to Compliance. So, to help organizations meet requirements, we've put this guide right in the resource center. So here you can see the various approaches to compliance, starting with rules and regulations. What you can do here for each of these blue boxes on the right here, you can click on each one by clicking on the little plus sign on the right side of that blue box, it will cascade open, and then in this blue box to the left, you can see an example for rules and regulations. It cascades open and then it provides some examples of what we mean by rules and regulations. And then to minimize that box, you can just click on that little minus sign.

We also included a summary of the revised infection control requirements. Simply click on the plus sign of your program, which is located on the right side of the box, and a box will expand that provides a summary of standards and elements of performance. Please note that for programs other than HAP and CAH, we will populate these boxes as the revised requirements are implemented. Now there are several ways you can navigate the Resource Center. You can search by setting, by standards, by HAI type, topic, or pathogen, and you can also access frequently asked questions about specific standards from this page. And again, I'll show you in just a minute when I do an actual demo.

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To begin your search for resources, you'll want to start by selecting your accreditation program. So, on this page you'll see that the filter boxes are on the left side of the screen. The top filter box is a list of the accreditation programs, so tick the box that is applicable to your organization. The filter boxes under that allow you to filter, as I mentioned, using other search criteria such as HAI type or topic or the actual standard itself or pathogen. Once you've made all of your search criteria selections, the resources will be narrowed and they'll populate on the right side of the screen. Now note that to clear search criteria, you can either uncheck the box or you can click on the X and the upper right corner of the filter box. Now, once you have finished making your selections, links to your resources will populate on the page just to the right of those filter boxes.

Just a quick note about a couple other features of the resource center before I do a quick demo for you. You can sign up for E-Alerts to be notified when new resources are added and we encourage you to do so. You'll also see a popup widget called Hotjar, which is a mechanism for getting your feedback on the resource center. Please share your feedback so we can continue to make improvements.

Now on this slide you'll see in those five blue boxes, those are the questions that will be asked with that feedback popup. And this is optional of course, but we do encourage you to provide this feedback and we ask questions such as, "Are you able to navigate the site easily and access resources?" That's a yes or no, and then others, how likely you are to use the resources that you found on the site, "How likely you are to revisit the site?" "Are there resources that you feel we should consider adding?" And if you answer yes to that, then there's an opportunity for you to tell us about what that resource is so that we can be sure to evaluate that and add that to the resource center if it meets our criteria. And before we do the demo, I just want to mention that we will continue to look for practical resources that are suitable for various healthcare settings.

So, we do encourage you to visit the resource center from time to time, sign up for the E-Alerts as I mentioned, and we hope that you'll find that these resources help you to meet the requirements. Now, let's navigate to the site for a sneak peek.

To get to the Infection Prevention and Control and Antibiotic Stewardship Resource Center, you first need to go to The Joint Commission's website at www.jointcommission.org. You'll then go to our priorities, which is in the center of the blue bar. If you click there, scroll down to infection prevention and control, click and then click again on Infection Prevention and Control. That will take you right to the landing page.

So, on this page, as I previously mentioned, one of the key features of the resource center is this hierarchical guide to compliance. If you click on each of these blue boxes, the little plus sign on the right hand side, each of these boxes will expand and it will provide some examples. So, in this particular example, rules and regulations, we have CMS requirements, manufacturers instructions, and so on. Scrolling down this page, you can look at the summary of requirements by program. As the other programs become available, we will be sure to populate them here as well. So, in each of these light gray boxes, you'll just click the plus sign on the right hand side and you'll find that that box expands open and you'll find a summary of each of the standards and the related elements of performance. As you continue to scroll down the page. At the very bottom you'll see a yellow box that says, "Visit the Resource Center" and you'll want to click there.

On this page, you'll read a little bit about the resource center signing up for E-Alerts as I mentioned, which is important if you'd like to be alerted whenever we're adding new resources. And then we just talk a little bit here about the various ways that you can navigate the resource center. These are the various search criteria, and then as I pointed out, you can click on browse FAQs to find answers to frequently asked questions about any of the specific requirements. And then again, scrolling down on this page, we get to the various resources. So, you want to start by selecting your healthcare setting or accreditation program. So, I'm going to just click on hospital. We have 157 resources that are relevant to the hospital setting, but let's narrow our search.

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So, let's say you want to identify resources that are specific to appointing a qualified infection preventionist. So, we're going to click on IC.04.01.01 EP 1, and you can see we have a couple of resources here. Now if you want to clear those filter criteria, you can either untick the box or you can just simply click on the X in the upper right corner of the filter box and that will clear everything for you.

As I mentioned before, you can select by topic, by healthcare associated infection and by pathogen type. Now I do want to just point out something a little bit different with a pathogen type. You'll notice that there aren't any of the little boxes ahead of these labels. That's because these are actual headers. So, for example, if I click on multi-drug resistant organism, what pops up then are various types of MDROs. This will help you to narrow your search a bit more when you're looking for specific resources. If you want to go back, you can just simply click all categories and it will bring you back to your full pathogen type list.

Finally, there are two other features I'd like to point out. One in the lower left corner of the screen there is a little pop-up widget. We call this the Hot Jar and it is a feedback mechanism and we do encourage you to provide some feedback if you would be willing to do so. There are a few questions that we ask starting with are you able to navigate the site and easily access information and resources? And then there are a few other questions pertaining to your intent to revisit the resource center from time to time whether or not you found the resource you were looking for or if you were looking for a specific resource and weren't able to find it. There's an OpenText field where you can tell us what that resource was so that we can take a look at it and then add it to the resource center for others.

And then the last feature I wanted to just draw to your attention is this navigational bar here. This is a shortcut navigational bar where you can simply just click on it and it quickly jumps to that place on the page that was on that other page as well. Again, it just helps you, once you're familiar with the resource center, it helps you to get where you're going to a little more quickly.

This concludes the navigational demo of the Infection Prevention and Control and Antibiotic Stewardship Resource Center. We hope that you have found this to be helpful.

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Thank you Beth Ann, moving on to our closing, we've included an additional resource slide and provided links to direct you to: Office-Based Surgery Accreditation Program, Prepublication Standards, January, 2025, Perspective Article IC Chapter, Fully Revised for Behavioral Health Organizations and Observation Surgery [CORRECTED POST AUDIO RECORDING Office-Based] Practices and CDC's Core and Infection Prevention and Control Practices for Safe Healthcare Delivery in all settings. To ask questions about the standards or resources, please use the inquiry form at this address, dssminquiries.jointcommission.org.

Please note Joint Commission staff closely monitor this portal. For questions regarding webinar operations or CEs please submit them via email to pioneersinquality@jointcommission.org.

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Before the 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 certificate, an automated email will also be sent to you that includes the link. This email is sent to the email you provide within the CE survey.

Thank you Beth Ann, 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.