



Accreditation Program: Long Term Care
Infection Prevention and Control

Standard IC.01.01.01

The organization identifies the individual(s) responsible for the infection prevention and control program.

Elements of Performance for IC.01.01.01

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| 3. | The organization assigns responsibility to an individual(s) for the daily management of infection prevention and control activities. (See also IC.01.05.01, EP 8; IC.02.01.01, EP 9)
Note 1: Qualifications for infection prevention and control may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control).
Note 2: Number and skill mix of the individual(s) assigned should be determined by the goals and objectives of the infection prevention and control program, regulatory requirements, and staff resources required for reporting activities. | A |
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Standard IC.01.02.01

Organization leaders allocate needed resources for the infection prevention and control program.

Elements of Performance for IC.01.02.01

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| 1. | The organization provides access to information needed to support the infection prevention and control program. (See also IM.02.02.03, EP 2) | A |
| 2. | The organization provides for laboratory resources when needed to support the infection prevention and control program. | A |
| 3. | The organization provides equipment and supplies to support the infection prevention and control program. | A |

Standard IC.01.03.01

The organization identifies risks for acquiring and spreading infections.

Rationale for IC.01.03.01

Before developing its infection prevention and control plan, the long term care organization needs to consider the risks of infections that are likely to affect their residents. Prioritizing these risks will help the organization target its resources in the manner most likely to achieve the best results. Documenting these risks will support communication between leadership and staff regarding why certain infection prevention and control activities are beneficial and how these activities may be modified over time as the risks facing their residents evolve. Such documentation is especially valuable as a reference when using part time or agency staff, or when staff turnover is a concern.

Elements of Performance for IC.01.03.01

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| 1. | The organization identifies its risks for acquiring and spreading infections based on the following: Its geographic location, community, and population served. | A |
| 2. | The organization identifies its risks for acquiring and spreading infections based on the following: The care, treatment, and services it provides. | A |

KEY: **A** indicates scoring category A; **C** indicates scoring category C; **2** indicates situational decision rules apply; **3** indicates direct impact requirements apply; **M** indicates Measure of Success if needed; **D** indicates that documentation is required

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| 3. | The organization identifies its risks for acquiring and spreading infections based on the following: The analysis of surveillance activities.
Note: The purpose of surveillance is to support the organization's efforts to reduce the risk of infections spreading among residents. Information from the surveillance activities may be used within the organization to improve processes and outcomes related to infection prevention and control. | A |
| 4. | The organization reviews and identifies its risks at least annually and whenever significant changes occur. This review occurs with input from, at a minimum, infection control personnel, medical staff, nursing, and leadership. | A |
| 5. | D The organization prioritizes its identified risks for acquiring and spreading infections. These prioritized risks are documented. | A |

Standard IC.01.04.01

Based on the identified risks, the organization sets goals to minimize the possibility of spreading infections.

Note: See NPSG.07.01.01 for hand hygiene guidelines.

Elements of Performance for IC.01.04.01

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| 1. | D The organization's written infection prevention and control goals are based on its prioritized risks. | A |
| 2. | D The organization's written infection prevention and control goals include the following: Limiting unprotected exposure to pathogens. | A |
| 3. | D The organization's written infection prevention and control goals include the following: Limiting the spread of infections associated with resident care procedures. | A |
| 4. | D The organization's written infection prevention and control goals include the following: Limiting the spread of infections associated with the use of medical equipment, devices, and supplies. | A |
| 5. | D The organization's written infection prevention and control goals include the following: Improving compliance with hand hygiene guidelines. (See also NPSG.07.01.01, EP 1) | A |

Standard IC.01.05.01

The organization has an infection prevention and control plan.

Elements of Performance for IC.01.05.01

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| 1. | When developing infection prevention and control activities, the organization uses national guidelines.
Footnote: Examples of guidelines include those offered by the Centers for Disease Control and Prevention: Healthcare Infection Control Practices Advisory Committee (CDC/HICPAC) at http://www.cdc.gov/ncidod/dhqp/hicpac_pubs.html and the World Health Organization (WHO) at http://www.who.int/csr/bioriskreduction/infection_control/en/index.html . | A |
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2. **D** The organization's written infection prevention and control plan includes a description of the activities, including surveillance, to minimize and/or reduce the risk of infection. **A**
 Note: The purpose of surveillance is to support the organization's efforts to reduce the risk of infections spreading among residents. Information from the surveillance activities may be used within the organization to improve processes and outcomes related to infection prevention and control.
3. **D** The organization's written infection prevention and control plan includes a description of the process to evaluate the infection prevention and control plan. **A**
4. **D** The organization has written infection prevention and control policies for the following departments: **A**
 - Clinical services (for example, nursing, rehabilitation, respiratory therapy, dialysis)
 - Food services (for example, food preparation, dining services, room service)
 - Housekeeping
 - Maintenance and laundry services
 - Ancillary services (for example, beauty shops)
 - Resident activities
 - Staff health
 Note: The organization can have one policy that covers all departments or separate policies for each department.
5. **D** The organization describes, in writing, the process for investigating outbreaks of infectious disease. (See also IC.02.01.01, EP 5) **A**
- M** 6. The organization identifies the responsibilities for preventing and controlling infection for everyone who works in the organization and for those who collaborate on an ongoing basis with the qualified individual(s) managing the infection control program. (See also HR.01.04.01, EPs 2 and 4; HR.02.02.01, EP 4) **C**
 Note: A variety of individuals may collaborate on infection prevention and control activities and/or have defined responsibilities, including licensed independent practitioners, staff, students/trainees, volunteers, residents, families, and visitors.
7. The organization has a method for communicating responsibilities for preventing and controlling infection to licensed independent practitioners, staff, visitors, residents, and families. Information for visitors, residents, and families includes hand and respiratory hygiene practices. (See also IC.02.01.01, EP 7) Note: Information may be in different forms of media, such as posters or pamphlets. **A**
8. The organization identifies methods for reporting infection surveillance, prevention, and control information to local, state, and federal public health authorities in accordance with law and regulation. (See also IC.01.01.01, EP 3; IC.02.01.01, EP 9) **A**
 Note: Other Joint Commission expectations for reporting infection surveillance, prevention, and control information can be found in the sentinel event reporting procedures.

Standard IC.01.06.01

The organization prepares to respond to an increased number of potentially infectious residents.

Elements of Performance for IC.01.06.01

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| 1. | The organization identifies resources that can provide information about infections that could cause an increased number of potentially infectious residents.
Note: Resources may include local, state, and federal public health systems. | A |
| 2. | The organization obtains current clinical and epidemiological information from its resources regarding new infections that could cause an increased number of potentially infectious residents. | C |
| 3. | The organization has a method for communicating critical information to licensed independent practitioners and staff about emerging infections that could cause an increase in the number of infectious residents. | A |
| 4. D | The organization describes, in writing, how it will respond to an increased number of potentially infectious residents. This planned response is documented. (See also EM.01.01.01, EP 2)
Note: One acceptable response is to decide not to accept residents. | A |
| 5. D | If the organization decides to accept an increased number of potentially infectious residents, then the organization describes in writing its methods for managing these residents. | A |
| 6. | When the organization determines it is necessary, the organization activates its response to an increased number of potentially infectious residents. | A |





Standard IC.02.01.01



The organization implements its infection prevention and control plan.

Elements of Performance for IC.02.01.01

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| 1. | The organization implements its infection prevention and control activities, including surveillance, to reduce and/or minimize the risk of infection.
Note: The purpose of surveillance is to support the organization's efforts to reduce the risk of infections spreading among residents. Information from the surveillance activities is used within the organization to improve processes and outcomes related to infection prevention and control. | C |
| M 2. | The organization uses standard precautions, including the use of personal protective equipment, to reduce the risk of infection.
Note: Standard precautions are infection prevention and control measures to protect against possible exposure to infectious agents. These precautions are general and applicable to all residents; the type of precaution used depends on the risk of exposure to body fluids.
Footnote: For further information regarding standard precautions, refer to the Web site of the Centers for Disease Control and Prevention (CDC) at http://www.cdc.gov/ncidod/dhqp/ (Infection Control in Healthcare Settings). | 3 C |

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| <p>M 3. The organization implements transmission-based precautions in response to the pathogens that are suspected or identified within the organization's service setting and community. (See also EC.02.02.01, EP 3)
 Note: Transmission-based precautions are infection prevention and control measures to protect against exposure to a suspected or identified pathogen. These precautions are specific and based on the way the pathogen is spread. Transmission-based precautions include contact, droplet, airborne, or a combination of these precautions.
 Footnote: For further information regarding transmission-based precautions, refer to the Web site of the Centers for Disease Control and Prevention (CDC) at http://www.cdc.gov/ncidod/dhqp/ (Infection Control in Healthcare Settings).</p> <p>5. The organization investigates outbreaks of infectious disease as described in its process. (See also IC.01.05.01, EP 5)</p> <p>6. The organization minimizes the risk of infection when storing and disposing of infectious waste. (See also EC.02.02.01, EP 1)</p> <p>M 7. The organization implements its methods to communicate responsibilities for preventing and controlling infection to licensed independent practitioners, staff, visitors, residents, and families. Information for visitors, residents, and families includes hand and respiratory hygiene practices. (See also HR.01.04.01, EP 4; IC.01.05.01, EP 7)
 Note: Information may have different forms of media, such as posters or pamphlets.</p> <p>M 8. The organization reports infection surveillance, prevention, and control information to organization staff consistent with their responsibilities for infection prevention and control activities.</p> <p>9. The organization reports infection surveillance, prevention, and control information to local, state, and federal public health authorities in accordance with law and regulation. (See also IC.01.01.01, EP 3; IC.01.05.01, EP 8; IC.03.01.01, EP 6)
 Note: Other Joint Commission expectations for reporting infection surveillance, prevention, and control information can be found in the sentinel event reporting procedures.</p> <p>M 10. When the organization becomes aware that it transferred a resident who has an infection requiring monitoring, treatment, and/or isolation, it informs the receiving organization.</p> <p>M 11. When the organization becomes aware that it received a resident from another organization who has an infection requiring action, and the infection was not communicated by the referring organization, it informs the referring organization.
 Note: Infections requiring action include those that require isolation and/or public health reporting or those that may aid in the referring organization's surveillance.</p> <p>13. The organization reduces the risks associated with animals in the facility, including potential problems with cleanliness, immunizations, and management of waste.</p> | <p> C</p> <p>A</p> <p> C</p> <p>C</p> <p>C</p> <p>A</p> <p> C</p> <p> C</p> <p>A</p> |
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Standard IC.02.02.01

The organization reduces the risk of infections associated with medical equipment, devices, and supplies.

Rationale for IC.02.02.01

Residents are at risk of developing an infection from contact with medical equipment, devices, or supplies while seeking health services. Failure to properly clean, disinfect, or sterilize, and use or store, medical equipment, devices, and supplies not only poses risks for the resident receiving health services, but also carries the risk for person-to-person spread of infections.

There are numerous steps involved in the cleaning, disinfecting, and sterilizing of medical equipment, devices, and supplies. It is critical that health care workers follow standardized practices to minimize infection risks related to medical equipment, devices, and supplies. In order to maintain a reliable system for controlling this process, organizations pay attention to the following:


- Orientation, training, and competency of health care workers who are processing medical equipment, devices, and supplies
- Levels of staffing and supervision of the health care workers who are processing medical equipment, devices, and supplies
- Standardization of process regardless of whether it is centralized or decentralized
- Reinforcing the process (for example, the use of placards which list the steps to be followed, according to manufacturers' guidelines)
- Ongoing quality monitoring

Elements of Performance for IC.02.02.01

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| M | <p>1. The organization implements infection prevention and control activities when doing the following: Cleaning and performing low-level disinfection of medical equipment, devices, and supplies.</p> <p>Note: Low-level disinfection is used for items such as stethoscopes and blood glucose meters. Additional cleaning and disinfecting is required for medical equipment, devices, and supplies used by residents who are isolated as part of implementing transmission-based precautions.</p> <p>Footnote: For further information regarding cleaning and performing low-level disinfection of medical equipment, devices, and supplies, refer to the Web site of the Centers for Disease Control and Prevention (CDC) at http://www.cdc.gov/ncidod/dhqp/sterile.html (Sterilization and Disinfection in Healthcare Settings).</p> | 3 C |
| | <p>2. The organization implements infection prevention and control activities when doing the following: Performing intermediate and high-level disinfection and sterilization of medical equipment, devices, and supplies.</p> <p>Note: High-level disinfection is used for items such as respiratory equipment and specula. Sterilization is used for items such as implants and surgical instruments. High-level disinfection may also be used if sterilization is not possible, as is the case with flexible endoscopes.</p> <p>Footnote: For further information regarding performing intermediate and high-level disinfection of medical equipment, devices, and supplies, refer to the Web site of the Centers for Disease Control and Prevention (CDC) at http://www.cdc.gov/ncidod/dhqp/sterile.html (Sterilization and Disinfection in Healthcare Settings).</p> | 3 A |
| | <p>3. The organization implements infection prevention and control activities when doing the following: Disposing of medical equipment, devices, and supplies.</p> | 3 A |
| M | <p>4. The organization implements infection prevention and control activities when doing the following: Storing medical equipment, devices, and supplies.</p> | C |

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5. When reprocessing single-use devices, the organization implements infection prevention and control activities that are consistent with regulatory and professional standards.

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Standard IC.02.03.01

The organization works to prevent the spread of infectious disease among patients, licensed independent practitioners, and staff.


Elements of Performance for IC.02.03.01





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|  | 1. The organization makes screening for exposure and/or immunity to infectious disease available to licensed independent practitioners and staff who may come in contact with infections at the workplace. | C |
|  | 2. When licensed independent practitioners or staff have, or are suspected of having, an infectious disease that puts others at risk, the organization provides them with or refers them for assessment and potential testing, prophylaxis/treatment, or counseling. | C |
| | 3. When licensed independent practitioners or staff have been occupationally exposed to an infectious disease, the organization provides them with or refers them for assessment and potential testing, prophylaxis/treatment, or counseling. | A |
| | 4. When residents have been exposed to an infectious disease, the organization provides them with or refers them for assessment and potential testing, prophylaxis/treatment, or counseling. | A |

Standard IC.02.04.01

The organization offers vaccination against influenza to licensed independent practitioners and staff.

Elements of Performance for IC.02.04.01

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| | 1. The organization establishes an annual influenza vaccination program that is offered to licensed independent practitioners and staff.
Note: Some jurisdictions mandate that organizations limit access to residents by health care workers who decline influenza vaccination. | A |
|  | 2. The organization educates licensed independent practitioners and staff about, at a minimum, the influenza vaccine; non-vaccine control and prevention measures; and the diagnosis, spread, and impact of influenza. (See also HR.01.04.01, EP 4) | C |
| | 3. The organization provides influenza vaccination at sites accessible to licensed independent practitioners and staff. | A |
| | 4. The organization annually evaluates vaccination rates and the reasons given for not accepting the influenza vaccination. | A |
| | 5. The organization takes steps to increase influenza vaccination rates among staff and licensed independent practitioners. | A |

KEY: **A** indicates scoring category A; **C** indicates scoring category C;  indicates situational decision rules apply;  indicates direct impact requirements apply;  indicates Measure of Success if needed;  indicates that documentation is required

Standard IC.02.04.03

The organization provides the influenza vaccination to at-risk residents.

Rationale for IC.02.04.03

Influenza and pneumonia combined represent the fifth leading cause of death in the elderly. Along with the Centers for Medicare & Medicaid Services (CMS) and the Centers for Disease Control and Prevention (CDC), The Joint Commission promotes the administration of influenza and pneumococcal vaccines to adult residents in long term care facilities.

Elements of Performance for IC.02.04.03

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| 1. | (D) The organization develops protocols on when to administer the influenza vaccine to a resident. | 3 A |
| (M) 2. | Residents identified as being high-risk for influenza are vaccinated.
Footnote: See the Centers for Disease Control and Prevention guidelines on high-risk populations (Infection Control Measures for Preventing and Controlling Influenza Transmission in Long-Term Care Facilities: http://www.cdc.gov/flu/professionals/infectioncontrol/longtermcare.htm). | 3 C |

Standard IC.02.04.05

The organization provides the pneumococcal vaccination to at-risk residents.

Elements of Performance for IC.02.04.05

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| 1. | (D) The organization develops protocols on when to administer the pneumococcal vaccine to a resident. | 3 A |
| (M) 2. | Residents identified as being high-risk for pneumococcal infection are vaccinated.
Footnote: See the Centers for Disease Control and Prevention guidelines on high-risk populations (Pneumococcal polysaccharide vaccine (PPSV): CDC answers your questions http://immunize.org/catg.d/p2015.pdf). | 3 C |

Standard IC.03.01.01

The organization evaluates the effectiveness of its infection prevention and control plan.

Elements of Performance for IC.03.01.01

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| 1. | The organization evaluates the effectiveness of its infection prevention and control plan annually and whenever a change in risks impacts the organization. | A |
| 2. | The evaluation includes a review of the following: The infection prevention and control plan's prioritized risks. | A |
| 3. | The evaluation includes a review of the following: The infection prevention and control plan's goals. (See also NPSG.07.01.01, EP 2) | A |
| 4. | The evaluation includes a review of the following: Implementation of the infection prevention and control plan's activities. | A |

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| 6. | Findings from the evaluation are communicated at least annually to the individuals or interdisciplinary group that manages the resident safety program. (See also IC.02.01.01, EP 9) | A |
| 7. | The organization uses the findings of its evaluation of the infection prevention and control plan when revising the plan. | A |

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