

History Tracking Report: 2010 to 2009 Requirements

Accreditation Program: Long Term Care 2010 Chapter: Infection Prevention and Control

Standard IC.01.01.01

2010 Standard Text:

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

2010 Standard: IC.01.01.01

2010 EP: 3

2010 EP Text:

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.

Standard IC.7.10

2009 Standard Text:

The infection control program is managed effectively.

2009 Standard: IC.7.10

2009 EP: 1

2009 EP Text:

Revision Code: Retain

The {jc}organization{/2} assigns responsibility for managing IC program activities to one or more individuals whose number, competency, and skill mix are determined by the goals and objectives of the IC activities.

Standard IC.01.02.01

2010 Standard Text:

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

2010 Standard: IC.01.02.01

2010 EP: 1

2010 EP Text:

The organization provides access to information needed to support the infection prevention and control program. (See also IM.02.02.03, EP 2)

2010 Standard: IC.01.02.01

2010 EP: 2

2010 EP Text:

The organization provides for laboratory resources when needed to support the infection prevention and control program.

2010 Standard: IC.01.02.01

2010 EP: 3

2010 EP Text:

The organization provides equipment and supplies to support the infection prevention and control program.

Standard IC.9.10

2009 Standard Text:

{jc}Organization{/2} leaders allocate adequate resources for the infection control program.

2009 Standard: IC.9.10

2009 EP: 2

2009 EP Text:

Adequate systems to access information are provided to support infection prevention and control activities.

Revision Code: Retain

2009 Standard: IC.9.10

2009 EP: 3

2009 EP Text:

When applicable, adequate laboratory support is provided to support infection prevention and control activities.

Revision Code: Retain

2009 Standard: IC.9.10

2009 EP: 4

2009 EP Text:

Adequate equipment and supplies are provided to support infection prevention and control activities.

Revision Code: Retain

Standard IC.01.03.01**2010 Standard Text:**

The organization identifies risks for acquiring and spreading infections.

2010 Standard: IC.01.03.01

2010 EP: 1

2010 EP Text:

The organization identifies its risks for acquiring and spreading infections based on the following: Its geographic location, community, and population served.

2010 Standard: IC.01.03.01

2010 EP: 2

2010 EP Text:

The organization identifies its risks for acquiring and spreading infections based on the following: The care, treatment, and services it provides.

2010 Standard: IC.01.03.01

2010 EP: 3

2010 EP Text:

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.

2010 Standard: IC.01.03.01

2010 EP: 4

2010 EP Text:

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.

Standard IC.2.10**2009 Standard Text:**

The infection control program identifies risks for the acquisition and transmission of infectious agents on an ongoing basis.

2009 Standard: IC.2.10

2009 EP: 1

2009 EP Text:

Revision Code: Split

The {jc}organization{/2} identifies risks for the transmission and acquisition of infectious agents throughout the {jc}organization{/2} based on the following factors: The geographic location and community environment of the {jc}organization{/2}, program/services provided, and the characteristics of the population served The results of the analysis of the {jc}organization{/2}'s infection prevention and control data The care, treatment, and services provided

2009 Standard: IC.2.10

2009 EP: 1

2009 EP Text:

Revision Code: Split

The {jc}organization{/2} identifies risks for the transmission and acquisition of infectious agents throughout the {jc}organization{/2} based on the following factors: The geographic location and community environment of the {jc}organization{/2}, program/services provided, and the characteristics of the population served The results of the analysis of the {jc}organization{/2}'s infection prevention and control data The care, treatment, and services provided

2009 Standard: IC.2.10

2009 EP: 3

2009 EP Text:

Revision Code: Retain

Surveillance activities, including data collection and analysis, are used to identify infection prevention and control risks pertaining to the following: {jc}Patients{/6} Licensed independent practitioners, staff, volunteers, and student/trainees Visitors and families, as warranted

2009 Standard: IC.2.10

2009 EP: 2

2009 EP Text:

Revision Code: Retain

The risk analysis is formally reviewed at least annually and whenever significant changes occur in any of the above factors.

2010 Standard: IC.01.03.01**2010 EP:** 5**2010 EP Text:**

The organization prioritizes its identified risks for acquiring and spreading infections. These prioritized risks are documented.

2009 Standard: IC.3.10**2009 EP:** 1**2009 EP Text:****Revision Code:** Split

Priorities are established and goals related to preventing the acquisition and transmission of potentially infectious agents are developed based on the risks identified.

2010 Standard: IC.01.03.01**2010 EP:** 5**2010 EP Text:**

The organization prioritizes its identified risks for acquiring and spreading infections. These prioritized risks are documented.

2009 Standard: IC.1.10**2009 EP:** 9**2009 EP Text:****Revision Code:** Split

The {jc}organization{/2} has a written IC plan* that includes the following: A description of prioritized risksA statement of the goals of the IC programA description of the {jc}organization{/2}'s strategies to minimize, reduce, or eliminate the prioritized risksA description of how the strategies will be evaluated*Written plan A succinct, useful document, formulated beforehand, that identifies needs, lists strategies to meet those needs, and sets goals and objectives. The format of the ""plan"" may include narratives, policies and procedures, protocols, practice guidelines, clinical paths, care maps, or a combination of these.

Standard IC.01.04.01**2010 Standard Text:**

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.

2010 Standard: IC.01.04.01

2010 EP: 1

2010 EP Text:

The organization's written infection prevention and control goals are based on its prioritized risks.

2010 Standard: IC.01.04.01

2010 EP: 1

2010 EP Text:

The organization's written infection prevention and control goals are based on its prioritized risks.

2010 Standard: IC.01.04.01

2010 EP: 2

2010 EP Text:

The organization's written infection prevention and control goals include the following: Limiting unprotected exposure to pathogens.

Standard IC.3.10**2009 Standard Text:**

Based on risks, the {jc}organization{/2} establishes priorities and sets goals for preventing the development of health care-associated infections within the {jc}organization{/2}.

2009 Standard: IC.3.10

2009 EP: 1

2009 EP Text:

Revision Code: Split

Priorities are established and goals related to preventing the acquisition and transmission of potentially infectious agents are developed based on the risks identified.

2009 Standard: IC.1.10

2009 EP: 9

2009 EP Text:

Revision Code: Split

The {jc}organization{/2} has a written IC plan* that includes the following: A description of prioritized risksA statement of the goals of the IC programA description of the {jc}organization{/2}'s strategies to minimize, reduce, or eliminate the prioritized risksA description of how the strategies will be evaluated*Written plan A succinct, useful document, formulated beforehand, that identifies needs, lists strategies to meet those needs, and sets goals and objectives. The format of the ""plan"" may include narratives, policies and procedures, protocols, practice guidelines, clinical paths, care maps, or a combination of these.

2009 Standard: IC.3.10

2009 EP: 2

2009 EP Text:

Revision Code: Retain

These goals include, but are not limited to, the following: Limiting unprotected exposure to pathogens throughout the {jc}organization{/2}

2010 Standard: IC.01.04.01**2010 EP:** 2**2010 EP Text:**

The organization's written infection prevention and control goals include the following: Limiting unprotected exposure to pathogens.

2009 Standard: IC.1.10**2009 EP:** 9**2009 EP Text:****Revision Code:** Split

The {jc}organization{/2} has a written IC plan* that includes the following: A description of prioritized risksA statement of the goals of the IC programA description of the {jc}organization{/2}'s strategies to minimize, reduce, or eliminate the prioritized risksA description of how the strategies will be evaluated*Written plan A succinct, useful document, formulated beforehand, that identifies needs, lists strategies to meet those needs, and sets goals and objectives. The format of the ""plan"" may include narratives, policies and procedures, protocols, practice guidelines, clinical paths, care maps, or a combination of these.

2010 Standard: IC.01.04.01**2010 EP:** 3**2010 EP Text:**

The organization's written infection prevention and control goals include the following: Limiting the spread of infections associated with resident care procedures.

2009 Standard: IC.3.10**2009 EP:** 5**2009 EP Text:****Revision Code:** Split

These goals include, but are not limited to, the following: Minimizing the risk of transmitting infections associated with the use of procedures, medical equipment, and medical devices.

2010 Standard: IC.01.04.01**2010 EP:** 3**2010 EP Text:**

The organization's written infection prevention and control goals include the following: Limiting the spread of infections associated with resident care procedures.

2009 Standard: IC.1.10**2009 EP:** 9**2009 EP Text:****Revision Code:** Split

The {jc}organization{/2} has a written IC plan* that includes the following: A description of prioritized risksA statement of the goals of the IC programA description of the {jc}organization{/2}'s strategies to minimize, reduce, or eliminate the prioritized risksA description of how the strategies will be evaluated*Written plan A succinct, useful document, formulated beforehand, that identifies needs, lists strategies to meet those needs, and sets goals and objectives. The format of the ""plan"" may include narratives, policies and procedures, protocols, practice guidelines, clinical paths, care maps, or a combination of these.

2010 Standard: IC.01.04.01**2010 EP:** 4**2010 EP Text:**

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.

2009 Standard: IC.3.10**2009 EP:** 5**2009 EP Text:****Revision Code:** Split

These goals include, but are not limited to, the following: Minimizing the risk of transmitting infections associated with the use of procedures, medical equipment, and medical devices.

2010 Standard: IC.01.04.01**2010 EP:** 4**2010 EP Text:**

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.

2009 Standard: IC.1.10**2009 EP:** 9**2009 EP Text:****Revision Code:** Split

The {jc}organization{/2} has a written IC plan* that includes the following: A description of prioritized risksA statement of the goals of the IC programA description of the {jc}organization{/2}'s strategies to minimize, reduce, or eliminate the prioritized risksA description of how the strategies will be evaluated*Written plan A succinct, useful document, formulated beforehand, that identifies needs, lists strategies to meet those needs, and sets goals and objectives. The format of the ""plan"" may include narratives, policies and procedures, protocols, practice guidelines, clinical paths, care maps, or a combination of these.

2010 Standard: IC.01.04.01**2010 EP:** 5**2010 EP Text:**

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)

2009 Standard: IC.3.10**2009 EP:** 3**2009 EP Text:****Revision Code:** Retain

These goals include, but are not limited to, the following: Enhancing hand hygiene

Standard IC.01.05.01**2010 Standard Text:**

The organization has an infection prevention and control plan.

2010 Standard: IC.01.05.01

2010 EP: 1

2010 EP Text:

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.

2010 Standard: IC.01.05.01

2010 EP: 2

2010 EP Text:

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.

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.

Standard IC.4.10**2009 Standard Text:**

Once the {jc}organization{/2} has prioritized its goals, strategies must be implemented to achieve those goals.

2009 Standard: IC.4.10

2009 EP: 1

2009 EP Text:

Revision Code: Retain

Interventions are designed to incorporate relevant guidelines* for infection prevention and control activities. *Examples of guidelines include those offered by the CDC, Healthcare Infection Control Practices Advisory Committee (HICPAC), and National Quality Forum (NQF).

2009 Standard: IC.1.10

2009 EP: 9

2009 EP Text:

Revision Code: Split

The {jc}organization{/2} has a written IC plan* that includes the following: A description of prioritized risksA statement of the goals of the IC programA description of the {jc}organization{/2}'s strategies to minimize, reduce, or eliminate the prioritized risksA description of how the strategies will be evaluated*Written plan A succinct, useful document, formulated beforehand, that identifies needs, lists strategies to meet those needs, and sets goals and objectives. The format of the ""plan"" may include narratives, policies and procedures, protocols, practice guidelines, clinical paths, care maps, or a combination of these.

2010 Standard: IC.01.05.01**2010 EP:** 3**2010 EP Text:**

The organization's written infection prevention and control plan includes a description of the process to evaluate the infection prevention and control plan.

2009 Standard: IC.1.10**2009 EP:** 9**2009 EP Text:****Revision Code:** Split

The {jc}organization{/2} has a written IC plan* that includes the following: A description of prioritized risksA statement of the goals of the IC programA description of the {jc}organization{/2}'s strategies to minimize, reduce, or eliminate the prioritized risksA description of how the strategies will be evaluated*Written plan A succinct, useful document, formulated beforehand, that identifies needs, lists strategies to meet those needs, and sets goals and objectives. The format of the ""plan"" may include narratives, policies and procedures, protocols, practice guidelines, clinical paths, care maps, or a combination of these.

2010 Standard: IC.01.05.01**2010 EP:** 4**2010 EP Text:**

The organization has written infection prevention and control policies for the following departments:

- 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.

2009 Standard: IC.1.10**2009 EP:** 8**2009 EP Text:****Revision Code:** Retain

Written policies and procedures include at least the following departments' participation in infection prevention and control activities: clinical services, food services, housekeeping, maintenance, and laundry services, hotel service (for example, beauty shops), {jc}patient{/1} activities, and staff health.

2010 Standard: IC.01.05.01**2010 EP:** 5**2010 EP Text:**

The organization describes, in writing, the process for investigating outbreaks of infectious disease. (See also IC.02.01.01, EP 5)

2009 Standard: IC.1.10**2009 EP:** 6**2009 EP Text:****Revision Code:** Split

Systems for the investigation of outbreaks of infectious diseases are in place.

2010 Standard: IC.01.05.01**2010 EP:** 6**2010 EP Text:**

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)

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.

2010 Standard: IC.01.05.01**2010 EP:** 7**2010 EP Text:**

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.

2010 Standard: IC.01.05.01**2010 EP:** 8**2010 EP Text:**

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)

Note: Other Joint Commission expectations for reporting infection surveillance, prevention, and control information can be found in the sentinel event reporting procedures.

2009 Standard: IC.1.10**2009 EP:** 3**2009 EP Text:**

All applicable organizational components and functions are integrated into the IC program.

Revision Code: Retain**2009 Standard:** IC.1.10**2009 EP:** 4**2009 EP Text:**

Systems are in place to communicate with licensed independent practitioners, staff, students/trainees, volunteers, and as appropriate, visitors, {jc}patients{/6}, and families about infection prevention and control issues, including their responsibilities in preventing the spread of infection within the {jc}organization{/2}.

Revision Code: Split**2009 Standard:** IC.1.10**2009 EP:** 5**2009 EP Text:**

The {jc}organization{/2} has systems for reporting infection surveillance, prevention, and control information to the following: The appropriate staff within the {jc}organization{/2} Federal, state, and local public health authorities in accordance with law and regulation Accrediting bodies (see Sentinel Event Reporting, pages XX- XX, and National Patient Safety Goals, pages XX- XX) The referring or receiving organization when a {jc}patient{/1} was transferred or referred and the presence of an infection was not known at the time of transfer or referral Note: When a referring organization becomes aware that a {jc}patient{/1} they have transferred has an active infection for which treatment should start or change, the referring organization communicates this to the receiving organization. If a receiving organization identifies an infection not identified by the referring organization (such as an infected wound), the receiving organization should communicate the omission to the referring organization. This action will aid the referring organization's improvement efforts.

Revision Code: Split

Standard IC.01.06.01**2010 Standard Text:**

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

2010 Standard: IC.01.06.01

2010 EP: 1

2010 EP Text:

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.

2010 Standard: IC.01.06.01

2010 EP: 2

2010 EP Text:

The organization obtains current clinical and epidemiological information from its resources regarding new infections that could cause an increased number of potentially infectious residents.

2010 Standard: IC.01.06.01

2010 EP: 3

2010 EP Text:

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.

Standard IC.6.10**2009 Standard Text:**

As part of its emergency management activities, the {jc}organization{/2} prepares to respond to an influx, or the risk of an influx, of infectious {jc}patients{/6}.

2009 Standard: IC.6.10

2009 EP: 3

2009 EP Text:

Revision Code: Split

The {jc}organization{/2} does the following: Determines how it will keep abreast of current information about the emergence of epidemics or new infections which may result in the {jc}organization{/2} activating its responseDetermines how it will disseminate critical information to staff and other key practitionersIdentifies resources in the community (through local, state and/or federal public health systems) for obtaining additional information

2009 Standard: IC.6.10

2009 EP: 3

2009 EP Text:

Revision Code: Split

The {jc}organization{/2} does the following: Determines how it will keep abreast of current information about the emergence of epidemics or new infections which may result in the {jc}organization{/2} activating its responseDetermines how it will disseminate critical information to staff and other key practitionersIdentifies resources in the community (through local, state and/or federal public health systems) for obtaining additional information

2009 Standard: IC.6.10

2009 EP: 3

2009 EP Text:

Revision Code: Split

The {jc}organization{/2} does the following: Determines how it will keep abreast of current information about the emergence of epidemics or new infections which may result in the {jc}organization{/2} activating its responseDetermines how it will disseminate critical information to staff and other key practitionersIdentifies resources in the community (through local, state and/or federal public health systems) for obtaining additional information

2010 Standard: IC.01.06.01 **2010 EP:** 4
2010 EP Text:
 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.

2009 Standard: IC.6.10 **2009 EP:** 1
2009 EP Text: **Revision Code:** Retain
 The {jc}organization{/2} determines its response to an influx or risk of an influx of infectious {jc}patients{/6}.

2010 Standard: IC.01.06.01 **2010 EP:** 5
2010 EP Text:
 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.

2009 Standard: IC.6.10 **2009 EP:** 2
2009 EP Text: **Revision Code:** Split
 If the {jc}organization{/2} will continue to accept or treat patients, then the {jc}organization{/2} has a plan for managing an ongoing influx of potentially infectious {jc}patients{/6} over an extended period.

2010 Standard: IC.01.06.01 **2010 EP:** 6
2010 EP Text:
 When the organization determines it is necessary, the organization activates its response to an increased number of potentially infectious residents.

2009 Standard: IC.6.10 **2009 EP:** 2
2009 EP Text: **Revision Code:** Split
 If the {jc}organization{/2} will continue to accept or treat patients, then the {jc}organization{/2} has a plan for managing an ongoing influx of potentially infectious {jc}patients{/6} over an extended period.

Standard IC.02.01.01**2010 Standard Text:**

The organization implements its infection prevention and control plan.

2010 Standard: IC.02.01.01

2010 EP: 1

2010 EP Text:

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.

2010 Standard: IC.02.01.01

2010 EP: 2

2010 EP Text:

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).

Standard IC.4.10**2009 Standard Text:**

Once the {jc}organization{/2} has prioritized its goals, strategies must be implemented to achieve those goals.

2009 Standard: IC.4.10

2009 EP: 3

2009 EP Text:

Revision Code: Split

Interventions are implemented which include the following: Methods to reduce the risks associated with procedures, medical equipment*, and medical devices, including the following: Appropriate storage, cleaning, disinfection, sterilization, and/or disposal of supplies and equipment Reuse of equipment designated by the manufacturer as disposable in a manner that is consistent with regulatory and professional standards The appropriate use of personal protective equipment* Medical equipment Fixed and portable equipment used for the diagnosis, treatment, monitoring, and direct care of individuals.

2009 Standard: IC.4.10

2009 EP: 3

2009 EP Text:

Revision Code: Split

Interventions are implemented which include the following: Methods to reduce the risks associated with procedures, medical equipment*, and medical devices, including the following: Appropriate storage, cleaning, disinfection, sterilization, and/or disposal of supplies and equipment Reuse of equipment designated by the manufacturer as disposable in a manner that is consistent with regulatory and professional standards The appropriate use of personal protective equipment* Medical equipment Fixed and portable equipment used for the diagnosis, treatment, monitoring, and direct care of individuals.

2010 Standard: IC.02.01.01**2010 EP:** 3**2010 EP Text:**

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).

2009 Standard: IC.4.10**2009 EP:** 4**2009 EP Text:****Revision Code:** Retain

Implementation of applicable precautions as appropriate based on the following: The potential for transmission The mechanism of transmission The care, treatment, and service setting The emergence and reemergence of pathogens in the community that could affect the {jc}organization{/2}

2010 Standard: IC.02.01.01**2010 EP:** 5**2010 EP Text:**

The organization investigates outbreaks of infectious disease as described in its process. (See also IC.01.05.01, EP 5)

2009 Standard: IC.1.10**2009 EP:** 6**2009 EP Text:****Revision Code:** Split

Systems for the investigation of outbreaks of infectious diseases are in place.

2010 Standard: IC.02.01.01**2010 EP:** 6**2010 EP Text:**

The organization minimizes the risk of infection when storing and disposing of infectious waste. (See also EC.02.02.01, EP 1)

2009 Standard: EC.3.10**2009 EP:** 6**2009 EP Text:****Revision Code:** Retain

The {jc}organization{/2} establishes and implements processes for selecting, handling, storing, transporting, using, and disposing of hazardous materials and waste from receipt or generation through use and/or final disposal, including managing the following: Infectious and regulated medical wastes, including sharps

2010 Standard: IC.02.01.01**2010 EP:** 7**2010 EP Text:**

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.

2009 Standard: IC.1.10**2009 EP:** 4**2009 EP Text:****Revision Code:** Split

Systems are in place to communicate with licensed independent practitioners, staff, students/trainees, volunteers, and as appropriate, visitors, {jc}patients{/6}, and families about infection prevention and control issues, including their responsibilities in preventing the spread of infection within the {jc}organization{/2}.

2010 Standard: IC.02.01.01

2010 EP: 8

2010 EP Text:

The organization reports infection surveillance, prevention, and control information to organization staff consistent with their responsibilities for infection prevention and control activities.

2009 Standard: IC.1.10

2009 EP: 5

2009 EP Text:

Revision Code: Split

The {jc}organization{/2} has systems for reporting infection surveillance, prevention, and control information to the following: The appropriate staff within the {jc}organization{/2}Federal, state, and local public health authorities in accordance with law and regulationAccrediting bodies (see Sentinel Event Reporting, pages XX- XX, and National Patient Safety Goals, pages XX- XX)The referring or receiving organization when a {jc}patient{/1} was transferred or referred and the presence of an infection was not known at the time of transfer or referral Note: When a referring organization becomes aware that a {jc}patient{/1} they have transferred has an active infection for which treatment should start or change, the referring organization communicates this to the receiving organization. If a receiving organization identifies an infection not identified by the referring organization (such as an infected wound), the receiving organization should communicate the omission to the referring organization. This action will aid the referring organization’s improvement efforts.

2010 Standard: IC.02.01.01

2010 EP: 9

2010 EP Text:

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.

2009 Standard: IC.1.10

2009 EP: 5

2009 EP Text:

Revision Code: Split

The {jc}organization{/2} has systems for reporting infection surveillance, prevention, and control information to the following: The appropriate staff within the {jc}organization{/2}Federal, state, and local public health authorities in accordance with law and regulationAccrediting bodies (see Sentinel Event Reporting, pages XX- XX, and National Patient Safety Goals, pages XX- XX)The referring or receiving organization when a {jc}patient{/1} was transferred or referred and the presence of an infection was not known at the time of transfer or referral Note: When a referring organization becomes aware that a {jc}patient{/1} they have transferred has an active infection for which treatment should start or change, the referring organization communicates this to the receiving organization. If a receiving organization identifies an infection not identified by the referring organization (such as an infected wound), the receiving organization should communicate the omission to the referring organization. This action will aid the referring organization’s improvement efforts.

2010 Standard: IC.02.01.01

2010 EP: 10

2010 EP Text:

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.

2009 Standard: IC.1.10

2009 EP: 5

2009 EP Text:

Revision Code: Split

The {jc}organization{/2} has systems for reporting infection surveillance, prevention, and control information to the following: The appropriate staff within the {jc}organization{/2}Federal, state, and local public health authorities in accordance with law and regulationAccrediting bodies (see Sentinel Event Reporting, pages XX- XX, and National Patient Safety Goals, pages XX- XX)The referring or receiving organization when a {jc}patient{/1} was transferred or referred and the presence of an infection was not known at the time of transfer or referral Note: When a referring organization becomes aware that a {jc}patient{/1} they have transferred has an active infection for which treatment should start or change, the referring organization communicates this to the receiving organization. If a receiving organization identifies an infection not identified by the referring organization (such as an infected wound), the receiving organization should communicate the omission to the referring organization. This action will aid the referring organization's improvement efforts.

2010 Standard: IC.02.01.01

2010 EP: 11

2010 EP Text:

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.

2009 Standard: IC.1.10

2009 EP: 5

2009 EP Text:

Revision Code: Split

The {jc}organization{/2} has systems for reporting infection surveillance, prevention, and control information to the following: The appropriate staff within the {jc}organization{/2}Federal, state, and local public health authorities in accordance with law and regulationAccrediting bodies (see Sentinel Event Reporting, pages XX- XX, and National Patient Safety Goals, pages XX- XX)The referring or receiving organization when a {jc}patient{/1} was transferred or referred and the presence of an infection was not known at the time of transfer or referral Note: When a referring organization becomes aware that a {jc}patient{/1} they have transferred has an active infection for which treatment should start or change, the referring organization communicates this to the receiving organization. If a receiving organization identifies an infection not identified by the referring organization (such as an infected wound), the receiving organization should communicate the omission to the referring organization. This action will aid the referring organization's improvement efforts.

2010 Standard: IC.02.01.01

2010 EP: 13

2010 EP Text:

The organization reduces the risks associated with animals in the facility, including potential problems with cleanliness, immunizations, and management of waste.

2009 Standard: IC.4.10

2009 EP: 8

2009 EP Text:

Revision Code: Retain

Reduction of risks associated with animals brought into the {jc}organization{/2} (such as, management of animal waste).

Standard IC.02.02.01**2010 Standard Text:**

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

2010 Standard: IC.02.02.01

2010 EP: 1

2010 EP Text:

The organization implements infection prevention and control activities when doing the following: Cleaning and performing low-level disinfection of medical equipment, devices, and supplies.

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.

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).

2010 Standard: IC.02.02.01

2010 EP: 2

2010 EP Text:

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.

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.

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).

Standard IC.4.10**2009 Standard Text:**

Once the {jc}organization{/2} has prioritized its goals, strategies must be implemented to achieve those goals.

2009 Standard: IC.4.10

2009 EP: 3

2009 EP Text:

Revision Code: Split

Interventions are implemented which include the following: Methods to reduce the risks associated with procedures, medical equipment*, and medical devices, including the following: Appropriate storage, cleaning, disinfection, sterilization, and/or disposal of supplies and equipment Reuse of equipment designated by the manufacturer as disposable in a manner that is consistent with regulatory and professional standards The appropriate use of personal protective equipment* Medical equipment Fixed and portable equipment used for the diagnosis, treatment, monitoring, and direct care of individuals.

2009 Standard: IC.4.10

2009 EP: 3

2009 EP Text:

Revision Code: Split

Interventions are implemented which include the following: Methods to reduce the risks associated with procedures, medical equipment*, and medical devices, including the following: Appropriate storage, cleaning, disinfection, sterilization, and/or disposal of supplies and equipment Reuse of equipment designated by the manufacturer as disposable in a manner that is consistent with regulatory and professional standards The appropriate use of personal protective equipment* Medical equipment Fixed and portable equipment used for the diagnosis, treatment, monitoring, and direct care of individuals.

2010 Standard: IC.02.02.01**2010 EP:** 3**2010 EP Text:**

The organization implements infection prevention and control activities when doing the following: Disposing of medical equipment, devices, and supplies.

2009 Standard: IC.4.10**2009 EP:** 3**2009 EP Text:****Revision Code:** Split

Interventions are implemented which include the following: Methods to reduce the risks associated with procedures, medical equipment*, and medical devices, including the following: Appropriate storage, cleaning, disinfection, sterilization, and/or disposal of supplies and equipment Reuse of equipment designated by the manufacturer as disposable in a manner that is consistent with regulatory and professional standards The appropriate use of personal protective equipment* Medical equipment Fixed and portable equipment used for the diagnosis, treatment, monitoring, and direct care of individuals.

2010 Standard: IC.02.02.01**2010 EP:** 4**2010 EP Text:**

The organization implements infection prevention and control activities when doing the following: Storing medical equipment, devices, and supplies.

2009 Standard: IC.4.10**2009 EP:** 3**2009 EP Text:****Revision Code:** Split

Interventions are implemented which include the following: Methods to reduce the risks associated with procedures, medical equipment*, and medical devices, including the following: Appropriate storage, cleaning, disinfection, sterilization, and/or disposal of supplies and equipment Reuse of equipment designated by the manufacturer as disposable in a manner that is consistent with regulatory and professional standards The appropriate use of personal protective equipment* Medical equipment Fixed and portable equipment used for the diagnosis, treatment, monitoring, and direct care of individuals.

2010 Standard: IC.02.02.01**2010 EP:** 5**2010 EP Text:**

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

2009 Standard: IC.4.10**2009 EP:** 3**2009 EP Text:****Revision Code:** Split

Interventions are implemented which include the following: Methods to reduce the risks associated with procedures, medical equipment*, and medical devices, including the following: Appropriate storage, cleaning, disinfection, sterilization, and/or disposal of supplies and equipment Reuse of equipment designated by the manufacturer as disposable in a manner that is consistent with regulatory and professional standards The appropriate use of personal protective equipment* Medical equipment Fixed and portable equipment used for the diagnosis, treatment, monitoring, and direct care of individuals.

Standard IC.02.03.01**2010 Standard Text:**

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

2010 Standard: IC.02.03.01

2010 EP: 1

2010 EP Text:

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.

2010 Standard: IC.02.03.01

2010 EP: 2

2010 EP Text:

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.

2010 Standard: IC.02.03.01

2010 EP: 3

2010 EP Text:

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.

2010 Standard: IC.02.03.01

2010 EP: 4

2010 EP Text:

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.

Standard IC.4.10**2009 Standard Text:**

Once the {jc}organization{/2} has prioritized its goals, strategies must be implemented to achieve those goals.

2009 Standard: IC.4.10

2009 EP: 5

2009 EP Text:

Revision Code: Retain

Interventions are implemented which include the following: Screening for exposure and/or immunity to infectious diseases that licensed independent practitioners, staff, student/trainees, and volunteers may come in contact with in their work is available as warranted

2009 Standard: IC.4.10

2009 EP: 6

2009 EP Text:

Revision Code: Retain

Interventions are implemented which include the following: Referral for assessment, potential testing, immunization and/or prophylaxis/treatment, and counseling as appropriate of licensed independent practitioners, staff, students/trainees, and volunteers who are identified as potentially having an infectious disease or risk of infectious disease that may put the population they serve at risk

2009 Standard: IC.4.10

2009 EP: 7

2009 EP Text:

Revision Code: Split

Interventions are implemented which include the following: Referral for assessment, potential testing, immunization and/or prophylaxis/treatment, and counseling as appropriate of {jc}patient{/1}s, students/trainees, and volunteers who have been exposed to infectious disease(s) at the {jc}organization{/2} and licensed independent practitioners or staff who are occupationally exposed.

2009 Standard: IC.4.10

2009 EP: 7

2009 EP Text:

Revision Code: Split

Interventions are implemented which include the following: Referral for assessment, potential testing, immunization and/or prophylaxis/treatment, and counseling as appropriate of {jc}patient{/1}s, students/trainees, and volunteers who have been exposed to infectious disease(s) at the {jc}organization{/2} and licensed independent practitioners or staff who are occupationally exposed.

Standard IC.02.04.01**2010 Standard Text:**

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

2010 Standard: IC.02.04.01

2010 EP: 1

2010 EP Text:

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.

2010 Standard: IC.02.04.01

2010 EP: 2

2010 EP Text:

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)

2010 Standard: IC.02.04.01

2010 EP: 3

2010 EP Text:

The organization provides influenza vaccination at sites accessible to licensed independent practitioners and staff.

2010 Standard: IC.02.04.01

2010 EP: 4

2010 EP Text:

The organization annually evaluates vaccination rates and the reasons given for not accepting the influenza vaccination.

2010 Standard: IC.02.04.01

2010 EP: 5

2010 EP Text:

The organization takes steps to increase influenza vaccination rates among staff and licensed independent practitioners.

Standard IC.4.15**2009 Standard Text:**

Immunization against influenza is offered to staff* and licensed independent practitioners. *The requirements in standard IC.4.15 do not apply to students.

2009 Standard: IC.4.15

2009 EP: 1

2009 EP Text:

Revision Code: Retain

The {jc}organization{/2} establishes an annual influenza vaccination program that includes at least staff and licensed independent practitioners.

2009 Standard: IC.4.15

2009 EP: 3

2009 EP Text:

Revision Code: Retain

The {jc}organization{/2} educates staff and licensed independent practitioners about the following:Flu vaccinationNon-vaccine control measures (such as the use of appropriate precautions)The diagnosis, transmission, and potential impact of influenza

2009 Standard: IC.4.15

2009 EP: 2

2009 EP Text:

Revision Code: Retain

The {jc}organization{/2} provides access to influenza vaccination on-site

2009 Standard: IC.4.15

2009 EP: 4

2009 EP Text:

Revision Code: Retain

The {jc}organization{/2} annually evaluates vaccination rates and reasons for non-participation in the {jc}organization{/2}'s immunization program

2009 Standard: IC.4.15

2009 EP: 5

2009 EP Text:

Revision Code: Retain

The {jc}organization{/2} implements enhancements to the program to increase participation.

Standard IC.03.01.01**2010 Standard Text:**

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

2010 Standard: IC.03.01.01

2010 EP: 1

2010 EP Text:

The organization evaluates the effectiveness of its infection prevention and control plan annually and whenever a change in risks impacts the organization.

2010 Standard: IC.03.01.01

2010 EP: 2

2010 EP Text:

The evaluation includes a review of the following: The infection prevention and control plan's prioritized risks.

2010 Standard: IC.03.01.01

2010 EP: 3

2010 EP Text:

The evaluation includes a review of the following: The infection prevention and control plan's goals. (See also NPSG.07.01.01, EP 2)

2010 Standard: IC.03.01.01

2010 EP: 4

2010 EP Text:

The evaluation includes a review of the following: Implementation of the infection prevention and control plan's activities.

2010 Standard: IC.03.01.01

2010 EP: 6

2010 EP Text:

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)

Standard IC.5.10**2009 Standard Text:**

The infection control program evaluates the effectiveness of the infection control interventions and, as necessary, redesigns the infection control interventions.

2009 Standard: IC.5.10

2009 EP: 1

2009 EP Text:

Revision Code: Split

The {jc}organization{/2} formally evaluates and revises the goals and program (or portions of the program) at least annually and whenever risks significantly change.

2009 Standard: IC.5.10

2009 EP: 1

2009 EP Text:

Revision Code: Split

The {jc}organization{/2} formally evaluates and revises the goals and program (or portions of the program) at least annually and whenever risks significantly change.

2009 Standard: IC.5.10

2009 EP: 1

2009 EP Text:

Revision Code: Split

The {jc}organization{/2} formally evaluates and revises the goals and program (or portions of the program) at least annually and whenever risks significantly change.

2009 Standard: IC.5.10

2009 EP: 1

2009 EP Text:

Revision Code: Split

The {jc}organization{/2} formally evaluates and revises the goals and program (or portions of the program) at least annually and whenever risks significantly change.

2009 Standard: IC.9.10

2009 EP: 1

2009 EP Text:

Revision Code: Retain

The effectiveness of the {jc}organization{/2}'s infection prevention and control activities is reviewed on an ongoing basis, and findings are reported to the integrated {jc}patient{/1} safety program at least annually.

2010 Standard: IC.03.01.01**2010 EP:** 7**2009 Standard:** IC.5.10**2009 EP:** 1**2010 EP Text:**

The organization uses the findings of its evaluation of the infection prevention and control plan when revising the plan.

2009 EP Text:

The {jc}organization{/2} formally evaluates and revises the goals and program (or portions of the program) at least annually and whenever risks significantly change.

Revision Code: Split