

History Tracking Report: 2009 to 2010 Requirements

Accreditation Program: Behavioral Health Care

2009 Chapter: Surveillance, Prevention, and Control of Infection

Standard IC.1.10

2009 Standard Text:

The risk of development of an infection is minimized through an organizationwide infection control program.

2009 Standard: IC.1.10

2009 EP: 1

2009 EP Text:

An organizationwide IC program is implemented.

Revision Type: Delete:NE

2009 Standard: IC.1.10

2009 EP: 2

2009 EP Text:

Individuals and/or positions with the authority to take steps to prevent or control the acquisition and transmission of infectious agents are identified.

Revision Type: Delete:NE

2009 Standard: IC.1.10

2009 EP: 3

2009 EP Text:

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

Revision Type: Retain

2009 Standard: IC.1.10

2009 EP: 4

2009 EP Text:

Systems are in place to communicate with, 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.

Revision Type: Split

Standard IC.01.01.01

2010 Standard Text:

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

2010 Standard: N/A

2010 EP Text:

No EP

2010 Standard: N/A

2010 EP Text:

No EP

2010 Standard: IC.01.05.01

2010 EP: 6

2010 EP Text:

Everyone who works in the organization has responsibilities for preventing and controlling infection. (See also HR.01.04.01, EP 4)

2010 Standard: IC.01.05.01

2010 EP: 7

2010 EP Text:

For 24-hour care settings: The organization has a method for communicating responsibilities for preventing and controlling infection to staff and individuals served. (See also IC.02.01.01, EP 7)

Note: The communication can be verbal or written, using posters, brochures, or other resources.

2009 Standard: IC.1.10**2009 EP:** 4**2009 EP Text:**

Systems are in place to communicate with, 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.

Revision Type: Split**2010 Standard:** IC.02.01.01**2010 EP:** 7**2010 EP Text:**

For 24-hour care settings: The organization communicates to staff and individuals served and, when permitted by individuals served, their families about their respective roles in preventing and controlling infection. (See also HR.01.04.01, EP 4; IC.01.05.01, EP 7)

Note: The communication can be verbal or written, using posters, brochures, or other resources.

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 regulationAccrediting bodies (see Sentinel Event Reporting,pages XX-XX, and National Patient Safety Goals, pages XX-XX)

Revision Type: Split**2010 Standard:** IC.01.05.01**2010 EP:** 8**2010 EP Text:**

The organization identifies methods for reporting infections to local, state, and federal public health authorities in accordance with law and regulation.

Note: The local health department can provide guidance about what types of infections should be reported.

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 regulationAccrediting bodies (see Sentinel Event Reporting,pages XX-XX, and National Patient Safety Goals, pages XX-XX)

Revision Type: Split**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:**

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)

Revision Type: Split**2010 Standard:** IC.02.01.01**2010 EP:** 9**2010 EP Text:**

The organization reports information about the occurrence of infections to local, state, and federal public health authorities in accordance with law and regulation. (See also IC.03.01.01, EP 6)

Note: The local health department can provide guidance about what types of infections should be reported.

2009 Standard: IC.1.10**2009 EP:** 6**2010 Standard:** IC.01.05.01**2010 EP:** 5**2009 EP Text:****Revision Type:** Split**2010 EP Text:**

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

The organization describes in writing its response when it becomes aware of or is notified of an outbreak of infectious disease among its staff or individuals served. (See also IC.02.01.01, EP 5)

Note: An outbreak is an occurrence of more than expected cases of disease or other health condition among a specific group during a specified time frame, exceeding the typical number of cases for that setting. In some cases the behavioral health care organization may not be aware that an outbreak has occurred until it is notified by an external entity. When the organization does become aware of an outbreak in its organization, its response should be immediate and practical. It may include measures such as notifying staff and individuals served that they may have been exposed, contacting the health department for guidance, or closing temporarily to properly disinfect the setting.

2009 Standard: IC.1.10**2009 EP:** 6**2010 Standard:** IC.02.01.01**2010 EP:** 5**2009 EP Text:****Revision Type:** Split**2010 EP Text:**

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

To prevent the spread of infections, the organization investigates outbreaks of infectious disease within the organization. (See also IC.01.05.01, EP 5)

Note: An outbreak is an occurrence of more than expected cases of disease or other health condition among a specific group during a specified time frame, exceeding the typical number of cases for that setting. In some cases the behavioral health care organization may not be aware that an outbreak has occurred until it is notified by an external entity. When the organization does become aware of an outbreak in its organization, its response should be immediate and practical. It may include measures such as notifying staff and individuals served that they may have been exposed, contacting the health department for guidance, or closing temporarily to properly disinfect the setting.

2009 Standard: IC.1.10**2009 EP:** 7**2010 Standard:** N/A**2009 EP Text:****Revision Type:** Delete:Redun**2010 EP Text:**

Applicable policies and procedures are in place throughout the {c}organization{/2}.

No EP

2009 Standard: IC.1.10

2009 EP: 9

2010 Standard: IC.01.03.01

2010 EP: 5

2009 EP Text:

Revision Type: Split

2010 EP Text:

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.

The organization establishes priorities among the risks it identified. The organization documents priority risk(s).

2009 Standard: IC.1.10

2009 EP: 9

2010 Standard: IC.01.04.01

2010 EP: 1

2009 EP Text:

Revision Type: Split

2010 EP Text:

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.

The organization's written infection prevention and control goals include the following: Addressing its priority risk(s).

2009 Standard: IC.1.10

2009 EP: 9

2010 Standard: IC.01.04.01

2010 EP: 2

2009 EP Text:

Revision Type: Split

2010 EP Text:

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.

The organization's written infection prevention and control goals include the following: Limiting unprotected exposure to germs.
Note: One method to limit exposure is to follow basic hygiene practices.

2009 Standard: IC.1.10**2009 EP:** 9**2009 EP Text:**

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.

Revision Type: Split**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 supplies (such as needles and syringes) and devices (such as the organization's glucose meters).

2009 Standard: IC.1.10**2009 EP:** 9**2009 EP Text:**

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.

Revision Type: Split**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 staff compliance with hand hygiene guidelines. (See also NPSG.07.01.01, EP 1)

2009 Standard: IC.1.10**2009 EP:** 9**2009 EP Text:**

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.

Revision Type: Split**2010 Standard:** IC.01.05.01**2010 EP:** 2**2010 EP Text:**

The organization's infection prevention and control plan includes a written description of the activities, including surveillance, to minimize or reduce the risk of infection.
Note: The purpose of surveillance is to support the organization's efforts to reduce the risk of spreading infections where individuals are served. Information from the surveillance activities is used within the organization to improve processes and outcomes related to infection prevention and control.

2009 Standard: IC.1.10**2009 EP:** 9**2010 Standard:** IC.01.05.01**2010 EP:** 3**2009 EP Text:****Revision Type:** Split**2010 EP Text:**

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.

The organization's written infection prevention and control plan includes a description of its method for evaluating its infection prevention and control activities.

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 Type: Split

The {jc}organization{/2} identifies risks for the transmission and acquisition of infectious agents 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 Type: Split

The {jc}organization{/2} identifies risks for the transmission and acquisition of infectious agents 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: 2

2009 EP Text:

Revision Type: Delete: Redun

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

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 infection risks based on its setting and population served.
 Note: The risk of infection will vary across behavioral health care settings. For example, infection risks in group homes, day treatment programs, and couples counseling will vary by hours of contact, number of individuals served, and location and type of service.

2010 Standard: IC.01.03.01

2010 EP: 2

2010 EP Text:

The organization identifies infection risks based on the care, treatment, or services it provides.

2010 Standard: N/A

2010 EP Text:

No EP

2009 Standard: IC.2.10**2009 EP:** 3**2009 EP Text:**

Surveillance activities, including data collection and analysis, are used to identify infection prevention and control risks pertaining to the following: Patients Staff, volunteers, and student/trainees Visitors and families, as warranted

Revision Type: Retain**2010 Standard:** IC.01.03.01**2010 EP:** 3**2010 EP Text:**

For 24-hour care settings: The organization identifies risks based on its monitoring of infection prevention and control activities and/or tracking and analyzing the occurrence of infections.

Note: The infections that should be tracked are those that are most relevant to the organization's setting, services, and population(s). The organization may contact its local health department for statistics and other information on some infections, and track other infections internally. For example, an organization may decide to track conjunctivitis itself but rely on health department statistics related to tuberculosis.

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

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

2009 Standard: IC.3.10**2009 EP:** 1**2009 EP Text:****Revision Type:** 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.3.10**2009 EP:** 1**2009 EP Text:****Revision Type:** 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.3.10**2009 EP:** 2**2009 EP Text:****Revision Type:** Retain

These goals include, but are not limited to, the following: Limiting unprotected exposure to pathogens (for example, using appropriate precautions or limiting visitors during a measles outbreak in a residential setting)

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

These goals include, but are not limited to, the following: Enhancing hand hygiene among staff and clients

2009 Standard: IC.3.10**2009 EP:** 5**2009 EP Text:****Revision Type:** Retain

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, when used.

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:** 5**2010 EP Text:**

The organization establishes priorities among the risks it identified. The organization documents priority risk(s).

2010 Standard: IC.01.04.01**2010 EP:** 1**2010 EP Text:**

The organization's written infection prevention and control goals include the following: Addressing its priority risk(s).

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 germs.
Note: One method to limit exposure is to follow basic hygiene practices.

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 staff compliance with hand hygiene guidelines. (See also NPSG.07.01.01, EP 1)

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 supplies (such as needles and syringes) and devices (such as the organization's glucose meters).

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

Once the {j}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 Type: 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.4.10

2009 EP: 3

2009 EP Text:

Revision Type: Split

Interventions are implemented which include the following: Methods to reduce the risks associated with procedures, medical equipment*, and medical devices, when used, 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.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 accepted practices in preventing the spread of infections where individuals are served.

Footnote: When considering accepted practices, the organization may find it useful to consult guidelines available from the Centers for Disease Control and Prevention: Healthcare Infection Control Practices Advisory Committee (CDC/HICPAC): http://www.cdc.gov/ncidod/dhqp/hicpac_pubs.html. Although portions of these guidelines apply only in acute care settings, much of the information is relevant regardless of the setting of care.

2010 Standard: IC.02.01.01

2010 EP: 1

2010 EP Text:

The organization implements its planned infection prevention and control activities and practices, including surveillance, to reduce the risk of infection. Note: The purpose of surveillance is to support the organization's efforts to reduce the risk of spreading infections where individuals are served. Information from the surveillance activities is used within the organization to improve processes and outcomes related to infection prevention and control.

2009 Standard: IC.4.10**2009 EP:** 3**2009 EP Text:**

Interventions are implemented which include the following: Methods to reduce the risks associated with procedures, medical equipment*, and medical devices, when used, 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.

Revision Type: Split**2010 Standard:** IC.02.01.01**2010 EP:** 2**2010 EP Text:**

The organization uses standard precautions, including the use of personal protective equipment (such as gloves and face shields), to reduce the risk of infection.

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).

2009 Standard: IC.4.10**2009 EP:** 3**2009 EP Text:**

Interventions are implemented which include the following: Methods to reduce the risks associated with procedures, medical equipment*, and medical devices, when used, 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.

Revision Type: Split**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 supplies and devices.

Note: Low-level disinfection is used for items such as blood glucose meters. Additional cleaning and disinfecting is required for medical supplies and devices used by individuals who require the use of other precautions in addition to standard precautions. These "other precautions" are also known as "transmission-based" precautions.

Footnote: For further information regarding cleaning and performing low-level disinfection of medical 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).

2009 Standard: IC.4.10**2009 EP:** 3**2009 EP Text:**

Interventions are implemented which include the following: Methods to reduce the risks associated with procedures, medical equipment*, and medical devices, when used, 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.

Revision Type: Split**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 supplies and devices.

<p>2009 Standard: IC.4.10</p> <p>2009 EP Text:</p> <p>Interventions are implemented which include the following: Methods to reduce the risks associated with procedures, medical equipment*, and medical devices, when used, including the following:Appropriate storage, cleaning, disinfection, sterilization, and/or disposal of supplies and equipmentReuse 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.</p>	<p>2009 EP: 3</p> <p>Revision Type: Split</p>	<p>2010 Standard: IC.02.02.01</p> <p>2010 EP Text:</p> <p>The organization implements infection prevention and control activities when doing the following: Storing medical supplies and devices.</p>	<p>2010 EP: 4</p>
<p>2009 Standard: IC.4.10</p> <p>2009 EP Text:</p> <p>Implementation of applicable precautions as appropriate based on the following:The potential for transmission The mechanism of transmission The care, treatment, and service settingThe emergence and reemergence of pathogens in the community that could affect the {j}organization{/2}</p>	<p>2009 EP: 4</p> <p>Revision Type: Retain</p>	<p>2010 Standard: IC.02.01.01</p> <p>2010 EP Text:</p> <p>In addition to standard precautions, the organization takes other precautions in response to the way suspected or identified infections are spread within the organization's setting or population of individuals served. Note: "Other precautions" are infection prevention and control measures used in response to the specific way suspected or identified infections are spread. These "other precautions" are also known as "transmission-based" precautions. 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>2010 EP: 3</p>
<p>2009 Standard: IC.4.10</p> <p>2009 EP Text:</p> <p>Interventions are implemented which include the following: Screening for exposure (for example, tuberculosis testing) and/or immunity (for example, appropriate immunization to Hepatitis B) to infectious diseases that staff, student/trainees, and volunteers may come in contact with in their work is available as warranted</p>	<p>2009 EP: 5</p> <p>Revision Type: Retain</p>	<p>2010 Standard: IC.02.03.01</p> <p>2010 EP Text:</p> <p>The organization arranges for screening of staff for exposure and/or immunity to infectious disease when workplace contact with infections is possible, and as required by law and regulation or organization policy.</p>	<p>2010 EP: 1</p>

2009 Standard: IC.4.10**2009 EP:** 6**2010 Standard:** IC.02.03.01**2010 EP:** 2**2009 EP Text:****Revision Type:** Retain**2010 EP Text:**

Interventions are implemented which include the following: Referral for assessment, potential testing, immunization and/or prophylaxis/treatment, and counseling as appropriate of, 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

When staff have or are suspected of having an infectious disease that puts others at risk, the organization refers them for assessment and potential testing, prophylaxis/treatment, or counseling.

2009 Standard: IC.4.10**2009 EP:** 7**2010 Standard:** IC.02.03.01**2010 EP:** 3**2009 EP Text:****Revision Type:** Split**2010 EP Text:**

Interventions are implemented which include the following: Referral for assessment, potential testing, immunization and/or prophylaxis/treatment, and counseling as appropriate of {jc}patients{/6}, students/trainees, and volunteers who have been exposed to infectious disease(s) at the {jc}organization{/2} or staff who are occupationally exposed.

When staff have been occupationally exposed to an infectious disease, the organization refers them for assessment and potential testing, prophylaxis/treatment, or counseling.

2009 Standard: IC.4.10**2009 EP:** 7**2010 Standard:** IC.02.03.01**2010 EP:** 4**2009 EP Text:****Revision Type:** Split**2010 EP Text:**

Interventions are implemented which include the following: Referral for assessment, potential testing, immunization and/or prophylaxis/treatment, and counseling as appropriate of {jc}patients{/6}, students/trainees, and volunteers who have been exposed to infectious disease(s) at the {jc}organization{/2} or staff who are occupationally exposed.

When individuals served have been exposed to an infectious disease, the organization refers them for assessment and potential testing, prophylaxis/treatment, or counseling.

2009 Standard: IC.4.10**2009 EP:** 8**2010 Standard:** IC.02.01.01**2010 EP:** 13**2009 EP Text:****Revision Type:** Retain**2010 EP Text:**

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

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

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 Type:** 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 Type:** 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 Type:** 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 Type:** 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 Type:** 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.

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 its infection prevention and control plan annually and whenever its priority risk(s) significantly change(s).

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 priority risk(s).

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 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:** 7**2010 EP Text:**

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

2009 Standard: IC.5.10	2009 EP: 2	2010 Standard: N/A
2009 EP Text: The evaluation addresses changes in the scope of the IC program (for example, resulting from the introduction of new services or new sites of care).	Revision Type: Delete:NE	2010 EP Text: No EP
2009 Standard: IC.5.10	2009 EP: 3	2010 Standard: N/A
2009 EP Text: The evaluation addresses changes in the results of the IC program risk analysis.	Revision Type: Delete:NE	2010 EP Text: No EP
2009 Standard: IC.5.10	2009 EP: 4	2010 Standard: N/A
2009 EP Text: The evaluation addresses emerging and reemerging problems in the community that potentially affect the {jc}organization{/2}'s programs and services (for example, highly infectious agents).	Revision Type: Delete:NE	2010 EP Text: No EP
2009 Standard: IC.5.10	2009 EP: 5	2010 Standard: N/A
2009 EP Text: The evaluation addresses the assessment of the success or failure of interventions for preventing and controlling infection.	Revision Type: Delete:Redun	2010 EP Text: No EP
2009 Standard: IC.5.10	2009 EP: 6	2010 Standard: N/A
2009 EP Text: The evaluation addresses responses to concerns raised by leadership and others throughout the {jc}organization{/2}.	Revision Type: Delete:Redun	2010 EP Text: No EP
2009 Standard: IC.5.10	2009 EP: 7	2010 Standard: N/A
2009 EP Text: The evaluation addresses the evolution of relevant infection prevention and control guidelines that are based on evidence or, in the absence of evidence, expert consensus.	Revision Type: Delete:Redun	2010 EP Text: No EP

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: 1

2009 EP Text:

Revision Type: Retain

The {jc}organization{/2} determines its response to an influx or risk of an influx of infectious {jc}patients{/6}.

2009 Standard: IC.6.10

2009 EP: 2

2009 EP Text:

Revision Type: 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.

2009 Standard: IC.6.10

2009 EP: 2

2009 EP Text:

Revision Type: 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.

2009 Standard: IC.6.10

2009 EP: 3

2009 EP Text:

Revision Type: 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

Standard IC.01.06.01

2010 Standard Text:

The organization prepares to respond to an increased number of infectious individuals.

2010 Standard: IC.01.06.01

2010 EP: 4

2010 EP Text:

The organization plans how it will respond to an increased number of infectious individuals. This plan is documented. (See also EM.01.01.01, EP 2)
Note: One acceptable response is to decide not to accept individuals for service.

2010 Standard: IC.01.06.01

2010 EP: 5

2010 EP Text:

If the organization decides it will accept an increased number of infectious individuals, then the organization describes in writing its methods for how it will handle these individuals over an extended period of time.

2010 Standard: IC.01.06.01

2010 EP: 6

2010 EP Text:

When the organization experiences an increased number of infectious individuals, it activates its planned response.

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 infectious individuals.
Note: Resources may include local, state, and federal public health systems.

2009 Standard: IC.6.10

2009 EP: 3

2009 EP Text:

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

Revision Type: Split

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 infectious individuals.
Note: Some behavioral health care organizations may experience an increase in infections among the individuals currently served, including individuals who come from outside the immediate geographic area.

2009 Standard: IC.6.10

2009 EP: 3

2009 EP Text:

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

Revision Type: Split

2010 Standard: IC.01.06.01

2010 EP: 3

2010 EP Text:

The organization has a method for communicating critical information to staff about emerging infections that could cause an increase in the number of infectious individuals served.

Standard IC.7.10

2009 Standard Text:

The infection control program is managed effectively.

2009 Standard: IC.7.10

2009 EP Text:

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.

2009 Standard: IC.7.10

2009 EP Text:

Qualifications of the individual(s) responsible for managing the IC program are determined by the risks entailed in the care treatment and services provided, the {jc}organization{/2}'s {jc}patient{/1} population(s), and the complexity of the activities that will be carried out. Note: Qualifications may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control [CBIC]) in the prevention and control of infections.

2009 Standard: IC.7.10

2009 EP Text:

This individual(s) coordinates all infection prevention and control activities within the {jc}organization{/2}.

2009 Standard: IC.7.10

2009 EP Text:

This individual(s) facilitates ongoing monitoring of the effectiveness of prevention and/or control activities and interventions.

Standard IC.01.01.01

2010 Standard Text:

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

2010 Standard: IC.01.01.01

2010 EP: 3

2010 EP Text:

The organization assigns responsibility for the management of infection prevention and control activities.
Note: The assigned individual need not be a nurse or other medical practitioner.

2010 Standard: N/A

2010 EP Text:

No EP

2010 Standard: N/A

2010 EP Text:

No EP

2010 Standard: N/A

2010 EP Text:

No EP

Standard IC.8.10**2009 Standard Text:**

Relevant programs/services collaborate to implement the infection control program.

2010 Standard Text:

No Standard

2009 Standard: IC.8.10

2009 EP: 1

2010 Standard: N/A

2009 EP Text:

{c}Organization{/2} leaders, with other direct and indirect {c}patient{/1} care staff including, when applicable, administration, building maintenance/engineering, food services, housekeeping, and pharmacy collaborate on an ongoing basis with the qualified individual(s) managing the IC program.

Revision Type: Delete:Redun

2010 EP Text:

No EP

2009 Standard: IC.8.10

2009 EP: 2

2010 Standard: N/A

2009 EP Text:

These representatives participate in the following:Development of strategies for each program/services role in the IC programAssessment of the adequacy of the human, information, physical, and financial resources allocated to support infection prevention and control activitiesAssessment of the overall failure or success of key processes for preventing and controlling infectionThe review and revision of the IC program as warranted to improve outcomes

Revision Type: Delete:Redun

2010 EP Text:

No EP

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: 1

2009 EP Text:

Revision Type: 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.

2009 Standard: IC.9.10

2009 EP: 2

2009 EP Text:

Revision Type: Delete:NE

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

2009 Standard: IC.9.10

2009 EP: 3

2009 EP Text:

Revision Type: Retain

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

2009 Standard: IC.9.10

2009 EP: 4

2009 EP Text:

Revision Type: Retain

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

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: 6

2010 EP Text:

Findings from the evaluation are communicated at least annually to leadership. (See also IC.02.01.01, EP 9)

2010 Standard: N/A

2010 EP Text:

No EP

2010 Standard: IC.01.02.01

2010 EP: 2

2010 EP Text:

For 24-hour care settings: The organization arranges for laboratory services when needed to prevent the spread of infection within the organization. Note: The role taken by the behavioral health care organization in coordinating laboratory services will depend on the services provided. In many cases, the behavioral health care organization can refer the individual served only to a licensed independent practitioner who is qualified to order laboratory testing. In some cases, the organization may have a licensed independent practitioner on staff who is qualified to order laboratory testing, or it may have arrangements in place for sending laboratory tests out.

2010 Standard: IC.01.02.01

2010 EP: 3

2010 EP Text:

The organization provides staff and individuals served with supplies to support infection prevention and control activities. Note: Examples of such supplies may include liquid hand sanitizers, gloves, tissue, and cleaning supplies. The organization's infection control activities apply only to those locations where care, treatment, or services are provided; the organization is not required to provide supplies for use outside of these locations.