The Joint Commission

Prepublication Requirements

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Joint Commission Requirement

New and Revised Infection Control Chapter Requirements

The Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online *E-dition*®), accredited organizations and paid subscribers can also view them in the monthly periodical The *Joint Commission Perspectives*®. To begin your subscription, call 800-746-6578 or visit http://www.jcrinc.com.

Please note: Where applicable, this report shows current standards and EPs first, with deleted language struck-through. Then, the revised requirement follows in bold text, with new language underlined.

APPLICABLE TO THE HOSPITAL ACCREDITATION PROGRAM

Effective July 1, 2024

Infection Prevention and Control (IC) Chapter

IC.04.01.01

The hospital has a hospitalwide infection prevention and control program for the surveillance, prevention, and control of healthcare-associated infections (HAIs) and other infectious diseases.

Element(s) of Performance for IC.04.01.01

1. **The hospital governing body, based on the recommendation of the medical staff and nursing leaders, appoints an infection preventionist(s) or infection control professional(s) qualified through education, training, experience, or certification in infection prevention to be responsible for the infection prevention and control program.**

Key: (D) indicates that documentation is required; R indicates an identified risk area;

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2. **The infection preventionist(s) or infection control professional(s) is responsible for the following:**
- Development and implementation of hospitalwide infection surveillance, prevention, and control policies and procedures that adhere to law and regulation and nationally recognized guidelines
- Documentation of the infection prevention and control program and its surveillance, prevention, and control activities
- Competency-based training and education of hospital staff on infection prevention and control policies and procedures and their application
Note: The outcome of competency-based training is the staff's ability to demonstrate the skills and tasks specific to their roles and responsibilities. Examples of competencies may include donning/doffing of personal protective equipment and the ability to correctly perform the processes for high-level disinfection. (For more information on competency requirements, refer to HR.01.06.01 EPs 1,3, 5, 6).
- The prevention and control of health care–associated infections and other infectious diseases, including auditing staff adherence to infection prevention and control policies and procedures
- Communication and collaboration with all components of the hospital involved in infection prevention and control activities, including but not limited to the antibiotic stewardship program, sterile processing department, and the water management program
- Communication and collaboration with the hospital's quality assessment and performance improvement program to address infection prevention and control issues
(See also EC.02.05.02, EP 2)

3. **The hospital's infection prevention and control program has written policies and procedures to guide its activities and methods for preventing and controlling the transmission of infections within the hospital and between the hospital and other institutions and settings. The policies and procedures are in accordance with the following hierarchy of references:**
1. Applicable law and regulation.
Note: Relevant federal, state, and local law and regulations include but are not limited to the Centers for Medicare & Medicaid Services Conditions of Participation, the Food and Drug Administration (FDA) regulations for reprocessing single-use medical devices; Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens Standard 29 CFR 1910.1030, Personal Protective Equipment Standard 29 CFR 1910.132, and Respiratory Protection Standard 29 CFR 1910.134; health care worker vaccination laws; state and local public health authorities' requirements for reporting of communicable diseases and outbreaks; and state and local regulatory requirements for biohazardous or regulated medical waste generators.
2. Manufacturers' instructions for use.
3. Nationally recognized evidence-based guidelines and standards of practice, including The Centers for Disease Control and Prevention (CDC) Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings, or, in the absence of such guidelines, expert consensus or best practices. The guidelines are documented within the policies and procedures.
Note 1: For full details on CDC Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings, refer to https://www.cdc.gov/infectioncontrol/guidelines/core-practices/index.html.
Note 2: The hospital determines which evidence-based guidelines, expert recommendations, or best practices or a combination thereof, it adopts in its policies and procedures.

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4. **The hospital's policies and procedures for cleaning, disinfection, and sterilization of reusable medical and surgical devices and equipment address the following:**
- Cleaning, disinfection, and sterilization of reusable medical and surgical devices in accordance with the Spaulding classification system and manufacturers' instructions
Note: The Spaulding classification system classifies medical and surgical devices as critical, semicritical, or noncritical based on risk to the patient from contamination on a device and establishes the levels of germicidal activity (sterilization, high-level disinfection, intermediate and low-level disinfection) to be used for the three classes of devices.
- The use of EPA-registered disinfectants for noncritical devices and equipment according to the directions on the product labeling, including, but not limited to, indication, specified use-dilution, contact time, and method of application
- The use of FDA-approved liquid chemical sterilants for the processing of critical devices and high-level disinfectants for the processing of semicritical devices in accordance with the FDA-cleared label and device manufacturers' instructions
- Required documentation for device reprocessing cycles, including but not limited to sterilizer cycle logs, the frequency of chemical and biological testing, and the results of testing for appropriate concentration for chemicals used in high-level disinfection
- Resolution of conflicts or discrepancies between a medical device manufacturer's instructions and manufacturers' instructions for automated high-level disinfection or sterilization equipment
- Criteria and the process for the use of immediate-use steam sterilization
- Actions to take in the event of a reprocessing error or failure identified either prior to the release of the reprocessed item(s) or after the reprocessed item(s) was used or stored for later use
Note: Depending on the nature of the incident, examples of actions may include quarantine of the sterilizer, recall of item(s), stakeholder notification, patient notification, surveillance, and follow-up.

5. **The infection prevention and control program reflects the scope and complexity of the hospital services provided by addressing all locations, patient populations, and staff.**
(See also LD.01.03.01, EP 27)

IC.05.01.01

The hospital's governing body is accountable for the implementation, performance, and sustainability of the infection prevention and control program.

Element(s) of Performance for IC.05.01.01

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1. **The hospital's governing body is responsible for the implementation, performance, and sustainability of the infection prevention and control program and provides resources to support and track the implementation, success, and sustainability of the program's activities.**
Note: To make certain that systems are in place and operational to support the program, the governing body provides access to information technology; laboratory services; equipment and supplies; local, state, and federal public health authorities' advisories and alerts, such as the CDC's Health Alert Network (HAN); FDA alerts; manufacturers' instructions for use; and guidelines used to inform policies.

2. **The hospital's governing body ensures that the problems identified by the infection prevention and control program are addressed in collaboration with hospital quality assessment and performance improvement leaders and other leaders (for example, the medical director, nurse executive, and administrative leaders).**

IC.06.01.01

The hospital implements its infection prevention and control program through surveillance, prevention, and control activities.

Element(s) of Performance for IC.06.01.01

1. **To prioritize the program's activities, the hospital identifies risks for infection, contamination, and exposure that pose a risk to patients and staff based on the following:**
- Its geographic location, community, and population served
- The care, treatment, and services it provides
- The analysis of surveillance activities and other infection control data
- Relevant infection control issues identified by the local, state, or federal public health authorities that could impact the hospital
Note: Risks may include organisms with a propensity for transmission within health care facilities based on published reports and the occurrence of clusters of patients (for example, norovirus, respiratory syncytial virus [RSV], influenza, measles, and organisms with antimicrobial resistance such as Carbapenem-resistant Enterobacterales [CRE], Candida auris).
(See also EC.02.06.05, EP 2) Ⓓ

2. **The hospital reviews identified risks at least annually or whenever significant changes in risk occur.** Ⓓ

3. **The hospital implements activities for the surveillance, prevention, and control of health care–associated infections and other infectious diseases, including maintaining a clean and sanitary environment to avoid sources and transmission of infection, and addresses any infection control issues identified by public health authorities that could impact the hospital.**
(See also NPSG.07.01.01, EP 1)

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4. **The hospital implements its policies and procedures for infectious disease outbreaks, including the following:**
   - Implementing infection prevention and control activities when an outbreak is first recognized by internal surveillance or public health authorities
   - Reporting an outbreak in accordance with state and local public health authorities' requirements
   - Implementing outbreak investigation
   - Communicating information necessary to prevent further transmission of the infection among patients, visitors, and staff, as appropriate

5. **The hospital implements policies and procedures to minimize the risk of communicable disease exposure and acquisition among its staff, in accordance with law and regulation. The policies and procedures address the following:** (D)
   - Screening and medical evaluations for infectious diseases
   - Immunizations
   - Staff education and training
   - Management of staff with potentially infectious exposures or communicable illnesses

IC.07.01.01

The hospital implements processes to support preparedness for high-consequence infectious diseases or special pathogens.

Element(s) of Performance for IC.07.01.01

1. **The hospital develops and implements protocols for high-consequence infectious diseases or special pathogens. The protocols are readily available for use at the point of care and address the following:** (D)
   - Identify: Procedures for screening at the points of entry to the hospital for respiratory symptoms, fever, rash, and travel history to identify or initiate evaluation for high-consequence infectious diseases or special pathogens
   Note: Points of entry may include the emergency department, urgent care, and ambulatory clinics.
   - Isolate: Procedures for transmission-based precautions
   - Inform: Procedures for informing public health authorities and key hospital staff
   - Required personal protective equipment and proper donning and doffing techniques
   - Infection control procedures to support continued and safe provision of care while the patient is in isolation and to reduce exposure among staff, patients, and visitors using the hierarchy of controls
   Note: See the Glossary for a definition of hierarchy of controls.
   - Procedures for waste management and cleaning and disinfecting patient care spaces, surfaces, and equipment
   (See also EC.02.05.01, EP 15)

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2.	**The hospital develops and implements education and training and assesses competencies for the staff who will implement protocols for high-consequence infectious diseases or special pathogens.** **(See also EC.03.01.01, EP 1)**	Ⓓ

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