R³ Report | Requirement, Rationale, Reference

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Published for Joint Commission-accredited organizations and interested health care professionals, *R3 Report* provides the rationale and references that The Joint Commission employs in the development of new requirements. While the standards manuals also may provide a rationale, *R3 Report* goes into more depth, providing a rationale statement for each element of performance (EP). The references provide the evidence that supports the requirement. *R3 Report* may be reproduced if credited to The Joint Commission. Sign up for email delivery.

New and Revised Requirements for Infection Prevention and Control for Critical Access Hospitals and Hospitals

Effective July 1, 2024, The Joint Commission approved new and revised requirements for the "Infection Prevention and Control" (IC) chapter for critical access hospitals and hospitals. The IC chapter underwent a full rewrite and will replace the current IC chapter for both accreditation programs.

In keeping with the ongoing initiative to simplify requirements and provide more meaningful evaluations of hospitals, The Joint Commission simplified the content and structure of the IC chapter and eliminated requirements that do not add value to accreditation surveys. The new and revised requirements focus on the structures that are essential to support quality and safety and identify a framework for a strong infection prevention and control program, while aligning requirements more closely to law and regulation, the Centers for Medicare & Medicaid Services' (CMS) Conditions of Participation (CoPs), and the Centers for Disease Control and Prevention (CDC) Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings.

After a review of the literature and consultation with a technical advisory panel, The Joint Commission decided to introduce new Standard IC.07.01.01 and two new elements of performance (EPs) to enhance hospitals' and critical access hospitals' preparedness for high-consequence infectious diseases or special pathogens. The recent history of infectious disease outbreaks, including severe acute respiratory syndrome (SARS), H1N1 influenza, Middle East respiratory syndrome (MERS), Ebola, and the COVID-19 pandemic, has clearly demonstrated that emerging infectious diseases pose a real threat to human health and can cause significant disruptions in health care delivery systems on local, national, and global scales. A standardized approach to preparedness for high-consequence infectious diseases or special pathogens is intended for emergency care areas but would also serve to strengthen basic infection control protocols and processes for routine, non–special pathogen infectious agents.

Note: Accredited Joint Commission hospitals and critical access hospitals will receive access to a new Infection Prevention and Control Program Assessment Tool that details the specific infection prevention and control practices, such as hand hygiene and environmental cleaning, and processes needed to meet the IC requirements.

Engagement with stakeholders, customers, and experts

In addition to an extensive literature review and public field review, The Joint Commission sought expert guidance from the following groups:

- Technical Advisory Panel (TAP) of subject matter experts on emerging infectious diseases and emergency response, infectious disease epidemiology, and occupational safety from various government, health care, academic, and professional associations.
- Standards Review Panel (SRP) comprised of clinicians and administrators who provided a "boots on the ground" point-of-view and insights into the practical application of the proposed standards.

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The prepublication version of the requirements will be available online until June 30, 2024. After July 1, 2024, please access the new requirements in the E-dition or standards manual.

Infection Prevention and Control (IC) chapter

Requirement

Standard 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.

EP 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.

EP 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)

EP 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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EP 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.

EP 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)

Rationale

Standard IC.04.01.01 outlines the key infrastructure, regulatory and legal framework, and policies and procedures necessary to build a hospital infection prevention and control program in accordance with CMS CoPs and established national standards. The requirements reflect the complexity of the infection preventionist(s) or infection control professional(s) role and its importance in consultation and the support of staff competency-based training and critical hospital programs, such as antimicrobial stewardship and water management. The governing body and medical and nursing leaders empower and support the authority of the infection preventionist(s) or infection control professional(s) through their power of appointment and ongoing support of the program as outlined under Standard IC.05.01.01. The scope of the program activities should be driven by the complexity of the hospital's population and services, and, because hospital services are no longer delivered at one site, program activities should be inclusive of all outpatient clinics, specialized centers, and other sites.

References:*

- American National Standards Institute, & Association for the Advancement of Medical Instrumentation (2017). *ANSI/AAMI ST79: Comprehensive guide to steam sterilization and sterility assurance in health care facilities*. https://www.aami.org/standards/featured-standards/ansi-aami-st79
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*Not a complete literature review.

Requirement

Standard 05.01.01 The hospital's governing body is accountable for the implementation, performance, and sustainability of the infection prevention and control program.

EP 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.

EP 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).

Rationale

Because performance on infection control activities is closely tied to important clinical, quality, and financial outcomes for hospitals, the governing body must support the success and sustainability of the infection prevention and control program. The governing body must provide operational support for the program by allocating the structures, staff, financial and technical resources necessary to conduct infection prevention and control activities. The governing body must also monitor the program's progress and work with hospital leaders on addressing infection prevention and control issues as part of the wider quality assurance and performance improvement efforts. Research suggests that organizations whose governing boards are engaged and regularly review data on health care–acquired infections and other quality metrics tend to perform better on these quality indicators.

References:*

- Centers for Medicare & Medicaid Services. (2022, July 6). *Infection prevention and control and antibiotic stewardship program interpretive guidance update* (QSO-22-20-Hospitals). U.S. Department of Health & Human Services. https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/infection-prevention-and-control-and-antibiotic-stewardship-program-interpretive-guidance-update
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*Not a complete literature review.

Requirement

Standard IC.06.01.01 The hospital implements its infection prevention and control program through surveillance, prevention, and control activities.

EP 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

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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)

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

EP 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)

EP 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

EP 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:
- Screening and medical evaluations for infectious diseases
- Immunizations
- Staff education and training
- Management of staff with potentially infectious exposures or communicable illnesses

Rationale

A proactive risk assessment helps organizations determine the scope of surveillance, implement the appropriate level of infection prevention and control activities, and target interventions. In addition to their own annual assessment, infection prevention and control programs should rely on data from public health authorities to track local trends in infection occurrence and risks from outbreaks and community-onset multidrug resistant organisms that may impact the hospital. The epidemiology of emergent multidrug resistant organisms is a particular concern across inpatient and outpatient health care settings and need to be monitored to allow for appropriate adaptations in screening and transmission precaution strategies. However, there is no perfect method to identify all sources of risk. Therefore, hospitals must emphasize consistent use of standard precaution strategies, such as hand hygiene, environmental cleaning, and minimizing the infection risk from invasive medical devices and procedures.

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- *Not a complete literature review.

Introduction to Standard IC.07.01.01

While there is not a standardized definition for high-consequence infectious diseases or special pathogens, expert consensus defines these as novel or reemerging infectious agents that are easily transmitted from person-to-person, have limited or no medical countermeasures (such as an effective vaccine or prophylaxis), have a high mortality, require prompt identification and implementation of infection control activities (for example, isolation, special personal protective equipment), and require rapid notification to public health authorities and special action. Examples of high-consequence infectious diseases or special pathogens include MERS, novel influenzas, and Ebola or other viral hemorrhagic fever diseases. This list may change, however, to reflect current regional or global outbreaks or to include future emerging agents.

Hospitals can support their preparedness for high-consequence infectious diseases or special pathogens by developing and having readily available the "Identify-Isolate-Inform" standardized protocols to guide staff through the initial encounter with an infected or potentially infected individual when they enter the hospital with the relevant symptoms, exposure, or travel history. The protocols are based on fundamental infection control principles and need to be implemented at points of entry, which, at a minimum, include hospital-based emergency care areas, such as emergency departments and urgent care.

Because the capabilities for assessing, testing, and treating high-consequence infectious diseases or special pathogens differ across hospitals, the expectation is that hospitals will work closely with public health authorities to determine next steps, including the need for patient transport to a higher level of care. Hospitals should refer to their emergency operations plan for issues related to surge conditions; maintaining, expanding, decreasing, or closing operations; and coordination with local, tribal, regional, state, and federal emergency preparedness officials (EM 12.01.01).

Requirement

Standard IC.07.01.01 The hospital implements processes to support preparedness for high-consequence infectious diseases or special pathogens.

EP 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:

- 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.02.02.01; EC.02.05.01, EP 15)

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EP 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)

Rationale

Throughout the recent history of outbreaks and pandemics, hospital facilities were at the epicenter of the response and had to mobilize quickly. The preparedness of hospitals is highly variable, and there are no mandatory requirements for hospitals to implement training or competency assessment on special pathogens. A standardized approach to preparedness for high-consequence infectious diseases and special pathogens, grounded in hierarchy of controls, will strengthen basic infection control protocols and processes for all infectious threats.

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*Not a complete literature review.

Resources

- The Office of the Assistant Secretary for Preparedness and Response (ASPR),
- Centers for Disease Control and Prevention (CDC), Viral hemorrhagic fevers (VHFs) and Ebola (Ebola Virus Disease)
- Centers for Disease Control and Prevention (CDC), Interim Guidance for U.S. Hospital Preparedness for Patients Under Investigation (PUIs) or with Confirmed Ebola Virus Disease
- National Institute for Occupational Safety and Health (NIOSH), Hierarchy of Controls
- Occupational Safety and Health Administration (OSHA), Healthcare - Infectious Diseases
- The National Emerging Special Pathogens Training and Education Center (NETEC)
- The National Emerging Special Pathogens Training and Education Center (NETEC), National Special Pathogen System of Care (NSPS)
- The National Emerging Special Pathogens Training and Education Center (NETEC), Identify, Isolate, Inform: Assessment, management, and placement of PUI
- Minnesota Department of Health, High Consequence Infectious Disease (HCID) Toolbox for Frontline Health Care Facilities
- UK Health Security Agency, High consequence infectious diseases (HCID)

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