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The Joint Commission Infection Prevention & Control
Standards:

Challenges & Strategies for Success

3/17/2025

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Objectives

Review

- Updates to the Infection Control Standards

Discuss

- The top Infection Control non-compliant standards

Clarify

- The expectations of the Infection Control standards in relation to reprocessing instruments and devices

Provide

- Examples for how to support implementation of reprocessing procedures

Infection Control Standards

Effective July 1, 2024

Standards/Elements of Performance

12 Standards
51 Elements of Performance



4 Standards
14 Elements of Performance



Reference Guide: Infection Control Standards		
Effective July 1, 2024, for Hospitals (HAP) & Critical Access Hospitals (CAH) Only		
Infection Control Topic	Old IC Standard/EP	New IC Standard/EP
Infection prevention and control program leader and responsibilities	IC.01.01.01, EPs 1,2,3,4,6	IC.04.01.01, EPs 1,2
Responsibilities of the governing body and hospital leaders	N/A	IC.04.01.01, EP 1 IC.05.01.01, EPs 1,2
Resources for the infection prevention and control program	IC.01.02.01, EPs 1,2,3	IC.05.01.01, EP 1
Infection risk identification and annual review	IC.01.03.01, EPs 1,2,3	IC.06.01.01, EPs 1,2
Setting goals for/prioritizing infection prevention and control activities based on risk	IC.01.04.01, EP 1	IC.06.01.01, EP 1
Infection prevention and control plan	IC.01.05.01, EP 2	N/A
Requirements for infection control policies and procedures	N/A	IC.04.01.01, EPs 3,4
Use of evidence-based national guidelines when developing infection prevention and control activities	IC.01.05.01, EP 1	IC.04.01.01, EP 3
Requirements for policies and procedures addressing the reprocessing reusable devices, including the use of manufacturers' instructions	N/A	IC.04.01.01, EP 4
Access to and use of public health and safety data	N/A	IC.05.01.01, EP 1 IC.06.01.01, EP 1
Surveillance of infections or infection control processes	IC.01.05.01, EP 2 IC.02.01.01, EP 1	IC.06.01.01, EP 3
Outbreak management	IC.01.05.01, EP 5 IC.02.01.01, EP 5	IC.06.01.01, EP 4
The infection prevention and control program is hospitalwide	IC.01.05.01, EP 6	IC.04.01.01, EP 5
Influx of potentially infectious patients	IC.01.06.01, EPs 2,3,4	See EM requirements
Implementation of infection prevention and control activities, including cleaning, disinfection, and sterilization	IC.02.01.01, EPs 1,2,3,10,11 IC.02.02.01, EPs 1,2,4,5	IC.06.01.01, EP 3
Storage and disposal of infectious waste	IC.02.01.01, EP 6 IC.02.02.01, EP 3	See EC.02.02.01
Communication of information to staff, visitors, patients, families on responsibilities in infection prevention and control, e.g., posters or pamphlets	IC.02.01.01, EP 7	IC.06.01.01, EP 4
Communication of infection surveillance, prevention, and control information to the appropriate staff within the hospital	IC.02.01.01, EP 8	IC.05.01.01, EP 2 IC.06.01.01, EP 4 IC.07.01.01, EP 1
Reporting to local, state, and federal public health authorities	IC.02.01.01, EP 9	IC.04.01.01, EP 3 IC.07.01.01, EP 1
Patient notification and follow-up after exposure to infection or incorrectly reprocessed medical/surgical device	IC.02.03.01, EP 4	IC.04.01.01, EP 4
Occupational health	IC.02.03.01, EPs 1, 2	IC.06.01.01, EP 5
Protocols to support preparedness for high-consequence infectious diseases or special pathogens	N/A	IC.07.01.01, EPs 1,2
Staff vaccination against influenza	IC.02.04.01, EPs 1-9	IC.04.01.01, EP 3 IC.06.01.01, EP 5
Practices to prevent HAIs (MDRO, CLABSI, CAUTI, SSI)	IC.02.05.01, EPs 1, 2, 3	IC.04.01.01, EP 3 IC.06.01.01, EP 3

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Infection Control Topic	Old IC Standard/EP	New IC Standard/EP
Evaluation of the infection prevention and control plan	IC.03.01.01, EPs 1,7	N/A
Communication of evaluation results with the quality and safety leaders.	IC.03.01.01, EP 6	IC.05.01.01, EP 2
Total Number of EPs	51	14



Structure of the Updated Infection Control Standards



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.



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



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



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

Infection Prevention and Control Assessment Tool

Infection Prevention and Control Program Assessment Tool

Required Documents and Data

- Assessment of infection risks
 Note: Performed at least annually, the format is determined by the hospital.
- Results of infection control surveillance
 Note: Infection control surveillance includes surveillance of healthcare-associated infections (HAIs), such as data submitted to the National Healthcare Safety Network (NHSN) for Centers for Medicare & Medicaid (CMS) or State requirements, and data on any epidemiologically important organisms or infectious diseases that have impacted the hospital during the preceding 12 months.
- Infection prevention and control policies and procedures that guide program activities and methods (in electronic or paper form)
- Documentation of completed job-specific staff education, training, and competencies on infection control and prevention
- Program documents demonstrating that the problems identified by the infection prevention and control program have been reviewed and addressed in collaboration with the hospital's quality assessment and performance improvement leaders and other leaders (for example, the medical director, nurse executive, and administrative leaders).
 Note: The format of this documentation is determined by the hospital. Examples may include relevant committee meeting agendas and minutes, presentations, reports, planning documents.
- Documentation demonstrating the governing body's oversight of the program implementation and performance (for example, governing body minutes)

Table: Elements of Compliance and Scoring Guidance

Elements of Compliance	Standard(s)/EP(s)
Infection Prevention and Control Program & Leader(s)	
1. An infection preventionist(s) or infection control professional(s) has been appointed by the hospital governing body, based on the recommendation of the medical staff and nursing leaders, and is qualified through education, training, experience, or certification.	IC.04.01.01 EP 1
2. The hospital defines the qualifications for the infection preventionist(s) or infection control professional(s), which may be met through ongoing education, training, experience, and/or certification (such as that offered by the Certification Board for Infection Control).	HR.01.01.01 EP 1
3. The infection preventionist(s)/infection control professional(s) perform the following activities in collaboration with all departments, programs, and areas involved in infection prevention and control activities: <ul style="list-style-type: none"> a. Development and implementation of hospitalwide infection surveillance, prevention, and control policies and procedures that adhere to law and regulation and nationally recognized guidelines b. Documentation of the infection prevention and control program and its surveillance, prevention, and control activities c. 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 (HLD). (For more information on competency requirements, refer to HR.01.06.01 EPs 1, 3, 5, 6)	IC.04.01.01 EP 2

Updated Scoring Locations for the Top 10 Infection Control Observations

Standards Retired July 1st

Standards Effective July 1st

<p>All Implementation Standards – ANYTHING that started with <u>IC.02</u> <u>IC.02.01.01 EP1</u> <u>IC.02.01.01 EP2</u> ← <u>IC.02.01.01 EP3</u> <u>IC.02.02.01 EP1</u> <u>IC.02.02.01 EP2</u> ← <u>IC.02.02.01 EP3</u> <u>IC.02.02.01 EP4</u> ←</p>	<p><u>IC.06.01.01 EP3</u></p>
<p>Resources – IC.01.02.01 EP 1, 2 and 3 ←</p>	<p><u>IC.05.01.01 EP1</u></p>
<p>Infection prevention and control program leader responsibilities IC.01.01.01 EP4</p>	<p><u>IC.04.01.01 EP2</u></p>

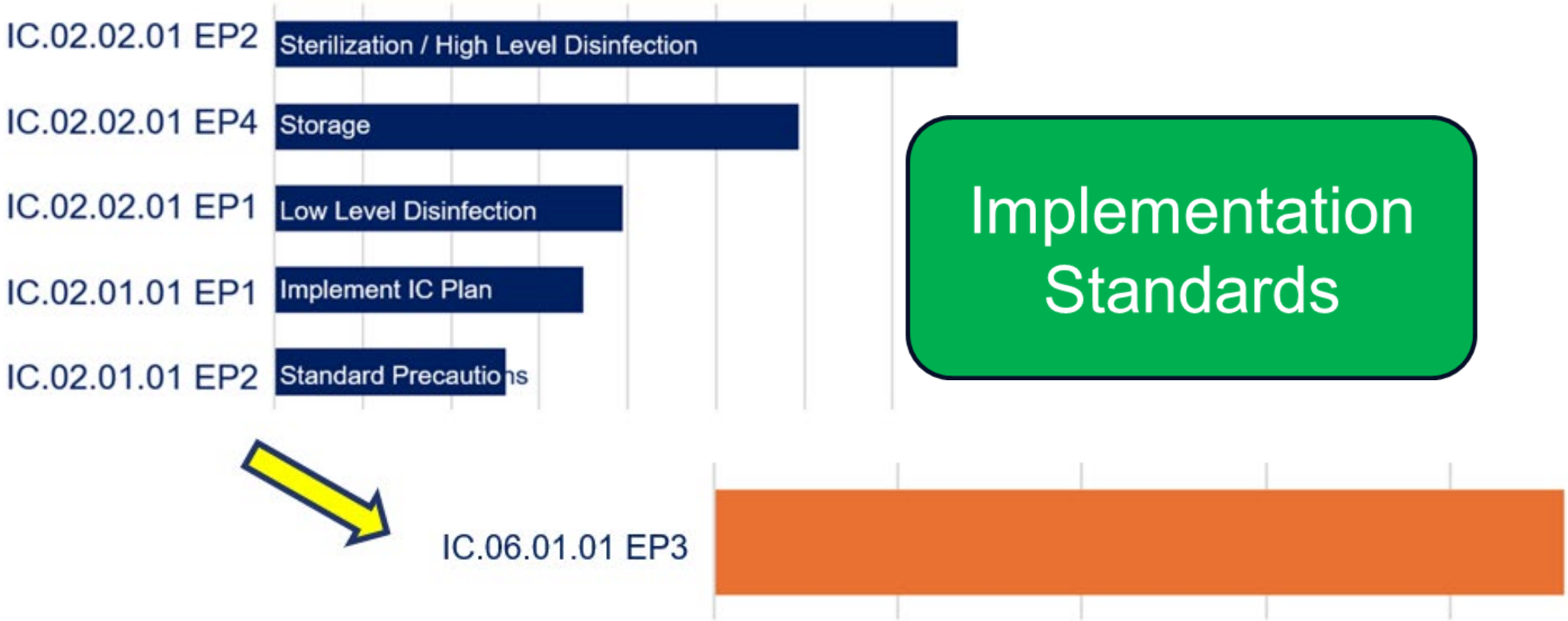
Infection Control Findings

- Frequently Scored
- High Risk



Scoring Locations Have Been Condensed

HAP/CAH Effective July 1, 2024



Top Scored Infection Control Observations

July – December 2024

IC.06.01.01 EP3 Activities to Reduce HAIs

IC.05.01.01 EP1
IC Program
Oversight

IC.04.01.01 EP4
P&P Reusable
Devices/Equip

IC.04.01.01 EP3
ICP P&Ps
Alignment

IC.04.01.01 EP5
Comprehensive
IC Program

IC.06.01.01 EP1
Identification of
IPC Risks

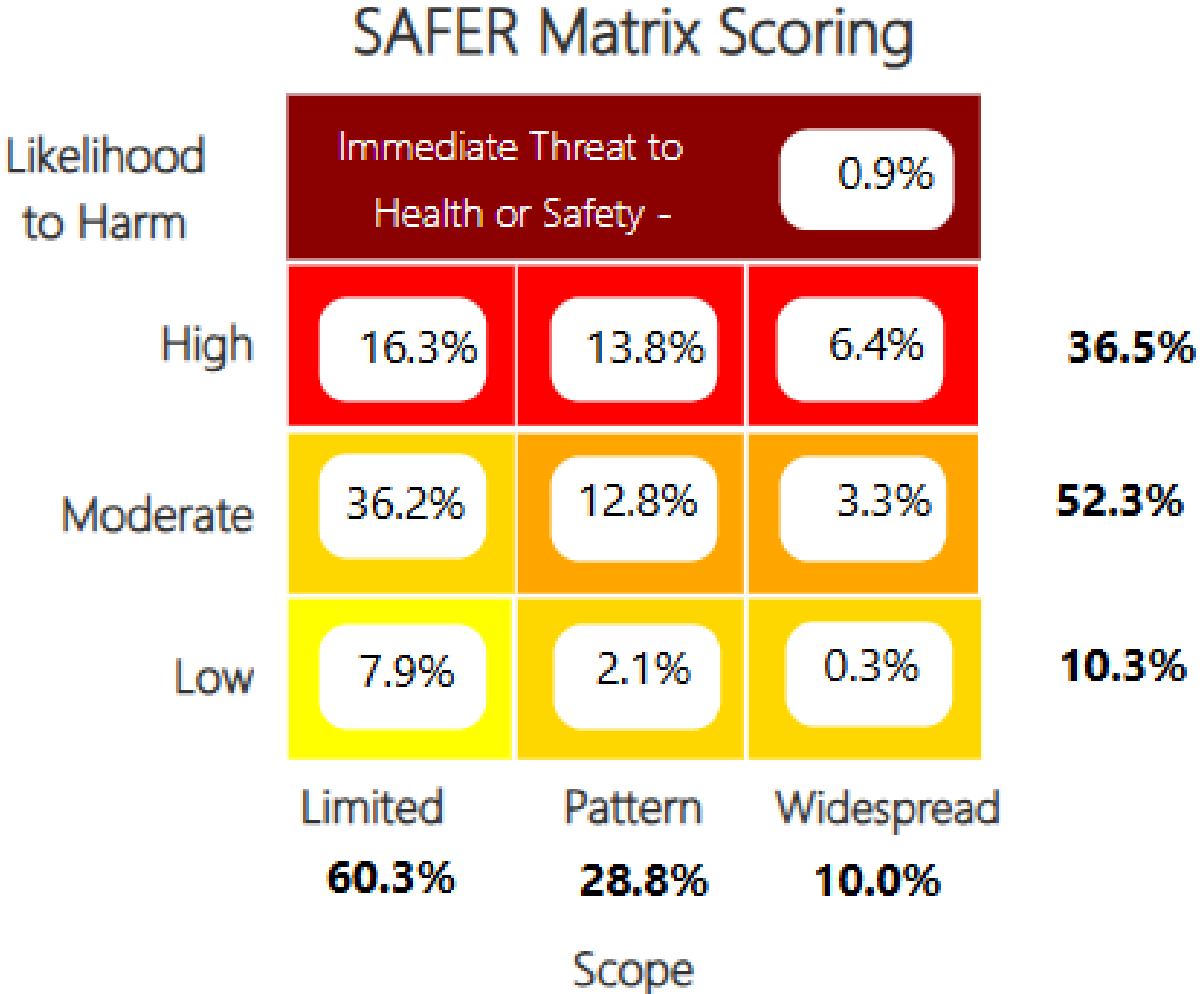
Risk Distribution on the Safer Matrix

July 1 –December 31, 2024

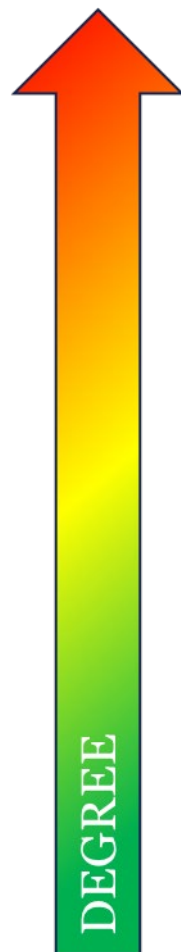


Safer Matrix Scoring All IC Findings

2024 HAP/CAH



What Influences Placement on the SAFER Matrix?



ITHS

HIGH
Harm could occur at any time

MODERATE
Harm could happen occasionally

LOW
Harm could happen but would be rare

ITHS		
IC.06.01.01 EP3		

LIMITED
Unique occurrence that is not representative of routine/regular practice and has the potential to impact only one or a very limited number of patients/visitors/staff

PATTERN
Multiple occurrences of the deficiency, or a single occurrence that has the potential to impact more than a limited number of patients/visitors/staff

WIDESPREAD
Deficiency is pervasive in the facility, or represents systemic failure, or has the potential to impact most or all patients/visitors/staff



Among the Most Frequently Cited CMS Condition-Level Deficiencies

§482.42 Infection prevention and control and antibiotic stewardship programs:

The hospital must have active hospital-wide programs for the surveillance, prevention, and control of HAIs and other infectious diseases, and for the optimization of antibiotic use through stewardship. The programs must demonstrate adherence to nationally recognized infection prevention and control guidelines, as well as to best practices for improving antibiotic use where applicable, and for reducing the development and transmission of HAIs and antibiotic-resistant organisms. Infection prevention and control problems and antibiotic use issues identified in the programs must be addressed in collaboration with the hospital-wide quality assessment and performance improvement (QAPI) program.

§482.51 Surgical Services:

If the hospital provides surgical services, the services must be well organized and provided in accordance with acceptable standards of practice. If outpatient surgical services are offered the services must be consistent in quality with inpatient care in accordance with the complexity of services offered.

Examples of Condition Level Deficiencies:

§482.42 Infection prevention and control and antibiotic stewardship programs:

- Process errors observed when staff prepared ultrasound probes/transducers that contact mucous membranes or non-intact skin for high level disinfection
 - Steps in the process were non-compliant
 - Cleaning
 - Preparing for transport/transport
- Process errors observed related to high level disinfection
 - Quality assurance (QA) of test strips not completed as per MIFU
 - Process for minimum effective concentration (MEC) testing not performed per the manufacturer's instructions for use

Examples of Condition Level Deficiencies:

§482.51 Surgical Services

- Process errors observed when staff prepared surgical instruments for sterilization (cleaning/decontamination, pack & prep, etc.)
- Surgical instruments in disrepair were sterilized
 - Degraded
 - Identification tape in disrepair
- Instruments not disassembled prior to sterilization when required by Manufacturers Instructions for Use
- Multiple process errors observed during cleaning and decontamination of endoscopes

Common Immediate Threat to Health and Safety Drivers for Infection Control

§482.42

- Ultrasound probe/transducer used on mucous membranes did not undergo High Level Disinfection (HLD)
- Manufacturer minimum requirements for the HLD solution used not met at the time of use (temp, time)

§482.51

- Instruments/devices that require sterilization prior to use for critical procedure not sterilized prior to use
- Manufacturer's instructions for use required sterilization cycle/parameters not followed when sterilizing instruments
- Failure to clean instruments (external or internal lumens) prior to sterilization
- Sterilization/use of non-medical devices for critical procedures

A row of white doors with one door slightly ajar, glowing from within. The scene is dimly lit, with the light from the open door casting a warm glow on the floor and the surrounding walls. The text is overlaid on the left side of the image.

What's Behind the Most Frequently Scored Infection Control Standards and Elements of Performance

Top Infection Control Observations

July – December 2024

IC.06.01.01 EP3 Activities to Reduce HAIs

IC.05.01.01 EP1
IC Program
Oversight

IC.04.01.01 EP4
P&P Reusable
Devices/Equip

IC.04.01.01 EP3
ICP P&Ps
Alignment

IC.04.01.01 EP5
Comprehensive
IC Program

IC.06.01.01 EP1
Identification of
IPC Risks

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

EP3 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)

Surveillance, Prevention, And Control Of Health Care–associated Infections And Other Infectious Diseases

Includes, but is not limited to:

- Standard Precautions
 - Hand Hygiene, Environmental Cleaning and Disinfection, Injection and Sharps Safety, Personal Protective Equipment, Minimizing potential exposures
 - Reprocessing reusable medical equipment
- Transmission-based Precautions
- Management of temporary invasive medical devices
- Occupational Health
- Hemodialysis
- Laundry and Linen
- Dietary Services/Kitchen
- Surgical Services

Frequently Cited Standard Precautions Observations



Hand Hygiene

- Not performed at required times
- Performed in a sink used for soiled functions



Personal Protective Equipment (PPE)

- PPE not worn when required
- By manufacturer's instructions for use of the chemicals used
- By organization policy/procedure based on risk assessment



Frequently Cited Storage Observations



Expired supplies

Expired supplies in storage, available for use



Location of storage soiled

Visible dirt/soil where HLD/sterilized items were stored



Clean and soiled supplies, devices or equipment co-mingled

Clean supplies stored in a soiled area



Package integrity not maintained

Holes, tears in packaging

Package had evidence of being wet



Leadership Oversight

Staff witnessed accessing clean supplies with soiled hands or gloves

Sterilization and High-Level Disinfection

Historically:

#1 on the Most Frequently Cited Higher-Risk Accreditation Requirements

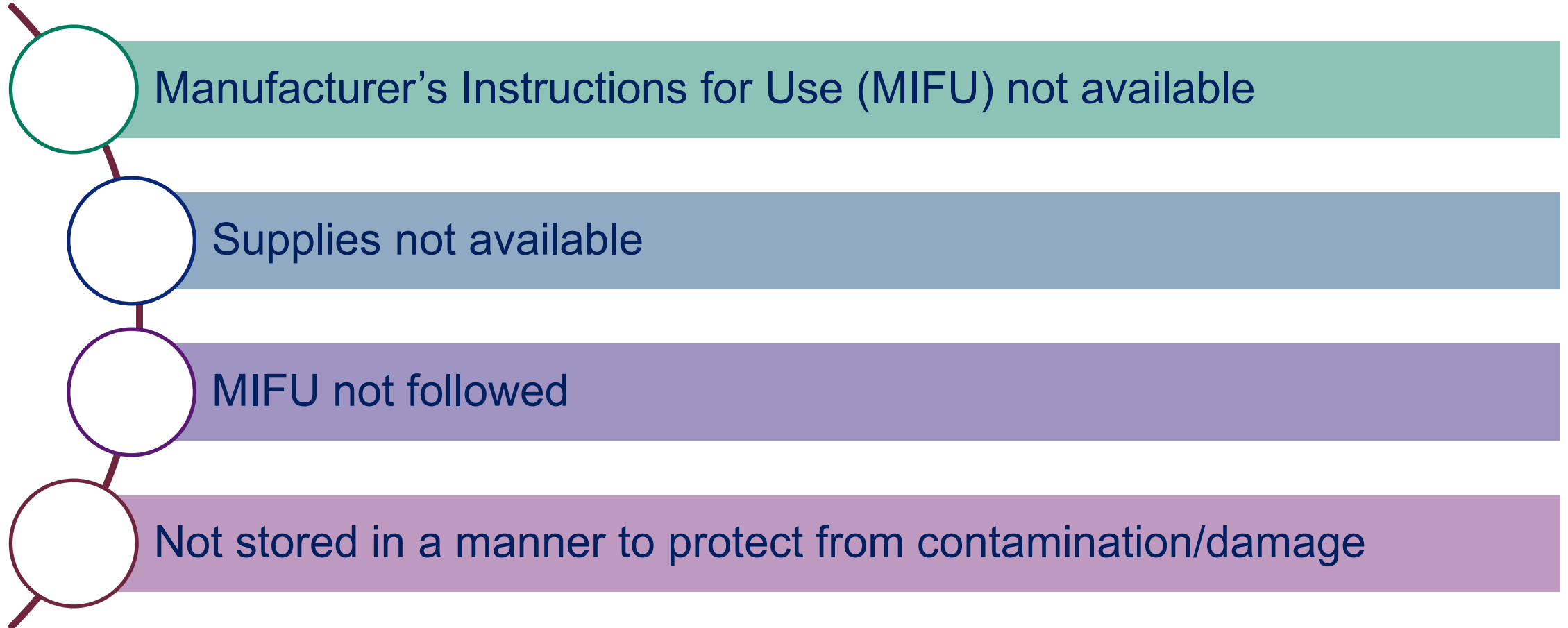
In the Top 10 Infection Control Findings

Highest Percentage of High-Risk Findings and findings evaluated for Immediate Threat to Health and Safety

Frequently Cited Sterilization Observations

- Manufacturer's Instructions for Use (MIFU) not available
- MIFU conflicts/ambiguity not clarified
- Supplies not available
- MIFU not followed
- Instruments/ devices not appropriate for sterilization
- Immediate Use Steam Sterilization

Frequently Cited High Level Disinfection Observations



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

EP1 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.

Program Resources

Human	Human resources to mitigate infection risks and prevent transmission of infection
Material	Examples include information technology, laboratory services, equipment, supplies
Information	Examples include access to local, state and federal public health advisories, MIFU, regulation, guidelines and consensus documents required/chosen by the hospital to inform policies and procedures

Frequently Cited Resource Observations

- Manufacturer's instructions for use not available to staff who reprocess reusable instruments
- Personal protective equipment (PPE) not available
- Hand Hygiene Products
 - None available
 - Expired
 - Dispensers Broken

IC.04.01.01 The hospital has a hospitalwide infection prevention and control program for the surveillance, prevention, and control of health care–associated infections (HAIs) and other infectious diseases (EP4)

EP4 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
- Use of disinfectants registered by the Environmental Protection Agency 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
- 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 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 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

Reprocessing Policy and Procedure Observation Examples:

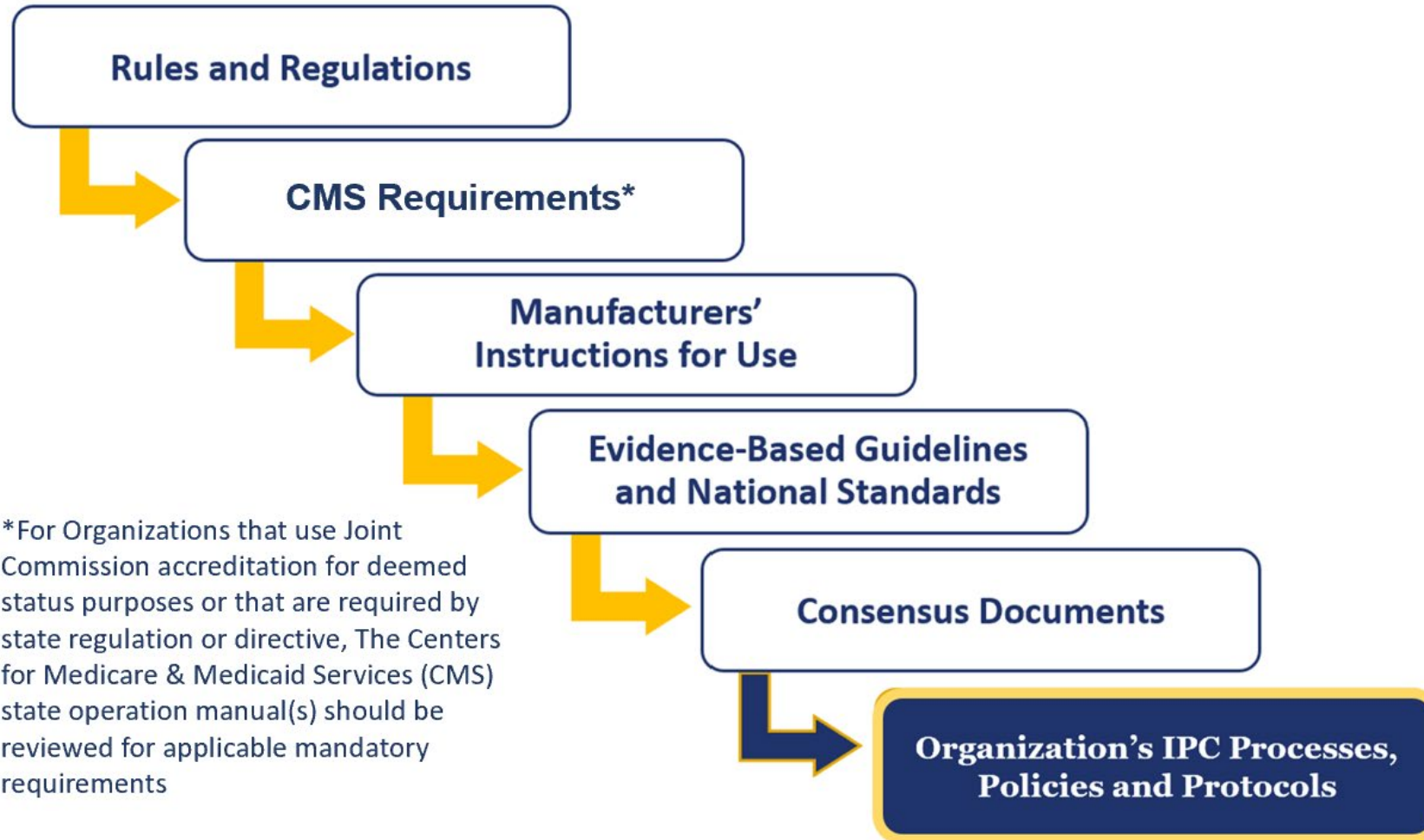
- Policy/Procedure not in alignment with manufacturer's instructions for use
- Policy/Procedure did not include required documentation for device reprocessing cycles... **in all locations where reprocessing occurs**
- Sterilization policy in the Operating Room to support Immediate Use Steam Sterilization did not include criteria and the process for the use of immediate-use steam sterilization

IC.04.01.01 The hospital has a hospitalwide infection prevention and control program for the surveillance, prevention, and control of health care–associated infections (HAIs) and other infectious diseases (EP3)

EP3The 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:

- a. Applicable law and regulation.
- b. Manufacturers' instructions for use.
- c. Nationally recognized evidence-based guidelines and standards of practice, including the Centers for Disease Control and Prevention's (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.

Infection Control Hierarchy



Infection Control Hierarchy Observation

Examples:

- Facility policy/procedure did not incorporate state required Evidence Based Guideline
- Facility policy for cleaning and disinfecting ultrasound transducers was not in alignment with the manufacturer's instructions for use.

IC.04.01.01 The hospital has a hospitalwide infection prevention and control program for the surveillance, prevention, and control of health care–associated infections (HAIs) and other infectious diseases (EP5)

EP5 The infection prevention and control program reflects the scope and complexity of the hospital services provided by addressing all locations, patient populations, and staff.

Infection Prevention and Control Program

- Reflects the scope and complexity of the hospital's services

Apply to all staff providing patient care, treatment or services

Apply to all inpatient and outpatient care locations

Apply to all care, treatment and services provided

Scope of surveillance is consistent with scope and complexity of the hospital's services

Policies and procedures address the special populations served by the hospital

Evidence that new locations, services and areas are incorporated

Infection Control Scope and Complexity

Observation Examples:

The Infection Control program did not include surveillance, rounding or auditing infection control activities in:

- Ambulatory care locations
- Newly added locations/services
- All locations where reprocessing of reusable instruments and devices is performed

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

EP1 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

Identification of Risks for Infection, Contamination, and Exposure That Pose a Risk to Patients And Staff

Risks from organisms with a propensity for transmission

Risks based on geographical location and population served

Community data

Risks based on care, treatment, services provided

Risks for exposure to infectious material

Information from local, state, federal public health advisories

Performed at least annually, the format is determined by the hospital. No requirement to document prioritized risks

Other areas where Infection Control risks are addressed include:

- Collaborate with water management program to identify locations where Legionella and other opportunistic waterborne pathogens could grow/spread
- ICRA to define the scope of infection risk for the project and need for barrier measures

Infection Control Risk Assessment Observation Examples:

The Infection Control Risk Assessment did not include:

- All existing services
- Newly added services
- All locations



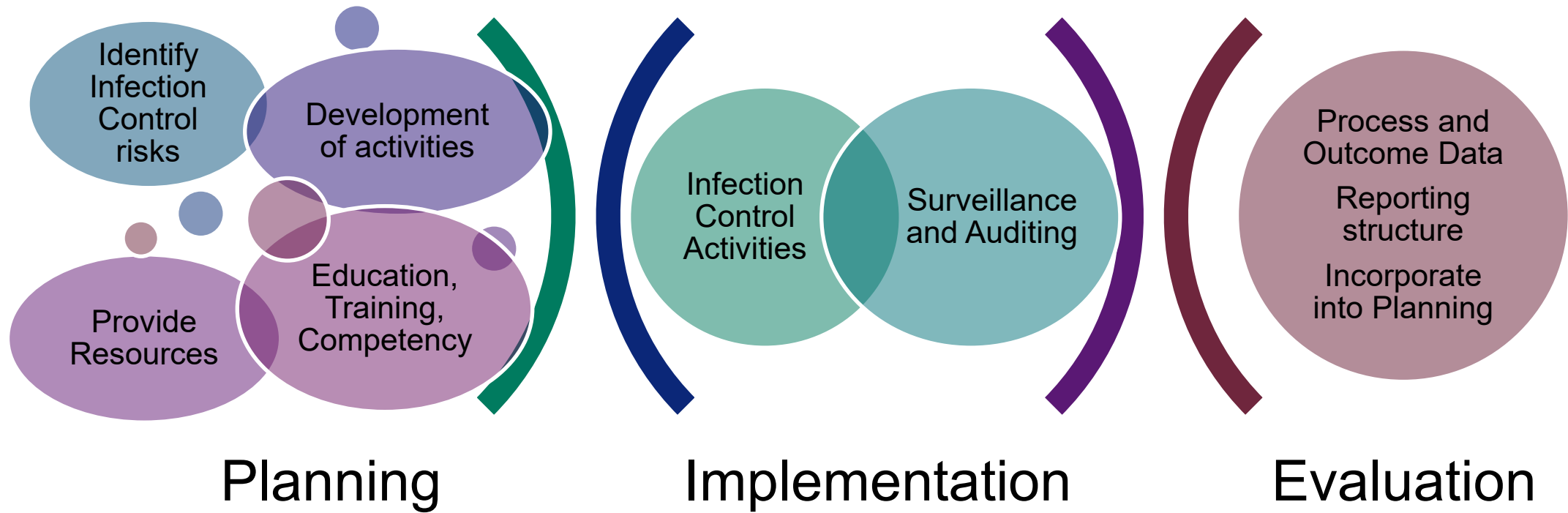
“A policy is only
as effective as its
implementation”
Don Berwick

Implementation

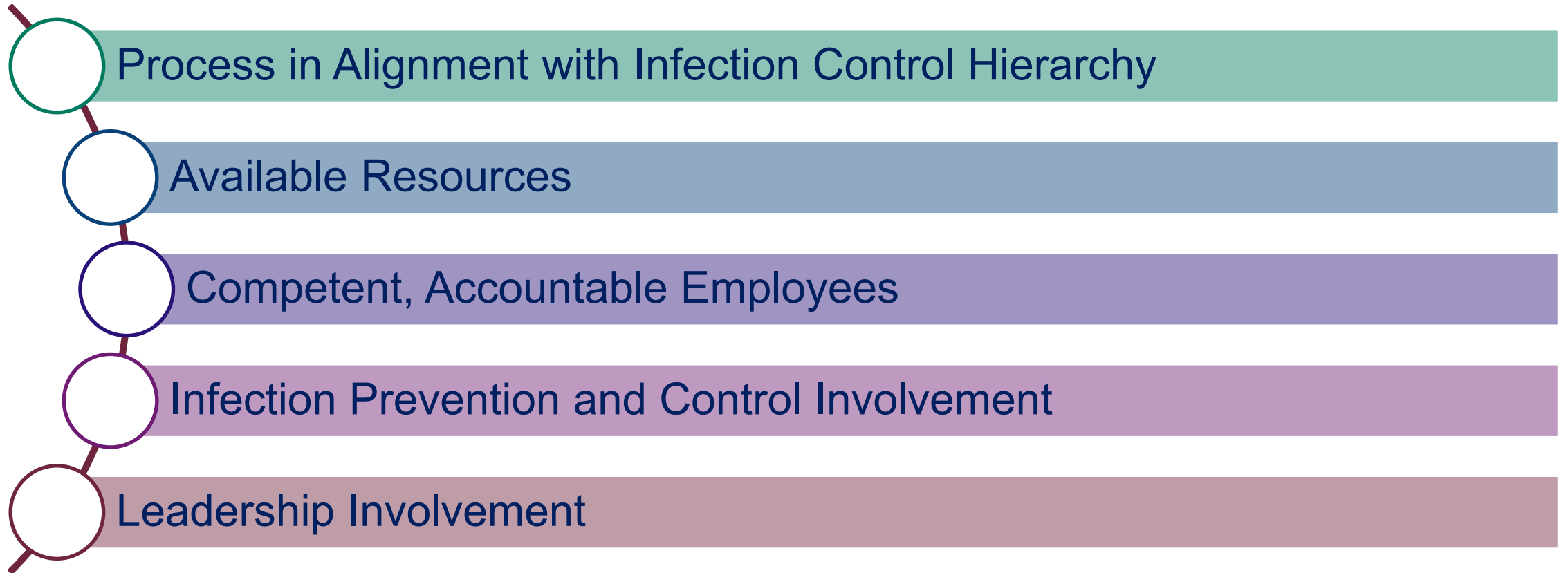


Infection prevention and control activities should be practical and involve collaboration between departments and staff. Everyone who works in the hospital should have a role and hold each other accountable. Important infection prevention and control information should be available to both staff and patients.

Successful Implementation of Infection Control Activities is Multifactorial



What are Key Elements of Implementation that surveyors are looking for?



Implementation of Infection Control Activities

Activities are implemented:

- As intended
- In all relevant locations
- For all relevant staff
- Includes education training and/or competency if required by the organization

Supporting the Implementation of Activities



Resources

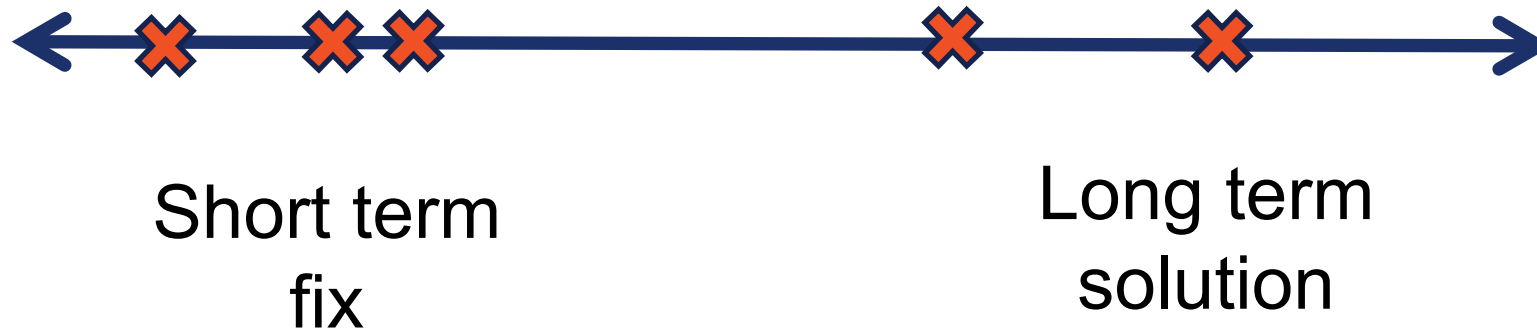
Accountability

Process Development

Process Oversight

Education/Training/Competency

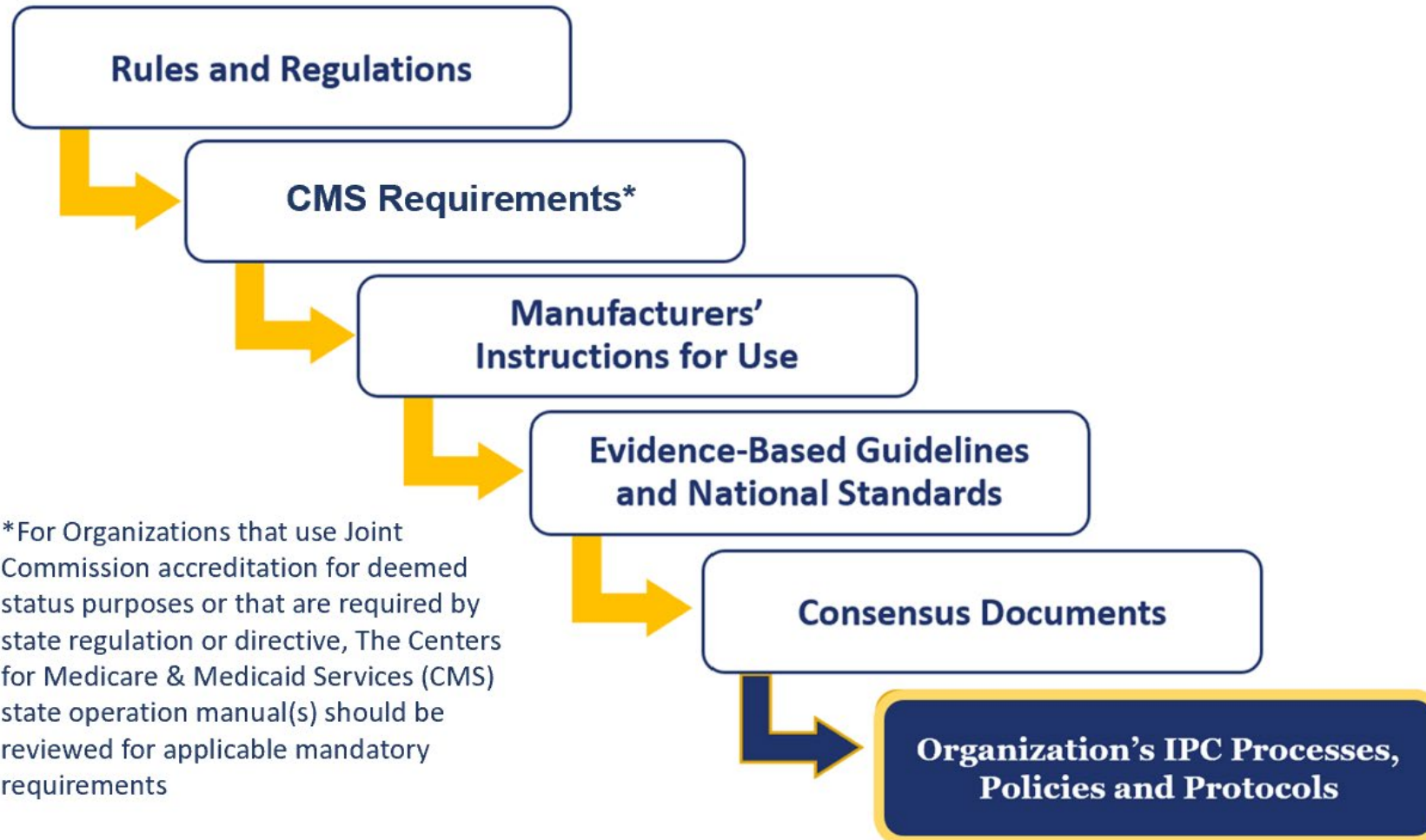
Understanding the Root Cause Can Help Guide Activities and Resource Allocation





Water Quality for Reprocessing

Remember to Follow the Infection Control Hierarchy

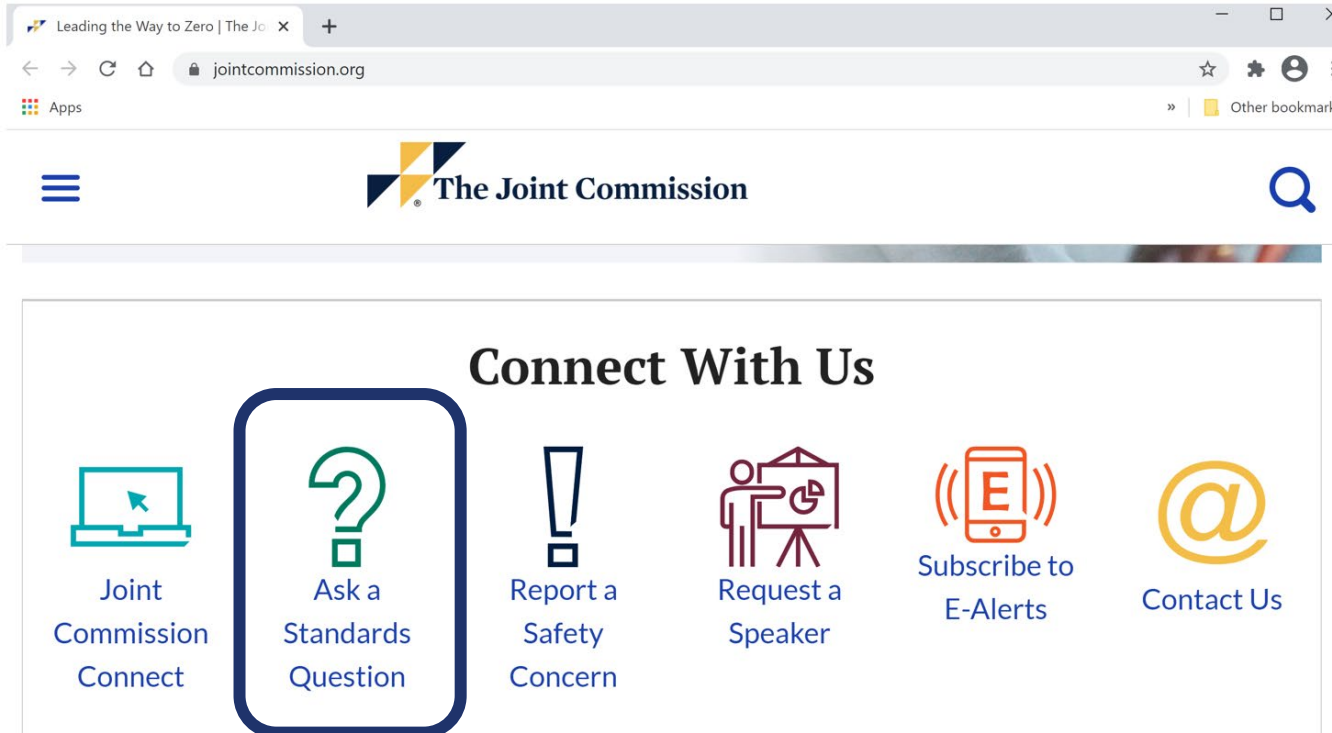




“Quality in healthcare means doing the right thing at the right time, in the right way, for the right person – and having the best possible results”

Agency for Healthcare Research and Quality (AHRQ)

Have a Standards Question?



Leading the Way to Zero | The Jo x +

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**Thank you for
Keeping Patients
Safe!**