



Infection Prevention and Control Roundtable with Acute Care Facilities

8-15-24



ACHOO TEAM



Reach out to us!

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Major role: Build infection control capacity across healthcare facilities in Chicago

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NEW: [ACHOO HAN page](#)



Agenda

- **CDPH Important Updates**
- **Special Topic**
 - **The New Joint Commission Infection Control Standards: A Foundation for Quality and Safety**
- **Discussion and Q&A**

Bioterrorism and Category A Agents

★ Notify CDPH upon initial suspicion

Category A threats (along with any suspected bioterrorist events)
must be reported immediately by telephone
upon initial clinical suspicion



Dial **3-1-1** and ask for the on-call CDPH physician
(Dial 312-744-5000 if calling from a non-Chicago number)

*** Additionally report any information about known ties to the DNC ***

For reporting requirements, see [77 Illinois Administrative Code, Part 690 Control of Notifiable Diseases and Conditions Code](#)

This communication and any attachment(s) may include information that is protected from disclosure under the Freedom of Information Act, 5 U.S.C. § 552, or exempt from disclosure as a security measure under the Illinois Freedom of Information Act, 5 ILCS 140/7(1)(v).

Infectious Diseases Reportable Immediately by Telephone

- Any suspected bioterrorist threat
- Any unusual case or cluster of cases that may indicate a public health hazard
- Anthrax
- Botulism, foodborne
- Brucellosis, if bioterrorism suspected
- Diphtheria
- Influenza A, variant
- Plague
- Poliomyelitis
- Q fever, if bioterrorism suspected
- Severe Acute Respiratory Syndrome (SARS)
- Smallpox
- Tularemia, if bioterrorism suspected

[CDPH Category A Agent Webinar for Frontline Providers](#)
[\(youtube.com\)](#)

★ Important Updates

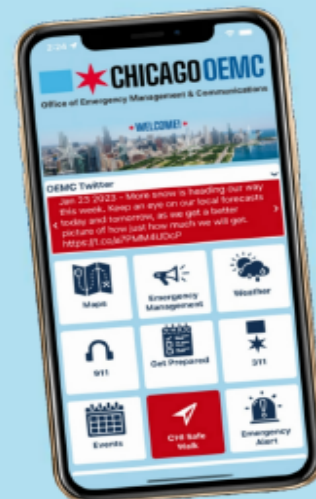


THE DEMOCRATIC NATIONAL CONVENTION IS COMING

August 19 - 22, 2024



- BE PREPARED FOR TRAFFIC IMPACTS & REROUTES
- STAY INFORMED
- DOWNLOAD THE CHICAGO OEMC APP
- SIGN UP FOR DNC ALERTS
- BE AWARE OF INCREASED ACTIVITY
- VISIT OEMC WEBSITE FOR MORE INFORMATION



For the ultimate guide and public safety tool for the DNC, download the Chicago OEMC App:

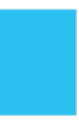




NEW: Roundtable Meetings Approved for IPU Credit towards CIC Recertification!



- All roundtable meetings (past and current) are approved by CBIC to meet requirement for 1 IPU.
- Reach out to Maggie Li if you want to receive Certificate of Attendance for past roundtables you have attended.
- Certificates will be shared during or shortly after the meeting.



Our Presenter: Tiffany Wiksten

Associate Director, Standards Interpretation Group
Division of Healthcare Improvement, The Joint Commission

- Collaborates with accredited and certified organizations to interpret Joint Commission standards, identify vulnerabilities, and enhance performance.
- Former Infection Preventionist with over 10 years of experience.
- Received a Bachelor of Science in Nursing from Lewis University, a Master of Science in Nursing from Loyola University Chicago, and a Doctor of Nursing Practice from Rush University.



The New Joint Commission Infection Control Standards: A Foundation for Quality and Safety

Tiffany Wiksten, DNP, RN, CIC

Associate Director, Standards Interpretation Group

Division of Accreditation and Certification Operations (ACO)

8/15/2024



The Joint Commission Disclaimer

These slides are current as of **August 15, 2024**. The Joint Commission reserves the right to change the content of the information, as appropriate.

These slides are only meant to be cue points, which were expounded upon verbally by the original presenter and are not meant to be comprehensive statements of standards interpretation or represent all the content of the presentation. Thus, care should be exercised in interpreting Joint Commission requirements based solely on the content of these slides.

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Learning Objectives

At the conclusion of this presentation, the participant will be able to:

1. Discuss the rationale for the HAP/CAH Infection Control standards rewrite
2. Explain the structure and content of the new Infection Control standards and elements of performance
3. Demonstrate application of the Infection Prevention and Control Program Assessment Tool

IC Chapter Rewrite Initiative

IC Chapter Rewrite Milestones



HAP/CAH IC standards were published in January 2024 and went into effect in July 2024



IC Chapter Rewrite for non-hospital programs:
Implementation January 2025 (ALC, NCC, OME) and
July 2025 (AHC, BHC, LAB)

Overview

The IC chapter underwent a full rewrite and has replaced the current IC chapter for both HAP and CAH accreditation programs

Consistent with the ongoing initiative to simplify requirements and provide more meaningful evaluations of hospitals

Eliminated requirements that do not add value to accreditation surveys

Focus on the structures that are essential to support quality and safety and identify a framework for a strong infection prevention and control program

Align 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

R³ Report | Requirement, Rationale, Reference

A complimentary publication of The Joint Commission Issue 41, December 20, 2023

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.

<https://www.jointcommission.org/standards/r3-report/r3-report-issue-41-new-and-revised-requirements-for-infection-prevention-and-control-for/>

What Does the New Infection Control Chapter Look Like?

New numbering

Attachment A

The Joint Commission

Infection Prevention and Control Chapter Requirements for the Hospital Program

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

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

- 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.
- 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.

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

- 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 organizational published reports and the local, state, or federal public health authorities' requirements for reprocessing single-use medical devices, such as the CDC's Bloodborne Pathogens Standard 29 CFR 1910.1030, the CDC's 1910.132, and Respiratory Protection Standard 29 CFR 1910.132, and local public health authorities' requirements for restate and local regulatory requirements for biohazardous waste.

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

- 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
 - 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
 - Communicate: Procedures for waste management and cleaning and disinfecting patient care spaces, surfaces, and equipment

Note: See the Glossary for a definition of hierarchy of controls.
- 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.

The Joint Commission

Infection Prevention and Control Chapter Requirements for the Critical Access Hospital Program

Infection Prevention and Control (IC) Chapter

IC.04.01.01

The critical access 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

IC.05.01.01

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

Element(s) of Performance for IC.05.01.01

- The critical access hospital's governing body, or responsible individual, 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, or responsible individual, 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.
- The critical access hospital's governing body, or responsible individual, ensures that the problems identified by the infection prevention and control program are addressed through the assessment and implementation of corrective actions.

IC.06.01.01

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

Element(s) of Performance for IC.06.01.01

- To prioritize the program's activities, the critical access 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 critical access hospital

Note: Risks may include organizational published reports and the local, state, or federal public health authorities' requirements for reprocessing single-use medical devices, such as the CDC's Bloodborne Pathogens Standard 29 CFR 1910.1030, the CDC's 1910.132, and Respiratory Protection Standard 29 CFR 1910.132, and local public health authorities' requirements for restate and local regulatory requirements for biohazardous waste.

IC.07.01.01

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

Element(s) of Performance for IC.07.01.01

- The critical access 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 critical access hospital for respiratory symptoms, fever, rash, and travel history to identify or initiate evaluation for high-consequence infectious diseases or special pathogens
 - Isolate: Procedures for transmission-based precautions
 - Inform: Procedures for informing public health authorities and key critical access 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
 - Communicate: Procedures for waste management and cleaning and disinfecting patient care spaces, surfaces, and equipment

Note: See the Glossary for a definition of hierarchy of controls.
- The critical access 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.

What Does the New Infection Control Chapter Look Like?

Condensed and Reorganized 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



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
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

Documentation Requirements

As of **July 1, 2024** the following documentation is required by The Joint Commission Infection Control Standards:

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

Policies and procedures for cleaning, disinfection, and sterilization of reusable medical and surgical devices and equipment

The hospital identified risks for infection, contamination, and exposure that pose a risk to patients and staff and documentation that the risks are reviewed at least annually or whenever significant changes in risk occur

Policies and procedures to minimize the risk of communicable disease exposure and acquisition among its staff, in accordance with law and regulation

Protocols for high-consequence infectious diseases or special pathogens

Key: (D) indicates that documentation is required

Many Requirements Have Been Clarified

In a new 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: <ol style="list-style-type: none"> 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 (HLD). (For more information on competency requirements, refer to HR.01.06.01 EPs 1, 3, 5, 6)	IC.04.01.01 EP 2

Many Requirements Have Been Clarified

The hospital's infection prevention and control plan includes a written description of the activities, including surveillance, to minimize, reduce, or eliminate the risk of infection.



Surveillance
1. The hospital performs and documents surveillance activities to prevent and control healthcare-associated infections (HAIs). Note: The hospital conducts surveillance and reporting in accordance with law and regulation, its risk assessment, and in accordance with recognized surveillance practices, such as those set forth by the CDC's National Healthcare Safety Network (NHSN).
2. Surveillance of infections and infection prevention and control activities is conducted on a hospitalwide basis. Note: This does not imply surveillance is always conducted in all areas and locations of the hospital. The expectation is that the hospital must have reliable sampling or other mechanisms in place to permit identifying and monitoring infections and communicable diseases occurring throughout the hospital's various locations or departments

Training and educating staff, including medical staff, on the practical applications of infection prevention and control guidelines, policies, and procedures



Education, Training, and Competency Assessment
1. The hospital provides <u>job-specific</u> training and education on infection prevention and control. The staff's records confirm completion of education and training. Note 1: Job-specific means that education and training are consistent with or tailored to the performed roles and responsibilities. For example, environmental services staff must be trained in the methods and procedures for surface disinfection. Note 2: The training and education must include the practical applications of infection prevention and control guidelines, policies, and procedures.
2. The hospital provides training to staff expected to have contact with blood or other potentially infectious material on the blood borne pathogen standards upon hire, at regular intervals, and as needed.
3. The hospital staff receive training in the following: a. When personal protective equipment (PPE) is necessary b. What PPE is necessary c. How to properly don, doff, adjust, and wear PPE
4. The hospital defines and assesses staff competency in infection prevention and control. Note: Competency-based training must be job-specific. For example, the staff in the sterile processing department must demonstrate competencies in the methods and procedures of sterilization, and the staff in areas that perform high-level disinfection must demonstrate competencies in the methods and procedures for high-level disinfection.

Highlights of the Updated Infection Control Standards

Effective July 1, 2024

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.

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.

Infection Preventionist Requirements

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.

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).

While the scoring location may change, the requirements for the appointment of the person responsible for the infection prevention and control program and qualifications for the ICP remain unchanged

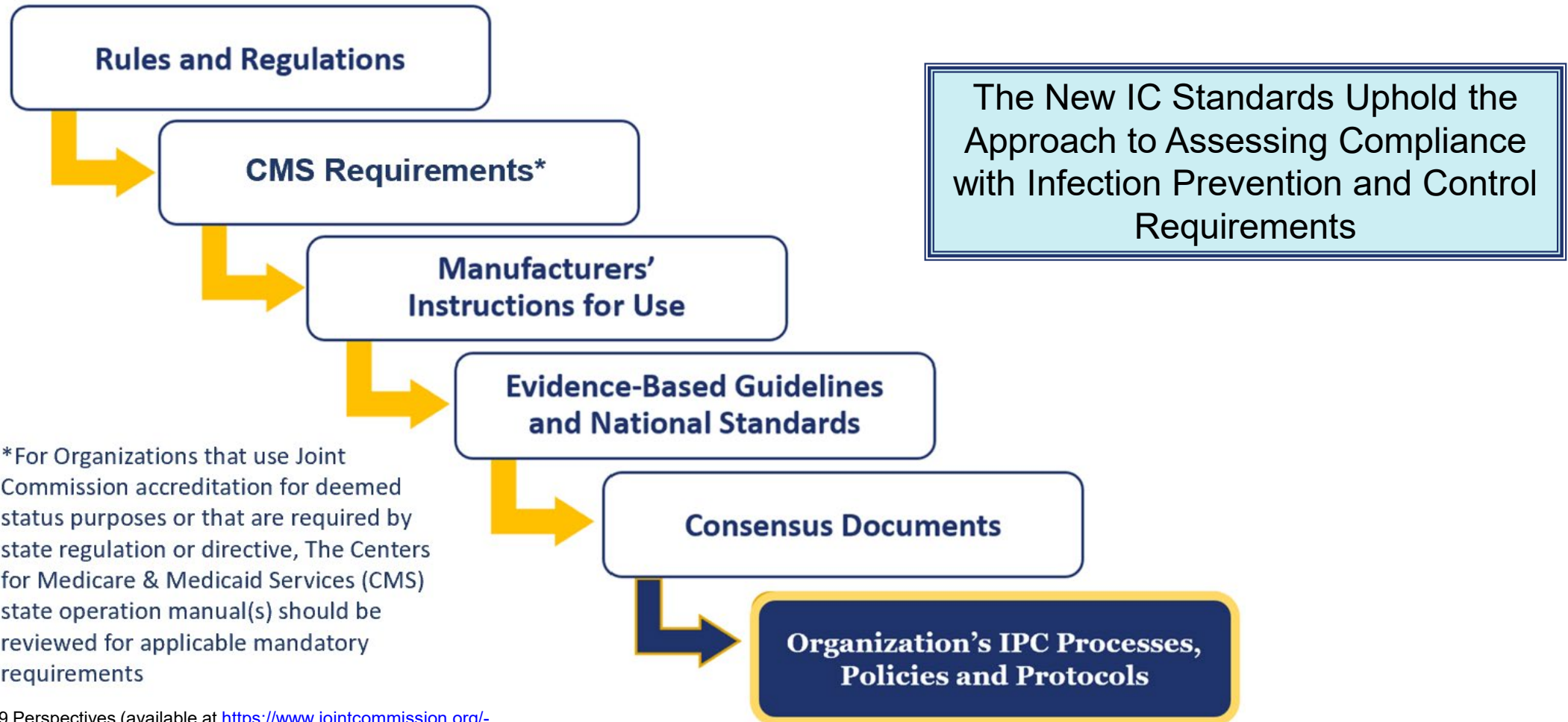
Infection Prevention and Control's Responsibilities

Directly Responsible for:

	Developing and implementing	Hospitalwide infection surveillance, prevention, and control policies and procedures
	Documenting	The infection prevention and control program surveillance, prevention, and control activities
→	Competency-based training/education	Competency-based training and education of hospital staff on infection prevention and control policies and procedures and their application
	Preventing and controlling	Health care–associated infections, including auditing of adherence to infection prevention and control policies and procedures
→	Communicating and collaborating	With all components of the hospital involved in infection prevention and control activities
	Communicating and collaborating	With the QAPI on infection prevention and control issues

IC.05.01.01 EP1 Hospital policies address the roles and responsibilities for infection prevention and control program within the hospital and how the various hospital committees and departments interface with the infection prevention and control program (for example, how to report infectious/communicable disease issues to the infection prevention and control program).

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.



*For Organizations that use Joint Commission accreditation for deemed status purposes or that are required by state regulation or directive, The Centers for Medicare & Medicaid Services (CMS) state operation manual(s) should be reviewed for applicable mandatory requirements

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

The use of EPA-registered disinfectants for noncritical devices and equipment according to the directions on the product labeling

The use of FDA-approved liquid 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 (e.g., 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, etc.)

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

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

IC.05.01.01

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

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

Collaboration with QAPI

The hospital's governing body ensures that the problems identified by the infection prevention and control program are addressed in collaboration with the hospital's quality assessment and performance improvement (QAPI) leaders, and other leaders

- a. The hospital's QAPI program addresses problems identified by the infection control leader(s).
- b. The hospital leaders, including the CEO, the medical staff leader, and the nurse executive, monitor adherence to corrective action plans, assess the effectiveness of actions taken, and verify the implementation of revised corrective actions as needed.

IC.06.01.01

The Hospital Implements Its Infection Prevention and Control Program Through Surveillance, Prevention, and Control Activities

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

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

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)

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

Example: Expanded Elements of Compliance

Hemodialysis	
Note: Infection prevention practices during hemodialysis procedure are performed in accordance with hospital policies and procedures including the following:	
1. Staff wear appropriate PPE (gloves, gowns, face, and eye protection) and perform hand hygiene throughout the procedure.	IC.06.01.01 EP 3
2. Staff perform appropriate central line care, including preparing catheter hubs prior to accessing for hemodialysis, connecting, and disconnecting from bloodlines after the procedure.	IC.06.01.01 EP 3
3. During the priming process, blood lines do not come into contact with contaminated prime waste.	IC.06.01.01 EP 3
4. For tasks requiring aseptic technique, the staff avoid contamination of gloves and other clean/sterile items, for example avoiding touching contaminated surfaces.	IC.06.01.01 EP 3
5. Environmental surface disinfection is performed, when no patient is present, including the following: <ul style="list-style-type: none"> a. The dialysis station b. Priming buckets c. Reusable equipment 	IC.06.01.01 EP 3
6. Disposable supplies are discarded after the patient has departed the dialysis station in accordance with the local regulated medical waste law and regulation.	IC.06.01.01 EP 3
7. The hospital adheres to the policies and procedures to determine and document the hepatitis status of a dialysis patient. Note: For the absence of policies and procedures, score IC.04.01.01 EP 3	IC.06.01.01 EP 3
8. The hospital adheres to manufacturers' instructions and hospital policies and procedures for cleaning and disinfection of the dialysis machine used for the treatment of a patient with hepatitis B. Note: For the absence of policies and procedures, score IC.04.01.01 EP 4	IC.06.01.01 EP 3

Example: Expanded Elements of Compliance

Laundry & Linen	
Note: Laundry is processed in a manner consistent with law and regulation and hospital policies and procedures to maximize prevention of infection and communicable disease including the following:	
1. Soiled textiles/laundry are handled with minimum agitation to avoid contamination of air, surfaces, and persons.	IC.06.01.01 EP 3
2. Soiled laundry is contained in leak-proof bags or containers at the point of use. Note: Hamper covers are not required in patient care areas.	IC.06.01.01 EP 3
3. Healthcare textiles are protected from environmental contamination during transport and storage. Note: Textiles/linens are covered if stored in a clean area in the inpatient unit or may be uncovered if stored in a dedicated clean storage area.	IC.06.01.01 EP 3
4. The receiving area for contaminated textiles is clearly separated from clean laundry areas and is maintained at negative pressure compared with the clean areas of the laundry in accordance with FGI construction standards in effect during the time of facility construction.	EC.02.05.01 EP 16

Example: Expanded Elements of Compliance

Surgical Services	
Note: Surgical services are performed in accordance with hospital policies and procedures including the following:	
1. Staff perform a surgical scrub before donning sterile gloves for surgical procedures using either an antimicrobial surgical scrub agent or an FDA-approved alcohol-based antiseptic surgical hand rub. After surgical scrub, hands and arms are dried with a sterile towel (if applicable), and sterile surgical gown and gloves are donned in the OR.	IC.06.01.01 EP 3
2. Staff in the surgical area adhere to aseptic and sterile technique.	IC.06.01.01 EP 3
3. Staff and visitors wear surgical attire (e.g., scrubs) and surgical caps/hoods covering all head and facial hair in semi restricted and restricted areas. Note: Restricted areas include ORs, procedure rooms, and the clean core (sterile supply) area. The semi restricted areas include the peripheral support areas of the surgical suite.	IC.06.01.01 EP 3
4. Surgical masks are worn fully covering the mouth and nose by all staff in restricted areas where open sterile supplies or scrubbed staff are located.	IC.06.01.01 EP 3
5. The sterile field is maintained, including the following: <ul style="list-style-type: none"> • Items used within the sterile field are sterile. • Items introduced into the sterile field are opened, dispensed, and transferred in a manner to maintain sterility. • The sterile field is prepared in the location where it will be used and as close as possible to time of use. • Movement in or around sterile field is done in a manner to maintain sterility. 	IC.06.01.01 EP 3
6. Traffic in and out of the OR is kept to a minimum and limited to essential staff.	IC.06.01.01 EP 3
7. All horizontal surfaces (for example, furniture, surgical lights, booms, equipment) are damp dusted before the first procedure of the day using a clean, lint-free cloth and an EPA-registered hospital detergent/disinfectant.	IC.06.01.01 EP 3
8. High-touch environmental surfaces are cleaned and disinfected between patients.	IC.06.01.01 EP 3
9. ORs are terminally cleaned after the last procedure of the day (including weekends) and each 24-hour period during regular work week. Terminal cleaning includes wet-vacuuming or mopping the floor with an EPA-registered disinfectant.	IC.06.01.01 EP 3
10. Anesthesia equipment surfaces that are touched by staff while providing patient care or while handling contaminated items are cleaned and low-level disinfected between use on patients according to manufacturers' instructions.	IC.06.01.01 EP 3
11. Exterior surfaces of anesthesia equipment that are not knowingly contaminated during patient care are terminally low-level disinfected at the end of the day according to manufacturers' instructions.	IC.06.01.01 EP 3
12. Internal components of the anesthesia machine breathing circuit are cleaned per manufacturers' instructions and hospital policies and procedures.	IC.06.01.01 EP 3
13. Reusable noncritical items (for example, blood pressure cuffs, ECG leads, tourniquets, oximeter probes) are cleaned and disinfected between patients.	IC.06.01.01 EP 3

Education, Training and Competency Assessment

The hospital provides job-specific training and education on infection prevention and control. The staff's records confirm completion of education and training.

1. Note 1: Job-specific means that education and training are consistent with or tailored to the performed roles and responsibilities. For example, environmental services staff must be trained in the methods and procedures for surface disinfection.
2. Note 2: The training and education must include the practical applications of infection prevention and control guidelines, policies, and procedures.

The hospital provides training to staff expected to have contact with blood or other potentially infectious material on the blood borne pathogen standards upon hire, at regular intervals, and as needed.

The hospital staff receive training in the following:

1. When personal protective equipment (PPE) is necessary
2. What PPE is necessary
3. How to properly don, doff, adjust, and wear PPE

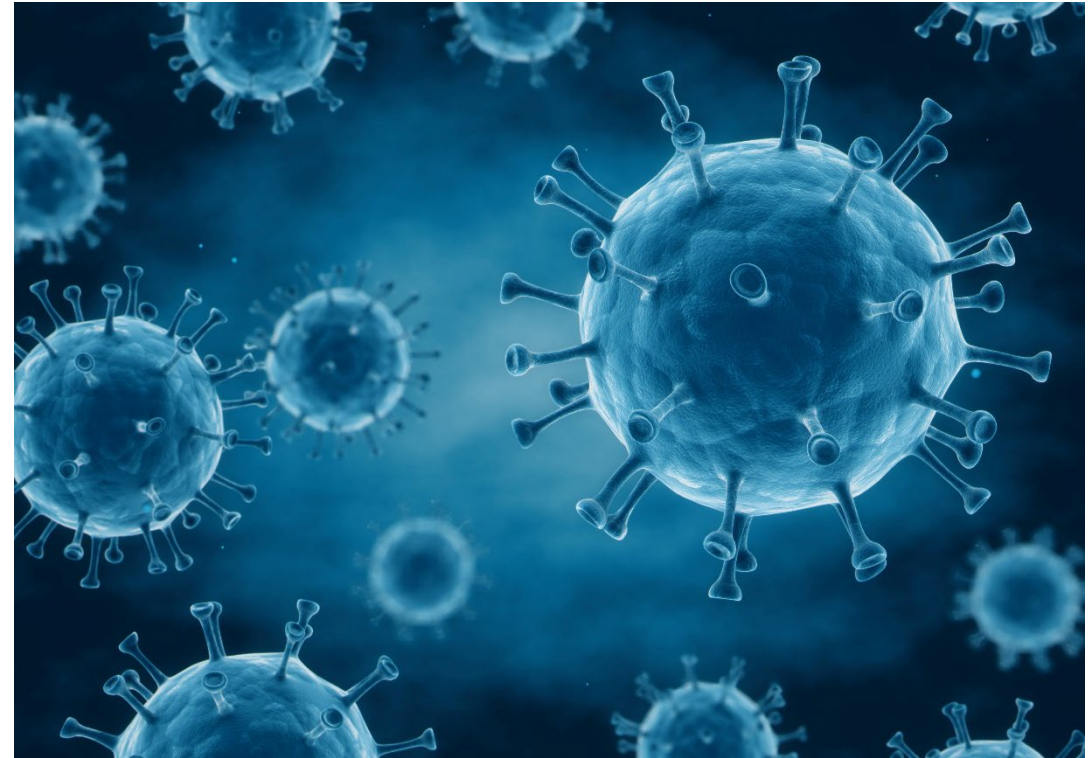
The hospital defines and assesses staff competency in infection prevention and control. Note: Competency-based training must be job-specific. For example, the staff in the sterile processing department must demonstrate competencies in the methods and procedures of sterilization, and the staff in areas that perform high-level disinfection must demonstrate competencies in the methods and procedures for high-level disinfection.

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.

Infectious Disease Outbreaks

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



Minimize The Risk Of Communicable Disease Exposure And Acquisition Among Its Staff

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



IC.07.01.01

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

The Hospital Develops And Implements Protocols For High-consequence Infectious Diseases Or Special Pathogens

1.. 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
- 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)

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)

**Thank you for Keeping Patients
Safe!**



Thank you for participating!

Next Meeting (on Teams): **Thursday, September 19, 2:00 PM**





Additional Slides/Resources

(not presented during the meeting)





Our Services

Our team consists of Infection Prevention Specialists, Epidemiologists, Project Managers, Projects Administrators, and Medical Directors who provide the following assistance:

- IP&C Guidance and Training
- Infection Control Assessments and Responses (ICARs)
- Epidemiology Support
- IP&C Roundtable
- Our partnerships and site visits are meant to be educational, constructive, non-regulatory, and non-punitive
 - We work with you to resolve any identified issues
 - These services are not in response to citations or complaints



Case Report Forms (CRFs)

- CDPH requires additional epidemiological information for specific cases, in addition to the standard reporting requirement. Providing this information to CDPH allows us to have a better understanding of individual case and aids in limiting the transmission of certain multi-drug resistant organisms.
- For MDRO Reporting training (whether you have a new IP or need a refresher) and for questions regarding CRF completion requirements, please contact Cecilia Pigozzi at cecilia.pigozzi@cityofchicago.org



★ Project Firstline Overview

- Project Firstline is the Center for Disease Control's (CDC) National Training Collaborative for Healthcare Infection Control education
- Project Firstline (PFL) brings together more than 75 healthcare, academic, and public health partners to reach healthcare workers across the country
- PFL offers educational resources in a variety of formats to meet the diverse learning needs and preferences of the healthcare workforce

As of May 2022, Project Firstline and its collaborative partners have:



Developed **200+** educational products and training materials on healthcare infection control



Hosted **750+** educational events, reaching approximately **65,238** healthcare workers



Received **84 million+** views across the web and various digital platforms



Available Resources

- **Learn about Infection Control in Health Care**: CDC's Project Firstline provides innovative and accessible resources so all healthcare workers can learn about infection control in health care.
 - *Topics include 14+ foundational IP&C (e.g., hand hygiene, environmental services, ventilation, PPE, how viruses spread, etc.), Recognizing Risk using Reservoirs, Where Germs Live training toolkits, and more interactive resources.*
- **Lead an Infection Control Training**: Our facilitator toolkit is designed to work with your team's learning styles and busy schedules (10-, 20-, and 60-minute scripted sessions).
- **Access Infection Control Educational Materials**: Find short videos, fact sheets, job aids, infographics, posters, printed materials, interactive computer lock screens, and social media graphics to utilize at your facility on foundational IPC topics.
- **Earn Continuing Education**: Earn CEU's on CDC Train for PFL content.
- **Translated Resources**: IPC materials translated into Spanish & additional languages.



Infection Control Training Topics (Onsite/Virtual with IDPH CEU/CEC)

1. The Concept of Infection Control
2. The Basic Science of Viruses
3. How Respiratory Droplets Spread COVID-19
4. How Viruses Spread from Surfaces to People
5. How COVID-19 Spreads - A Review
6. Multi-Dose Vials
7. PPE Part 1 - Eye Protection
8. PPE Part 2 - Gloves & Gowns
9. Hand Hygiene
10. Virus Strains
11. PPE Part 3 - Respirators
12. EVS (Enviro Cleaning & Disinfection)
13. Source Control
14. Asymptomatic Spread of COVID-19
15. Ventilation



★ Print Materials & Job Aids

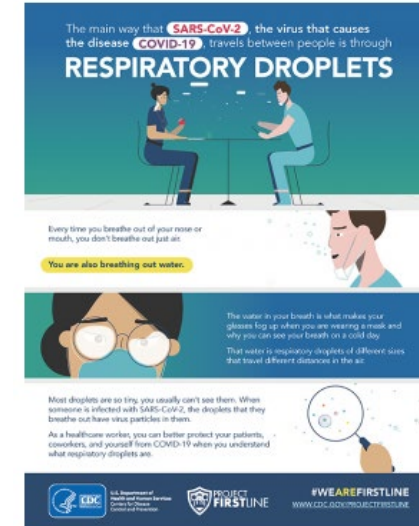
- Several print materials and job aids available on foundational IP&C topics.
 - Available for [free download](#) on CDC's website.
 - Including lock screens for staff computers.
- We are happy to offer professional printing support for poster requests!
 - Please see our team after the presentation to request print materials.
 - For remote guests, please email: projectfirstline@cityofchicago.org.



[How to Read a Disinfectant Label](#) [PDF - 1 Page]



[Water and Wet Surfaces Profile](#) [PDF - 1 Page]



[Respiratory Droplets Flyer](#) [PDF - 1 Page]



[What would you see? Poster](#) [PDF - 1 Page]



[Germs live in blood](#) [JPG - 1 Page]

**Germs are everywhere,
including on surfaces
and devices in the
healthcare environment.**

**Learn how to stop their spread:
WWW.CDC.GOV/PROJECTFIRSTLINE**



INFECTION CONTROL PROTECTS



You



Your Coworkers



Your Patients



Your community



**PROJECT
FIRSTLINE**

CDC's National Training Collaborative
for Healthcare Infection Prevention & Control



**The right infection
control actions
help stop germs
from spreading.**

Learn more:

WWW.CDC.GOV/PROJECTFIRSTLINE





2023 LEARNING NEEDS ASSESSMENT



WE WANT YOUR FEEDBACK TO DEVELOP NEW CONTENT!

- + CDPH is a proud partner of CDC's National IP&C Training Collaborative, Project Firstline.
- + We are working to identify priority IPC training needs among your frontline healthcare staff.
- + This brief survey (<10 minutes) helps us develop relevant content for you and your team.
- + These trainings will be developed for our Fall 2023 IPC webinar series (with free CEUs)!

★ Your Chicago Project Firstline Team

- **CDPH Infection Preventionist:** Your facility's main contact for all infection prevention and control questions.
 - *General contact information:*
cdphaiar@cityofchicago.org
- **PFL-CDPH Team:** Contact our team to learn about specific Chicago-based educational opportunities!
 - We offer many resources including virtual or onsite trainings, webinars, and job aides.
 - *CDPH Project Firstline email:*
projectfirstline@cityofchicago.org

**CDC'S PROJECT FIRSTLINE
YOUR CHICAGO TEAM**

-  projectfirstline@cityofchicago.org
-  www.chicagohan.org/hai/pfl
-  1340 S Damen Ave,
Chicago, IL 60608



Visit our [Chicago Health Alert Network \(HAN\)](#) page by scanning the QR code in the shield logo above to access resources and sign up for the newsletter to stay up to date on exciting new IPC resources!



Are non-regulatory and non-punitive



Facilitate collaboration among facility departments



Provide learning opportunities in critical areas



Help facilities prepare for Joint Commission surveys



Increase involvement of facility leaders in infection prevention work

Infection Control Assessment Tools | HAI | CDC

Click on each module below to open the tool in a fillable PDF document.

[Module 1 – Training, Audits, Feedback](#)

[Module 2 – Hand Hygiene](#)

[Module 3 – Transmission-Based Precautions \(TBP\)](#)

[Module 4 – Environmental Services \(EVS\)](#)

[Module 5 – High-level Disinfection and Sterilization](#)

[Module 6 – Injection Safety](#)

[Module 7 – Point of Care \(POC\) Blood Testing](#)

[Module 8 – Wound Care](#)

[Module 9 – Healthcare Laundry](#)

[Module 10 – Antibiotic Stewardship](#)

[Module 11 – Water Exposure](#)