

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 surveill

Centers for Disease Control and Prevention. (2019, May).
U.S. Department of Health and Human Services.
<https://www.cdc.gov/infectioncontrol/guidelines/disinfection/>
Healthcare Infection Control Practices Advisory Committee. (2022, November 29).

<https://www.cdc.gov/infectioncontrol/guidelines/core-practices/index.html>

*Not a complete literature review.

Requirement

Standard 05.01.01 The hospital implements its infection prevention and control program to ensure the sustainability of the infection prevention and control program.

EP 1. The hospital implements its infection prevention and control program and provides resources to support and track the implementation, success, and sustainability of the program.

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; manufacturers' instructions for use; and guidelines used to inform policies.

EP 2. The hospital implements its infection prevention and control program 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 hospital works 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). (QSO-22-20-Hospitals). U.S. Department of Health & Human Services. <https://www.cms.gov/medicareprovider-enrollment-and-certificationsurvey/certificationgeninfpolicy-and-memos-states-and/infection-prevention-and-control-and-antibiotic-stewardship-program-interpretive-guidance-update>

Jha, A., & Epstein, A. (2010). Hospital governance and the quality of care. *Journal of the American Medical Association*, 304(2), 182-187.

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



Shenoy, E. S., & Weber, D. J. (2021). Occupational health update: approach to evaluation of health care personnel and preexposure prophylaxis. *Journal of Hospital Medicine*, 35(3), 717-734.

Siegel, J.D., Rhinehart, E., Jackson, M., Chiarello, L., & Healthcare Infection Control Practices Advisory Committee. (2023, July).

Centers for Disease Control and Prevention.
<https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>

*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 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 the following:



A special thanks to the following panel members:

Technical Advisory Panel (TAP) Members

John Hick, MD

Vincent Hsu, MD, MPH, FSHEA, FACP

Alexander Isakov, MD, MPH, FACEP, FAEMS

Michael Klompas, MD, MPH

Vikramjit Mukherjee, MD

Minda G. Nieblas, MD, MPH, FACOEM

Terri Rebmann, PhD, RN, CIC, FAPIC

Erica Stephens, MD, MPH, FSHEA, FACP, FAEMS