



**REGION 2
RESPTC**

NYC
HEALTH+
HOSPITALS

Bellevue

APRIL 23, 2024

Region 2 RESPTC Joint Commission Standards Webinar



Webinar Agenda

- 1 | Welcome and Introductions
- 2 | National Special Pathogen System (NSPS) Overview
- 3 | Joint Commission Standards Overview
- 4 | Panel Discussion
- 5 | Question and Answer
- 6 | Closeout and Thank You

Objectives

- Discuss The Joint Commission (TJC) pre-publication standards for the Infection Control Requirements that will go live July 1, 2024.
- The webinar will **not** discuss other accrediting bodies including:
 - DNV
 - ACHC
 - CIHQ
- Hear from a panel of experts on how the changes affects our region and facilities
- Provide dedicated space and time for Region 2-specific standards questions

Welcome and Introductions

TODAY'S PANEL OF SPEAKERS



**Vikramjit
Mukherjee,
MD, FRCP**



**Natalya
Rosenberg
PhD, RN**



**Andrew
Wallach,
MD, FACP**



**Mary Foote
MD, MPH**



**Syra Madad
DHSc, MSc,
MCP, CHEP**



**Justin Chan
MD, MPH**

NSPS and RESPTC Overview

National Special Pathogen System of Care (NSPS) Overview

National Special Pathogen System of Care (NSPS)

A coordinated **health care network**, funded by the HHS Administration for Strategic Preparedness and Response (ASPR), **that readies the nation for special pathogen threats**



COMPONENTS OF THE NSPS

NATIONAL EMERGING SPECIAL PATHOGENS TRAINING AND EDUCATION CENTER (NETEC)

A national coordinating body providing educational and support services to increase the capability of the U.S. public health and health care systems to effectively manage special pathogens

NYC Health + Hospitals/Bellevue is one of three institutions leading NETEC.

REGIONAL EMERGING SPECIAL PATHOGEN TREATMENT CENTERS (RESPTCS)

Hospitals that have enhanced capability to care for highly infectious diseases and serve as regional hubs to prepare health care facilities and providers in their region

NYC Health + Hospitals/Bellevue serves as the RESPTC for New York, New Jersey, Puerto Rico, and the U.S. Virgin Islands.

STATE AND LOCAL PARTNERS

- *Hospital Preparedness Program (HPP) recipients, and their designated **Special Pathogen Treatment Centers (SPTCs)***
- *Hospital Associations**

SPTCs throughout the region increase access to special pathogen care.

*Hospital Associations received COVID-19 Emergency Supplemental funding, which will expire in FY 2024.

Bellevue as the Region 2 RESPTC

As the Region 2 RESPTC, Bellevue is a safety-net hospital with enhanced capability to care for special pathogen patients and serves as a regional hub for special pathogen resources

Bellevue – in close coordination with the NYC Department of Health, NETEC, and ASPR – **serves as the special pathogen preparedness hub** for New York, New Jersey, Puerto Rico, and the U.S. Virgin Islands.

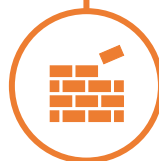


200+ YEARS EXPERIENCE TREATING SPECIAL PATHOGEN PATIENTS

844 OPERATING BEDS

115k+ ANNUAL E.D. VISITS

500k+ ANNUAL CLINIC VISITS



1736-2014

Bellevue, as America's oldest public hospital, treated special pathogen patients ranging from Yellow Fever (1790s) to the Spanish Flu (1910s) to Ebola (2014)



2015

Bellevue was selected to serve as the Region 2 RESPTC as well as one of the three institutions on NETEC



2020+

The NSPS Strategy and ASPR grant updates elevated regional coordination expectations of RESPTCs

The Region 2 RESPTC's Mission



Create a **connected, coordinated, and resilient** HHS Region 2 that is prepared for and able to respond to special pathogen threats.

Joint Commission Standards Overview

The Joint Commission Disclaimer

*These slides are current as of **April 17, 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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Overview

*These slides are current as of **April 17, 2024**. The Joint Commission reserves the right to change the content of the information, as appropriate.*

- The Infection Control standards chapter underwent a full rewrite and will replace the current IC chapter on **July 1, 2024**
- Ongoing initiative to simplify requirements and provide more meaningful evaluations of hospitals
- Align more closely to CMS Conditions of Participation (CoPs)

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 Will the New Infection Control Chapter Look Like?

More information on this can be found at the [New and Revised Requirements for the “Infection Prevention and Control” \(IC\) Chapter | The Joint Commission](#)

Condensed and Reorganized

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 1,2,3,4,5	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

What Will 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

- The hospital governs an infection prevention and control program.
 - Documentation of the program.
- The infection prevention and control program.
 - Development and implementation of the program.
 - Documentation of activities.
 - Competency-based training for staff.
 - Specific to their roles, staff are trained in the use of personal protective equipment (PPE) and other infection control measures.
 - The prevention and control program is audited and staff adhere to the program.
 - Communication and coordination of infection prevention and control activities, including the water management program.
 - Communication and coordination of infection prevention and control activities with other hospital departments.
- The hospital's infection prevention and control program activities and methods for preventing and controlling the spread of infection between the hospital and other institutions and settings are based on the following hierarchy of references:
 - Applicable law and regulation.
 - Note: Relevant federal, state, and local law and regulatory requirements, including Medicare & Medicaid Services Conditions of Participation for processing single-use medical devices, Occupational Safety and Health (OSHA) Bloodborne Pathogens Standard 29 CFR 1910.1030, F 1910.132, and Respiratory Protection Standard 29 CFR 1910.133, and local public health authorities' requirements for respiratory protection and local regulatory requirements for biohazardous waste.
 - Manufacturers' instructions for use.
 - Nationally recognized evidence-based guidelines on Infection Control and Prevention (CDC) Core Infection Prevention and Control (IPC) Guidelines for All Settings, or, in the absence of such guidelines are documented within the policies and procedures.
 - Note: For full details on CDC Core Infection Prevention and Control (IPC) Guidelines, refer to <https://www.cdc.gov/infectioncontrol/guidelines/>.
 - The hospital determines which evidence-based or a combination thereof, it adopts in its policies and procedures.

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 ensures that the program is addressed by hospital leaders and other key staff.

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 respiratory protection and local regulatory requirements for biohazardous waste.
- The hospital reviews identified risks for infection, contamination, and exposure that pose a risk to patients and staff based on the following:
 - National recognized evidence-based guidelines on Infection Control and Prevention (CDC) Core Infection Prevention and Control (IPC) Guidelines for All Settings, or, in the absence of such guidelines are documented within the policies and procedures.
 - Note: For full details on CDC Core Infection Prevention and Control (IPC) Guidelines, refer to <https://www.cdc.gov/infectioncontrol/guidelines/>.
- The hospital implements activities to reduce the risk of infection, contamination, and exposure that pose a risk to patients and staff based on the following:
 - Implementing infection prevention and control activities
 - Reporting an outbreak in accordance with applicable law and regulation
 - Implementing outbreak investigation
 - Communicating information to patients, visitors, and staff, as appropriate
- The hospital implements its program to address infection prevention and control activities.
 - See also EC.02.05.02, EP 2

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
 - 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, EPs 3, 4, 5; EC.02.05.01, EP 15
- 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

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

- The critical access hospital governing body, or responsible individual, based on the recommendation of the medical staff and nursing leadership, appoints an infection preventionist(s) or infection control professional(s) who is/are qualified through infection prevention and control training.
- The infection prevention and control program.
 - Development and implementation of the program.
 - Documentation of activities.
 - Competency-based training for staff.
 - Specific to their roles, staff are trained in the use of personal protective equipment (PPE) and other infection control measures.
 - The prevention and control program is audited and staff adhere to the program.
 - Communication and coordination of infection prevention and control activities, including the water management program.
 - Communication and coordination of infection prevention and control activities with other hospital departments.
- The hospital's infection prevention and control program activities and methods for preventing and controlling the spread of infection between the hospital and other institutions and settings are based on the following hierarchy of references:
 - Applicable law and regulation.
 - Note: Relevant federal, state, and local law and regulatory requirements, including Medicare & Medicaid Services Conditions of Participation for processing single-use medical devices, Occupational Safety and Health (OSHA) Bloodborne Pathogens Standard 29 CFR 1910.1030, F 1910.132, and Respiratory Protection Standard 29 CFR 1910.133, and local public health authorities' requirements for respiratory protection and local regulatory requirements for biohazardous waste.
 - Manufacturers' instructions for use.
 - Nationally recognized evidence-based guidelines on Infection Control and Prevention (CDC) Core Infection Prevention and Control (IPC) Guidelines for All Settings, or, in the absence of such guidelines are documented within the policies and procedures.
 - Note: For full details on CDC Core Infection Prevention and Control (IPC) Guidelines, refer to <https://www.cdc.gov/infectioncontrol/guidelines/>.
 - The hospital determines which evidence-based or a combination thereof, it adopts in its policies and procedures.

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 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 program is addressed by hospital leaders and other key staff.

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 respiratory protection and local regulatory requirements for biohazardous waste.
- The critical access hospital reviews identified risks for infection, contamination, and exposure that pose a risk to patients and staff based on the following:
 - National recognized evidence-based guidelines on Infection Control and Prevention (CDC) Core Infection Prevention and Control (IPC) Guidelines for All Settings, or, in the absence of such guidelines are documented within the policies and procedures.
 - Note: For full details on CDC Core Infection Prevention and Control (IPC) Guidelines, refer to <https://www.cdc.gov/infectioncontrol/guidelines/>.
- The critical access hospital implements activities to reduce the risk of infection, contamination, and exposure that pose a risk to patients and staff based on the following:
 - Implementing infection prevention and control activities
 - Reporting an outbreak in accordance with applicable law and regulation
 - Implementing outbreak investigation
 - Communicating information to patients, visitors, and staff, as appropriate
- The critical access hospital implements its program to address infection prevention and control activities.
 - See also EC.02.05.02, EP 2

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
 - 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 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
 - 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, EPs 3, 4, 5; EC.02.05.01, EP 15
- 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.
 - See also EC.03.01.01, EP 1

Structure of the Updated Infection Control Standards



IC.04.01.01 The hospital has a hospital-wide 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.

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: <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

Tool Available on the Extranet:

- Available to accredited organizations
- **Survey Process Tab:**
 In Pre-Survey menu, click on "Survey Activity Guide"
 Scroll down to "Additional Resources"
- Includes required components that could be evaluated during survey

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)
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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.	<p>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:</p> <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 <p>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)</p>	IC.04.01.01 EP 2

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

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.

Definition of high-consequence infectious diseases (HCIDs) and special pathogens:

- The Joint Commission has not endorsed a standard definition
- Defer to public health authorities and their definitions and resources
- Pragmatic, expert consensus-based guidance provided in the Standard Introduction in the R3 Report

“..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.”

IC.07.01.01: Key points and expectations for organizations

Identify procedures for screening at the points of entry

- Points of entry may include the emergency department, urgent care, and ambulatory clinics
- – At a minimum, include hospital-based emergency care areas, such as emergency departments and urgent care

IC.07.01.01: Key points and expectations for organizations

Readily available for use at the point of care:

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

- “Point of care” where the patient is housed initially and may include ED areas, inpatient areas and units where the patient is being cared for
- Organizations determine whether they provide continued care or transfer the patient (the decision may be made with public health authorities)

IC.07.01.01: Key points and expectations for organizations

Inform: Procedures for informing public health authorities and key hospital staff

- Per local law and regulation requirements and organization procedures
- If needed, the organization may trigger EM procedures per organization policy/established process
- Refer to the emergency operations plan (EOP) for issues related to surge conditions, maintaining, expanding, decreasing, or closing operations

IC.07.01.01: Key points and expectations for organizations

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.

- What, when, who: per organization procedures
- Competency:
 - Observable and measurable knowledge, skills, and abilities or the ability to use specific skills and to employ the knowledge necessary to perform one's job and responsibilities
- Organizations have the flexibility to define the competencies associated with the practical applications of their policies and procedures or protocols

Ask a Standards Interpretation Question

Can't Find What You're Looking For?

If you do not find an answer to your question, please contact the Standards Interpretation Group (SIG).

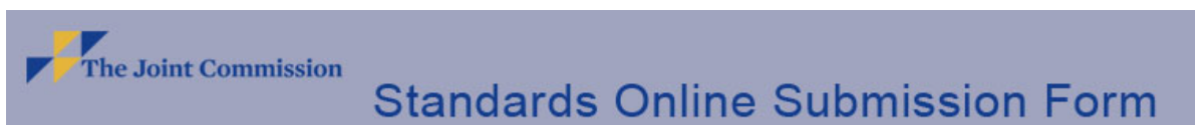
Ask a standards interpretation question

Note: To provide adequate support to those organizations that are either accredited/certified or seeking accreditation/certification, we will only answer those questions submitted by those organizations seeking accreditation/certification or currently accredited/certified by the Joint Commission. The Joint Commission no longer answers questions submitted by students or vendors. Thank you for your understanding.

Ask a standards interpretation question

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Looking For?



The Joint Commission Standards Online Submission Form

Please consider reviewing the [Standards Interpretation FAQs page](#) prior to submitting a question. If you are Joint Commission accredited, click [Login](#) and then click "Joint Commission Connect". Then go to Resources and Tools, Standards Interpretation, and click on the online form link to submit your question. If you prefer to use this form, please complete Steps 1-3 below:

Joint Commission accredited? Yes No

Health Care Organization Information		
Complete the three steps below. In Step 3, only health care organizations accredited/certified by The Joint Commission are included in the list. Step 3 is required if you selected Yes to the Joint Commission accredited question above.		
Step 1. Select the state/territory:	Step 2. Select the city:	Step 3. Select the health care organization:
Select... ▼	▼	Required ▼
If you DID NOT find the name of the health care organization from the list in Step 3 above or the state/city is incorrect, please select "No" to "Joint Commission accreditation?" and complete the information below the question. If you are in the process of applying for accreditation, please select "Yes" to the "Are you in the process of becoming TJC accredited?" question and continue to fill out the rest of the information below.		

Panel Discussion

Today's Speakers

Below outlines your panel of speakers and a small biography for each. To ask questions to any of our speakers, please use the Zoom Q&A feature.



MODERATOR: Dr. Mukherjee is NYC Health + Hospitals/Bellevue's Critical Care Chief and Medical Director of the Special Pathogens Program. Additionally, he is the Region 2 RESPTC Steering Committee lead and an executive member of the Task Force for Mass Critical Care.



Dr. Foote is the NYC Department of Health and Mental Hygiene Medical Director, specializing in infectious disease. She also serves as a Region 2 RESPTC Steering Committee member.



Dr. Rosenberg is the Joint Commission Project Director in the Department of Standards and Survey Methods. She is also a registered nurse with experience in diverse critical care settings and previously served as an infection control liaison for several cardiovascular health services and procedural areas.



Dr. Madad is NYC Health + Hospitals/Bellevue's Senior Director of the System-wide Special Pathogens Program. In addition, she is Core Faculty at the National Emerging Special Pathogens Training and Education Center (NETEC) and serves on the National Science Advisory Board for Biosecurity.



Dr. Wallach serves as NYC Health + Hospitals/Bellevue's Ambulatory Care Chief, the Ambulatory Chief Medical Officer for NYC Health + Hospitals and the NYU Division of General Internal Medicine and Clinical Innovation Associate Director for Clinical Innovations and Clinical Affairs. He also serves as a Region 2 RESPTC Steering Committee member.



Dr. Chan serves as NYC Health + Hospitals/Bellevue's Director of Infection Prevention and Control and System Chief Hospital Epidemiologist. He is also a member of the Special Pathogens Research Network (SPRN) under NETEC.

Questions and Answer

Thank You!



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NETEC will continue to build resources, develop online education, and deliver technical training to meet the needs of our partners

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- ➔ Submit a Technical Assistance request at [**NETEC.org**](https://www.netec.org)