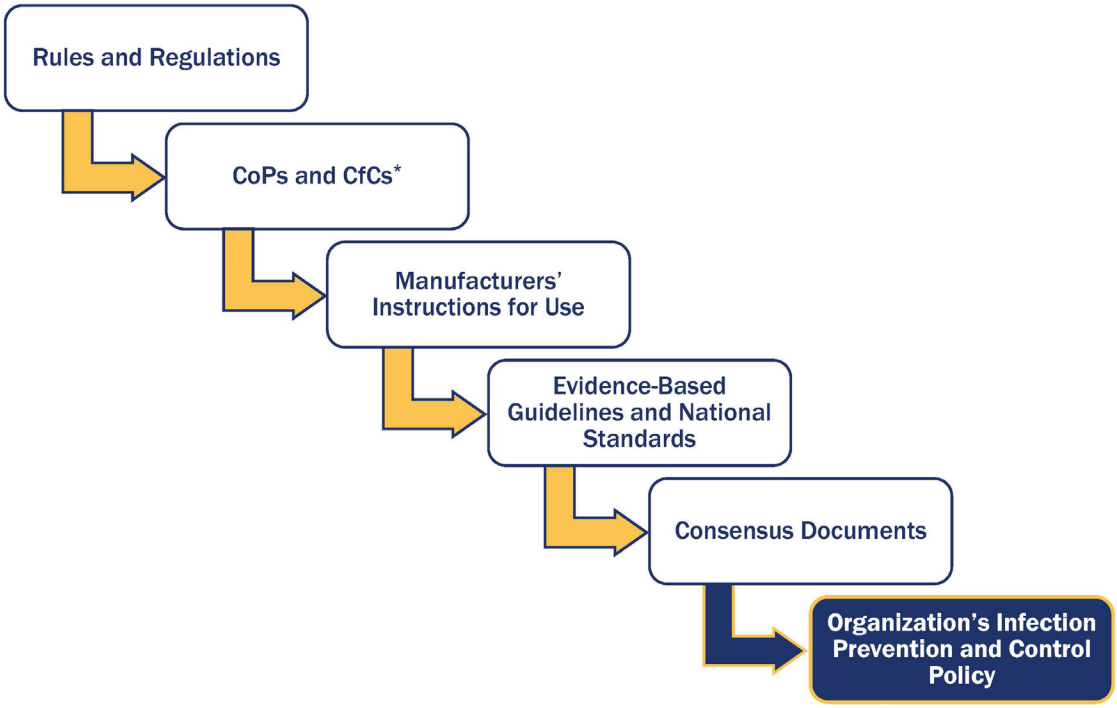
Clarifying Infection Control Policy Requirements

The Joint Commission identified that health care organizations are misunderstanding why certain Infection Prevention and Control (IC) requirements are being scored noncompliant when the organization has a written policy that it believes meets Joint Commission requirements. In response to this feedback from the field, The Joint Commission is clarification clarifying its IC–related policy requirements.

Understanding Joint Commission Requirements

Joint Commission standards and elements of performance (EPs) are written to allow each individual health care organization to determine the best methods and practices for its facility(ies). The Joint Commission, however, is finding that many health care organizations build policies on evidence-based guidelines alone, believing they will meet the Joint Commission IC standards and EPs.

IC needs vary across the United States because of different state and local regulations, devices and equipment, and patient care practices. The Joint Commission's Leadership (LD) standards require organizations to adhere to applicable federal, state, and local regulations and laws. The Joint Commission recommends that health care organizations, when creating or revising IC–related policies, apply a hierarchical method to address the various IC requirements relevant to the organization. The following graphic illustrates the hierarchy of various references that organizations should use as they draft and/or revise their IC–related policies. Not all references will have information an organization needs to include in its policies, but all required references should be reviewed and considered.



** For organizations that use Joint Commission accreditation for deemed status purposes or that are required by state regulation or directive, Conditions of Participation (CoPs) and/or Conditions for Coverage (CfCs) should be reviewed for applicable mandatory requirements.*

Required References for IC–Related Policies

In addition to their chosen evidence-based guidelines and national standards, health care organizations first must comply with the first three groups shown in the illustration to comply with Joint Commission requirements.

Rules and Regulations. Standard LD.04.01.01 states "The [organization] complies with law and regulation." Under this standard, health care organizations must provide care, treatment, and services in accordance with licensure requirements, laws, and rules and regulations, which include federal, state or local authorities. Examples of IC–related rules and regulations include the US Occupational Safety and Health Administration's Bloodborne Pathogens Standard, and state, or local department of health rules and regulations. State rules and regulations may address a variety of IC–related topics, including the following:

- Reprocessing of medical devices
- Personnel vaccination and health requirements
- Specific IC policies that must be developed and implemented

In addition, many states incorporate evidence-based guidelines in their rules and regulations, which negates an organization's option to choose between alternate evidence-based guidelines.

CoPs and CfCs. In addition to local, state, and federal laws, organizations that use Joint Commission accreditation for deemed status purposes must comply with the US Centers for Medicare & Medicaid Services (CMS) Conditions of Participation (CoPs) or Conditions for Coverage (CfCs). CMS provides access to the State Operations Manual and to survey and certification letters via its website.

Manufacturers' Instructions for Use. Manufacturers' instructions provide critical information to support the IC program. Deviation from manufacturers' instruction may result in biological, chemical, or functional incompatibility. When conflicts are identified, organizations are expected to resolve them by contacting the manufacturer(s) for the equipment and products that they choose to use.

Evidence-Based Guidelines and National Standards. Evidence-based guidelines and national standards are promulgated by a variety of organization, including the US Centers for Disease Control and Prevention (CDC). In some cases, the choice of evidence-based guidelines and/or standards is dictated by state regulation or Joint Commission requirements. For example, National Patient Safety Goal (NPSG) Standard NPSG.07.01.01 requires that organizations implement either CDC or the current World Health Organization (WHO) hand hygiene guidelines; however, some state laws require that organizations follow CDC hand hygiene guidelines. Organizations may choose to follow a variety of evidence-based guidelines and/or standards in their organization.

Consensus Documents. When there is additional direction needed on a specific issue, health care organizations may choose to follow consensus documents to reduce patient risk. For example, some disinfection and sterilization guidelines do not address measures to protect patients from toxic anterior segment syndrome following cataract surgery. The American Society of Cataract and Refractive Surgery and the American Society of Ophthalmic Registered Nurses have developed recommended practices for cleaning and sterilizing intraocular

surgical instruments, which provide direction to ensure safety related to cleaning and sterilization of ocular instruments

Additional questions regarding IC–related policies requirements may be directed to the Standards Interpretation Group via the Standards Online Submission Form.

NEXT ▼