



Infection Prevention and Control (IC)

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| Standard IC.01.01.01 | | ① The hospital identifies the individual(s) responsible for the infection prevention and control program. |
| EP 1 | ③ Does the hospital identify the individual(s) with clinical authority over the infection prevention and control program? | ④ |
| Evidence of Standards Compliance | | |
| ⑤ | Compliant? ⑥ | |
| | Yes | No |
| | NA | ITHS |

- 1. Standard number and text.** This is the standard content from E-dition® or in the hard-copy *Comprehensive Accreditation Manual for Hospitals (CAMH)*. The icon will be added at the end of the standard text if it has any notes or cross-references; notes and cross-references may be reviewed on E-dition or in the *CAMH*.
- 2. EP number.** Each EP is included in this book and corresponds to the same number on E-dition or in the *CAMH*.
- 3. Icons.** This icon box will include icons as appropriate. If an EP requires documentation, the icon will be listed; if an EP is considered high risk, the icon will be listed. These two icons will match the icons on E-dition and in the *CAMH*. Unique to this workbook, if an EP has any notes or cross-references, the icon will be listed. If an EP does not have any of these elements, the box will be empty.
- 4. Compliance assessment question.** This content is the EP turned into a question for you to assess compliance.
- 5. Evidence of Standards Compliance.** Use this section to record the information and documentation that supports your hospital's compliance with this EP. This section also can be used to record what is noncompliant with this EP, which can later be used when developing the Plan of Action.
- 6. Compliance assessment.** Once you've determined your compliance with an EP, this section allows you to mark whether your organization is compliant ("Yes") or not compliant ("No"). If an EP is not applicable to your hospital, mark the "NA" box. If an immediate threat to health or safety (ITHS) is observed, mark the "ITHS" box and address the threat immediately as required.

Overview


Modern health care, despite its great strides in preventing and treating disease, has yet to conquer the risk to patients of acquiring an infection in the very place where infection should be least present. Preventing infection has never been more prevalent in our lives than it is today as hospitals continue to combat the novel coronavirus illness (COVID-19) while treating patients with other ailments.

Effective infection prevention and control (IC) plans have the support of hospital leaders and stress communication and collaboration. Strong plans will go well beyond the “wash your hands” approach and include everyone in the hospital, from practitioners to receptionists to kitchen staff and dock workers. Patients and visitors also play a key role.

To help reduce the possibility of acquiring and transmitting an infection, hospitals need to establish a systematic IC program. The processes outlined in this chapter are applicable to all infections or potential sources of infection that hospital staff, practitioners, and administrators might encounter, including a sudden influx of potentially infectious patients. The design and scope of a hospital's program are determined by the specific risks faced by its location, the population(s) it serves, and the types of services it provides. The IC activities should be practical and reasonable to follow.

The IC standards address planning, implementation, and evaluation activities. Every hospital, regardless of its size or the services it provides, should do the following:

- Recognize that its IC program plays a major role in its efforts to improve patient safety and quality of care
- Demonstrate the leaders' commitment to infection prevention and control by endorsing and participating in the organization's efforts to control infection, provide resources, and encourage improvement
- See that staff members collaborate with each other when designing and implementing the IC program
- Regularly assess its IC program by using an epidemiological approach that consists of surveillance, data collection, analysis, and trend identification
- Coordinate its IC program with the larger community
- Consider that the potential exists for an infectious outbreak so extensive that it overwhelms the hospital's resources

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| Standard IC.01.01.01 | | The hospital identifies the individual(s) responsible for the infection prevention and control program. | |
| EP 1 | | Does the hospital identify the individual(s) with clinical authority over the infection prevention and control program? | |
| Evidence of Standards Compliance | | | |
| | | Compliant? | |
| | | Yes | No |
| | | NA | ITHS |
| EP 2 | | When the individual(s) with clinical authority over the infection prevention and control program does not have expertise in infection prevention and control, do they consult with someone who has such expertise in order to make knowledgeable decisions? | |
| Evidence of Standards Compliance | | | |
| | | Compliant? | |
| | | Yes | No |
| | | NA | ITHS |
| EP 3 |  | Does the hospital assign responsibility for the daily management of infection prevention and control activities? | |
| Evidence of Standards Compliance | | | |
| | | Compliant? | |
| | | Yes | No |
| | | NA | ITHS |
| EP 4 | Ⓢ | For hospitals that use Joint Commission accreditation for deemed status purposes Is the individual with clinical authority over the infection prevention and control program responsible for the following? <ul style="list-style-type: none"> ■ Developing and implementing hospitalwide infection surveillance, prevention, and control policies and procedures that adhere to nationally recognized guidelines ■ Documenting the infection prevention and control program surveillance, prevention, and control activities ■ Communicating and collaborating with the quality assessment and performance improvement program on infection prevention and control issues ■ Training and educating staff, including medical staff, on the practical applications of infection prevention and control guidelines, policies, and procedures ■ Preventing and controlling health care–associated infections, including auditing of adherence to infection prevention and control policies and procedures by hospital staff, including medical staff ■ Communicating and collaborating with the antibiotic stewardship program | |
| Evidence of Standards Compliance | | | |
| | | Compliant? | |
| | | Yes | No |
| | | NA | ITHS |

(continued on next page)

Standard IC.01.01.01*continued***EP 6****For hospitals that use Joint Commission accreditation for deemed status purposes**

Is an individual who is qualified through education, training, experience, or certification in infection prevention and control appointed by the governing body to be responsible for the infection prevention and control program?

Is that appointment based on recommendations of medical staff leadership and nursing leadership?

Evidence of Standards Compliance

| | Compliant? | |
|--|-------------------|------|
| | Yes | No |
| | NA | ITHS |

Standard IC.01.02.01

Hospital leaders allocate needed resources for the infection prevention and control program.

EP 1

Does the hospital provide access to information needed to support the infection prevention and control program?

Evidence of Standards Compliance

| | Compliant? | |
|--|-------------------|------|
| | Yes | No |
| | NA | ITHS |

EP 2

Does the hospital provide laboratory resources when needed to support the infection prevention and control program?

Evidence of Standards Compliance

| | Compliant? | |
|--|-------------------|------|
| | Yes | No |
| | NA | ITHS |

EP 3

Does the hospital provide equipment and supplies to support the infection prevention and control program?

Evidence of Standards Compliance

| | Compliant? | |
|--|-------------------|------|
| | Yes | No |
| | NA | ITHS |

KEY: © = documentation required; **R** = identified risk; = support notes and cross-references available on E-dition® or in the Comprehensive Accreditation Manual for Hospitals; NA = not applicable; ITHS = Immediate Threat to Health or Safety