The Joint Commission Standards for Infection Prevention

2016-2017
Purpose: For RBMC employees to understand the Joint Commission Standards in Infection Prevention

Objective: To state the standards and explain how RBMC meets those standards.

Reference; 2016 Hospital Compliance Assessment Checklist; Joint Commission Resources

Any questions please call ext. 5046
Jane Badaracco BSN, RN, CIC
Standard IC 01.01.01. Does the hospital identify the individuals with clinical authority over the infection prevention program?

The RBMC Infection Preventionists are;
- Jane Badaracco BSN, RN, CIC – Manager
- Cara Hartman BSN, RNC, ICP

The RBMC Hospital Epidemiologist is;
- Nazar Raoof, M.D.
Standard: IC 01.03.01
Does the hospital identify risks for acquiring and transmitting infections based in its geographic location, community and population served?

- Beginning each calendar year the Infection Prevention Committee which is made up of interdisciplinary members performs a Risk Assessment of the facilities.
- The assessment takes into consideration the geographical area, the environment, the community, the infections present in the previous year and the services provided to our community.
**Standard IC.01.04.01**

Does the hospital’s written infection prevention goals include limiting transmission of infections associated with procedures, associated with use of medical equipment and compliance with hand hygiene compliance guidelines?

1- **Hand Hygiene Observations** - everyone needs to wash hands prior to entering a patients room and when leaving. The use of alcohol based sanitizer when hands are NOT visibly soiled or soap and water for 15-20 seconds are acceptable modes of handwashing. When C. Diff is present soap and water must be used at all times.

2- Cleaning of equipment when moving them from room to room needs to be performed. Germicidal wipes are located in the hallways as well as attached to BMW’s, vital sign machines and bladder scanners. The proper contact times must be used for disinfection.
Purple top wipes must stay wet for 2 minutes, Grey soft pack wipes need to stay wet for 3 minutes and yellow top (Bleach) wipes must stay wet for 4 minutes.

3- The hospital prevents the spread of respiratory infections with patients who are receiving a Bronchoscopy by performing a Risk Assessment. If the patient is at risk the procedure is performed in negative pressure rooms. If the patient is too unstable to be moved a HEPA filter is placed in the patient’s room 20 minutes prior to the procedure and will remain there for at least 20 minutes after the procedure.
Standard IC.01.05.01
Does the hospital’s infection prevention and control plan include a written description of activities, including surveillance, to minimize, reduce, or eliminate the risk of infection?

• The Infection Prevention Department performs daily surveillance through microbiology and laboratory results, radiology results, daily admissions and chart review.

• The methods of reporting infection surveillance to external organizations is through National Healthcare and Safety Network (NHSN), CDRSS- Communicable Disease Reporting Surveillance System.
• Internal reporting is presented to the Infection Prevention Committee then disseminated to Quality Improvement and Outcomes (QI&O), and all nursing units.

• Patients are educated about their acquired infections by the nurses with educational guides that are available on MRSA, VRE, C.Diff, Catheter related UTI (CAUTI), Catheter related Bloodstream infection (CLABSI) and Surgical Site Infections.
IC.01.05.01- Does the hospital have a plan describing outbreak investigation?

A. Identify and verify the diagnosis of newly reported cases:

1. Conduct prospective surveillance for new cases by monitoring lab results, clinical records, electronic surveillance and reports from attending physicians.

2. Develop a case definition to use to identify affected persons. The use of epidemiologic, clinical and laboratory criteria to define and classify cases. It usually restricts cases to specific time, place and person.
IC.01.05.01- Does the hospital have a plan describing outbreak investigation? - continued

B. Notify Essential Personnel:

1. Infection Prevention and Administrative staff need to be notified as soon as suspected.

2. Personnel in affected departments should be alerted as soon as existence of an outbreak is identified.

3. Risk Management should be notified.

4. Local Health department needs notification of all reportable as well as unreportable diseases involved.
C. Institute Early Control Measures:
   1. The objective is to break the chain of infection to interrupt the outbreak. This is accomplished by use of Universal Precautions and Transmission Based Precautions.

D. Monitor for Additional Cases:
   1. A thorough retrospective and concurrent search should be conducted to detect additional cases.

E. Evaluation of Cases
Standard IC.01.06.01 Does the hospital identify resources to obtain current information about infections that could cause potential influx of patients.

- The Infection Prevention Department stays current with new and old infections through CDC website, NJ Dept. of Health, Assoc. of Professionals in Infection Prevention- APIC.
- That information is communicated to the Licensed Independent Practitioners and staff through Grand Rounds, Memos and the Honeywell system.
If an influx of infectious patients arrive at our doors there is an Emergency Management Plan in writing to handle 2-20-200. When the case load increases to a burden size a Code 13 level 1 would be called and the Emergency Operation Command Center (EOC) would open.
Does the hospital use Universal Precautions and Transmission precautions to eliminate or reduce transmission?

- RBMC employees use Universal Precautions on all patients. This is the use of PPE (Personnel Protective Equipment) gloves, gowns, masks, bonnet, booties when coming into contact with any blood or body fluid.
- RBMC uses Transmission Based Precautions to help differentiate the type of PPE needed when in contact with patients with infections. The Legacy Meridian system hospitals are unifying their signs across the system.
Airborne Precautions

For the safety of our patients and guests, everyone must wash their hands or use hand sanitizer when entering or exiting this room.

- Wear a N95 Respirator Mask or FAPR
- Wash hands or use hand sanitizer
- Keep door closed

*Shared patient equipment will be disinfected with appropriate wipe.

Patient must be masked for transport out of the room.

Visitors:
Please refrain from visiting other patients and areas of the hospital. Children under the age of 12 are not permitted to visit.

STOP!
Protective equipment must be worn by all persons upon entering this room.

Questions? Contact your primary nurse or infection prevention.
Droplet Isolation

For the safety of our patients and guests, everyone must wash their hands or use hand sanitizer when entering and exiting this room. Please also remove and discard your mask upon exiting.

- Wear surgical mask and eye shield
- Wash hands or use hand sanitizer

Patient must be masked for transport out of the room.

Visitors:
Please refrain from visiting other patients and areas of the hospital. Children under the age of 12 are not permitted to visit.

STOP!
Protective equipment must be worn by all persons upon entering this room.

Questions? Contact primary nurse or infection prevention.
Contact Isolation

Contact Precautions

For the safety of our patients and guests, everyone must wash their hands or use hand sanitizer when entering or exiting this room.

- Gloves
- Gown
- Wash hands or use hand sanitizer

Visitors:
Please refrain from visiting other patients and areas of the hospital.

STOP!
Protective equipment must be worn by all persons upon entering this room. Questions? Contact primary nurse or infection prevention.

Shared patient equipment will be disinfected with appropriate wipe.
Enhanced Contact Isolation for C. Diff or Norovirus

Enhanced Contact Precautions
For the safety of our patients and guests, everyone must wash their hands with soap and water when entering and exiting this room. Please do not use hand sanitizer.

- Gloves
- Gown
- Wash hands with soap and water

Visitors:
Please refrain from visiting other patients and areas of the hospital.

STOP!
Protective equipment must be worn by all persons upon entering this room.

Questions? Contact primary nurse or infection prevention.
Standard IC.02.01.01- continued

Does the hospital implement methods to communicate responsibilities for prevention and controlling infection to LIP, staff, visitors, patients and families?

• RBMC has a STOP sign at all entrances asking anyone who is experiencing diarrhea, fever, cough or flu like symptoms not to visit patients. If the person entering is a potential patient then they are asked have they traveled outside of the US in the past 21 days.

• All RBMC patients are given Sanihands on admission to promote patients handwashing before meals, after toileting or just to freshen up.
• Infection Prevention educates staff and LIP’s about the importance of hand washing and how it’s the first line of defense to prevent infection in orientation, yearly MID’s and with monthly hand wash observation opportunities.

• Communication of patient’s infections occur on transfer forms from hospital to nursing homes and hospital to hospital with a follow up verbal report in an acute transfer. Infection Prevention will call other facilities if a positive culture results after transfer.
Standard IC.02.02.01 Does the hospital implement IC activities when cleaning and performing low level disinfection of medical equipment, devices and supplies.

- RBMC implements low level disinfection by having point of care staff clean all equipment that is brought into the patients room with germicidal wipes. These wipes are located in the hallways and attached to some rolling equipment.
- RBMC has contracted with a company called “Green Steam” that comes quarterly to clean all rolling equipment in both facilities.
- All reusable equipment that will be returned to Central Sterile must be enzymatic sprayed or
Standard IC02.02.01 - continued

- enzymatic sponged down (depending on the Department) before it is placed in the red box with soap and water. The spraying of this equipment must be done at the point of care NOT in the dirty utility room. The product is called Renuzyme Foam Spray.

- Multi use equipment that is allowed to be low level disinfected needs to be placed in a clean plastic bag. (Ex. bladder scan transducer, SCD devices, dopplers).

- RBMC does participate in Single Use reprocessing. Those items consist of pulse ox and some selected surgical equipment.
Standard IC.02.03.01- are employees and LIP’s screened for exposure/or immunity to infectious disease?

• Upon hire and credentialing all employees and LIP’s are screened for Measles, Mumps and Rubella as per state requirements. It is strongly recommended for the employee and/or LIP to receive the Hepatitis B vaccine and explained that the Flu vaccine is a condition of employment at RBMC.

• If there is an exposure to Blood and Body Fluids the employee/LIP is tested for HIV, Hepatitis B surface antibody and Hepatitis C antibody free of charge with
Standard IC.02.03.01

Follow up in 6 weeks, 3 months and 1 year. The source patient will also be tested.

- If an employee is suspected of infectious disease they are seen by the Employee Health physician or their own MD to clear them. Notification to Infection Prevention should occur when suspected so testing and prophylaxis can occur.

- When patients are exposed to an infectious disease from an employee their attending physicians are made aware and a letter is sent to them if discharged.
Standard IC.02.04.01- Does the hospital have an Influenza vaccination program for employees and Licensed Independent Practitioners (LIP)?

- RBMC provides free influenza vaccinations for staff and LIP’s.
- Education on transmission and benefits of receiving the vaccine is given on hire and yearly.
- Vaccination clinics are set up from October through December in collaboration with Employee Health Department and Infection Prevention Department. The times and places of inoculation range from morning to night and in central areas as well as medical units in order to get good compliance.
Standard IC.02.04.01- continued

• In 2014-2015 Influenza Season RBMC instituted the flu vaccine as being a condition of employment. For the employees that were already employed it became mandatory unless there was a medical or religious contraindication.

• Our Healthcare Worker (HCW) percentage went from 50% in 2013-2014 to 94% in the 2014-2015 with the new initiative.

• The LIP percentage went from 40% to 70% with the compliance initiative.
Standard IC.03.01.01- Does the hospital evaluate the effectiveness of IC plan whenever risks significantly change?

• The Infection Prevention plan is evaluated yearly and as emergent infections arise.

• Examples of this was in 2009- the H1N1 influenza emerged. The hospital ran a community outreach program to vaccinate as many members of the community and our staff as possible.

• In 2015-16 the probability of EBOLA coming to US was very possible. Infection Prevention and Emergency Management worked to prepare our staff with knowledge on how to assess for the
disease and how to Don and Doff their Personnel Protective Equipment (PPE) so they would be safe when caring for potentially infected patients. The process needed to be constantly assessed as CDC continued to change their guidelines. An actual drill was performed in PAD to test our readiness. The Infection Prevention plan is accepted by the Infection Prevention Committee and brought to the QI&O Committee for approval. In 2017 IC will be a standing agenda item on the Patient Safety Committee.
Vulnerabilities

- Infection Prevention has noted certain areas of vulnerabilities that have impacted our surveys in the past. They are:
  1. Tape - tape cannot be used to hang anything on the walls, in the desk areas or to hold equipment together.
  2. Ceiling tiles must be closed and free of moisture marks. If seen place a work order to repair.
  3. Dust - the sprinkler heads must be dust free to maintain effectiveness.
Vulnerabilities- continued

4. Professional Image- For direct patient care team members, fingernails must be no longer than 1/4 inch and free of artificial applications like gels, acrylics, tips and nail art. The use of lanyards for ID badges is prohibited due to risk of contamination. Clips were distributed to all team members to decrease the risk.

5. Temperature and Humidity- TJC are zooming in on the temperature, humidity and air pressure in hospitals. Specifically in the OR, Central Supply, Endoscopy suites and designated negative pressure rooms. These areas need to be monitored daily and more often if discrepancies are found.
6. Surgical attire/Isolation PPE: Masks are to be worn on the face only. It is not a necklace and should not be pulled down for future use. Hair must be completely covered under bonnet. **No gloves to be worn in the hallway!**

7. Germicidal wipes that are empty need to be replaced. Please don’t leave empty containers!