The Joint Commission, E.O.C. and I.C.

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What we are going to talk about today

- What I.C. and E.O.C. findings in general are common in healthcare today.
- Infection Prevention Control during remodel, renovation, and construction.
- Infection control requirements for Surgery, Critical Care, and Central Processing areas.

General Findings in E.O.C.

- Stained ceiling tiles. EC.02.06.01 EP1. *Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, and services provided. C and indirect. Or* IC.02.01.01 *The hospital implements its infection prevention and control activities, including surveillance, to minimize, reduce or eliminate the risk of infection. C and direct impact.*

Torn/damaged cushions on gurneys and OR Tables

- EC.02.06.01 EP1. *Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, and services provided. C and indirect. Or* EC.02.06.01 EP 26. The hospital keeps furnishings and equipment safe and in good repair.

Storage under sinks

- Especially concerned with finding porous material, cleaning rags, paper towels, cardboard under sinks that can absorb water and create infection control issues.
- EC.02.06.01 finding or
- IC.02.01.01 finding

Mixed clean and dirty storage in the same space

- IC.02.01.01 EP 6 The Hospital minimizes the risk of infection when storing and disposing of infectious waste. C and direct impact score.
- IC.02.01.01 *The hospital implements its infection prevention and control activities, including surveillance, to minimize, reduce or eliminate the risk of infection. C and direct impact.*

Open finishes or damaged walls in sterile areas.

- Holes in walls, non cleanable finishes in operating rooms, and sterile areas.
- Information for requirements comes from Facility Guidelines document 2010 edition
- Findings in EC.02.06.01 EP1. *Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, and services provided. C and indirect*

Sterile Supplies Stored in non-sterile areas.

- Sterile surgery supplies in corridors outside the OR that are not built for sterile storage.
- What about packaging? If it is in the shipping container?
- EC.02.06.01 EP1. *Interior spaces meet the needs of the patient population and are safe and suitable to the care, treatment, and services provided. C and indirect*
- *IC.02.02.01 EP 4 Storing medical equipment, devices, and supplies. C and indirect*

Cleaning, disinfection of medical equipment devices and supplies.

- From a life safety inspector this one comes from finding building design for sterile fields in central processing, path for travel of clean and dirty equipment during cleaning, storage of endoscopy and bronchoscopy scopes. From other members of the team it will usually trigger a question on certifications of those doing the work.
- Can score in both IC and EOC standards.

Water features

- Standards are taken from the Facility Guidelines document 2010 version.
- What water treatment plan is in place for any water features in the building or near the buildings? Records available?
- What is the Engineering Department doing about controlling the cooling towers for Legionella?

Recommendations

- Make sure you are an active member of the safety/environment of care committee.
- Make sure the environment of care rounding has these items for review by team and that you are a participant.
- Work with HR to ensure certification of those doing the work is there and current.
- Know both I.C. and E.O.C. standards.

CONSTRUCTION

CORE REQUIREMENTS!!!!

- EC. 02.06.05 The hospital manages its environment during demolition, renovation, or new construction to reduce risk to those in the organization.
- EP 2. When planning for demolition, construction, or renovation, the hospital conducts a preconstruction risk assessment for air quality requirements, infection control, utility requirements, noise, vibration, and other hazards that affect care treatment, and services

Major impact with findings

- Most findings are at a direct impact and can be both situational (2) scores and often can even escalate to a finding of "Immediate threat to Life" and open a door you don't want to look behind.
- TJC will want to see the assessment and any recommendations which lead to;
- TJC will ensure the recommendations are in place on the actual site.

Infection Control Risk Assessment

- Documented before work starts
- Can be on several different types of forms
- (one scanned in for your use)
- Signed by parties of hospital and construction company
- Identify special steps taken
- Identify responsible parties
- Identify inspection process

What is usually found

- Improper barrier separating project from occupied areas.
- Improper air pressure relationship between construction site and occupied areas
- Workers traveling to and from construction site through occupied patient care areas.
- Improper clean up, tracking out of site.

HOW TO ON CONSTRUCTION

- Make is hospital policy that Infection Control is involved with pre-construction meetings and in the know on projects.
- Be a member of construction meetings to evaluate any change or new challenges from project scope.
- Inspect, Inspect, Inspect.
- Don't be afraid to raise a red flag if needed.

INFECTION PREVENTION CONTROL IN CRITICAL LOCATIONS

AIR PRESSURE, TEMPERATURE, AND HUMIDITY CONCERNS

- TJC is finding room pressure variance from the requirements of the Facility Guidelines.
- Finding in Operating Rooms and theaters
- Finding in Sterile Processing especially between dirty side and clean side
- Finding the use of Endoscopy rooms for Bronchoscopy cases
- Finding wrong pressure relationships in Endoscopy
- Findings in Airborne Infection control rooms

How the guidelines work

- Sets the pressure relationship between rooms.
- Sets the temperature requirements
- Sets the humidity requirements
- Sets requirement to allow return or to require air be exhausted
- Sets requirements for in room air ventilation
- Sets requirements for air change rates
- Sets requirements for filtration

How to Manage

- Is engineering managing select spaces to meet this need?
- Are humidity, temp, and pressures recorded, alarmed?
- Who is monitoring the condition?
- What is done if it goes out of range?
- Is this checked through electronic means or manually? Recorded? Follow up?

How to manage

- Several members of the team will look for this when touring.
- Typically will look for flow by using a tissue or smoke to verify it is being monitored.
- If it isn't being done, tracer or follow up on policy/practice will occur.
- EC.02.05.01 states the Joint Commission standard.

Surgery basics

- Temp between 68 – 75 degrees
- Pressure is positive to all other rooms
- Humidity between 20 – 60%
- Air can be return or exhausted
- No recirculation of room air in room
- Minimum 4 outside air changes an hour
- Minimum 20 total air changes an hour

Sterile Processing

- Air flows from clean to dirty
- Soiled/decontamination room exhausted
- No requirement for return or exhausted on the clean side
- Temp between 72 and 78 degrees
- No requirement for humidity in dirty side
- No more than 60 % humidity on clean side

Endoscopy Requirements

- Varies some from the year built.
- 2010 standard has it positive, 2 outside air changes an hour, 15 total air changes an hour, no requirement for exhaust or return air, air may not be recirculated in the room, 20 to 60 % humidity, temp of 68 – 73 degrees
- Discuss with engineering to ensure the correct standard is being used.

Bronchoscopy requirements

- Varies standard used when built.
- 2010 guidelines require; Negative air in room, 2 outside air changes an hour, 12 total air changes an hour, must be exhausted air not returned, may not have room air recirculated in room, No requirement for humidity, temperature between 68 and 73 degrees.

QUESTIONS

- CONTACT INFORMATION;
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