

**Supplies/Equipment**

- High-level disinfection and sterilization of instruments
- Low- and intermediate-level disinfection of equipment

**Other**

- Identification of individuals or populations that the risks impact, such as staff, patients, certain high-risk populations, and the community
- The impacts on the identified individuals or populations
- Severity of the risks
- Likelihood of the identified risks occurring
- Level of preparedness to address the identified risks

The goals, strategies, and actions of the infection prevention and control program are updated to reflect the risks identified through the risk assessment.

**Measurable Elements of PCI.02.00**

1. ⑩ The hospital completes and documents an infection prevention and control risk assessment to establish the priorities of the health care-associated infection program through data collection and analysis at least annually, and when necessary for specific events, and it includes, at minimum, the following:
  - Respiratory tract infections
  - Urinary tract infections
  - Intravascular invasive devices
  - Surgical sites
  - Multidrug-resistant organisms
  - Epidemiologically significant infections
  - Emerging or reemerging infections within the community
2. ⑩ The hospital identifies and implements evidence-based interventions to address infection risks identified in the risk assessment.
3. The hospital implements infection prevention and control interventions to reduce the rates of health care associated-infections, including multidrug-resistant organisms, through implementation of evidence-based care bundles wherever these are applicable.
4. ⑩ The hospital monitors the effectiveness of infection prevention and control interventions through data collection and analysis and updates these as indicated.
5. ⑩ The hospital performs ongoing data monitoring and surveillance to ensure that infection risks are reduced or eliminated.

**Standard PCI.02.01**

The laboratory implements a process to reduce the risks of infection resulting from exposure to infectious diseases and biohazardous materials and waste.

**Intent of PCI.02.01**

Staff working in the laboratory are at risk of exposure to infectious and biohazardous materials and waste. The laboratory must implement processes to identify and reduce risks of infection to staff. The hospital implements policies, procedures, and practices to reduce the hazards of exposure to biohazardous materials. Exposures and infections acquired in the laboratory are immediately reported internally to infection prevention and control, to hospital leaders, and to public health agencies when required. The hospital identifies biosafety hazards in the laboratory and implements policies and procedures to address those hazards. Staff are educated on the policies and procedures and consistently follow these requirements.

Examples of accidents or injuries that may expose staff to biohazards include but are not limited to the following:

- Exposure to infectious agents
- Sharp object and needlestick injuries
- Accidental ingestion
- Contact of potentially infectious agents with mucus membranes

When problems with practice are identified or accidents occur, the hospital takes corrective actions, which are documented and reviewed. Reviewing or evaluating corrective actions ensures that the actions were effective and will prevent future occurrences of the problem or accident.

At minimum, the implemented requirements address the following biosafety hazards and practices:

- Exposures to aerosols and droplets are controlled (for example, when mixing, sonicating, centrifuging, and flaming inoculating loops).
- Laboratory coats, gowns, or uniforms are worn to protect street clothes and prevent contamination.
- Biosafety cabinets are used when required by laws and regulations, manufacturer's guidelines, or professional practice standards.
- Rules govern procedures on how to handle laboratory accidents and injuries, such as exposure to infectious agents, accidental cuts, needlestick injuries, accidental ingestion, and contact of potentially infectious agents with mucus membranes. These rules include the following:
  - Decontamination procedures
  - Whom to contact for emergency treatment
  - Location and use of safety equipment
- There are written procedures defining safe collection, transport, and handling of all specimens, including prohibition of the following for anyone in laboratory technical areas:
  - Eating or drinking
  - Smoking
  - Applying cosmetics
  - Manipulating contact lenses
  - Mouth pipetting
- Safe use of biosafety cabinets in manipulations of infectious materials that may generate aerosols, and use of an appropriate classification of biosafety cabinets for the microorganisms being handled
- Training for laboratory staff about precautionary measures, modes of transmission, and prevention of bloodborne pathogens
- Procedures to manage and reduce risk of exposure to infectious diseases (for example, COVID-19, Ebola, MERS, tuberculosis, Zika, other unknown potentially infectious pathogens)

## **Measurable Elements of PCI.02.01**

1. ⑩ The laboratory implements written policies and procedures to reduce the risks of infection.
2. ⑩ The hospital reports infections acquired in the laboratory as defined in the policy and in compliance with laws and regulations.
3. The laboratory follows biosafety rules for relevant practices:
  - Exposures to aerosols and droplets are controlled.
  - Laboratory coats, gowns, or uniforms are worn.
  - Biosafety cabinets are used when required by laws and regulations, or manufacturer's guidelines.
  - Procedures explain how to handle accidents and injuries, including decontamination procedures, emergency treatment procedures, and the location and use of safety equipment.
  - Procedures define safe collection, transport, and handling of all specimens.
  - Training for laboratory staff includes precautionary practices, modes of transmission, and prevention of exposure to bloodborne pathogens.
  - Procedures address how to manage and reduce risk of exposure to infectious diseases.
4. ⑩ The hospital takes corrective actions, which are documented and reviewed, when problems with practice are identified or accidents occur.