Measurable Elements of PCI.05.00

1. The hospital implements practices to reduce the risk of infection from handling and disposal of infectious waste, blood and blood components, body fluids, and body tissues. (*See also* FMS.05.00, ME 2)
2. The hospital identifies and implements practices to reduce the risk of injury and infection from the handling and management of sharps and needles.
3. Sharps and needles are collected in dedicated, closable, puncture-proof, leakproof containers that are not reused.
4. The hospital disposes of sharps and needles safely or contracts with vendors that ensure the proper disposal of sharps containers in dedicated hazardous waste sites or as determined by national laws and regulations.
5. The mortuary and postmortem area operate in a manner that adheres to laws, regulations, and local cultures/customs and is managed in a manner that minimizes the risk of transmitting infections.
6. Staff are trained in preventing cross contamination, maintaining chain of custody when needed, and respectful, safe handling procedures in postmortem areas.
7. Ⓓ The hospital has a written policy to direct chain of custody for all bodies and body parts handled by pathology, mortuary, and other postmortem areas.

Standard PCI.05.01

The hospital reduces the risk of infections associated with exposure to blood, body fluids, and other potentially infectious materials.

Intent of PCI.05.01

Patients, visitors, staff, and health care practitioners are at risk for exposures to bloodborne pathogens while present in the hospital, or while performing their job duties in the hospital. Exposures to potential bloodborne pathogens occur when a health care practitioner, staff member, patient, or visitor comes into contact with another person's blood or body fluid through nonintact skin, mucus membranes, eyes, nose, or mouth. Various pathogens, including hepatitis B, hepatitis C, and HIV, can be transmitted through blood or body fluid exposure. Body fluids include cerebrospinal, synovial, pleural, peritoneal, pericardial, seminal, and amniotic fluid. Other body fluids that do not carry a risk of bloodborne pathogen transmission unless visibly contaminated with blood include breast milk, sputum, nasal secretions, saliva, sweat, tears, urine, feces, and emesis; exposures to these fluids generally do not need to be reported or tracked unless visibly contaminated with blood or if required by local or national laws and regulations or hospital policy. Proper use of personal protective equipment appropriate to the task can significantly decrease the likelihood of an exposure. The hospital must provide adequate resources such as appropriate personal protective equipment, and safety devices, when possible, for staff who may come into contact with blood and body fluids while performing their job duties.

The hospital establishes a process for handling staff, patient, and visitor blood and body fluid exposures. The process includes to whom the incident should be reported. This process may vary depending on the time of day or day of week; however, staff must be able to report exposure incidents at any time they occur. The process includes reporting the incident to the direct supervisor and to employee health or the emergency department. This ensures timely documentation of and response to the incident. The process also identifies the action requirements for responding following blood or body fluid exposure. These actions follow local and national laws, as well as recommendations and guidelines from infection control organizations, and include how to clean and/or disinfect the exposed area, what testing for bloodborne illnesses must occur, and whether to initiate postexposure prophylaxis therapy. This process also includes steps for notifying any patient involved in the exposure, when appropriate, and provisions for testing involved patients for bloodborne infections separate from the patient's care.

Data from exposure incidents are tracked and monitored, and exposure incident reports are reviewed by applicable personnel and reported to hospital leaders. Information from incident reports is used to evaluate processes that contributed to or caused the blood or body fluid exposure incident, and changes are made to decrease the likelihood of a repeat occurrence. Staff are educated on these changes.

Measurable Elements of PCI.05.01

1. The hospital identifies processes that could result in patient or staff exposure to blood and body fluids.
2. The hospital implements practices to reduce the risk of exposure to blood and body fluids.
3. The hospital uses an expeditious process for reporting patient, staff, and visitor exposures to blood and body fluids that is timely.
4. The hospital uses a process for acting on patient, staff, and visitor exposures to blood and body fluids.
5. Staff are educated in the process for reporting an exposure incident.
6. Ⓓ The hospital tracks and monitors incidents of patient and staff exposures to blood and body fluids.
7. Reports of exposure incidents are reviewed, and actions are taken to minimize the risk of future exposures to blood and body fluids.

Food Services

Standard PCI.06.00

The hospital reduces the risk of infections associated with the operations of food and dietetics services.

Intent of PCI.06.00

Improperly stored and prepared food can cause illnesses, through transmission of pathogens by personnel handling and preparing food or through food-borne microorganisms. Food illnesses can be dangerous and even life-threatening to hospitalized patients whose conditions are already compromised due to illness, disease, or injury. The hospital must provide for the safe and accurate provision of food and nutrition products by ensuring that the food is stored, prepared, and transported in a manner that prevents transmission of pathogens and at temperatures that prevent the risk of microbial growth.

Hospital leaders must understand the food supply chain from start to finish to ensure safe operations of food services. Hospital leaders must also understand how employee illnesses are managed in accordance with hospital policies and procedures, evidence-based guidelines, and applicable laws and regulations to avoid transmission of infection such as hepatitis A and other pathogens that can be transmitted by personnel through food handling, as leaders are ultimately accountable for ensuring that these processes are consistently followed.

The hospital must ensure careful selection of food sources and suppliers, and safe food storage, handling, and preparation processes. There must be a process to ensure integrity of the food supply chain; this includes temperature stability during transport to the hospital, mechanisms to prevent tampering with food, and proper storage containers during transport. Hospitals must ensure appropriate temperatures of prepared food during transport from the kitchen to patients. This can be done in many ways; for example, kitchen staff may conduct random audits and check the temperature of several meals when they leave the kitchen and before they are served to the patient. There must also be a process to ensure that food is not left out for a length of time that would make it unsuitable for consumption. For example, the hospital must ensure that hot and cold foods waiting for consumption must be maintained at safe temperatures for the duration of service. Safe food storage must include maintaining items at appropriate temperatures and protection from pest infestation, and it may include following such principles as first in, first out (FIFO), which helps ensure that food is used before its expiration date. An effective food rotation system is essential for storing food to prevent food-borne illness.