

**Intent of PCI.07.02**

High-consequence infectious diseases or special pathogens are novel and reemerging infectious diseases or pathogens that are highly transmissible from person to person (or have an unknown mode of transmission) and have the potential for epidemic or pandemic with high morbidity and mortality. This standard is about highly significant emerging diseases such as COVID-19. The management of these diseases or pathogens requires prompt identification, implementation of infection control activities (for example, timely reporting and information sharing, isolation, special personal protective equipment, a biocontainment unit), and action for public health preparedness to prevent community transmission and social disruption. Examples of high-consequence infectious diseases or special pathogens include Middle East respiratory syndrome (MERS), severe acute respiratory syndrome (SARS), COVID-19, measles, monkeypox, smallpox, novel or new mutation of influenza, and Ebola or other viral hemorrhagic fever diseases.

It is particularly important to educate staff on early recognition, including those nonclinical staff who have first contact with patients, such as registration clerks. Simply knowing that a communicable disease may be spreading is not enough. If staff are not trained to recognize the signs and symptoms and to act early, the extent of exposure and the risks of spreading the infection significantly increase. Early recognition is particularly important at a patient's first point of entry into the hospital, such as the emergency department or the outpatient clinics.

**Measurable Elements for PCI.07.02**

1. ④ The hospital implements protocols for high-consequence infectious diseases or special pathogens, that are readily available for use at the point of care and address the following:
  - Procedures for screening at the points of entry to the hospital for respiratory symptoms, fever, rash, and travel history to identify or initiate evaluation for high-consequence diseases or special pathogens. (*See also* FMS.09.01, ME 3) **Note:** Points of entry may include the emergency department, urgent care, and ambulatory clinics.
  - Patient isolation procedures
  - Procedures for informing public health authorities and key hospital staff
  - Procedures for required personal protective equipment and proper donning and doffing techniques
  - Infection control procedures to support continued and safe provision of care while the patient is in isolation and to reduce exposure among staff, patients, and visitors
  - Procedures for waste management and cleaning and disinfecting patient care spaces, surfaces, and equipment
2. The hospital implements education and training and assesses competencies for the staff who will implement protocols for high-consequence diseases or special pathogens.
3. The hospital coordinates with transportation services and local public health authorities to implement criteria and procedures for transferring patients to facilities with a higher level of care.
4. ④ The hospital has written policies and procedures for monitoring and managing staff who have been occupationally exposed or are suspected of having been exposed to a high-consequence infectious agent or special pathogen.
5. The hospital response to high-impact pathogens includes a plan for vaccination of all staff, leaders, and health care practitioners when applicable. (*See also* SQE.02.01, ME 2)

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**Quality Improvement and Program Education**


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**Standard PCI.08.00**

The infection prevention and control process is integrated with the hospital's overall program for quality and patient safety, using data and measures that are epidemiologically important to the hospital.

**Intent of PCI.08.00**

Effective use of measurement data is critical to identify priorities and to implement strategies to improve infection prevention and control activities to reduce health care–associated infection rates to the lowest possible levels. By integrating with the overall hospital quality and patient safety program, the infection prevention and control program can make use of the same data analysis and improvement methodologies, measurement data, and information by understanding similar rates and trends in other similar hospitals and contributing data to infection-related databases. Full integration allows for a consistent approach to improvement and communication structures with leaders and the governing board.

All departments/services should participate in relevant hospitalwide priorities for measurement and also select measures for department/service-specific priorities for the infection prevention and control program. Monitoring data include benchmarking infection rates internally and with external organizations and/or databases. The hospital must define a formal reporting structure that is integrated into the quality and patient safety department. Hospital services or departments sharing the same risks for health care–associated infections should collaborate in these activities by sharing information, data analysis, and successful improvement efforts. For example, critical care units may have similar risks for CLABSI, CAUTI, and VAP. It is important to note that infection prevention and control is not the primary driver of these activities but is supporting and advising within the overall quality and patient safety program.

**Measurable Elements of PCI.08.00**

1. ① The hospital integrates infection prevention and control activities into the quality and patient safety program. (*See also* GLD.04.00, ME 1; QPS.01.00, ME 1)
2. ① The hospital collects and analyzes data for the infection prevention and control activities, including epidemiologically important infections.
3. ① The hospital uses monitoring data to evaluate and support improvements to the infection prevention and control program at least annually. (*See also* GLD.04.00, ME 4)
4. Monitoring data include internal and external benchmarking infection rates as applicable.
5. ① The infection prevention and control program documents monitoring data and provides reports of data analysis to leaders on a quarterly basis.

**Standard PCI.08.01**

The hospital provides education on infection prevention and control practices to staff, health care practitioners, patients, families, and others when indicated by their role in the hospital.

**Intent of PCI.08.01**

For a hospital to have an effective infection prevention and control program, it must educate staff members about the program when they begin work in the hospital and provide ongoing education. Staff should receive initial and ongoing education and training related to emerging trends in infection prevention and control. The education program includes professional staff, clinical and nonclinical support staff, patients, and families, and even tradespeople and other visitors. Patients and families are encouraged to participate in the implementation and use of infection prevention and control practices in the hospital.

The education is provided as part of the orientation of all new staff and is refreshed periodically, or at least when there is a change in the policies, procedures, and practices that guide the hospital's infection prevention and control program, and this includes a mechanism for reporting to leaders and the governing board.