

- Timeliness of scheduling of services - operating room, diagnostic
- Therapeutic procedures

Survey Procedures §482.30(f)

Determine that the committee performs a review of professional services.

A-0317

§482.41 Condition of Participation: Physical Environment

The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.

Interpretive Guidelines §482.41

This CoP applies to all locations of the hospital, all campuses, all satellites, all provider-based activities, and all inpatient and outpatient locations.

The hospital's Facility Maintenance and hospital departments or services responsible for the hospital's buildings and equipment (both facility equipment and patient care equipment) must be incorporated into the hospital's QAPI program and be in compliance with the QAPI requirements.

Survey Procedures §482.41

Survey of the Physical Environment CoP should be conducted by one surveyor. However, each surveyor as he/she conducts his/her survey assignments should assess the hospital's compliance with the Physical Environment CoP. The Life Safety Code survey may be conducted separately by a specialty surveyor.

A-0318

§482.41(a) Standard: Buildings

The condition of the physical plant and the overall hospital environment must be developed and maintained in such a manner that the safety and well being of patients are assured.

Interpretive Guidelines §482.41(a)

The hospital must ensure that the condition of the physical plant and overall hospital environment is developed and maintained in a manner to ensure the safety and well being of patients. This includes ensuring that routine and preventive maintenance and testing activities are performed as necessary, in accordance with Federal and State laws, regulations, and guidelines and manufacturer's recommendations, by establishing maintenance schedules and conducting ongoing maintenance inspections to identify areas or equipment in need of repair. The routine and preventive maintenance and testing activities should be incorporated into the hospital's **QAPI** plan.

Assuring the safety and well being of patients would include developing and implementing appropriate **emergency preparedness** plans and capabilities. The hospital must develop and implement a comprehensive plan to ensure that the safety and well being of patients are assured during emergency situations. The hospital must coordinate with Federal, State, and local emergency preparedness and health authorities to identify likely risks for their area (e.g., natural disasters, bioterrorism threats, disruption of utilities such as water, sewer, electrical communications, fuel; nuclear accidents, industrial accidents, and other likely mass casualties, etc.) and to develop appropriate responses that will assure the safety and well being of patients. The following issues should be considered when developing the comprehensive emergency plans(s):

- The differing needs of each location where the certified hospital operates;
- The special needs of patient populations treated at the hospital (e.g., patients with psychiatric diagnosis, patients on special diets, newborns, etc.);
- Security of patients and walk-in patients;
- Security of supplies from misappropriation;
- Pharmaceuticals, food, other supplies and equipment that may be needed during emergency/disaster situations;
- Communication to external entities if telephones and computers are not operating or become overloaded (e.g., ham radio operators, community officials, other healthcare facilities if transfer of patients is necessary, etc.);
- Communication among staff within the hospital itself;
- Qualifications and training needed by personnel, including healthcare staff, security staff, and maintenance staff, to implement and carry out emergency procedures;

- Identification, availability and notification of personnel that are needed to implement and carry out the hospital's emergency plans;
- Identification of community resources, including lines of communication and names and contact information for community emergency preparedness coordinators and responders;
- Provisions if gas, water, electricity supply is shut off to the community;
- Transfer or discharge of patients to home, other healthcare settings, or other hospitals;
- Transfer of patients with hospital equipment to another hospital or healthcare setting; and
- Methods to evaluate repairs needed and to secure various likely materials and supplies to effectuate repairs.

Survey Procedures §482.41(a)

- Verify that the condition of the hospital is maintained in a manner to assure the safety and well being of patients (e.g., condition of ceilings, walls, and floors, presence of patient hazards, etc.).
- Review the hospital's routine and preventive maintenance schedules to determine that ongoing maintenance inspections are performed and that necessary repairs are completed.
- Verify that the hospital has developed and implemented a comprehensive plan to ensure that the safety and well being of patients are assured during emergency situations.

A-0319

§482.41(a)(1) There must be emergency power and lighting in at least the operating, recovery, intensive care, and emergency rooms, and stairwells. In all other areas not serviced by the emergency supply source, battery lamps and flashlights must be available.

Interpretive Guidelines §482.41(a)(1)

The hospital must comply with the applicable provisions of the Life Safety Code, National Fire Protection Amendments (NFPA) 101, 2000 Edition and applicable references, such as, NFPA-99: Health Care Facilities, for emergency lighting and emergency power.

Survey Procedures §482.41(a)(1)

Use the Life Safety Code Survey Report Form (CMS-2786) to evaluate compliance with this item.

A-0320

§482.41(a)(2) There must be facilities for emergency gas and water supply.

Interpretive Guidelines §482.41(a)(2)

The hospital must have a system to provide emergency gas and water as needed to provide care to inpatients and other persons who may come to the hospital in need of care. This includes making arrangements with local utility companies and others for the provision of emergency sources of water and gas. The hospital should consider nationally accepted references or calculations made by qualified staff when determining the need for at least water and gas. For example, one source for information on water is the Federal Emergency Management Agency (FEMA).

Emergency gas includes fuels such as propane, natural gas, fuel oil, liquefied natural gas, as well as any gases the hospital uses in the care of patients such as oxygen, nitrogen, nitrous oxide, etc.

The hospital should have a plan to protect these limited emergency supplies, and have a plan for prioritizing their use until adequate supplies are available. The plan should also address the event of a disruption in supply (e.g., disruption to the entire surrounding community).

Survey Procedures §482.41(a)(2)

- Review the system used by hospital staff to determine the hospital's emergency needs for gas and water. Verify that the system accounts for not only inpatients, but also staff and other persons who come to the hospital in need of care during emergencies.
- Determine the source of emergency gas and water, both the quantity of these supplies readily available at the hospital, and that are needed within a short time through additional deliveries.
- Verify that arrangements have been made with utility companies and others for the provision of emergency sources of critical utilities, such as water and gas.

A-0321**§482.41(b) Standard: Life Safety From Fire**

A-0322

§482.41(b)(1) Except as otherwise provided in this section, the hospital must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA101 2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR Part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD, and at the Office of the Federal Register, 800 North Capital Street N.W., Suite 700, Washington, DC. Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.

- (i) Chapter 19.3.6.3.2, exception number 2 of the adopted edition of the Life Safety Code does not apply to hospitals.**

Interpretive Guidelines §482.41(b)(1)(i)

Medicare-participating hospitals, regardless of size or number of beds, must comply with the hospital/healthcare Life Safety Code requirements for all inpatient care locations. Hospital departments and locations such as emergency departments, outpatient care locations, etc. must comply with hospital/healthcare Life Safety Code Requirements. Additionally, the hospital must be in compliance with all applicable codes referenced in the Life Safety Code, such as, NFPA-99: Health Care Facilities.

Survey Procedures §482.41(b)(1)(i)

There is a separate survey form, (Form CMS-2786) used by the Fire Authority surveyor to evaluate compliance with the Life Safety Code.

A-0323

§482.41(b)(1)(ii) After consideration of State survey agency findings, CMS may waive specific provisions of the Life Safety Code which, if rigidly applied, would result in unreasonable hardship upon the facility, but only if the waiver does not adversely affect the health and safety of patients.

Interpretive Guidelines §482.41(b)(1)(ii)

Life Safety Code waivers may be recommended by the State survey agency but only CMS (at the regional office level) may grant those waivers for Medicare or Medicaid-participating hospitals.

Survey Procedures §482.41(b)(1)(ii)

Consideration, assessment, and recommendation for waivers of specific Life Safety Code provisions are handled by the Fire Authority surveyor as part of the Life Safety Code survey process.

A-0324

§482.41(b)(1)(iii) If CMS finds that the State has a fire and safety code imposed by State law that adequately protects patients, CMS may allow the State survey agency to apply the State's fire and safety code instead of the LSC.

A-0325

§482.41(b)(1)(iv) A hospital must be in compliance with the following provisions beginning on March 13, 2006:

- (A) Chapter 19.3.6.3.2 exception number 2.**
- (B) Chapter 19.2.9 Emergency Lighting.**

Interpretive Guidelines §482.41(b)(1)(iv)

§482.41(b)(1)(i) states "Chapter 19.3.6.3.2, exception number 2 of the adopted Life Safety Code does not apply to hospitals." The wording in §482.41 (b)(1)(i) and §482.41 (b)(1)(i)(iv)(A) when used together means that after March 13, 2006 a hospital may no longer continue to keep in service existing roller latches even when those roller latches are demonstrating the ability to keep the door closed against 5 lbf.

Beginning March 13, 2003, Medicare-participating hospitals must be in compliance with chapter 19.3.6.3.2 of the 2000 Edition of NFPA 101. Beginning March 13, 2006, Exception number 2 of chapter 19.3.6.3.2 **will not be allowed** in Medicare-participating hospitals.

Hospitals should develop plans for compliance with this requirement so that in all applicable locations roller latches have been replaced by positive latches **prior to** March 13, 2006.

Beginning March 13, 2006, Medicare-participating hospitals **must be in compliance** with Chapter 19.2.9 of the 2000 Edition of NFPA 101.

This section gives hospitals until March 31, 2006, to replace roller latches and to replace 1 hour batteries with 1 ½ hour batteries in emergency lighting systems that use batteries as power sources. After March 13, 2006 a hospital with doors in service with roller latches or with emergency lighting systems with less than 1 ½ hour batteries will not be in compliance and will be cited at §482.41(b)(1)(i).

A-0326

§482.41(b)(2) The hospital must have procedures for the proper routine storage and prompt disposal of trash.

Interpretive Guidelines §482.41(b)(2)

The term trash refers to common garbage as well as biohazardous waste. The storage and disposal of trash must be in accordance with Federal, State and local laws and regulations (i.e., EPA, OSHA, CDC, State environmental, health and safety regulations). The Conditions of Participation for Radiology and Nuclear Medicine Services address handling and storage of radioactive materials.

Survey Procedures §482.41(b)(2)

Verify that the hospital has developed and implemented policies for the proper storage and disposal of trash. Verify through observation that staff adhere to these policies and that the hospital has signage, as appropriate.

A-0327

§482.41(b)(1)(3) The hospital must have written fire control plans that contain provisions for prompt reporting of fires; extinguishing fires; protection of patients, personnel and guests; evacuation; and cooperation with fire fighting authorities.

Survey Procedures §482.41(b)(3)

- Review the hospital's written fire control plans to verify they contain the required provisions of the Life Safety Code or State law.
- Verify that hospital staff reported all fires as required to State officials.
- Interview staff throughout the facility to verify their knowledge of their responsibilities during a fire (this is usually done during the LSC survey, but health surveyors may also verify staff knowledge).

A-0328

§482.41(b)(4) The hospital must maintain written evidence of regular inspection and approval by State or local fire control agencies.

Survey Procedures §482.41(b)(4)

Examine copies of inspection and approval reports from State and local fire control agencies.

A-0329

§482.41(c) Standard: Facilities

The hospital must maintain adequate facilities for its services.

Interpretive Guidelines §482.41(c)

Adequate facilities means the hospital has facilities that are:

- Designed and maintained in accordance with Federal, State and local laws, regulations and guidelines; and
- Designed and maintained to reflect the scope and complexity of the services it offers in accordance with accepted standards of practice.

Survey Procedures §482.41(c)

- Observe the facility layout and determine if the patient's needs are met. Toilets, sinks, specialized equipment, etc. should be accessible.
- Review the facility's water supply and distribution system to ensure that the water quality is acceptable for its intended use (drinking water, irrigation water, lab water, etc.). Review the facility water quality monitoring and, as appropriate, treatment system.

A-0330

§482.41(c)(1) Diagnostic and therapeutic facilities must be located for the safety of patients.

Interpretive Guidelines §482.41(c)(1)

Diagnostic and therapeutic facilities must be in rooms or areas specifically designed for the purpose intended.

Survey Procedures §482.41(c)(1)

Determine that x-ray, physical therapy, and other specialized services are provided in areas appropriate for the service provided.

A-0331

§482.41(c)(2) Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.

Interpretive Guidelines §482.41(c)(2)

Facilities must be maintained to ensure an acceptable level of safety and quality.

Supplies must be maintained to ensure an acceptable level of safety and quality.

This would include that supplies are stored in such a manner to ensure the safety of the stored supplies (protection against theft or damage, contamination, or deterioration), as well as, that the storage practices do not violate fire codes or otherwise endanger patients (storage of flammables, blocking passageways, storage of contaminated or dangerous materials, safe storage practices for poisons, etc.).

Additionally, “supplies must be maintained to ensure an acceptable level of safety” would include that the hospital identifies the supplies it needs to meet its patients’ needs for both day-to-day operations and those supplies that are likely to be needed in likely emergency situations such as mass casualty events resulting from natural disasters, mass trauma, disease outbreaks, etc.; and that the hospital makes adequate provisions to ensure the availability of those supplies when needed.

Equipment must be maintained to ensure an acceptable level of safety and quality.

Equipment includes both facility equipment (e.g., elevators, generators, air handlers, medical gas systems, air compressors and vacuum systems, etc.) and medical equipment

(e.g., biomedical equipment, radiological equipment, patient beds, stretchers, IV infusion equipment, ventilators, laboratory equipment, etc.).

There must be a regular periodical maintenance and testing program for medical devices and equipment. A qualified individual such as a clinical or biomedical engineer, or other qualified maintenance person must monitor, test, calibrate and maintain the equipment periodically in accordance with the manufacturer's recommendations and Federal and State laws and regulations. Equipment maintenance may be conducted using hospital staff, contracts, or through a combination of hospital staff and contracted services.

“Equipment must be maintained to ensure an acceptable level of safety” would include that the hospital identifies the equipment it needs to meet its patients' needs for both day-to-day operations and equipment that is likely to be needed in likely emergency/disaster situations such as mass casualty events resulting from natural disasters, mass trauma, disease outbreaks, internal disasters, etc.; and that the hospital makes adequate provisions to ensure the availability of that equipment when needed.

Survey Procedures §482.41(c)(2)

- Interview the person in charge of medical equipment and determine if there is an adequate repair/periodical maintenance program.
- Verify that all medical devices and equipments are routinely checked by a clinical or biomedical engineer.
- Review maintenance logs for significant medical equipment (e.g., cardiac monitors, IV infusion pumps, ventilators, etc.).
- Are supplies maintained in such a manner as to ensure that safety?
- Are supplies stored as recommended by the manufacturer?
- Are supplies stored in such a manner as to endanger patient safety?
- Has the hospital identified supplies and equipment that are likely to be needed in emergency situations?
- Has the hospital made adequate provisions to ensure the availability of those supplies and equipment when needed?

A-0332

§482.41(c)(3) The extent and complexity of facilities must be determined by the services offered.

Interpretive Guidelines §482.41(c)(3)

Physical facilities must be large enough, numerous enough, appropriately designed and equipped, and of appropriate complexity to provide the services offered in accordance with Federal and State laws, regulations and guidelines and accepted standards of practice for that location or service.

Survey Procedures §482.41(c)(3)

Verify through observation that the physical facilities are large enough and properly equipped for the scope of services provided and the number of patients served.

A-0333

§482.41(c)(4) There must be proper ventilation, light, and temperature controls in pharmaceutical, food preparation, and other appropriate areas.

Interpretive Guidelines §482.41(c)(4)

There must be proper ventilation in at least the following areas:

- Areas using ethylene oxide, nitrous oxide, guteraldehydes, xylene, pentamidine, or other potentially hazardous substances;
- Locations where oxygen is transferred from one container to another;
- Isolation rooms and reverse isolation rooms (both must be in compliance with Federal and State laws, regulations, and guidelines such as OSHA, CDC, NIH, etc.);
- Pharmaceutical preparation areas (hoods, cabinets, etc.); and
- Laboratory locations.

There must be adequate lighting in all the patient care areas, and food and medication preparation areas.

Temperature, humidity and airflow in the operating rooms must be maintained within acceptable standards to inhibit bacterial growth and prevent infection, and promote

patient comfort. Excessive humidity in the operating room is conducive to bacterial growth and compromises the integrity of wrapped sterile instruments and supplies. Each operating room should have separate temperature control. Acceptable standards such as from the Association of Operating Room Nurses (AORN) or the American Institute of Architects (AIA) should be incorporated into hospital policy.

The hospital must ensure that an appropriate number of refrigerators and/or heating devices are provided and ensure that food and pharmaceuticals are stored properly and in accordance with nationally accepted guidelines (food) and manufacturer's recommendations (pharmaceuticals).

Survey Procedures §482.41(c)(4)

- Verify that all food and medication preparation areas are well lighted.
- Verify that the hospital is in compliance with ventilation requirements for patients with contagious airborne diseases, such as tuberculosis, patients receiving treatments with hazardous chemical, surgical areas, and other areas where hazardous materials are stored.
- Verify that food products are stored under appropriate conditions (e.g., time, temperature, packaging, location) based on a nationally-accepted sources such as the United States Department of Agriculture, the Food and Drug Administration, or other nationally-recognized standard.
- Verify that pharmaceuticals are stored at temperatures recommended by the product manufacturer.
- Verify that each operating room has temperature and humidity control mechanisms.
- Review temperature and humidity tracking log(s) to ensure that appropriate temperature and humidity levels are maintained.

A-0338

§482.42 Condition of Participation: Infection Control

The hospital must provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There must be an active program for the prevention, control, and investigation of infections and communicable diseases.

Interpretive Guidelines §482.42

This regulation requires the hospital to develop, implement and maintain an infection control program for the prevention, control, and investigation of infections (which includes, but is not limited to nosocomial infections) and communicable diseases of patients and personnel (which includes, but is not limited to patient care staff).

The hospital must have an active surveillance program that includes specific measures for prevention, early detection, control, education, and investigation of **infections and communicable diseases** in the hospital. There must be a mechanism to evaluate the effectiveness of the program(s) and take corrective action when necessary. The program must include implementation of nationally recognized systems of infection control guidelines to avoid sources and transmission of infections and communicable diseases (e.g., the Centers for Disease Control and Prevention (CDC) Guidelines for Prevention and Control of Nosocomial Infections, the CDC Guidelines for Preventing the Transmission of Tuberculosis in Health Care Facilities, the Occupational Health and Safety Administration (OSHA) regulations, and the Association for Professionals in Infection Control and Epidemiology (APIC) infection control guidelines, etc).

The active infection control program should have policies that address the following:

- Definition of nosocomial infections and communicable diseases;
- Measures for identifying, investigating, and reporting nosocomial infections and communicable diseases;
- Measures for identifying, investigations and controlling post-operative infections in outpatient surgery patients and post-operative infections in inpatients who are discharged soon after surgery;
- Measures for assessing and identifying patients and health care workers, including hospital personnel, contract staff (e.g., agency nurses, housekeeping staff) and volunteers, at risk for infections and communicable diseases;
- Methods for obtaining reports of infections and communicable diseases on inpatients, outpatients, and health care workers, including all hospital personnel, contract staff (e.g., agency nurses, housekeeping staff, etc) and volunteers, in a timely manner;
- Measures for the prevention of infections, especially infections caused by organisms that are antibiotic-resistant or in other ways epidemiologically important; device related infections e.g., those associated with intravascular devices, ventilators, tube feeding, indwelling urinary catheters, etc, surgical site infections; and those infections associated with tracheostomy care, respiratory

therapy, burns, immunosuppressed patients, and other factors which compromise a patient's resistance to infection;

- Measures for prevention of communicable disease outbreaks, such as airborne diseases (TB, SARS, etc.), food borne diseases (Hepatitis A, Salmonella, etc.), blood borne diseases (HIV, Hepatitis B, etc.), and others (VRE, MRSA, pseudomonas, etc.).
- Provision of a safe environment consistent with nationally recognized infection control precautions, such as the current CDC recommendations for the identified infection and/or communicable disease;
- Isolation procedures and requirements for infected or immunosuppressed patients;
- Use and techniques for standard precautions;
- Education of patients, family members and caregivers about infections and communicable diseases;
- Methods for monitoring and evaluating practices of asepsis;
- Techniques for hand washing, respiratory protections, asepsis, sterilization, disinfection, food sanitation, housekeeping, fabric care, liquid and solid waste disposal, needle disposal, separation of clean items from dirty items, as well as other means for limiting the spread of contagion;
- Authority and indications for obtaining microbiological cultures from patients;
- A requirement that disinfectants, antiseptics, and germicides be used in accordance with the manufacturers' instructions to avoid harming patients, particularly central nervous system effects on children;
- Orientation of all new hospital personnel to infections, communicable diseases, and to the infection control program;
- Measures for the screening and evaluation of health care workers, including all hospital staff, contract workers (e.g., agency nurses, housekeeping staff, etc), and volunteers, for communicable diseases, and for the evaluation of staff and volunteers exposed to patients with non-treated communicable diseases;
- Employee health policies regarding infectious diseases and when infected or ill employees, including contract workers and volunteers, must not render patient care and/or must not report to work;
- A procedure for meeting the reporting requirements of the local health authority;

- Procedures for working with local, State, and Federal health authorities in emergency preparedness situations;
- Policies and procedures developed in coordination with Federal, State, and local emergency preparedness and health authorities to address communicable disease threats and outbreaks; and
- Provision for program evaluation and revision of the program, when indicated.

The hospital infection control program must be hospital-wide, include all locations, all campuses, all departments and services. It must include a program for the prevention, control, and investigation of infections and communicable diseases in patients and staff, including both patient care and non-patient care staff. In many circumstances, non-patient care staff can readily serve as a reservoir or a means of transmission of infections or communicable disease within the hospital environment.

The hospital's infection control program must be integrated into its hospital-wide QAPI program.

Survey Procedures §482.42

- Survey of the Infection Control CoP should be coordinated by one surveyor. However, each surveyor as he/she conducts his/her survey assignments should assess the hospital's compliance with the Infection Control CoP.
- Verify that there is a system (policies) for identifying, reporting, investigating, and controlling infections and communicable diseases of patients and hospital personnel, including contract workers and volunteers.
- Determine that this system is an active program, that it is both hospital-wide and program-specific, and that it is implemented correctly.
- Throughout the hospital, observe the environment of care, noting the cleanliness of horizontal surfaces, bedside equipment, and air inlets, etc, because infectious organisms may spread from these places.
- Verify that the hospital's infection control program is integrated into its hospital-wide QAPI program.

A-0339**§482.42(a) Standard: Organization and Policies**

A person or persons must be designated as infection control officer or officers to develop and implement policies governing control of infections and communicable diseases.

Interpretive Guidelines §482.42(a)

The hospital must designate in writing an individual or group of individuals, qualified through education, training, experience, and certification or licensure, as an infection control officer or officers.

The infection control officer or officers must develop and implement policies governing the control of infections and communicable diseases.

Survey Procedures §482.42(a)

- Interview the infection control officer regarding the hospital's infection control program, hospital issues regarding infection control, and to verify and evaluate integration of the hospital infection control program into the hospital's QAPI program.
- Verify that an infection control officer (or officers) is designated and has the responsibility for the infection control program.
- Review the personnel file of the infection control officer(s) to verify that he/she is qualified through education, training, experience, and certification or licensure to oversee the infection control program.
- Verify that appropriate policies and procedures have been developed and implemented governing the control of infections and communicable diseases.

A-0340

§482.42(a)(1) The infection control officer or officers must develop a system for identifying, reporting, investigating, and controlling infections and communicable diseases of patients and personnel.

Interpretive Guidelines §482.42(a)(1)

The infection control officer(s) is responsible for:

- Implementing policies governing asepsis, sterilization, and infection control;
- Developing a system for identifying, investigating, reporting, and preventing the spread of infections and communicable diseases among patients and hospital personnel, including contract staff and volunteers;
- Identifying, investigating and reporting infections and outbreaks of communicable diseases among patients and hospital personnel, including contract staff and volunteers, especially those occurring in clusters;
- Preventing and controlling the spread of infections and communicable diseases among patients and staff;
- Cooperating with hospital-wide orientation and in-service education programs;
- Cooperating with other departments and services in the performance of quality assurance activities;
- Cooperating with disease control activities of the local health authority; and
- Cooperating with Federal, State and local emergency preparedness and public health officials to develop and implement emergency preparedness programs regarding bioterrorism and communicable disease threats.

Survey Procedures §482.42(a)(1)

- Determine that the infection control officer(s) is responsible for the elements specified in the interpretive guidelines.
- Determine if the hospital has an infection control committee. Review committee minutes to evaluate compliance with requirements.

A-0341

§482.42(a)(2) The infection control officer or officers must maintain a log of incidents related to infections and communicable diseases.

Interpretive Guidelines §482.42(a)(2)

The infection control officer or officers must maintain a **log of all incidents related to infections and communicable diseases**, including those identified through employee

health services. The log is not limited only to nosocomial infections. All incidents of infection and communicable disease must be included in the log. The log documents infections and communicable diseases of patients and all staff (patient care, non patient care, employees, contract staff and volunteers). This would include incidents of post-operative infections in inpatients who are discharged soon after surgery or outpatients who received outpatient surgery.

Survey Procedures §482.42(a)(2)

Verify that the infection control officer(s) maintains a log of all incidents related to infections and communicable diseases, including those identified through employee health services.

A-0342

§482.42(b) Standard: Responsibilities of Chief Executive Officer, Medical Staff, and Director of Nursing Services

The chief executive officer, the medical staff, and the director of nursing must--

(1) Ensure that the hospital-wide quality assurance program and training programs address problems identified by the infection control officer or officers; and

(2) Be responsible for the implementation of successful corrective action plans in affected problem areas.

Interpretive Guidelines §482.42(b)

The chief executive officer (CEO), the medical staff and the director of nursing (DON) must ensure that the hospital-wide Quality Assessment and Performance Improvement (QAPI) program and staff in-service training programs address problems identified through the infection control program.

The CEO, the medical staff, and the DON are responsible for implementing corrective action plans to address problems identified by the infection control officer(s). These plans should be evaluated for effectiveness and revised if needed, and documentation concerning corrective actions and outcomes should be maintained.

Survey Procedures §482.42(b)

- Determine that the hospital's QAPI program and staff in-service training programs address problems identified by the infection control officer(s).