



UPDATE: Citing Observations of Hand Hygiene Noncompliance

Effective January 1, 2018, for all accreditation programs, any observation by surveyors of *individual* failure to perform hand hygiene in the process of direct patient care will be cited as a deficiency resulting in a Requirement for Improvement (RFI) under Infection Prevention and Control (IC) Standard IC.02.01.01, EP 2: “The [organization] uses standard precautions, including the use of personal protective equipment, to reduce the risk of infection.” Surveyors also will continue surveying an organization’s hand hygiene *program* to National Patient Safety Goal NPSG.07.01.01.

Reducing the Risk of HAIs

According to the Centers for Disease Control and Prevention, nearly two million health care–associated infections (HAIs) occur across the United States health care system each year.* Many of these infections are transmitted by health care personnel.

As hand hygiene is widely known to be the most important intervention for preventing HAIs, The Joint Commission introduced NPSG.07.01.01 (“Comply with either the current Centers for Disease Control and Prevention hand hygiene guidelines or the current World Health Organization hand hygiene guidelines”) in 2004. NPSG.07.01.01 requires health

care organizations to implement a hand hygiene program, set goals for improving compliance with the program, monitor the success of those plans, and steadily improve the results through appropriate actions. (The Joint Commission Center for Transforming Healthcare also launched the Hand Hygiene Targeted Solutions Tool®, which is free of charge to all accredited organizations, in 2010.)

Currently, and in general, surveyors issue an RFI to organizations for failure to implement and make progress in their hand hygiene improvement *programs*, according to NPSG.07.01.01. With the exception of the Home Care and Ambulatory Care Accreditation Programs, observations of *individual* failure to perform hand hygiene were not cited as deficiencies if there was otherwise a progressive program of increased compliance. Because organizations have had since 2004 to implement successful hand hygiene *programs*, The Joint Commission has determined that there has been sufficient time for all organizations to train *personnel* who engage in direct patient care. While there are various causes for HAI, The Joint Commission has determined that failure to perform hand hygiene associated with direct care of patients should no longer be one of them.

Questions may be directed to the Standards Interpretation Group via the online question form at <https://web.jointcommission.org/sigsubmission/sigquestionform.aspx>.



* Centers for Disease Control and Prevention. CDC at Work: Preventing Healthcare-Associated Infections. Accessed Nov 22, 2017. <https://www.cdc.gov/washington/~cdcatwork/pdf/infections.pdf>