# TECHNICAL CORRECTION CHANGE REPORT
## Effective: June 2, 2025

**Legend:** **Red** = New change

~~**Strikeout**~~ = Language Removed/No longer applies

| Ambulatory Surgical Center (ASC) | |
|---|---|
| **1-C-5** | No more than **5000 cc's** of aspirate may be removed while performing liposuction in a Class B or C facility~~. unless the patient is monitored overnight within the facility. The more stringent requirement applies if state law differs.~~<br><br>**Interpretive Guidance:**<br>The intent is a safety measure to minimize the risks of fluid shifts, cardiovascular issues, and other complications that can arise from large-volume liposuction in an outpatient setting. ~~If more than 5000cc of aspirate is removed during liposuction, the patient must be properly monitored overnight in the facility.~~ This standard does not allow for the use of a "recovery hotel" for observation. This 5,000 ccs includes the total amount of aspirate removed including fat and any fluid removed during the procedure.<br><br>**Evaluating Compliance:**<br>Interview facility staff to determine whether there have been any cases of liposuction in which more than 5000 cc of aspirate have been removed.<br><br>Review the clinical record for documentation of the amount of aspirate removed. ~~and documentation of appropriate overnight monitoring, if applicable.~~ Include at least one (1) liposuction case in the clinical record sample to be reviewed |
| **11-H-8** | (missing in the manual)<br><br>Each personnel record contains date of employment. |
| **11-C-14** | (missing in the manual)<br><br>Pain management procedures in the facility are performed only by a board certified or a board eligible anesthesiologist, and/or an appropriately credentialed oral and maxillofacial surgeon for head and neck pain management. |

| Office-Based Procedural (OBP) | |
|---|---|
| **1-C-5** | No more than **5000 cc's** of aspirate may be removed while performing liposuction in a Class B or C facility~~. unless the patient is monitored overnight within the facility. The more stringent requirement applies if state law differs.~~<br><br>**Interpretive Guidance:**<br>The intent is a safety measure to minimize the risks of fluid shifts, cardiovascular issues, and other complications that can arise from large-volume liposuction in an outpatient setting. ~~If more than 5000cc of aspirate is removed during liposuction, the patient must be properly monitored overnight in the facility.~~ This standard does not allow for the use of a "recovery hotel" for observation. This 5,000 ccs includes the total amount of aspirate removed including fat and any fluid removed during the procedure.<br><br>**Evaluating Compliance:**<br>Interview facility staff to determine whether there have been any cases of liposuction in which more than 5000 cc of aspirate have been removed.<br><br>Review the clinical record for documentation of the amount of aspirate removed. ~~and documentation of appropriate overnight monitoring, if applicable.~~ Include at least one (1) liposuction case in the clinical record sample to be reviewed |
| **8-L-6** | (missing in the manual)<br><br>An operative log must include the surgeon/proceduralist's name. |
| **11-C-14** | (missing in the manual)<br><br>Pain management procedures in the facility are performed only by a board certified or a board eligible anesthesiologist, and/or an appropriately credentialed oral and maxillofacial surgeon for head and neck pain management. |
| **Office-Based Surgery (OBS)** | |
| **1-C-5** | No more than **5000 cc's** of aspirate may be removed while performing liposuction in a Class B or C facility~~. unless the patient is monitored overnight within the facility. The more stringent requirement applies if state law differs.~~<br><br>**Interpretive Guidance:**<br>The intent is a safety measure to minimize the risks of fluid shifts, cardiovascular issues, and other complications that can arise from large-volume liposuction in an outpatient setting. ~~If more than 5000cc of aspirate is removed during liposuction, the patient must be properly monitored overnight in the facility.~~ This standard does not allow for the use of a "recovery hotel" for observation. This 5,000 ccs includes the total amount of aspirate removed including fat and any fluid removed during the procedure. |

| | |
|---|---|
| | **Evaluating Compliance:**<br>Interview facility staff to determine whether there have been any cases of liposuction in which more than 5000 cc of aspirate have been removed.<br><br>Review the clinical record for documentation of the amount of aspirate removed. ~~and documentation of appropriate overnight monitoring, if applicable.~~ Include at least one (1) liposuction case in the clinical record sample to be reviewed. |
| **11-C-14** | (missing in the manual)<br><br>Pain management procedures in the facility are performed only by a board certified or a board eligible anesthesiologist, and/or an appropriately credentialed oral and maxillofacial surgeon for head and neck pain management. |
| **Oral Maxillofacial Surgery (OMS)** | |
| **7-F-6** | (missing in the manual)<br><br>Instrument handling and reprocessing areas are cleaned and maintained. |
| **11-C-13** | (missing in the manual)<br><br>Practitioners of Pain Management must meet all of the following criteria:<br>- Have an M.D. or D.O. degree<br>- Appropriate fellowship training in pain management<br>- Possess ABMS Board certification in one of the following specialties: Anesthesiology, Physical Medicine and Rehabilitation (PM&R), Psychiatry/Neurology<br>- Possess a sub-specialty certification from the American Board of Anesthesiology or the AOABOS<br>- CRNAs, as permitted by state law, who have completed a one year academic pain fellowship accredited by the Council on Accreditation for Nurse Anesthesia Educational Programs and possess a subspecialty (non-surgical) board certification from the National Board for Certification and Recertification of Nurse Anesthetists. |
| **Pediatric Dentistry** | |
| **11-B-3** | (missing in the manual)<br><br>The Medical Director and Facility Director must be a provider currently licensed by the state in which the facility is located. |
| **RHC** | |
| **5-D-33** | (missing in the manual)<br>The training program must demonstrate staff knowledge of emergency procedures. |

| International Surgery & International Dental | |
|---|---|
| **1-C-5** | No more than **5000 cc's** of aspirate may be removed while performing liposuction in a Class B or C facility~~. unless the patient is monitored overnight within the facility. The more stringent requirement applies if state law differs.~~<br><br>**Interpretive Guidance:**<br>The intent is a safety measure to minimize the risks of fluid shifts, cardiovascular issues, and other complications that can arise from large-volume liposuction in an outpatient setting. ~~If more than 5000cc of aspirate is removed during liposuction, the patient must be properly monitored overnight in the facility.~~ This standard does not allow for the use of a "recovery hotel" for observation. This 5,000 ccs includes the total amount of aspirate removed including fat and any fluid removed during the procedure.<br><br>**Evaluating Compliance:**<br>Interview facility staff to determine whether there have been any cases of liposuction in which more than 5000 cc of aspirate have been removed.<br><br>Review the clinical record for documentation of the amount of aspirate removed. ~~and documentation of appropriate overnight monitoring, if applicable.~~ Include at least one (1) liposuction case in the clinical record sample to be reviewed |

# TECHNICAL CORRECTION CHANGE REPORT
## Effective: May 27, 2025

**Legend:** **Red** = New change

~~**Strikeout**~~ = Language Removed/No longer applies

| | |
|---|---|
| **Ambulatory Surgical Center (ASC)** | |
| **4-E-8** | Nitrous oxide/oxygen delivery safety system checks: Annual documented checks of ambient nitrous oxide levels should be less than 25 ppm, according to NIOSH. The facility's policies and procedures document these system checks and address who is qualified to perform them, their frequency, the method of testing, and the action to be taken if the nitrous oxide levels are greater than 25 ppm in accordance with the manufacturer's instructions for use.<br><br>Note: this standard applies only to standalone systems. |
| **6-E-4** | The following medication must be available in the facility at all times as required by the current ACLS/PALS algorithm:<br>Adenosine<br>Epinephrine (1:10,000 solution, 1 mg per 10 ml)<br>Anti-Hypertensives<br>Lidocaine (2% plain)<br>Atropine<br>Nitroglycerin (sublingual tablets or spray)<br>Narcan<br>Intravenous corticosteroids (e.g., dexamethasone)<br>Amiodarone |
| **Office-Based Procedural (OBP)** | |
| **4-E-8** | Nitrous oxide/oxygen delivery safety system checks: Annual documented checks of ambient nitrous oxide levels should be less than 25 ppm according to NIOSH. The facility's policies and procedures document these system checks and address who is qualified to perform them, their frequency, the method of testing, and the action to be taken if the nitrous oxide levels are greater than 25 ppm in accordance with the manufacturer's instructions for use.<br><br>Note: this standard applies only to standalone systems. |

| | |
|---|---|
| **6-E-4** | The following medication must be available in the facility at all times as required by the current ACLS/PALS algorithm:<br>Adenosine<br>Epinephrine (1:10,000 solution, 1 mg per 10 ml)<br>Anti-Hypertensives<br>Lidocaine (2% plain)<br>Atropine<br>Nitroglycerin (sublingual tablets or spray)<br>Narcan<br>Intravenous corticosteroids (e.g., dexamethasone)<br>Amiodarone |
| **Office-Based Surgery (OBS)** | |
| **4-E-8** | Nitrous oxide/oxygen delivery safety system checks: Annual documented checks of ambient nitrous oxide levels should be less than 25 ppm according to NIOSH. The facility's policies and procedures document these system checks and address who is qualified to perform them, their frequency, the method of testing, and the action to be taken if the nitrous oxide levels are greater than 25 ppm in accordance with the manufacturer's instructions for use.<br><br>Note: this standard applies only to standalone systems. |
| **6-E-4** | The following medication must be available in the facility at all times as required by the current ACLS/PALS algorithm:<br>Adenosine<br>Epinephrine (1:10,000 solution, 1 mg per 10 ml)<br>Anti-Hypertensives<br>Lidocaine (2% plain)<br>Atropine<br>Nitroglycerin (sublingual tablets or spray)<br>Narcan<br>Intravenous corticosteroids (e.g., dexamethasone)<br>Amiodarone |
| **Oral Maxillofacial Surgery (OMS)** | |
| **4-E-8** | Nitrous oxide/oxygen delivery safety system checks: Annual documented checks of ambient nitrous oxide levels should be less than 25 ppm according to NIOSH. The facility's policies and procedures document these system checks and address who is qualified to perform them, their frequency, the method of testing, and the action to be taken if the nitrous oxide levels are greater than 25 ppm in accordance with the manufacturer's instructions for use.<br><br>Note: this standard applies only to standalone systems. |

| | |
|---|---|
| **6-E-4** | The following medication must be available in the facility at all times as required by the current ACLS/PALS algorithm:<br>Adenosine<br>Epinephrine (1:10,000 solution, 1 mg per 10 ml)<br>Anti-Hypertensives<br>Lidocaine (2% plain)<br>Atropine<br>Nitroglycerin (sublingual tablets or spray)<br>Narcan<br>Intravenous corticosteroids (e.g., dexamethasone)<br>Amiodarone |

## Pediatric Dentistry

| | |
|---|---|
| **4-E-8** | Nitrous oxide/oxygen delivery safety system checks: Annual documented checks of ambient nitrous oxide levels should be less than 25 ppm according to NIOSH. The facility's policies and procedures document these system checks and address who is qualified to perform them, their frequency, the method of testing, and the action to be taken if the nitrous oxide levels are greater than 25 ppm in accordance with the manufacturer's instructions for use.<br><br>Note: this standard applies only to standalone systems. |
| **6-E-4** | The following medication must be available in the facility at all times as required by the current ACLS/PALS algorithm:<br>Adenosine<br>Epinephrine (1:10,000 solution, 1 mg per 10 ml)<br>Anti-Hypertensives<br>Lidocaine (2% plain)<br>Atropine<br>Nitroglycerin (sublingual tablets or spray)<br>Narcan<br>Intravenous corticosteroids (e.g., dexamethasone)<br>Amiodarone |

## Anesthesia Class Requirements

1. **Class A** (Facility must meet every Class “A” requirement)**:**

   **All** surgical and procedural cases are performed in the facility under local, topical anesthesia, minimal sedation, or nitrous oxide using a standalone system for administration.
   **NOTE**: Endotracheal tubes and supraglottic airways are permitted in the facility for emergency use only.

**Local or Topical Anesthesia** may be administered by any of the following:

- Surgeon/Proceduralist
- Physician Anesthesiologist
- Dental Anesthesiologist
- Certified Registered Nurse Anesthetist (CRNA)
- Certified Anesthesiologist Assistant (CAA) under the supervision of an anesthesiologist
- Nurse Practitioner (NP)
- Physician Assistant (PA)
- Registered Nurse (RN) under the direct supervision of a credentialed physician as permitted by state law.

**Nitrous Oxide** may be administered using a Nitrous-Oxide Delivery System with required safety features by a credentialed:

- Surgeon/Proceduralist
- Physician Anesthesiologist
- Pediatric Dentist
- Dental Anesthesiologist
- Oral and Maxillofacial Surgeon (OMS)
- Certified Registered Nurse Anesthetist (CRNA)
- Certified Anesthesiologist Assistant (CAA)
- Dental Assistant under the supervision of a Pediatric Dentist or Dental Anesthesiologist in accordance with State law.
- Registered Nurse, Nurse Practitioner, or Physician Assistant under the direct supervision of a credentialed physician as permitted by state law.

**Clarifications:**

- All cases performed in a Class A facility must be performed using local anesthesia with minimal sedation only. A Class A facility is not permitted to perform any cases with moderate sedation.
- No more than 500cc of liposuction aspirate may be removed.
- A single dose of analgesic or minimal sedation (anxiolytic) drug may be administered preoperatively, which results in minimal sedation, and one (1) dose of the same medication may be administered postoperatively. Any additional doses or agents are considered Moderate Sedation, requiring the facility to be accredited under Class B or C standards. This includes doses taken by patients prior to arriving at the facility.
- The use of propofol, spinal anesthesia, epidural anesthesia, endotracheal intubation anesthesia, laryngeal mask airway anesthesia, and/or inhalation general anesthesia (excluding nitrous oxide) is prohibited.
- Nitrous oxide and minimal sedation are not permitted to be administered together in a Class A facility; they are only permitted in Class B and C facilities.
- If a facility performs procedures by administering oral medications (e.g., Valium) and~~/or~~ performing nerve blocks (inter scalene, supraclavicular, femoral, etc.) or field blocks (e.g., retrobulbar, digital, Bier, etc.), this practice is considered Class B. The use of field or nerve blocks is **not** permitted in facilities accredited under facility Class A accreditation standards. Digital blocks are permitted in Class A.

# TECHNICAL CORRECTION CHANGE REPORT
## Effective: May 19, 2025

| Ambulatory Surgical Center (ASC) | |
|---|---|
| **2-C-3** | Each operating room is ventilated, temperature and humidity controlled. The facility policy defines parameters based on patient population, procedure, and monitoring frequency in accordance with industry standards.<br><br>**Interpretive Guidance:**<br>Temperature, humidity, and airflow in ORs must be maintained within acceptable industry standards to inhibit microbial growth, reduce risk of infection, reduce the risk of fire, control odor, and promote patient and staff comfort. ~~Logs should be maintained to show temperature/humidity readings are regularly monitored. Records should describe the facility's corrective actions when they fall outside of acceptable ranges.~~<br>~~**Minimum industry standards:**~~<br>~~Humidity maintained between 20%-60% (ASHRE, standard 170), Ventilation:15-20 air exchanges per hour (FGI), and Temperature 68-75 F (AORN).~~<br><br>**Evaluating Compliance:**<br>•Review facility policy.<br>~~•Review temperature, humidity and ventilation logs to ensure appropriate parameters are maintained.~~<br>~~•If documented readings are not within parameters, interview staff on what interventions were implemented to address low or high measurements.~~<br>~~•Review reports of air exchanges and confirm air exchanges are compliant.~~ |
| **7-A-10** | The interpretive guidance has been updated to the following:<br><br>The intent is to minimize the risk of infection.<br><br>The appropriate use of surgical attire is essential to preventing the transmission of pathogens and protecting staff. The goal of using the proper surgical attire is to reduce microbial contamination throughout the continuum of care in the surgical suite to prevent surgical site infections. The proper surgical attire should be worn in the semi-restricted and restricted areas of the facility.<br><br>~~Surgical practitioners working in the operating room include the following attire for the purpose of self-protection: disposable surgical caps; scrub trousers and tops; jackets; disposable shoe covers; surgical clogs or shoes; and surgical masks. Personal protective equipment (PPE), which protects staff from cross-infection or cross-contamination, includes gowns, gloves, masks, aprons, eye protection and disposable, fluid-resistant shoe covers. Facility policies and procedures usually identify the need to wear PPE during surgical procedures, and~~ |

| | |
|---|---|
| | so normally certain items of PPE would always be used during surgical cases. All surgical practitioners working in the operating room have the authority and responsibility to monitor proper surgical attire compliance in case staff do not wear the correct attire or PPE. Any issues that arise must be corrected immediately.<br><br>Wearing scrub attire that is laundered at a healthcare–accredited laundry facility or at the facility in accordance with state regulatory requirements and nationally recognized guidelines and standards of care provides control of the laundering process and helps ensure that effective laundering standards have been met.<br><br>Home laundering of surgical attire is not acceptable. Home laundering is not monitored for quality, consistency, or safety. Home washing machines may not have the adjustable parameters or controls required to achieve the necessary thermal measures (eg, water temperature); mechanical measures (eg, agitation); or chemical measures (eg, capacity for additives to neutralize the alkalinity of the water, soap, or detergent) to reduce microbial levels in soiled scrub attire.<br><br>Scrubs worn outside the facility may not be used in the operating/procedure room.<br><br>Scrub attire should be removed before leaving the facility. Changing out of scrub attire into street clothes when leaving the building reduces the potential for healthcare workers to transport pathogenic microorganisms from the facility or healthcare organization into the home or community<br><br>**Evaluating Compliance:**<br>• Review the facility's surgical attire policies and procedures. Are they consistent with nationally recognized guidelines and standards of practice?<br>• If surgical attire is laundered in-house, is laundering consistent with nationally recognized guidelines and standards of care?<br>• Interview staff regarding surgical attire practices.<br>• Observe clinical practice to determine if surgical attire is used in accordance with the facility's policies and procedures.<br>• Are scrubs worn outside the facility also used in the operating/procedure room? |
| **11-H-8** | This standard was inadvertently omitted from the ASC manual.<br><br>Each personnel record contains date of employment. |

| Office-Based Procedural (OBP) | |
|---|---|
| **2-C-3** | Each operating room is ventilated, temperature and humidity controlled. The facility policy defines parameters based on patient population, procedure, and monitoring frequency in accordance with industry standards.<br>**Interpretive Guidance:**<br>Temperature, humidity, and airflow in ORs must be maintained within acceptable industry standards to inhibit microbial growth, reduce risk of infection, reduce the risk of fire, control odor, and promote patient and staff comfort. ~~Logs should be maintained to show temperature/humidity readings are regularly monitored. Records should describe the facility's corrective actions when they fall outside of acceptable ranges.~~<br>~~**Minimum industry standards:**~~<br>~~Humidity maintained between 20%-60% (ASHRE, standard 170), Ventilation:15-20 air exchanges per hour (FGI), and Temperature 68-75 F (AORN).~~<br>**Evaluating Compliance:**<br>•Review facility policy.<br>~~•Review temperature, humidity and ventilation logs to ensure appropriate parameters are maintained.~~<br>~~•If documented readings are not within parameters, interview staff on what interventions were implemented to address low or high measurements.~~<br>~~•Review reports of air exchanges and confirm air exchanges are compliant.~~ |
| **6-A-1** | No longer applies due to scoring issues. A new standard, 6-A-8, has been created with the same standard language. |
| **6-A-8** | The facility must provide drugs and biologicals in a safe and effective manner, in accordance with accepted professional practice and under the direction of an individual designated responsible for pharmaceutical services.<br><br>**Interpretive Guidance:**<br>Medication errors are the most reported type of medical error. They are preventable events that can result in serious patient harm (e.g., disability, death) and occur during any phase of the medication-use process (i.e., from procuring the medication to monitoring the patient after administration). Adherence to national standards of practice is critical. |
| **7-A-10** | The interpretive guidance has been updated to the following:<br><br>The intent is to minimize the risk of infection.<br><br>The appropriate use of surgical attire is essential to preventing the transmission of pathogens and protecting staff. The goal of using the proper surgical attire is to reduce microbial contamination throughout the continuum of care in the surgical suite to prevent surgical site infections. The proper surgical attire should be worn in the semi-restricted and restricted areas of the facility.<br><br>~~Surgical practitioners working in the operating room include the following attire for the purpose of self-protection:~~ |

| | |
|---|---|
| | ~~disposable surgical caps; scrub trousers and tops; jackets; disposable shoe covers; surgical clogs or shoes; and surgical masks. Personal protective equipment (PPE), which protects staff from cross-infection or cross-contamination, includes gowns, gloves, masks, aprons, eye protection and disposable, fluid-resistant shoe covers. Facility policies and procedures usually identify the need to wear PPE during surgical procedures, and so normally certain items of PPE would always be used during surgical cases. All surgical practitioners working in the operating room have the authority and responsibility to monitor proper surgical attire compliance in case staff do not wear the correct attire or PPE. Any issues that arise must be corrected immediately.~~<br><br>~~Wearing scrub attire that is laundered at a healthcare–accredited laundry facility or at the facility in accordance with state regulatory requirements and nationally recognized guidelines and standards of care provides control of the laundering process and helps ensure that effective laundering standards have been met.~~<br><br>~~Home laundering of surgical attire is not acceptable. Home laundering is not monitored for quality, consistency, or safety. Home washing machines may not have the adjustable parameters or controls required to achieve the necessary thermal measures (eg, water temperature); mechanical measures (eg, agitation); or chemical measures (eg, capacity for additives to neutralize the alkalinity of the water, soap, or detergent) to reduce microbial levels in soiled scrub attire.~~<br><br>~~Scrubs worn outside the facility may not be used in the operating/procedure room.~~<br><br>~~Scrub attire should be removed before leaving the facility. Changing out of scrub attire into street clothes when leaving the building reduces the potential for healthcare workers to transport pathogenic microorganisms from the facility or healthcare organization into the home or community~~<br><br>**Evaluating Compliance:**<br>• Review the facility's surgical attire policies and procedures. ~~Are they consistent with nationally recognized guidelines and standards of practice?~~<br>~~• If surgical attire is laundered in-house, is laundering consistent with nationally recognized guidelines and standards of care?~~<br>~~• Interview staff regarding surgical attire practices.~~<br>~~• Observe clinical practice to determine if surgical attire is used in accordance with the facility's policies and procedures.~~<br>~~• Are scrubs worn outside the facility also used in the operating/procedure room?~~ |
| **Office-Based Surgery (OBS)** | |
| **1-B-1** | No longer applies due to scoring issues. A new standard, 1-B-10, has been created with the same standard language. |

| | |
|---|---|
| **1-B-10** | The facility is in compliance with all state laws including state licensure requirements.<br><br>**Interpretive Guidance:**<br>This standard's intent is that facilities are aware of all state laws and that there is evidence of compliance.<br>**Evaluating Compliance:**<br>• Interview staff to determine knowledge of state laws.<br>• Review personnel files to evaluate compliance. |
| **2-C-3** | Each operating room is ventilated, temperature and humidity controlled. The facility policy defines parameters based on patient population, procedure, and monitoring frequency in accordance with industry standards.<br><br>**Interpretive Guidance:**<br>Temperature, humidity, and airflow in ORs must be maintained within acceptable industry standards to inhibit microbial growth, reduce risk of infection, reduce the risk of fire, control odor, and promote patient and staff comfort. ~~Logs should be maintained to show temperature/humidity readings are regularly monitored. Records should describe the facility's corrective actions when they fall outside of acceptable ranges.~~<br>~~**Minimum industry standards:**~~<br>~~Humidity maintained between 20%-60% (ASHRE, standard 170), Ventilation:15-20 air exchanges per hour (FGI), and Temperature 68-75 F (AORN).~~<br><br>**Evaluating Compliance:**<br>•Review facility policy.<br>~~•Review temperature, humidity and ventilation logs to ensure appropriate parameters are maintained.~~<br>~~•If documented readings are not within parameters, interview staff on what interventions were implemented to address low or high measurements.~~<br>~~•Review reports of air exchanges and confirm air exchanges are compliant.~~ |
| **6-A-1** | No longer applies due to scoring issues. A new standard, 6-A-8, has been created with the same standard language. |
| **6-A-8** | The facility must provide drugs and biologicals in a safe and effective manner, in accordance with accepted professional practice and under the direction of an individual designated responsible for pharmaceutical services.<br><br>**Interpretive Guidance:**<br>Medication errors are the most reported type of medical error. They are preventable events that can result in serious patient harm (e.g., disability, death) and occur during any phase of the medication-use process (i.e., from procuring the medication to monitoring the patient after administration). Adherence to national standards of practice is critical. |

| | |
|---|---|
| **7-A-10** | The interpretive guidance has been updated to the following:<br><br>The intent is to minimize the risk of infection.<br>The appropriate use of surgical attire is essential to preventing the transmission of pathogens and protecting staff. The goal of using the proper surgical attire is to reduce microbial contamination throughout the continuum of care in the surgical suite to prevent surgical site infections. The proper surgical attire should be worn in the semi-restricted and restricted areas of the facility.<br><br>~~Surgical practitioners working in the operating room include the following attire for the purpose of self-protection: disposable surgical caps; scrub trousers and tops; jackets; disposable shoe covers; surgical clogs or shoes; and surgical masks. Personal protective equipment (PPE), which protects staff from cross-infection or cross-contamination, includes gowns, gloves, masks, aprons, eye protection and disposable, fluid-resistant shoe covers. Facility policies and procedures usually identify the need to wear PPE during surgical procedures, and so normally certain items of PPE would always be used during surgical cases. All surgical practitioners working in the operating room have the authority and responsibility to monitor proper surgical attire compliance in case staff do not wear the correct attire or PPE. Any issues that arise must be corrected immediately.~~<br><br>~~Wearing scrub attire that is laundered at a healthcare–accredited laundry facility or at the facility in accordance with state regulatory requirements and nationally recognized guidelines and standards of care provides control of the laundering process and helps ensure that effective laundering standards have been met.~~<br><br>~~Home laundering of surgical attire is not acceptable. Home laundering is not monitored for quality, consistency, or safety. Home washing machines may not have the adjustable parameters or controls required to achieve the necessary thermal measures (eg, water temperature); mechanical measures (eg, agitation); or chemical measures (eg, capacity for additives to neutralize the alkalinity of the water, soap, or detergent) to reduce microbial levels in soiled scrub attire.~~<br><br>~~Scrubs worn outside the facility may not be used in the operating/procedure room.~~<br><br>~~Scrub attire should be removed before leaving the facility. Changing out of scrub attire into street clothes when leaving the building reduces the potential for healthcare workers to transport pathogenic microorganisms from the facility or healthcare organization into the home or community~~<br><br>**Evaluating Compliance:**<br>• Review the facility's surgical attire policies and procedures. ~~Are they consistent with nationally recognized guidelines and standards of practice?~~<br>~~• If surgical attire is laundered in-house, is laundering consistent with nationally recognized guidelines and standards of care?~~<br>~~• Interview staff regarding surgical attire practices.~~<br>~~• Observe clinical practice to determine if surgical attire is used in accordance with the facility's policies and procedures.~~<br>~~• Are scrubs worn outside the facility also used in the operating/procedure room?~~ |

| Oral Maxillofacial Surgery (OMS) | |
|---|---|
| **1-B-1** | No longer applies due to scoring issues. A new standard, 1-B-10, has been created with the same standard language. |
| **1-B-10** | The facility is in compliance with all state laws including state licensure requirements.<br><br>**Interpretive Guidance:**<br>This standard's intent is that facilities are aware of all state laws and that there is evidence of compliance.<br><br>**Evaluating Compliance:**<br>• Interview staff to determine knowledge of state laws.<br>• Review personnel files to evaluate compliance. |
| **2-C-3** | Each operating room is ventilated, temperature and humidity controlled. The facility policy defines parameters based on patient population, procedure, and monitoring frequency in accordance with industry standards.<br><br>**Interpretive Guidance:**<br>Temperature, humidity, and airflow in ORs must be maintained within acceptable industry standards to inhibit microbial growth, reduce risk of infection, reduce the risk of fire, control odor, and promote patient and staff comfort. ~~Logs should be maintained to show temperature/humidity readings are regularly monitored. Records should describe the facility's corrective actions when they fall outside of acceptable ranges.~~<br>~~**Minimum industry standards:**~~<br>~~Humidity maintained between 20%-60% (ASHRE, standard 170), Ventilation:15-20 air exchanges per hour (FGI), and Temperature 68-75 F (AORN).~~<br><br>**Evaluating Compliance:**<br>•Review facility policy.<br>~~•Review temperature, humidity and ventilation logs to ensure appropriate parameters are maintained.~~<br>~~•If documented readings are not within parameters, interview staff on what interventions were implemented to address low or high measurements.~~<br>~~•Review reports of air exchanges and confirm air exchanges are compliant.~~ |
| **6-A-1** | No longer applies due to scoring issues. A new standard, 6-A-8, has been created with the same standard language. |

| | |
|---|---|
| **6-A-8** | The facility must provide drugs and biologicals in a safe and effective manner, in accordance with accepted professional practice and under the direction of an individual designated responsible for pharmaceutical services.<br><br>**Interpretive Guidance:**<br>Medication errors are the most reported type of medical error. They are preventable events that can result in serious patient harm (e.g., disability, death) and occur during any phase of the medication-use process (i.e., from procuring the medication to monitoring the patient after administration). Adherence to national standards of practice is critical. |
| **7-A-10** | The interpretive guidance has been updated to the following:<br><br>The intent is to minimize the risk of infection.<br><br>The appropriate use of surgical attire is essential to preventing the transmission of pathogens and protecting staff. The goal of using the proper surgical attire is to reduce microbial contamination throughout the continuum of care in the surgical suite to prevent surgical site infections. The proper surgical attire should be worn in the semi-restricted and restricted areas of the facility.<br><br>~~Surgical practitioners working in the operating room include the following attire for the purpose of self-protection: disposable surgical caps; scrub trousers and tops; jackets; disposable shoe covers; surgical clogs or shoes; and surgical masks. Personal protective equipment (PPE), which protects staff from cross-infection or cross-contamination, includes gowns, gloves, masks, aprons, eye protection and disposable, fluid-resistant shoe covers. Facility policies and procedures usually identify the need to wear PPE during surgical procedures, and so normally certain items of PPE would always be used during surgical cases. All surgical practitioners working in the operating room have the authority and responsibility to monitor proper surgical attire compliance in case staff do not wear the correct attire or PPE. Any issues that arise must be corrected immediately.~~<br><br>~~Wearing scrub attire that is laundered at a healthcare–accredited laundry facility or at the facility in accordance with state regulatory requirements and nationally recognized guidelines and standards of care provides control of the laundering process and helps ensure that effective laundering standards have been met.~~<br><br>~~Home laundering of surgical attire is not acceptable. Home laundering is not monitored for quality, consistency, or safety. Home washing machines may not have the adjustable parameters or controls required to achieve the necessary thermal measures (eg, water temperature); mechanical measures (eg, agitation); or chemical measures (eg, capacity for additives to neutralize the alkalinity of the water, soap, or detergent) to reduce microbial levels in soiled scrub attire.~~<br><br>~~Scrubs worn outside the facility may not be used in the operating/procedure room.~~<br><br>~~Scrub attire should be removed before leaving the facility. Changing out of scrub attire into street clothes when leaving the building reduces the potential for healthcare workers to transport pathogenic microorganisms from the facility or healthcare organization into the home or community~~ |

| | |
|---|---|
| | **Evaluating Compliance:**<br>• Review the facility's surgical attire policies and procedures. ~~Are they consistent with nationally recognized guidelines and standards of practice?~~<br>~~• If surgical attire is laundered in-house, is laundering consistent with nationally recognized guidelines and standards of care?~~<br>~~• Interview staff regarding surgical attire practices.~~<br>~~• Observe clinical practice to determine if surgical attire is used in accordance with the facility's policies and procedures.~~<br>~~• Are scrubs worn outside the facility also used in the operating/procedure room?~~ |
| **Pediatric Dentistry** | |
| **1-B-1** | No longer applies due to scoring issues. A new standard, 1-B-10, has been created with the same standard language. |
| **1-B-10** | The facility is in compliance with all state laws including state licensure requirements.<br><br>**Interpretive Guidance:**<br>This standard's intent is that facilities are aware of all state laws and that there is evidence of compliance.<br><br>**Evaluating Compliance:**<br>• Interview staff to determine knowledge of state laws.<br>• Review personnel files to evaluate compliance. |
| **6-A-1** | No longer applies due to scoring issues. A new standard, 6-A-8, has been created with the same standard language. |
| **6-A-8** | The facility must provide drugs and biologicals in a safe and effective manner, in accordance with accepted professional practice and under the direction of an individual designated responsible for pharmaceutical services.<br><br>**Interpretive Guidance:**<br>Medication errors are the most reported type of medical error. They are preventable events that can result in serious patient harm (e.g., disability, death) and occur during any phase of the medication-use process (i.e., from procuring the medication to monitoring the patient after administration). Adherence to national standards of practice is critical. |

| | |
|---|---|
| **2-C-3** | Each operating room is ventilated, temperature and humidity controlled. The facility policy defines parameters based on patient population, procedure, and monitoring frequency in accordance with industry standards.<br><br>**Interpretive Guidance:**<br>Temperature, humidity, and airflow in ORs must be maintained within acceptable industry standards to inhibit microbial growth, reduce risk of infection, reduce the risk of fire, control odor, and promote patient and staff comfort. ~~Logs should be maintained to show temperature/humidity readings are regularly monitored. Records should describe the facility's corrective actions when they fall outside of acceptable ranges.~~<br>~~**Minimum industry standards:**~~<br>~~Humidity maintained between 20%-60% (ASHRE, standard 170), Ventilation:15-20 air exchanges per hour (FGI), and Temperature 68-75 F (AORN).~~<br><br>**Evaluating Compliance:**<br>•Review facility policy.<br>~~•Review temperature, humidity and ventilation logs to ensure appropriate parameters are maintained.~~<br>~~•If documented readings are not within parameters, interview staff on what interventions were implemented to address low or high measurements.~~<br>~~•Review reports of air exchanges and confirm air exchanges are compliant.~~ |
| **7-A-10** | The interpretive guidance has been updated to the following:<br><br>The intent is to minimize the risk of infection.<br><br>The appropriate use of surgical attire is essential to preventing the transmission of pathogens and protecting staff. The goal of using the proper surgical attire is to reduce microbial contamination throughout the continuum of care in the surgical suite to prevent surgical site infections. The proper surgical attire should be worn in the semi-restricted and restricted areas of the facility.<br><br>~~Surgical practitioners working in the operating room include the following attire for the purpose of self-protection: disposable surgical caps; scrub trousers and tops; jackets; disposable shoe covers; surgical clogs or shoes; and surgical masks. Personal protective equipment (PPE), which protects staff from cross-infection or cross-contamination, includes gowns, gloves, masks, aprons, eye protection and disposable, fluid-resistant shoe covers. Facility policies and procedures usually identify the need to wear PPE during surgical procedures, and so normally certain items of PPE would always be used during surgical cases. All surgical practitioners working in the operating room have the authority and responsibility to monitor proper surgical attire compliance in case staff do not wear the correct attire or PPE. Any issues that arise must be corrected immediately.~~<br><br>~~Wearing scrub attire that is laundered at a healthcare–accredited laundry facility or at the facility in accordance with state regulatory requirements and nationally recognized guidelines and standards of care provides control of the laundering process and helps ensure that effective laundering standards have been met.~~<br><br>~~Home laundering of surgical attire is not acceptable. Home laundering is not monitored for quality, consistency, or safety. Home washing machines may not have the adjustable parameters or controls required to achieve the~~ |

| | |
|---|---|
| | ~~necessary thermal measures (eg, water temperature); mechanical measures (eg, agitation); or chemical measures (eg, capacity for additives to neutralize the alkalinity of the water, soap, or detergent) to reduce microbial levels in soiled scrub attire.~~<br><br>~~Scrubs worn outside the facility may not be used in the operating/procedure room.~~<br><br>~~Scrub attire should be removed before leaving the facility. Changing out of scrub attire into street clothes when leaving the building reduces the potential for healthcare workers to transport pathogenic microorganisms from the facility or healthcare organization into the home or community~~<br><br>**Evaluating Compliance:**<br>• Review the facility's surgical attire policies and procedures. ~~Are they consistent with nationally recognized guidelines and standards of practice?~~<br>~~• If surgical attire is laundered in-house, is laundering consistent with nationally recognized guidelines and standards of care?~~<br>~~• Interview staff regarding surgical attire practices.~~<br>~~• Observe clinical practice to determine if surgical attire is used in accordance with the facility's policies and procedures.~~<br>~~• Are scrubs worn outside the facility also used in the operating/procedure room?~~ |
| **International Surgery (I-Surg) & International Dentistry (I-Dent)** | |
| **2-C-3** | Each operating room is ventilated, temperature and humidity controlled. The facility policy defines parameters based on patient population, procedure, and monitoring frequency in accordance with industry standards.<br><br>**Interpretive Guidance:**<br>Temperature, humidity, and airflow in ORs must be maintained within acceptable industry standards to inhibit microbial growth, reduce risk of infection, reduce the risk of fire, control odor, and promote patient and staff comfort. ~~Logs should be maintained to show temperature/humidity readings are regularly monitored. Records should describe the facility's corrective actions when they fall outside of acceptable ranges.~~<br>~~**Minimum industry standards:**~~<br>~~Humidity maintained between 20%-60% (ASHRE, standard 170), Ventilation:15-20 air exchanges per hour (FGI), and Temperature 68-75 F (AORN).~~<br>**Evaluating Compliance:**<br>•Review facility policy.<br>~~•Review temperature, humidity and ventilation logs to ensure appropriate parameters are maintained.~~<br>~~•If documented readings are not within parameters, interview staff on what interventions were implemented to address low or high measurements.~~<br>~~•Review reports of air exchanges and confirm air exchanges are compliant.~~ |
| **6-A-1** | No longer applies due to scoring issues. A new standard, 6-A-8, has been created with the same standard language. |

| | |
|---|---|
| **6-A-8** | The facility must provide drugs and biologicals in a safe and effective manner, in accordance with accepted professional practice and under the direction of an individual designated responsible for pharmaceutical services.<br><br>**Interpretive Guidance:**<br>Medication errors are the most reported type of medical error. They are preventable events that can result in serious patient harm (e.g., disability, death) and occur during any phase of the medication-use process (i.e., from procuring the medication to monitoring the patient after administration). Adherence to national standards of practice is critical. |
| **7-A-10** | The interpretive guidance has been updated to the following:<br><br>The intent is to minimize the risk of infection.<br><br>The appropriate use of surgical attire is essential to preventing the transmission of pathogens and protecting staff. The goal of using the proper surgical attire is to reduce microbial contamination throughout the continuum of care in the surgical suite to prevent surgical site infections. The proper surgical attire should be worn in the semi-restricted and restricted areas of the facility.<br><br>~~Surgical practitioners working in the operating room include the following attire for the purpose of self-protection: disposable surgical caps; scrub trousers and tops; jackets; disposable shoe covers; surgical clogs or shoes; and surgical masks. Personal protective equipment (PPE), which protects staff from cross-infection or cross-contamination, includes gowns, gloves, masks, aprons, eye protection and disposable, fluid-resistant shoe covers. Facility policies and procedures usually identify the need to wear PPE during surgical procedures, and so normally certain items of PPE would always be used during surgical cases. All surgical practitioners working in the operating room have the authority and responsibility to monitor proper surgical attire compliance in case staff do not wear the correct attire or PPE. Any issues that arise must be corrected immediately.~~<br><br>~~Wearing scrub attire that is laundered at a healthcare–accredited laundry facility or at the facility in accordance with state regulatory requirements and nationally recognized guidelines and standards of care provides control of the laundering process and helps ensure that effective laundering standards have been met.~~<br><br>~~Home laundering of surgical attire is not acceptable. Home laundering is not monitored for quality, consistency, or safety. Home washing machines may not have the adjustable parameters or controls required to achieve the necessary thermal measures (eg, water temperature); mechanical measures (eg, agitation); or chemical measures (eg, capacity for additives to neutralize the alkalinity of the water, soap, or detergent) to reduce microbial levels in soiled scrub attire.~~<br><br>~~Scrubs worn outside the facility may not be used in the operating/procedure room.~~<br><br>~~Scrub attire should be removed before leaving the facility. Changing out of scrub attire into street clothes when leaving the building reduces the potential for healthcare workers to transport pathogenic microorganisms from the facility or healthcare organization into the home or community~~ |

| | |
|---|---|
| | **Evaluating Compliance:**<br>• Review the facility's surgical attire policies and procedures. ~~Are they consistent with nationally recognized guidelines and standards of practice?~~<br>~~• If surgical attire is laundered in-house, is laundering consistent with nationally recognized guidelines and standards of care?~~<br>~~• Interview staff regarding surgical attire practices.~~<br>~~• Observe clinical practice to determine if surgical attire is used in accordance with the facility's policies and procedures.~~<br>~~• Are scrubs worn outside the facility also used in the operating/procedure room?~~ |
| **10-B-1** | No longer applies, due to scoring issues. |
| **Outpatient Physical Therapy (OPT)** | |
| **2-B-1** | No longer applies, due to scoring issues. |
| **Rural Health Clinic** | |
| **2-B-1** | No longer applies, due to scoring issues. |
| **6-A-1** | No longer applies, due to scoring issues. |

| Glossary – the below terms and definitions have been added | |
|---|---|
| **Random Sample** | An unbiased representation of a group.<br>Example:<br>• For PSDR reporting, QUAD A recommends entering the first case as performed each month to obtain a random sample of cases entered into the quarterly reporting system. If no cases are performed in a given month, any other case can be selected at random from the period |
| **Significant** | Having or likely to have influence or effect; or of a noticeably or measurably large amount.<br>Examples:<br>• As determined by both the surgeon/proceduralist and anesthesia provider, the patient and procedural risk must be assessed pre-operatively. If this risk level is above a facility's defined threshold, then the patient should be referred to an alternative, safer facility for the operation.<br>• Current safe levels of ethylene oxide or glutaraldehyde exposure must be identified. Badge testing to maintain exposure under the threshold must be performed and monitored. |
| **Sufficient/sufficiently** | Means enough to meet the needs of a situation or a proposed end. E.g., A hallway would be sufficiently wide if healthcare providers can wheel a patient in a gurney and all necessary medical equipment with the gurney in case of emergency.<br>Example:<br>• A hallway would be sufficiently wide if healthcare providers can wheel a patient in a gurney and all necessary medical equipment with the gurney in case of emergency. |
| **Track and Trend** | Track, as in keep track of, is to follow specific record(s) or specific types of information over a defined period. To trend means to follow the general movement over time of a statistically detectable change. Tracking and trending are commonly used together which means a trail of data is followed to identify changes in outcomes over time.<br>Examples:<br>• Each facility's written QI program must follow identified records or types of information over a lengthy period of time to identify changes. Based on those changes, or lack thereof, the facility must evaluate and resolve problems, then adjust the identified records or types of information as appropriate.<br>• Each facility's risk management program must perform an annual risk assessment. This assessment should cover risks as related to patients and staff by medication management, fall hazards, infection control, equipment safety, patient risk resulting from long term conditions, and nutrition if any food or beverage services are available to patients. The trends of these risks across the years should be noted.<br>• Adverse events are to be noted and discussed during periodic peer review meetings. • All adverse events should be looked at cumulatively |

# TECHNICAL CORRECTION CHANGE REPORT
## Effective: April 7, 2025

## Anesthesia Class Definitions & Standards Document

Nitrous Oxide (Class A) and Intravenous Sedation, and Oral or Intranasal Sedation may be administered by: Registered Nurse, Nurse Practitioner, or Physician Assistant under the direct supervision of a credentialed physician.

Facilities using total intravenous anesthesia (TIVA) and have no inhalation anesthetics present in the facility are not required to have an anesthesia machine; see standard 4-C-18.

## Application of Class A Standards

The following standards do **not** apply to Class A:

- **2-C-2, 2-C-3**
- **4-C-9, 4-C-12**
- **8-B-24**
- **8-C-3**
- **8-F-4 through 8-F-11**
- **8-H-14, 8-H-15**
- **8-J-2, 8-J-9**
- **11-I-8**

| | |
|---|---|
| **2-B-4** | Also applies to OBP |
| **2-C-9** | Delete; see standard 2-C-3 |
| **6-F-7** | Delete |

| | |
|---|---|
| **7-C-4** | Note added:<br>Note: The FDA requirement does not apply to international facilities. International facilities must comply with local, state/provincial or federal/national requirements regarding reprocessing single-use devices. |
| **10-B-6** | The minimum sample size is 10% of the average monthly case volume to be reviewed quarterly. |
| **11-C-9** | Revised Standard:<br>A nurse practitioner (NP) currently certified or eligible for certification with the American Academy of Nurse Practitioners Certification Board (AANPCB) **or** The American Nurses Credentialling Center Certification (ANCC). |
| **11-C-11** | Revised to permit primary source verification and re-credentialing to be performed every three (3) years instead of every two (2) years |
| **11-C-17** | Revised to permit primary source verification and re-credentialing to be performed every three (3) years instead of every two (2) years |
| **11-H-10** | Revised Standard:<br>Each personnel record contains on-going records of inoculations or refusals in accordance with local, state/provincial or federal/national requirements. |
| **Rural Health Clinics (RHC)** | |
| **1-A-1** | Does not apply |
| **1-A-2** | Does not apply |
| **Anesthesia Classes, do not apply to RHCs** | |

| | |
|---|---|
| **6-E-5** | Added |
| **6-F-9** | Does not apply; see standard 14-F-18 |
| **6-F-10** | Does not apply; see standard 14-F-18 |
| **6-F-13** | Does not apply; see standard 14-F-18 |
| **Outpatient Physical Therapy (OPT)** | |
| **15-D-14** | Corrected standards language<br>*The rehabilitation agency must establish procedures to be followed by personnel in an emergency, which cover immediate care of the patient, persons to be notified, and reports to be prepared.* |
| **8-A-9** | Does not apply; see standard 15-J-13 |

* Various other minor corrections have been made such as typos and punctuation.

*The requirements in the current version of the QUAD A standards supersede previous versions, including any interpretive guidance provided in past newsletters and responses to standards-related questions.*