TECHNICAL CORRECTION CHANGE REPORT
Effective: May 19, 2025

Legend: **Red** = New change

~~**Strikeout**~~ = Language Removed

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. **Interpretive Guidance:** 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.~~ ~~**Minimum industry standards:**~~ ~~Humidity maintained between 20%-60% (ASHRE, standard 170), Ventilation:15-20 air exchanges per hour (FGI), and Temperature 68-75 F (AORN).~~ **Evaluating Compliance:** •Review facility policy. ~~•Review temperature, humidity and ventilation logs to ensure appropriate parameters are maintained.~~ ~~•If documented readings are not within parameters, interview staff on what interventions were implemented to address low or high measurements.~~ ~~•Review reports of air exchanges and confirm air exchanges are compliant.~~
7-A-10	The interpretive guidance has been updated to the following: The intent is to minimize the risk of infection. 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. ~~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.~~ ~~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.~~ ~~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.~~ ~~Scrubs worn outside the facility may not be used in the operating/procedure room.~~ ~~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:** • Review the facility's surgical attire policies and procedures. ~~Are they consistent with nationally recognized guidelines and standards of practice?~~ ~~• If surgical attire is laundered in-house, is laundering consistent with nationally recognized guidelines and standards of care?~~ ~~• Interview staff regarding surgical attire practices.~~ ~~• Observe clinical practice to determine if surgical attire is used in accordance with the facility's policies and procedures.~~ ~~• 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. 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. **Interpretive Guidance:**

	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.~~ ~~**Minimum industry standards:**~~ ~~Humidity maintained between 20%-60% (ASHRE, standard 170), Ventilation:15-20 air exchanges per hour (FGI), and Temperature 68-75 F (AORN).~~ **Evaluating Compliance:** •Review facility policy. ~~•Review temperature, humidity and ventilation logs to ensure appropriate parameters are maintained.~~ ~~•If documented readings are not within parameters, interview staff on what interventions were implemented to address low or high measurements.~~ ~~•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. **Interpretive Guidance:** 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: The intent is to minimize the risk of infection. 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. ~~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.~~ ~~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.~~ ~~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.~~ ~~Scrubs worn outside the facility may not be used in the operating/procedure room.~~ ~~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:** • Review the facility's surgical attire policies and procedures. ~~Are they consistent with nationally recognized guidelines and standards of practice?~~ ~~• If surgical attire is laundered in-house, is laundering consistent with nationally recognized guidelines and standards of care?~~ ~~• Interview staff regarding surgical attire practices.~~ ~~• Observe clinical practice to determine if surgical attire is used in accordance with the facility's policies and procedures.~~ ~~• 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. **Interpretive Guidance:** This standard's intent is that facilities are aware of all state laws and that there is evidence of compliance. **Evaluating Compliance:** • Interview staff to determine knowledge of state laws. • 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. **Interpretive Guidance:** 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.~~ ~~**Minimum industry standards:**~~ ~~Humidity maintained between 20%-60% (ASHRE, standard 170), Ventilation:15-20 air exchanges per hour (FGI), and Temperature 68-75 F (AORN).~~ **Evaluating Compliance:** •Review facility policy. ~~•Review temperature, humidity and ventilation logs to ensure appropriate parameters are maintained.~~ ~~•If documented readings are not within parameters, interview staff on what interventions were implemented to address low or high measurements.~~ ~~•Review reports of air exchanges and confirm air exchanges are compliant.~~
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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. **Interpretive Guidance:** This standard's intent is that facilities are aware of all state laws and that there is evidence of compliance. **Evaluating Compliance:** • Interview staff to determine knowledge of state laws. • 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. **Interpretive Guidance:** 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.~~ ~~**Minimum industry standards:**~~ ~~Humidity maintained between 20%-60% (ASHRE, standard 170), Ventilation:15-20 air exchanges per hour (FGI), and Temperature 68-75 F (AORN).~~ **Evaluating Compliance:** •Review facility policy. ~~•Review temperature, humidity and ventilation logs to ensure appropriate parameters are maintained.~~ ~~•If documented readings are not within parameters, interview staff on what interventions were implemented to address low or high measurements.~~ ~~•Review reports of air exchanges and confirm air exchanges are compliant.~~
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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. **Interpretive Guidance:** 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.

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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.
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International Surgery (I-Surg) & International Dentistry (I-Dent)	
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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. Example: • 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. Examples: • 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. • 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. Example: • 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. Examples: • 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. • 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. • 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: 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: 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: 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 *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.