Infection Control Assessment and Response (ICAR) Tool for General Infection Prevention and Control (IPC) Across Settings

Section 1: Facility Demographics and Infection Prevention and Control (IPC) Infrastructure
Acute Care Hospital/Critical Access Hospital

General Facility Demographics and IPC Infrastructure

Date of Assessment: _____

Facility Name: _____

State/Territory: _____   **County:** _____

Zip Code: _____   **State/Territory-assigned Unique ID** (if applicable): _____

Facility type (Complete the demographic form that corresponds to the type of facility):

    Acute Care Hospital / Critical Access Hospital
    Long-term Care
    Outpatient/Ambulatory Care
    Other *(specify)*:

NHSN Facility Organization ID (if applicable)**:** _____

CMS Facility ID (if applicable)**:** _____

Facility Respondent Name(s) and Job Title(s):

_____

Rationale for assessment:

    Requested by facility
    Requested by accrediting agency/ licensing organization
    Requested by state or local health department
    HAI prevention focused:
        CAUTI
        CLABSI
        SSI
        CDI
        Other *(specify)*: _____

    Prevention collaborative (specify partners): _____

    Outbreak *(specify)*: _____

    Other *(specify)*: _____

Obtain a list of products used for cleaning and disinfection of environmental surfaces and non-critical patient/resident care equipment in the facility

EPA registration number(s) for products used in patient/resident rooms:

_____

EPA registration number(s) for products used in common areas:

_____

EPA registration number(s) for products used on non-critical patient/resident care equipment (e.g., blood glucose meters):

_____

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

1. Does the facility have access to **onsite** IPC expertise?

> Yes
> No
> Unknown
> Not Assessed

If YES, specify:

Healthcare epidemiologist (number of full-time equivalents **dedicated** to IPC activities):

_____

Infection preventionist (number of full-time equivalents **dedicated** to IPC activities):

_____

Other (specify, including number of full-time equivalents **dedicated** to IPC activities):

_____

> **Note**: This is intended to identify individuals who work onsite at the facility or provide IP oversight at satellite locations (e.g., hospital IP provides IP oversight to affiliated outpatient clinics) and what proportion of their time is dedicated to IPC activities. Example: The facility has two IPs. IP #1 spends 25% of their time on IPC activities and the rest of their time on direct patient care and IP #2 spends 75% of their time on IPC activities and the rest of the time on direct patient care. This would be recorded as IP: 1 FTE dedicated to IPC activities. This breakdown could be further described in the notes.

2. Does the facility have access to **offsite** IPC expertise?

> Yes
> No
> Unknown
> Not Assessed

If YES, specify:

Healthcare epidemiologist (number of full-time equivalents dedicated to IPC activities **at the facility**):

_____

Infection preventionist (number of full-time equivalents dedicated to IPC activities **at the facility**):

_____

Other (specify, including number of full-time equivalents dedicated to IPC activities **at the facility**):

_____

> **Note:** This is intended to identify individuals who do not work primarily onsite at the facility but might provide IPC support on a contractual or part-time basis. If a full-time equivalent cannot be determined, the level of support should be described in the notes.

3. Does the person(s) charged with directing the IPC program at the facility hold a nationally recognized credential in infection control (e.g., a-IPC, CIC, LTC-CIP, BCIDP)?

> Yes
> No
> Unknown
> Not Assessed

Lack of certification does not mean that an individual is not qualified to direct the IPC program. **Describe their qualification(s) (e.g., other certifications, specialized training):**

4. What additional duties are performed by personnel within the IPC program? *(select all that apply)*

      Occupational Health
      Education of personnel
      Safety officer
      Administrative (e.g., Director of Nursing)
      None
      Not assessed
      Other *(specify)*: _____

5. What does the director of the IPC program believe are the current strengths and weaknesses in the IPC program?

      [text box]

6. Does the IPC program have access to electronic medical records of patients/residents?

      Yes
      No
      Unknown
      Not Assessed

7. Does the IPC program utilize data mining/reporting software?

      Yes
      No
      Unknown
      Not Assessed

8. Does the IPC program perform an annual facility infection risk assessment that evaluates and prioritizes potential risks for infections, contamination, and exposures and the program's preparedness to eliminate or mitigate such risks?

      Yes
      No
      Unknown
      Not Assessed

9. Are written infection control policies and procedures available, current, and based on evidence-based guidelines (e.g., CDC/HICPAC), regulations, or standards?

      Yes
      No
      Unknown
      Not Assessed

    9a. How frequently are policies and procedures reviewed and updated? *(select all that apply)*

        Annually
        Every three years
        As needed when new guidelines or evidence is published (e.g., via subscription with a publisher)
        Unknown
        Not assessed
        Other *(specify)*: _____

> **Note:** Facilities should have a schedule to regularly review policies and procedures to ensure they are current. At a minimum, updates should be made when new evidence-based guidance is published and if the scope of care delivered changes (e.g., new equipment is introduced or new procedures are performed).

10. Does the IPC program provide infection prevention education to patients, family members, and other caregivers?

       Yes
       No
       Unknown
       Not Assessed

If YES:

    10a. What topics are covered? *(specify)*

    10b. How is this education provided (e.g., information included in the admission or discharge packet, videos, signage, in-person training)? *(specify)*

11. Does the facility have an interdisciplinary infection control committee to address issues identified by the IPC program?

       Yes
       No
       Unknown
       Not Assessed

Note: Issues identified by the IPC program often impact multiple areas of the facility. An interdisciplinary committee, including facility leadership (e.g., ownership, chief medical officer, director of nursing), is needed to allocate resources and successfully implement long-term solutions.

If YES, specify:

    11a. Who is part of the infection control committee? *(select all that apply)*

       Chief Medical Officer
       Director of Nursing
       Environmental Services
       Unknown
       Not Assessed
       Other *(specify)*: _____

    11b. How often does the infection control committee meet?

       Monthly
       Quarterly
       Unknown
       Not Assessed
       Other *(specify)*: _____

Notes

Facility Demographics: Acute Care/Critical Access Hospital

1. Facility Type:

   Hospital
   Critical Access Hospital
   Long-term Acute Care Hospital

2. Is the facility part of an integrated healthcare system?

   Yes
   No

    2a. If yes, please specify the name of the system:

   _____

3. Is the facility accredited?

   Yes
   No

If YES:

    3a. Specify the accreditation organization:

   The Joint Commission (TJC)
   Det Norske Veritas Healthcare, Inc (DNV)
   Healthcare Facilities Accreditation Program (HFAP)
   Other *(specify)*:

   _____

    3b. Specify the date of last survey (month/year): _____

4. Patient Populations Served

   Adult
   Pediatric
   Neonatal
   Obstetric
   Other *(specify)*:_____

5. Total Number of Licensed Beds:_____   **6.** Current Census: _____   **7.** Average daily census in previous month: _____

8. Which types of units are in the facility or part of the campus? *(select all that apply)*

   Emergency Department
   Hemodialysis unit
   Trauma Center, Specify level: _____

  ICU *(specify)***:**

   Medical
   Surgical
   Neuro
   Cardiac
   Burn
   Pediatric
   Neonatal (specify levels): _____
   Other *(specify)*:

   _____

  Wards *(specify)***:**

Medical	Oncology
Surgical	Solid Organ Transplant
Pediatric	Bone Marrow Transplant
Obstetrics	Inpatient Rehabilitation
Gynecologic	Other *(specify)*:
Behavioral health	

_____

Long-term care (specify)**:**
      Long-term acute care
      Long-term care
      Inpatient rehabilitation
      Other (specify):

8a. Is the IPC Program responsible for IPC oversight of these long-term care locations?
      Yes
      No
      Unknown
      Not Assessed

8b. If _no_, specify who provides IPC oversight in these long-term care locations:

Ambulatory (specify)**:**
      Ambulatory surgery
      Dental
      Infusion
      Chemotherapy
      Outpatient medical care
      Physical/occupational therapies
      Podiatry
      Outpatient wound care
      Other (specify):

8c. Is the IPC Program responsible for IPC oversight of these ambulatory locations?
      Yes
      No
      Unknown
      Not Assessed

8d. If _no_, specify who provides IPC oversight in these ambulatory locations:

*Complete demographics sections for long-term care and/or outpatient/ambulatory care
if those locations are assessed as part of the ICAR*

Notes