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
Long–Term Care

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?

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: Long–Term Care

1. Facility type *(select all that apply):*

Nursing home
Intermediate care facility
Assisted living facility
Inpatient Rehabilitation Facility
Other *(specify)*: _____

2. Certification:

Dual Medicare/Medicaid
Medicare only
Medicaid only
State only

3. Ownership:

For profit
Not for profit, including church
Government (not VA)
Veterans Affairs

4. Affiliation:

Independent, free-standing
Independent, continuing care retirement community
Multi-facility organization (chain)
Hospital system, attached
Hospital system, free-standing

5. Floor Plan/Layout: Number of Floors: _____ Number of Units or Wings: _____

6. Total Number of Licensed Beds: _____ Number of Pediatric Beds (age <21): _____

7. Current Census: _____

Unit Type	Number of Rooms	Current Census	Number of single/private rooms	Number of doubles/ semi-privates	Number of triples	Number of quads
Subacute/Skilled						
Long-term general nursing						
Memory Care						
Other (specify): **1.**						
2.						
3.						

8. Does the facility have communal bathing areas?

Residents have dedicated, private bathing areas
Communal areas are used for showering

9. Does the facility provide onsite hemodialysis for residents?

Yes
No

9a. If yes, where is hemodialysis performed?

Resident's room
Shared location in the facility (e.g., den)
Other (specify): _____

10. What laboratory support is available? *(select all that apply)*

Onsite
Affiliated medical center, within same health system
Medical center, contracted locally
Commercial referral laboratory
Other (specify): _____

11. Which services are provided by contracted vendors? *(select all that apply)*

No services are contracted
Environmental Services/Housekeeping supervisors
Environmental services/Housekeeping frontline personnel
Linen/Laundry
Wound Care
Podiatry
Dental
Other *(specify)*: _____

Ventilator Unit

12. Does the facility have ventilator-dependent residents or residents with tracheostomies NOT on a ventilator? (If no, skip remainder of this section)

Yes
No

12a. Current census of residents with tracheostomies NOT on ventilators: _____

12b. Current census of ventilator-dependent residents: _____

12c. Do ventilator-dependent residents or those with tracheostomies participate in communal services/group activities with residents who are not ventilator-dependent and do not have tracheostomies?

Yes
No

Note: Such mixing is residents is permissible; however, the facility will need to ensure they have policies and procedures (e.g., how and where to safely perform suctioning, if indicated) and readily accessible supplies (e.g., hand hygiene and environmental cleaning supplies) to minimize transmission risks.

12d. Is there a dedicated ventilator unit?

Yes
No

If NO:

12e. On which units are ventilator-dependent residents roomed? *(specify units)*: _____

If ***YES***:

12f. Are residents not on ventilators (e.g., patients with a trach or other device) ever roomed on the vent unit?

Yes
No

12g. Specify the types of rooms in the vent unit:

Room type	Number per unit
Single rooms	
Double rooms	
Triple rooms	
Quad rooms	

Notes