

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

Module 3: Transmission Based Precautions (TBP) Facilitator Guide

Transmission-Based Precautions (TBP): This form is intended to aid an ICAR facilitator in the review of a healthcare facility's TBP practices and policies (Part A) and guide TBP facility (Part B) and healthcare personnel (Part C) observations. This form is intended primarily for use in acute care facilities and long-term care facilities. **Parts D and E can be used to conduct a targeted assessment of practices in outpatient healthcare facilities.**

Note: Transmission-Based Precautions should be used in addition to Standard Precautions. Additional information on precautions can be found in Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (<https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf>)

Part A. TBP Interview Questions

1. Please name the different types of TBP the facility uses and some common pathogens for which each is used (*select all that apply*):

Contact Precautions — Common pathogens for which it is utilized:

Droplet Precautions — Common pathogens for which it is utilized:

Airborne Precautions — Common pathogens for which it is utilized:

Enhanced Barrier Precautions — Common indications and pathogens for which it is utilized:

Other (*please specify Precaution type and common pathogens for which it is utilized*):

Unknown

Not assessed

Implement additional precautions (i.e., Contact, Droplet, and/or Airborne Precautions) for patients with documented or suspected diagnoses where contact with the patient, their body fluids, or their environment presents a substantial transmission risk despite adherence to Standard Precautions. Adapt transmission-based precautions to the specific healthcare setting, the facility design characteristics, and the type of patient interaction."

Source: Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings (HICPAC)

<https://www.cdc.gov/hicpac/pdf/core-practices.pdf>

"Use **Contact Precautions** for patients with known or suspected infections that represent an increased risk for contact transmission.

Use **Droplet Precautions** for patients known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing, or talking.

Use **Airborne Precautions** for patients known or suspected to be infected with pathogens transmitted by the airborne route (e.g., tuberculosis, measles, chickenpox, disseminated herpes zoster)."

Source: <https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html>

Use Contact, Droplet, or Airborne precautions by pathogen type and duration as specified in CDC's Guideline for Isolation Precautions, Appendix A

<https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/type-duration-precautions.html>

Enhanced Barrier Precautions are **recommended in nursing homes** (when Contact Precautions do not otherwise apply) for residents with any of the following:

- Wounds or indwelling medical devices, regardless of MDRO colonization status
- Infection or colonization with an MDRO

Source: <https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>



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2. Describe how the facility:

2a. Identifies patients/residents who require TBP at initial points of entry to the facility (e.g., emergency department, admission):

2b. Identifies currently admitted patients/residents who require TBP due to changes in status:

“Develop and implement systems for early detection and management (e.g., use of appropriate infection control measures, including isolation precautions, personal protective equipment [PPE]) of potentially infectious persons at initial points of patient encounter in outpatient settings (e.g., triage areas, emergency departments, outpatient clinics, physician offices) and at the time of admission to hospitals and long-term care facilities.” I.B.9.

Source: Guideline for Isolation Precautions, page 77: <https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>

A system for identification and management of patients or residents requiring TBP might include: Checklists that highlight critical information to collect during nurse report prior to admission, use of interfacility transfer forms, electronic reporting of significant laboratory results to personnel responsible for implementing precautions, standard evidence-based protocols for use and duration of TBP for common syndromes/pathogens, and ongoing monitoring of patients or residents for changes in status during their admission.

3. Who can initiate TBP for patients/residents in the facility (*select all that apply*)?

- Infection preventionists
- Physicians
- Mid-level providers (i.e., physician assistants, nurse practitioners)
- Nursing supervisors
- Patient/resident care nurses
- Patient care technicians (i.e., CNAs)
- Other (*specify*):

-
- Unknown
 - Not assessed

“Since the infecting agent often is not known at the time of admission to a healthcare facility, Transmission-Based Precautions are used empirically, according to the clinical syndrome and the likely etiologic agents at the time, and then modified when the pathogen is identified or a transmissible infectious etiology is ruled out.”

“Delegate authority to infection control personnel or their designees (e.g., patient care unit charge nurses) for making infection control decisions concerning patient placement and assignment of Transmission-Based Precautions” I.B.3

Source: Guideline for Isolation Precautions, page 77: <https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>

3a. Describe how these individuals know which TBP are needed (i.e., easy to access facility policies, specific trainings):

The facility should provide easy access to TBP requirements for frontline personnel. This may include online policies, competency-based training, or other methods to verify personnel recognize and act when situations for which TBP are recommended arise.

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4. Are there situations where patients/residents might be placed on TBP pending a diagnosis (i.e., empiric TBP)?

- Yes
- No
- Unknown
- Not assessed

4a. List some of the common reasons empiric TBP are used in the facility (*select all that apply*):

- Unexplained acute diarrhea
- Unexplained respiratory infections
- Rash/exanthems of unknown etiology
- Meningitis
- Skin or wound infections
- Following the exposure to others with a contagious disease/pathogen
- Fever or other changes in health status until contagious diseases are ruled out
- Other (*specify*):

-
- Unknown
 - Not assessed

“Diagnosis of many infections requires laboratory confirmation. Since laboratory tests, especially those that depend on culture techniques, often require two or more days for completion, Transmission-Based Precautions must be implemented while test results are pending based on the clinical presentation and likely pathogens. Use of appropriate Transmission-Based Precautions at the time a patient develops symptoms or signs of transmissible infection, or arrives at a healthcare facility for care, reduces transmission opportunities. While it is not possible to identify prospectively all patients needing Transmission-Based Precautions, certain clinical syndromes and conditions carry a sufficiently high risk to warrant their use empirically while confirmatory tests are pending (Table 2). Infection control professionals are encouraged to modify or adapt this table according to local conditions.”

Source: Guideline for Isolation Precautions, Appendix A, Table 2.

<https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/transmission-precautions.html>

Notes

5. Which actions are taken when a patient/resident is placed on TBP (*select all that apply*)?

- Signage placed at room entry
- PPE supplies placed at room entry
- Medical equipment dedicated to patients/residents who are on TBP
- Transfer to single patient/resident room, if indicated and available
- Patient and family members are educated about TBP to include hand hygiene and PPE use expectations
- Other (*specify*):

Unknown
Not assessed

“Signs are intended to signal to individuals entering the room the specific actions they should take to protect themselves and the resident. To do this effectively, the sign must contain information about the type of Precautions and the recommended PPE to be worn when caring for the resident. Generic signs that instruct individuals to speak to the nurse are not adequate to ensure Precautions are followed. Signs should not include information about the resident’s diagnosis or the reason for the Precautions (e.g., presence of a resistant pathogen); inclusion of that information would violate HIPAA and resident dignity.”

Source: <https://www.cdc.gov/hai/containment/faqs.html>

PPE supplies should be well-stocked and easy to access prior to room entry:

“Ensure that healthcare personnel have immediate access to and are trained and able to select, put on, remove, and dispose of PPE in a manner that protects themselves, the patient, and others.”

Source: Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings (HICPAC)

<https://www.cdc.gov/hicpac/pdf/core-practices.pdf>

Multi-use medical equipment (stethoscopes, blood pressure cuffs) should be dedicated to the patient on isolation:

“In all healthcare settings, providing patients who are on Transmission-Based Precautions with dedicated noncritical medical equipment (e.g., stethoscope, blood pressure cuff, electronic thermometer) has been beneficial for preventing transmission. When this is not possible, disinfection after use is recommended.”

“Include multi-use electronic equipment in policies and procedures for preventing contamination and for cleaning and disinfection, especially those items that are used by patients, those used during delivery of patient care, and mobile devices that are moved in and out of patient rooms frequently (e.g., daily)”

Source: Guideline for Isolation Precautions, pages 63 and 84: <https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>

Patient/resident requiring TBP placement:

“Include the potential for transmission of infectious agents in patient-placement decisions. Place patients who pose a risk for transmission to others (e.g., uncontained secretions, excretions or wound drainage; infants with suspected viral respiratory or gastrointestinal infections) in a single-patient room when available.”

Source: Guideline for Isolation Precautions, page 83 <https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>

Visitor education:

“Provide appropriate infection prevention education to patients, family members, visitors, and others included in the caregiving network.”

“The use of gowns, gloves, or masks by visitors in healthcare settings has not been addressed specifically in the scientific literature. . . . Specific recommendations may vary by facility or by unit and should be determined by the level of interaction.”

Source: Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings (HICPAC)

<https://www.cdc.gov/hicpac/recommendations/core-practices.html>

[Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings \(2007\) \(cdc.gov\)](https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html)

Notes

6. Can the facility provide examples of their TBP signage?

- Yes
- No
- Unknown
- Not assessed

Examples of Contact, Droplet, and Airborne signage are available at: <https://www.cdc.gov/infectioncontrol/basics/transmission-based-precautions.html>
An example of signage for Enhanced Barrier Precautions is available at: <https://www.cdc.gov/hai/pdfs/containment/enhanced-barrier-precautions-sign-P.pdf>

If **YES**:

6a. What information is captured on the signage (*select all that apply*):

- Type of TBP (e.g., Contact Precautions)
- Required PPE
- PPE use instructions (e.g., when to don or doff the PPE)
- Reminder to perform hand hygiene
- Disinfectant/cleaning instructions
- Pathogen name
- Instructions to inquire at nurse's station
- Stop sign
- Other (*specify*): _____
- Unknown
- Not assessed

"Signs are intended to signal to individuals entering the room the specific actions they should take to protect themselves and the resident. To do this effectively, the sign must contain information about the type of Precautions and the recommended PPE to be worn when caring for the resident. Generic signs that instruct individuals to speak to the nurse are not adequate to ensure Precautions are followed. Signs should not include information about the resident's diagnosis or the reason for the Precautions (e.g., presence of a resistant pathogen); inclusion of that information would violate HIPAA and resident dignity."

Source: <https://www.cdc.gov/hai/containment/faqs.html>

Facilities should alert environmental services personnel if a different process or disinfectant (e.g., disinfectant with a specific label claim against the suspected pathogen) is recommended when cleaning and disinfecting the room. This can be accomplished by a variety of methods including specifying the disinfectant on the TBP signage.

6b. Does TBP signage remain in place until after terminal cleaning has been completed following patient/resident discharge or the discontinuation of TBP?

- Yes
- No
- Unknown
- Not assessed

In general, signage should remain in place until after terminal cleaning has been completed by environmental services (EVS) personnel. This can help signal to EVS if there is additional PPE or specific disinfectants that should be used for terminal cleaning or if they need to wait for a specific number of air changes before entering the room (e.g., airborne precautions).

7. How does the facility ensure equipment and supplies needed for TBP are always readily available at point of use (*select all that apply*)?

- Designated personnel are assigned this task
- Personnel caring for the patient/resident restock their supplies as needed
- Supervisors or charge nurses restock supplies as needed
- Other (*specify*): _____

- Unknown
- Not assessed

"Healthcare organizations can demonstrate a commitment to preventing transmission of infectious agents by incorporating infection control into the objectives of the organization's patient and occupational safety programs... A key administrative measure is provision of fiscal and human resources for maintaining infection control and occupational health programs that are responsive to emerging needs. Specific components include...adequate supplies and equipment including facility ventilation systems."

Source: Guideline for Isolation Precautions, page 43: <https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf>

8. Does the facility always place patients/residents requiring TBP in a private room?

- Yes
- No
- Unknown
- Not assessed

“Single-patient rooms are always indicated for patients placed on Airborne Precautions and are preferred for patients who require Contact or Droplet Precaution.”

Source: Guideline for Isolation Precautions, page 58 <https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf>

In ambulatory settings:

“place patients who require Contact Precautions in an examination room or cubicle as soon as possible.”V.B.2.c.

“place patients who require Droplet Precautions in an examination room or cubicle as soon as possible.”V.C.2.c

For patients requiring airborne precautions in **ambulatory or long-term care settings without** airborne infection isolation rooms (AIIR)

“Place the patient in an AIIR as soon as possible. If an AIIR is not available, place a surgical mask on the patient and place him/her in an examination room. Once the patient leaves, the room should remain vacant for the appropriate time, generally one hour, to allow for a full exchange of air.”V.D.2.d.ii.

Source: Guideline for Isolation Precautions, pages 87, 89, 91 <https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf>

In general, most residents placed on Enhanced Barrier Precautions do not require placement in a private room.

Source: <https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>

If NO:

8a. Which criteria are used to determine which patients/residents on TBP could room together?

Will room patients/residents with the same pathogen together (i.e., cohorting)

Will room a patient/resident with pathogens requiring TBP with a roommate at lower risk for acquiring the pathogen (i.e., roommate is not immunocompromised)

Will not separate roommates even if one has a newly identified pathogen requiring TBP

Other (*specify*):

Unknown

Not assessed

“Cohorting is the practice of grouping together patients who are colonized or infected with the same organism to confine their care to one area and prevent contact with other patients. Cohorts are created based on clinical diagnosis, microbiologic confirmation when available, epidemiology, and mode of transmission of the infectious agent. It is generally preferred not to place severely immunosuppressed patients in rooms with other patients. Cohorting has been used extensively for managing outbreaks... Modeling studies provide additional support for cohorting patients to control outbreaks.”

“When there are only a limited number of single-patient rooms, it is prudent to prioritize them for those patients who have conditions that facilitate transmission of infectious material to other patients (e.g., draining wounds, stool incontinence, uncontained secretions) and for those who are at increased risk of acquisition and adverse outcomes resulting from HAI (e.g., immunosuppression, open wounds, indwelling catheters, anticipated prolonged length of stay, total dependence on HCWs for activities of daily living).”

Source: Guideline for Isolation Precautions, pages 58-59: <https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf>

In circumstances when patients or residents must be roomed together some steps may be taken to minimize the risk of transmission:

- “Maintaining spatial separation of at least 3 feet between roommates.
- Using privacy curtains to limit direct contact.
- Cleaning and disinfecting any shared reusable equipment.
- Cleaning and disinfecting environmental surfaces on a more frequent schedule.
- Having healthcare personnel change personal protective equipment (if worn) and performing hand hygiene when moving between roommates

Source: <https://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html>

Guideline for Isolation Precautions, pages 87, 89: <https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf>

Decisions about cohorting and room sharing can be challenging and nuanced. Questions about practices can be directed to your state health department’s HAI program (<https://www.cdc.gov/hai/state-based/index.html>) or to CDC (<https://www.cdc.gov/cdc-info/index.html>)

Notes

9. Does the facility restrict movement unless medically necessary for patients/residents on TBP?

- Yes
- No
- Unknown
- Not assessed

“In acute care hospitals and long-term care and other residential settings, limit transport and movement of patients outside of the room to medically-necessary purposes.”

Source: Guideline for Isolation Precautions, page 87: <https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf>

Residents placed on Enhanced Barrier Precautions are not restricted to their room or limited from participation in group activities.

Source: <https://www.cdc.gov/hai/containment/PPE-Nursing-Homes.html>

10. When movement does occur, does the facility ensure that infected or colonized areas of the patient’s body are contained and covered (e.g., wearing a mask during a respiratory illness)?

- Yes
- No
- Unknown
- Not assessed

“When transport or movement in any healthcare setting is necessary, ensure that infected or colonized areas of the patient’s body are contained and covered.”

In addition, for patients/residents on Contact Precautions, HCP should:

“Remove and dispose of contaminated PPE and perform hand hygiene prior to transporting patients on Contact Precaution. Don clean PPE to handle the patient at the transport destination.”

Source: Guideline for Isolation Precautions, page 87: <https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf>

11. Who can discontinue TBP in the facility (*select all that apply*):

- Infection preventionists
- Physicians
- Mid-level providers (i.e., physician assistants, nurse practitioners)
- Nursing supervisors
- Patient/resident care nurses
- Patient care technicians (i.e., CNAs)
- Other (*specify*):

-
- Unknown
 - Not assessed

12. Please describe which criteria the facility uses for discontinuation of TBP practices for these common pathogens:

See CDC’s Guideline for Isolation Precautions, Appendix A for a general summary of Contact, Droplet, or Airborne Precautions to include duration for most pathogen type. <https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/type-duration-precautions.html>. Often more detailed information on duration of TBP can be found on CDC’s pathogen specific websites.

12a. *C. difficile*

Describe criteria:

- Unknown
- Not assessed
- Not applicable

Continue Contact Precautions until diarrhea ceases or for several days following cessation.

“Because *C. diff*-infected patients continue to shed the organism for a number of days following cessation of diarrhea, some institutions routinely continue isolation and contact precautions for either several days beyond symptom resolution or until discharge, depending upon the type of setting and average length of stay.”

Source: <https://www.cdc.gov/cdiff/clinicians/faq.html>

12b. Seasonal Influenza

Describe criteria:

Unknown
Not assessed
Not applicable

“Droplet Precautions should be implemented for patients with suspected or confirmed influenza for 7 days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer, while a patient is in a healthcare facility. In some cases, facilities may choose to apply Droplet Precautions for longer periods based on clinical judgment, such as in the case of young children or severely immunocompromised patients, who may shed influenza virus for longer periods of time.”

Source: <https://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm>

12c. SARS-CoV-2

Describe criteria:

Unknown
Not assessed
Not applicable

In most situations, a symptom-based strategy should be used for the discontinuation of TBP for SARS-CoV-2 infection:

Patients with mild to moderate illness who are not moderately to severely immunocompromised:

- At least 10 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved

Patients who were asymptomatic throughout their infection and are *not* moderately to severely immunocompromised:

- At least 10 days have passed since the date of their first positive viral diagnostic test.

Patients with severe to critical illness or who are not moderately to severely immunocompromised:

- At least 10 days and up to 20 days have passed *since symptoms first appeared* **and**
- At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
- Symptoms (e.g., cough, shortness of breath) have improved
- Consider consultation with infection control experts

Additional information to include illness severity and immunocompromise definitions as well as information on using a test-based strategy to discontinue TBP for patients who are moderately to severely immunocompromised see this link: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

12d. Group A *Streptococcus* skin or wound infection

Describe criteria:

Unknown
Not assessed
Not applicable

Contact + Droplet + Standard Precautions for a group A *Streptococcus* skin or wound infection should be used until 24 hours after initiation of effective therapy and until wound drainage stops or can be contained by a dressing. Standard precautions may be used if dressing covers and contains drainage.

Source: Guideline for Isolation Precautions, Appendix A, page 112: <https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf>

Notes

12e. Novel or Targeted Multidrug-resistant Organism (e.g., Pan-resistant organisms, Carbapenemase-producing Enterobacterales (CRE), Carbapenemase-producing *Pseudomonas* spp., Carbapenemase-producing *Acinetobacter*, *Candida auris*)

Describe criteria:

- Unknown
- Not assessed
- Not applicable

Currently there is insufficient information for CDC to make general recommendations on when Contact Precautions can be discontinued for individuals colonized or infected with a novel or targeted multidrug-resistant organisms. Individuals can remain colonized for prolonged periods (>6 months) especially those with:

- exposure to antibiotics
- presence of an invasive device
- large number of hospital admissions
- admission from or discharge to a long-term care facility

Short-stay acute care and long-term acute care hospitals should:

- Maintain Contact Precautions for the duration of the index hospital stay when infection or colonization is first detected.
- Consider discontinuing Contact Precautions on a case-by-case basis assuming at least these criteria are met:
 - At least 6 months have elapsed since the last positive culture
 - Any related clinical infection is resolved and antimicrobial use has stopped
 - An adequate number of screening samples, (at least 2 consecutive samples obtained at least 1 week apart) have not identified pathogen of concern
- For extensively resistant organisms such as those with susceptibility to ≤ 2 antibiotic classes or carbapenemase producing organism, hospitals should consider maintaining Contact Precautions indefinitely.

Enhanced Barrier Precautions are intended to be used for the duration of a resident's stay in a facility. A transition back to Standard Precautions, alone, might be appropriate for residents placed on Enhanced Barrier Precautions solely because of the presence of a wound or indwelling medical device when the wound heals or the device is removed.

Sources: <https://www.cdc.gov/hai/organisms/cre/cre-clinicians.html>

SHEA Expert Guidance: <https://www.cambridge.org/core/services/aop-cambridge-core/content/view/94E38FDCE6E1823BD613ABE4E8CB5E56/S0899823X17002458a.pdf/div-class-title-duration-of-contact-precautions-for-acute-care-settings-div.pdf>

<https://www.cdc.gov/fungal/candida-auris/c-auris-infection-control.html>

Enhanced Barrier Precautions FAQs: <https://www.cdc.gov/hai/containment/faqs.html>

12f. Other pathogens relevant to the facility

Describe criteria:

- Unknown
- Not assessed
- Not applicable

See Guideline for Isolation Precautions, Appendix A for information about specific pathogens/conditions

<https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf>

Notes

13. If the patient is transferred to another facility while on TBP, how does the facility communicate to receiving facilities the need for TBP continuation (*select all that apply*)?

- Nurse to nurse report/verbal communication
- Interfacility transfer form used
- Culture results are sent in the records
- Through the transporting agency
- Not communicated
- Unknown
- Not assessed
- Other (*specify*): _____

“Notify accepting facilities and the transporting agency about suspected infections and the need for transmission-based precautions when patients are transferred.”

Source: Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings (HICPAC)
<https://www.cdc.gov/hicpac/pdf/core-practices.pdf>

“Failures to communicate, both before and after transitions of care, are common and cause significant patient harm. In addition to harming individual patients, poor coordination between facilities contributes to the spread of antibiotic resistant infections across all healthcare facilities. Furthermore, lack of feedback when a healthcare associated infection (HAI) is identified in a different setting than the one the patient likely acquired the HAI has the potential to hinder communicable disease surveillance, prevention, and control activities.”

Source: CSTE 16-ID-09 Position Statement: https://cdn.ymaws.com/www.cste.org/resource/resmgr/2016ps/16_ID_09.pdf

The expectations and desired actions for interfacility communication should be provided to all healthcare facilities to include the data elements that need to be routinely communicated (e.g., organisms, infection or colonization status, infection control actions), the modes of communication (e.g., transfer forms, verbal, electronic), and documentation to ensure information was communicated and received. In addition, facilities must determine who are the responsible parties for sending and receiving this information and what role transport personnel play in this process.

Source: Modified from CSTE 16-ID-09 Position Statement: https://cdn.ymaws.com/www.cste.org/resource/resmgr/2016ps/16_ID_09.pdf

A CDC example interfacility transfer form can be found here: <https://www.cdc.gov/hai/pdfs/toolkits/Interfacility-IC-Transfer-Form-508.pdf>

Notes

For facilities that care for patients/residents for which respirator (N95 or higher-level respirator) use for healthcare personnel is recommended (e.g. SARS-CoV-2, Tuberculosis):

14. Does the facility have a respiratory protection program for healthcare personnel that includes:

14a. Medical clearance for respirator use

- Yes
- No
- Unknown
- Not assessed

14b. Respirator use training

- Yes
- No
- Unknown
- Not assessed

14c. Annual Fit testing

- Yes
- No
- Unknown
- Not assessed

If **YES**:

14d. Who performs the fit testing?

Designated person within the facility

Contracted company: HCP fit tested at the healthcare facility

Contracted company: HCP fit tested at another site (i.e., at a building run by the contracting company)

Unknown

Not assessed

Other (*specify*): _____

“Respiratory protection is broadly regulated by Occupational Safety and Administration (OSHA) under the general industry standard for respiratory protection (29CFR1910.134) which requires that U.S. employers in all employment settings implement a program to protect employees from inhalation of toxic materials. OSHA program components include medical clearance to wear a respirator; provision and use of appropriate respirators, including fit-tested NIOSH-certified N95 and higher particulate filtering respirators; education on respirator use and periodic re-evaluation of the respiratory protection program.”

Source: Guideline for Isolation Precautions, page 55: <https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf>

For medical clearance:

“The physician or other licensed healthcare professional (PLHCP) may be a hospital employee but must not be the employee’s supervisor. If the hospital does not have internal occupational health services, the PLHCP may be a contracted provider. The best outside sources for such evaluations are occupational medicine providers or clinics. These clinics provide medical clearance for respirator use and may also provide fit testing services.”

For fit testing:

“Fit testing must be performed by an individual knowledgeable in respiratory protection, and qualified to follow the protocol and train the employee to properly put on and take off the respirator.”

Source: <https://www.cdc.gov/niosh/docs/2015-117/pdfs/2015-117.pdf?id=10.26616/NIOSH PUB2015117>

If medical clearance and fit testing must take place at an offsite location, considerations regarding distance, allotment of time to HCP to complete these tasks, and the sharing of documentation need to be considered.

Additional sources: OSHA General Industry Standard 29CFR1910.134: <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134>

Fit Testing FAQs: https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/respsource3fittest.html

NIOSH Healthcare Respiratory Protection Resources (information on the key requirements necessary for an effective hospital respiratory protection program): <https://www.cdc.gov/niosh/npptl/hospresptoolkit/default.html>

Notes

15. Does the facility have airborne infection isolation rooms (AIIR)?

Yes

No

Unknown

Not assessed

IF YES: Does the facility have the following elements in place for the maintenance and monitoring of their airborne infection isolation rooms (AIIR)?

15a. At least 6 (for existing facilities) or ≥ 12 (for renovated or new construction) air changes per hour depending upon facility age or per state licensure rules.

Yes

No

Unknown

Not assessed

15b. Direct exhaust of air to outside. If not possible, all air returned to air handling system or adjacent spaces is directed through HEPA filter.

Yes

No

Unknown

Not assessed

15c. When in use for patient/resident care, air pressure is monitored daily with visual indicators (e.g., smoke tubes, flutter strips), regardless of the presence of differential pressure sensing devices (e.g., manometers).

- Yes
- No
- Unknown
- Not assessed

“In acute care hospitals and long-term care settings, place patients who require Airborne Precautions in an AIIR that has been constructed in accordance with current guidelines.

- Provide at least six (existing facility) or 12 (new construction/renovation) air changes per hour.
- Direct exhaust of air to the outside. If it is not possible to exhaust air from an AIIR directly to the outside, the air may be returned to the air-handling system or adjacent spaces if all air is directed through HEPA filters.
- Whenever an AIIR is in use for a patient on Airborne Precautions, monitor air pressure daily with visual indicators (e.g., smoke tubes, flutter strips), regardless of the presence of differential pressure sensing devices.
- Keep the AIIR door closed when not required for entry and exit.”

Source: Guideline for Isolation Precautions, page 90: <https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf>

Notes

Part B. Transmission-Based Precautions (TBP) Facility Observations

This section is intended to guide direct observations of how the facility is implementing many of the policies and practices discussed in Part A. If available, observe at least three rooms under TBP and if possible, observe more than one type of TBP being used (e.g., observe one room under Droplet and one under Contact Precautions). However, the reason for performing the ICAR may also inform where observation time is best spent such as focusing on Contact Precautions rooms in the setting of a multidrug-resistant organism outbreak.

Ideally this section is completed by directly observing this information; however, if this is not possible, interviewing healthcare personnel to obtain this information can also be informative. Whether information was collected through direct observation or via interview should be noted during data collection.

For each observed room, select the type(s) of TBP utilized and then select all the listed elements that are present. An unmarked box should indicate that the element was not present. If an element could not be observed or endorsed by interview of healthcare personnel, this should be indicated in the provided notes section.

Location #1 Unit: _____ Room: _____ # occupied beds in room: _____

Direct obs. of elements Interview of frontline HCP

TBP Type (select all that apply):

Contact Droplet Airborne Enhanced Barrier Other (specify): _____

Contact (Select all that are present):

Signage is present at entry
Adequate supplies of gowns and gloves stocked at room entry
Waste receptacle readily available for doffing PPE prior to exiting room
Alcohol based hand sanitizer (ABHS) is readily available for personnel to clean hands

If >1 patient or resident in room

Clear separation between patient/resident care areas (e.g., a privacy curtain)
Personnel doff gown and gloves and clean hands when moving between patients/residents
Enough space (3 feet) exists between beds to allow for clinical care to occur from either side of the bed

Droplet (Select all that are present):

Signage is present at entry
Adequate supplies of masks stocked at room entry
Waste receptacle readily available for doffing PPE immediately upon room exit
ABHS readily available for personnel to clean hands

If >1 patient or resident in room

Clear separation between patient/resident care areas (e.g., a privacy curtain)
Personnel clean hands when moving between patients/residents
Enough space (3 feet) exists between beds to allow for clinical care to occur from either side of the bed

Airborne (Select all that are present)

Signage is present at entry
Adequate supplies of respirators stocked at room entry
Room door is kept closed
Waste receptacle readily available for doffing of respiratory protection outside the room.
If reusable supplies (e.g., PAPR/CAPR) are used, there is a dedicated area for cleaning and disinfection
ABHS readily available for personnel to clean hands

If >1 patient or resident in room

Clear separation between patient/resident care areas (e.g., a privacy curtain)
Personnel clean hands when moving between patients/residents
Enough space (3 feet) exists between beds to allow for clinical care to occur from either side of the bed

Enhanced Barrier (Select all that are present)

Signage is present at entry
Adequate supplies of gowns and gloves stocked at room entry
Waste receptacle readily available for doffing PPE prior to exiting room
Alcohol based hand sanitizer (ABHS) is readily available for personnel to clean hands

If >1 resident in room

Clear separation between resident care areas (e.g., a privacy curtain)
Personnel doff gown and gloves and clean hands when moving between residents
Enough space (3 feet) exists between beds to allow for clinical care to occur from either side of the bed

Other (specify):

(Select all that are present and add others as needed based on the type of precaution)

Signage is present at entry
Adequate supplies of PPE necessary for specified TBP stocked at room entry
Waste receptacle readily available for doffing PPE prior to exiting room
Alcohol based hand sanitizer (ABHS) is readily available for personnel to clean hands

If >1 patient or resident in room

Clear separation between patient/resident care areas (e.g., a privacy curtain)
Personnel clean hands when moving between patients/residents
Enough space (3 feet) exists between beds to allow for clinical care to occur from either side of the bed
Other (specify): _____

Notes

Location #2 Unit: _____ Room: _____ # occupied beds in room: _____

Direct obs. of elements Interview of frontline HCP

TBP Type (select all that apply):

Contact Droplet Airborne Enhanced Barrier Other (specify): _____

Contact (Select all that are present):

Signage is present at entry
Adequate supplies of gowns and gloves stocked at room entry
Waste receptacle readily available for doffing PPE prior to exiting room
Alcohol based hand sanitizer (ABHS) is readily available for personnel to clean hands

If >1 patient or resident in room

Clear separation between patient/resident care areas (e.g., a privacy curtain)
Personnel doff gown and gloves and clean hands when moving between patients/residents
Enough space (3 feet) exists between beds to allow for clinical care to occur from either side of the bed

Droplet (Select all that are present):

Signage is present at entry
Adequate supplies of masks stocked at room entry
Waste receptacle readily available for doffing PPE immediately upon room exit
ABHS readily available for personnel to clean hands

If >1 patient or resident in room

Clear separation between patient/resident care areas (e.g., a privacy curtain)
Personnel clean hands when moving between patients/residents
Enough space (3 feet) exists between beds to allow for clinical care to occur from either side of the bed

Airborne (Select all that are present)

Signage is present at entry
Adequate supplies of respirators stocked at room entry
Room door is kept closed
Waste receptacle readily available for doffing of respiratory protection outside the room.
If reusable supplies (e.g., PAPR/CAPR) are used, there is a dedicated area for cleaning and disinfection
ABHS readily available for personnel to clean hands

If >1 patient or resident in room

Clear separation between patient/resident care areas (e.g., a privacy curtain)
Personnel clean hands when moving between patients/residents
Enough space (3 feet) exists between beds to allow for clinical care to occur from either side of the bed

Enhanced Barrier (Select all that are present)

Signage is present at entry
Adequate supplies of gowns and gloves stocked at room entry
Waste receptacle readily available for doffing PPE prior to exiting room
Alcohol based hand sanitizer (ABHS) is readily available for personnel to clean hands

If >1 resident in room

Clear separation between resident care areas (e.g., a privacy curtain)
Personnel doff gown and gloves and clean hands when moving between residents
Enough space (3 feet) exists between beds to allow for clinical care to occur from either side of the bed

Other (specify):

(Select all that are present and add others as needed based on the type of precaution)

Signage is present at entry
Adequate supplies of PPE necessary for specified TBP stocked at room entry
Waste receptacle readily available for doffing PPE prior to exiting room
Alcohol based hand sanitizer (ABHS) is readily available for personnel to clean hands

If >1 patient or resident in room

Clear separation between patient/resident care areas (e.g., a privacy curtain)
Personnel clean hands when moving between patients/residents
Enough space (3 feet) exists between beds to allow for clinical care to occur from either side of the bed
Other (specify):

Notes

Location #3 Unit: _____ Room: _____ # occupied beds in room: _____

Direct obs. of elements Interview of frontline HCP

TBP Type (select all that apply):

Contact Droplet Airborne Enhanced Barrier Other (specify): _____

Contact (Select all that are present):

Signage is present at entry
Adequate supplies of gowns and gloves stocked at room entry
Waste receptacle readily available for doffing PPE prior to exiting room
Alcohol based hand sanitizer (ABHS) is readily available for personnel to clean hands

If >1 patient or resident in room

Clear separation between patient/resident care areas (e.g., a privacy curtain)
Personnel doff gown and gloves and clean hands when moving between patients/residents
Enough space (3 feet) exists between beds to allow for clinical care to occur from either side of the bed

Droplet (Select all that are present):

Signage is present at entry
Adequate supplies of masks stocked at room entry
Waste receptacle readily available for doffing PPE immediately upon room exit
ABHS readily available for personnel to clean hands

If >1 patient or resident in room

Clear separation between patient/resident care areas (e.g., a privacy curtain)
Personnel clean hands when moving between patients/residents
Enough space (3 feet) exists between beds to allow for clinical care to occur from either side of the bed

Airborne (Select all that are present)

Signage is present at entry
Adequate supplies of respirators stocked at room entry
Room door is kept closed
Waste receptacle readily available for doffing of respiratory protection outside the room.
If reusable supplies (e.g., PAPR/CAPR) are used, there is a dedicated area for cleaning and disinfection
ABHS readily available for personnel to clean hands

If >1 patient or resident in room

Clear separation between patient/resident care areas (e.g., a privacy curtain)
Personnel clean hands when moving between patients/residents
Enough space (3 feet) exists between beds to allow for clinical care to occur from either side of the bed

Enhanced Barrier (Select all that are present)

Signage is present at entry
Adequate supplies of gowns and gloves stocked at room entry
Waste receptacle readily available for doffing PPE prior to exiting room
Alcohol based hand sanitizer (ABHS) is readily available for personnel to clean hands

If >1 resident in room

Clear separation between resident care areas (e.g., a privacy curtain)
Personnel doff gown and gloves and clean hands when moving between residents
Enough space (3 feet) exists between beds to allow for clinical care to occur from either side of the bed

Other (specify):

(Select all that are present and add others as needed based on the type of precaution)

Signage is present at entry
Adequate supplies of PPE necessary for specified TBP stocked at room entry
Waste receptacle readily available for doffing PPE prior to exiting room
Alcohol based hand sanitizer (ABHS) is readily available for personnel to clean hands

If >1 patient or resident in room

Clear separation between patient/resident care areas (e.g., a privacy curtain)
Personnel clean hands when moving between patients/residents
Enough space (3 feet) exists between beds to allow for clinical care to occur from either side of the bed
Other (specify): _____

Notes

Part C. Transmission-Based Precautions Healthcare Personnel (HCP) Observations

This section is intended to guide direct observations of HCP utilizing the necessary PPE by TBP type. Standard Precautions should always be implemented in addition to Transmission-Based Precautions. For example, if inserting a peripheral IV catheter into a patient on Airborne Precautions, gloves (Standard Precautions) in addition to a respirator (Airborne Precautions) should be used and documented by the ICAR facilitator. In general, these observations should be conducted covertly (i.e., HCP are not aware they are being observed), and the ICAR facilitator should collect as many observations as feasible across a variety of HCP types and care units. While the ICAR facilitator should aim to observe as many of the listed elements as possible, often times, only partial observations can be made such as only observing a HCP don but not doff PPE. However, this can still provide valuable information on overall IPC practices in a facility.

These observations are largely intended for facilities utilizing conventional PPE practices. More information regarding PPE optimization strategies can be found here: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

In addition, the order of listed donning and doffing practice observations are not intended to suggest a specific donning or doffing sequence. A suggested donning and doffing sequence to include ways to doff PPE while limiting self-contamination can be found at the following link: <https://www.cdc.gov/HAI/pdfs/ppe/ppeposter148.pdf>

HCP Type: _____

Type of Precautions:

Contact Enhanced Barrier
 Droplet Standard
 Airborne
 Other (*specify*): _____

Hand hygiene (HH) prior to donning:

Alcohol-rub Not observed
 Soap and water
 No HH done
 Other (*specify*): _____

Is PPE donned correctly? *Note: The order of observations is not intended to suggest a donning sequence as this may vary.*

a) Gown fully covers torso from neck to knees, arms to end of wrists, and wrap around back	Yes	No	N/A	Not observed
b) Gown is tied per manufacturer recommendation	Yes	No	N/A	Not observed
c) Gloves cover the wrist of the gown	Yes	No	N/A	Not observed
d) Eye protection fully covers eyes on all sides	Yes	No	N/A	Not observed
e) Facemask covers nose and mouth	Yes	No	N/A	Not observed
f) Respirator fits snugly to face below the chin	Yes	No	N/A	Not observed

Select if Not all recommended PPE worn, list missing items:

Is PPE doffed correctly? *Note: The order of observations is not intended to suggest a doffing sequence as this may vary.*

a) Gloves removed prior to room exit or before moving to a roommate	Yes	No	N/A	Not observed
b) Gloves removed in manner that limited self-contamination	Yes	No	N/A	Not observed
c) Gown removed prior to room exit or before moving to a roommate	Yes	No	N/A	Not observed
d) Gown removed in a manner that limited self-contamination	Yes	No	N/A	Not observed
e) Eye protection is removed by handling head band or earpieces	Yes	No	N/A	Not observed
f) Facemask is removed by touching only the straps	Yes	No	N/A	Not observed
g) Respirator is removed by pulling bottom strap over head, followed by top strap after room exit	Yes	No	N/A	Not observed

Hand hygiene (HH) after doffing PPE:

Alcohol-rub Soap and water No HH done Not observed
 Other (*specify*): _____

Notes

HCP Type: _____

Type of Precautions:

Contact Enhanced Barrier
Droplet Standard
Airborne
Other (*specify*): _____

Hand hygiene (HH) prior to donning:

Alcohol-rub Not observed
Soap and water
No HH done
Other (*specify*): _____

Is PPE donned correctly? *Note: The order of observations is not intended to suggest a donning sequence as this may vary.*

a) Gown fully covers torso from neck to knees, arms to end of wrists, and wrap around back	Yes	No	N/A	Not observed
b) Gown is tied per manufacturer recommendation	Yes	No	N/A	Not observed
c) Gloves cover the wrist of the gown	Yes	No	N/A	Not observed
d) Eye protection fully covers eyes on all sides	Yes	No	N/A	Not observed
e) Facemask covers nose and mouth	Yes	No	N/A	Not observed
f) Respirator fits snugly to face below the chin	Yes	No	N/A	Not observed

Select if Not all recommended PPE worn, list missing items:

Is PPE doffed correctly? *Note: The order of observations is not intended to suggest a doffing sequence as this may vary.*

a) Gloves removed prior to room exit or before moving to a roommate	Yes	No	N/A	Not observed
b) Gloves removed in manner that limited self-contamination	Yes	No	N/A	Not observed
c) Gown removed prior to room exit or before moving to a roommate	Yes	No	N/A	Not observed
d) Gown removed in a manner that limited self-contamination	Yes	No	N/A	Not observed
e) Eye protection is removed by handling head band or earpieces	Yes	No	N/A	Not observed
f) Facemask is removed by touching only the straps	Yes	No	N/A	Not observed
g) Respirator is removed by pulling bottom strap over head, followed by top strap after room exit	Yes	No	N/A	Not observed

Hand hygiene (HH) after doffing PPE:

Alcohol-rub Soap and water No HH done Not observed
Other (*specify*): _____

Notes

HCP Type: _____

Type of Precautions:

Contact Enhanced Barrier
Droplet Standard
Airborne
Other (*specify*): _____

Hand hygiene (HH) prior to donning:

Alcohol-rub Not observed
Soap and water
No HH done
Other (*specify*): _____

Is PPE donned correctly? *Note: The order of observations is not intended to suggest a donning sequence as this may vary.*

a) Gown fully covers torso from neck to knees, arms to end of wrists, and wrap around back	Yes	No	N/A	Not observed
b) Gown is tied per manufacturer recommendation	Yes	No	N/A	Not observed
c) Gloves cover the wrist of the gown	Yes	No	N/A	Not observed
d) Eye protection fully covers eyes on all sides	Yes	No	N/A	Not observed
e) Facemask covers nose and mouth	Yes	No	N/A	Not observed
f) Respirator fits snugly to face below the chin	Yes	No	N/A	Not observed

Select if Not all recommended PPE worn, list missing items:

Is PPE doffed correctly? *Note: The order of observations is not intended to suggest a doffing sequence as this may vary.*

a) Gloves removed prior to room exit or before moving to a roommate	Yes	No	N/A	Not observed
b) Gloves removed in manner that limited self-contamination	Yes	No	N/A	Not observed
c) Gown removed prior to room exit or before moving to a roommate	Yes	No	N/A	Not observed
d) Gown removed in a manner that limited self-contamination	Yes	No	N/A	Not observed
e) Eye protection is removed by handling head band or earpieces	Yes	No	N/A	Not observed
f) Facemask is removed by touching only the straps	Yes	No	N/A	Not observed
g) Respirator is removed by pulling bottom strap over head, followed by top strap after room exit	Yes	No	N/A	Not observed

Hand hygiene (HH) after doffing PPE:

Alcohol-rub Soap and water No HH done Not observed
Other (*specify*): _____

Notes

HCP Type: _____

Type of Precautions:

Contact Enhanced Barrier
Droplet Standard
Airborne
Other (*specify*): _____

Hand hygiene (HH) prior to donning:

Alcohol-rub Not observed
Soap and water
No HH done
Other (*specify*): _____

Is PPE donned correctly? *Note: The order of observations is not intended to suggest a donning sequence as this may vary.*

a) Gown fully covers torso from neck to knees, arms to end of wrists, and wrap around back	Yes	No	N/A	Not observed
b) Gown is tied per manufacturer recommendation	Yes	No	N/A	Not observed
c) Gloves cover the wrist of the gown	Yes	No	N/A	Not observed
d) Eye protection fully covers eyes on all sides	Yes	No	N/A	Not observed
e) Facemask covers nose and mouth	Yes	No	N/A	Not observed
f) Respirator fits snugly to face below the chin	Yes	No	N/A	Not observed

Select if Not all recommended PPE worn, list missing items:

Is PPE doffed correctly? *Note: The order of observations is not intended to suggest a doffing sequence as this may vary.*

a) Gloves removed prior to room exit or before moving to a roommate	Yes	No	N/A	Not observed
b) Gloves removed in manner that limited self-contamination	Yes	No	N/A	Not observed
c) Gown removed prior to room exit or before moving to a roommate	Yes	No	N/A	Not observed
d) Gown removed in a manner that limited self-contamination	Yes	No	N/A	Not observed
e) Eye protection is removed by handling head band or earpieces	Yes	No	N/A	Not observed
f) Facemask is removed by touching only the straps	Yes	No	N/A	Not observed
g) Respirator is removed by pulling bottom strap over head, followed by top strap after room exit	Yes	No	N/A	Not observed

Hand hygiene (HH) after doffing PPE:

Alcohol-rub Soap and water No HH done Not observed
Other (*specify*): _____

Notes

HCP Type: _____

Type of Precautions:

Contact Enhanced Barrier
Droplet Standard
Airborne
Other (*specify*): _____

Hand hygiene (HH) prior to donning:

Alcohol-rub Not observed
Soap and water
No HH done
Other (*specify*): _____

Is PPE donned correctly? *Note: The order of observations is not intended to suggest a donning sequence as this may vary.*

a) Gown fully covers torso from neck to knees, arms to end of wrists, and wrap around back	Yes	No	N/A	Not observed
b) Gown is tied per manufacturer recommendation	Yes	No	N/A	Not observed
c) Gloves cover the wrist of the gown	Yes	No	N/A	Not observed
d) Eye protection fully covers eyes on all sides	Yes	No	N/A	Not observed
e) Facemask covers nose and mouth	Yes	No	N/A	Not observed
f) Respirator fits snugly to face below the chin	Yes	No	N/A	Not observed

Select if Not all recommended PPE worn, list missing items:

Is PPE doffed correctly? *Note: The order of observations is not intended to suggest a doffing sequence as this may vary.*

a) Gloves removed prior to room exit or before moving to a roommate	Yes	No	N/A	Not observed
b) Gloves removed in manner that limited self-contamination	Yes	No	N/A	Not observed
c) Gown removed prior to room exit or before moving to a roommate	Yes	No	N/A	Not observed
d) Gown removed in a manner that limited self-contamination	Yes	No	N/A	Not observed
e) Eye protection is removed by handling head band or earpieces	Yes	No	N/A	Not observed
f) Facemask is removed by touching only the straps	Yes	No	N/A	Not observed
g) Respirator is removed by pulling bottom strap over head, followed by top strap after room exit	Yes	No	N/A	Not observed

Hand hygiene (HH) after doffing PPE:

Alcohol-rub Soap and water No HH done Not observed
Other (*specify*): _____

Notes

HCP Type: _____

Type of Precautions:

Contact Enhanced Barrier
Droplet Standard
Airborne
Other (*specify*): _____

Hand hygiene (HH) prior to donning:

Alcohol-rub Not observed
Soap and water
No HH done
Other (*specify*): _____

Is PPE donned correctly? *Note: The order of observations is not intended to suggest a donning sequence as this may vary.*

a) Gown fully covers torso from neck to knees, arms to end of wrists, and wrap around back	Yes	No	N/A	Not observed
b) Gown is tied per manufacturer recommendation	Yes	No	N/A	Not observed
c) Gloves cover the wrist of the gown	Yes	No	N/A	Not observed
d) Eye protection fully covers eyes on all sides	Yes	No	N/A	Not observed
e) Facemask covers nose and mouth	Yes	No	N/A	Not observed
f) Respirator fits snugly to face below the chin	Yes	No	N/A	Not observed

Select if Not all recommended PPE worn, list missing items:

Is PPE doffed correctly? *Note: The order of observations is not intended to suggest a doffing sequence as this may vary.*

a) Gloves removed prior to room exit or before moving to a roommate	Yes	No	N/A	Not observed
b) Gloves removed in manner that limited self-contamination	Yes	No	N/A	Not observed
c) Gown removed prior to room exit or before moving to a roommate	Yes	No	N/A	Not observed
d) Gown removed in a manner that limited self-contamination	Yes	No	N/A	Not observed
e) Eye protection is removed by handling head band or earpieces	Yes	No	N/A	Not observed
f) Facemask is removed by touching only the straps	Yes	No	N/A	Not observed
g) Respirator is removed by pulling bottom strap over head, followed by top strap after room exit	Yes	No	N/A	Not observed

Hand hygiene (HH) after doffing PPE:

Alcohol-rub Soap and water No HH done Not observed
Other (*specify*): _____

Notes

NOTE: This Section is Intended to be Used for a Targeted Assessment Of Practices in Outpatient Healthcare Facilities

Part D: Targeted Assessment Of Practices in Outpatient Healthcare Facilities

Interview Questions

1. Describe how the facility identifies potentially infectious persons at initial points of patient encounter and determines the need for TBP.

“Develop and implement systems for early detection and management (e.g., use of appropriate infection control measures, including isolation precautions, personal protective equipment [PPE]) of potentially infectious persons at initial points of patient encounter in **outpatient settings** (e.g., **triage areas, emergency departments, outpatient clinics, physician offices**).” I.B.9.

Source: Guideline for Isolation Precautions, page 77: <https://www.cdc.gov/infectioncontrol/guidelines/isolation/index.html>

Examples of clinical conditions (e.g., rash, respiratory symptoms, acute diarrhea) warranting empiric Transmission-Based Precautions are addressed in <https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/transmission-precautions.html>

2. How does the facility ensure PPE is always readily available at point of use (*select all that apply*)?

Designated personnel are assigned this task

Personnel caring for the patient restock their supplies as needed

Supervisors or charge nurses restock supplies as needed

Other (*specify*): _____

Unknown

Not assessed

“Healthcare organizations can demonstrate a commitment to preventing transmission of infectious agents by incorporating infection control into the objectives of the organization’s patient and occupational safety programs. . . A key administrative measure is provision of fiscal and human resources for maintaining infection control and occupational health programs that are responsive to emerging needs. Specific components include...adequate supplies and equipment including facility ventilation systems.”

Source: Guideline for Isolation Precautions, page 43: <https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf>

Notes

For outpatient facilities that care for patients for which respirator (N95 or higher-level respirator) use for healthcare personnel is recommended (e.g. SARS-CoV-2, Tuberculosis):

3. **Does the facility have a respiratory protection program for healthcare personnel that includes:**

- 3a. Medical clearance for respirator use

Yes

No

Unknown

Not assessed

- 3b. Respirator use training

Yes

No

Unknown

Not assessed

- 3c. Annual Fit testing

Yes

No

Unknown

Not assessed

If YES:

3d. Who performs the fit testing?

Designated person within the facility

Contracted company: HCP fit tested at the healthcare facility

Contracted company: HCP fit tested at another site (i.e., at a building run by the contracting company)

Other (*specify*):

Unknown

Not assessed

“Respiratory protection is broadly regulated by Occupational Safety and Administration (OSHA) under the general industry standard for respiratory protection (29CFR1910.134) which requires that U.S. employers in all employment settings implement a program to protect employees from inhalation of toxic materials. OSHA program components include medical clearance to wear a respirator; provision and use of appropriate respirators, including fit-tested NIOSH-certified N95 and higher particulate filtering respirators; education on respirator use and periodic re-evaluation of the respiratory protection program.”

Source: Guideline for Isolation Precautions, page 55: <https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf>

For medical clearance:

“The physician or other licensed healthcare professional (PLHCP) may be a hospital employee but must not be the employee’s supervisor. If the hospital does not have internal occupational health services, the PLHCP may be a contracted provider. The best outside sources for such evaluations are occupational medicine providers or clinics. These clinics provide medical clearance for respirator use and may also provide fit testing services.”

For fit testing:

“Fit testing must be performed by an individual knowledgeable in respiratory protection, and qualified to follow the protocol and train the employee to properly put on and take off the respirator.”

Source: <https://www.cdc.gov/niosh/docs/2015-117/pdfs/2015-117.pdf?id=10.26616/NIOSH PUB2015117>

If medical clearance and fit testing must take place at an offsite location, considerations regarding distance, allotment of time to HCP to complete these tasks, and the sharing of documentation need to be considered.

Additional sources:

OSHA General Industry Standard 29CFR1910.134: <https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134>

Fit Testing FAQs: https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/respource3fittest.html

NIOSH Healthcare Respiratory Protection Resources (information on the key requirements necessary for an effective hospital respiratory protection program): <https://www.cdc.gov/niosh/npptl/hospresptoolkit/default.html>

Notes

4. Does the facility have airborne infection isolation rooms (AIIR)?

- Yes
- No
- Unknown
- Not assessed

IF YES: Does the facility have the following elements in place for the maintenance and monitoring of their airborne infection isolation rooms (AIIR)?

4a. At least 6 (for existing facilities) or ≥ 12 (for renovated or new construction) air changes per hour depending upon facility age or per state licensure rules.

- Yes
- No
- Unknown
- Not assessed

4b. Direct exhaust of air to outside. If not possible, all air returned to air handling system or adjacent spaces is directed through HEPA filter.

- Yes
- No
- Unknown
- Not assessed

4c. When in use for patient/resident care, air pressure is monitored daily with visual indicators (e.g., smoke tubes, flutter strips), regardless of the presence of differential pressure sensing devices (e.g., manometers).

- Yes
- No
- Unknown
- Not assessed

"In acute care hospitals and long-term care settings, place patients who require Airborne Precautions in an AIIR that has been constructed in accordance with current guidelines.

- Provide at least six (existing facility) or 12 (new construction/renovation) air changes per hour.
- Direct exhaust of air to the outside. If it is not possible to exhaust air from an AIIR directly to the outside, the air may be returned to the air-handling system or adjacent spaces if all air is directed through HEPA filters.
- Whenever an AIIR is in use for a patient on Airborne Precautions, monitor air pressure daily with visual indicators (e.g., smoke tubes, flutter strips), regardless of the presence of differential pressure sensing devices.
- Keep the AIIR door closed when not required for entry and exit."

Source: Guideline for Isolation Precautions, page 90: <https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf>

Notes

Part E. Observation of PPE use as part of Standard and Transmission-Based Precautions in Outpatient Settings

Standard Precautions should always be implemented in addition to Transmission-Based Precautions. For example, if inserting a peripheral IV catheter into a patient on Airborne Precautions, gloves (Standard Precautions) in addition to a respirator (Airborne Precautions) should be used and documented by the ICAR facilitator.

Conduct as many observations as possible during visit.

In general, the ICAR facilitator should conduct these observations without notifying the healthcare worker that they are being observed. Ideally all questions are completed but partial observations can still be useful. These observations are intended for facilities utilizing conventional PPE capacity (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>).

HCP Type: _____

Type of Precautions:

Contact _____
 Droplet _____
 Airborne _____
 Other (specify): _____

Hand hygiene (HH) prior to donning:

Alcohol-rub _____
 Soap and water _____
 No HH done _____
 Other (specify): _____

Is PPE donned correctly? *Note: The order of observations is not intended to suggest a donning sequence as this may vary.*

a) Gown fully covers torso from neck to knees, arms to end of wrists, and wrap around back	Yes	No	N/A	Not observed
b) Gown is tied per manufacturer recommendation	Yes	No	N/A	Not observed
c) Gloves cover the wrist of the gown	Yes	No	N/A	Not observed
d) Eye protection fully covers eyes on all sides	Yes	No	N/A	Not observed
e) Facemask covers nose and mouth	Yes	No	N/A	Not observed
f) Respirator fits snugly to face below the chin	Yes	No	N/A	Not observed

Select if Not all recommended PPE worn, list missing items:

Is PPE doffed correctly? *Note: The order of observations is not intended to suggest a doffing sequence as this may vary.*

a) Gloves removed prior to room exit	Yes	No	N/A	Not observed
b) Gloves removed in manner that limited self-contamination	Yes	No	N/A	Not observed
c) Gown removed prior to room exit	Yes	No	N/A	Not observed
d) Gown removed in a manner that limited self-contamination	Yes	No	N/A	Not observed
e) Eye protection is removed by handling head band or earpieces	Yes	No	N/A	Not observed
f) Facemask is removed by touching only the straps	Yes	No	N/A	Not observed
g) Respirator is removed by pulling bottom strap over head, followed by top strap after room exit	Yes	No	N/A	Not observed

Hand hygiene (HH) after doffing PPE

Alcohol-rub _____
 Soap and water _____
 No HH done _____
 Not observed _____
 Other (specify): _____

Notes

HCP Type: _____

Type of Precautions:

Contact Standard
Droplet
Airborne
Other (*specify*): _____

Hand hygiene (HH) prior to donning:

Alcohol-rub Not observed
Soap and water
No HH done
Other (*specify*): _____

Is PPE donned correctly? *Note: The order of observations is not intended to suggest a donning sequence as this may vary.*

a) Gown fully covers torso from neck to knees, arms to end of wrists, and wrap around back	Yes	No	N/A	Not observed
b) Gown is tied per manufacturer recommendation	Yes	No	N/A	Not observed
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Hand hygiene (HH) after doffing PPE

Alcohol-rub
Soap and water
No HH done
Not observed
Other (*specify*): _____

Notes

HCP Type: _____

Type of Precautions:

Contact Standard
Droplet
Airborne
Other (*specify*): _____

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Soap and water
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Hand hygiene (HH) after doffing PPE

Alcohol-rub
Soap and water
No HH done
Not observed
Other (*specify*): _____

Notes

HCP Type: _____

Type of Precautions:

Contact Standard
Droplet
Airborne
Other (*specify*): _____

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Hand hygiene (HH) after doffing PPE

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Soap and water
No HH done
Not observed
Other (*specify*): _____

Notes

HCP Type: _____

Type of Precautions:

Contact Standard
Droplet
Airborne
Other (*specify*): _____

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Hand hygiene (HH) after doffing PPE

Alcohol-rub
Soap and water
No HH done
Not observed
Other (*specify*): _____

Notes