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
Outpatient/Ambulatory 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):**

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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: Outpatient/Ambulatory Care

1. Is the facility licensed by the state?

      Yes
      No

2. Is the facility certified by the Centers for Medicare & Medicaid Services (CMS)?

      Yes, as an Ambulatory Surgical Center
      Yes, as a Federally Qualified Health Center

      Yes, as another provider type (*specify*): _____
      No

3. Is the facility accredited?

      Yes
      No

If YES, specify:

    3a. The accreditation organization:

        Accreditation Association for Ambulatory Health Care (AAAHC)
        American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF)
        American Osteopathic Association (AOA)
        The Joint Commission (TJC)

        Other (*specify*): _____

    3b. Date of last survey (month/year):_____

4. Is the facility part of a hospital system?

      Yes
      No

5. Which procedures are performed by the facility? (*select all that apply*)

      Chemotherapy
      Dermatology
      Endoscopy
      Imaging
      Immunizations
      OB/Gyn
      Ophthalmologic
      Orthopedic
      Pain remediation
      Plastic/reconstructive
      Podiatry
      Surgery (general)
      Urology
      Other (specify):_____

6. How many physicians work at the facility? _____

7. What is the average number of patients seen per day? _____

Notes

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