

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

ICAR tools are used to systematically assess a healthcare facility's IPC practices and guide quality improvement activities (e.g., by addressing identified gaps).

Instructions

This comprehensive tool is intended to help assess IPC practices in acute care, long-term care, and outpatient settings. It is not currently intended for use in outpatient hemodialysis facilities; resources for outpatient hemodialysis facilities are available at: <https://www.cdc.gov/dialysis/prevention-tools/audit-tools.html>. The tool includes a series of modules that individuals performing the assessment may use depending on the focus of the assessment. Modules can be selected based on allotted time, facility-specific concerns, or applicability to an organism of concern.

Steps to an ICAR

1. Contact the facility to schedule the ICAR
2. Conduct the ICAR
3. Provide feedback to the facility
4. Follow-up on ICAR feedback implementation

In most instances, the steps in conducting an ICAR involve scheduling the ICAR, conducting the ICAR with the preconstructed tool to guide the assessment, providing both verbal and written feedback to the facility, and then following up to review the facility's implementation of the suggested actions, as needed.

The facilitator guide format contains both the question and answer choices as well as the recommended IPC practice(s) based upon current CDC guidance. By having ready access to the recommended practice(s), the facilitator may provide immediate verbal feedback and recommendations to the facility during the assessment.

The tool is divided into sections:

Section 1: Collects facility demographics and critical infrastructure information and is intended for completion by the facility prior to the ICAR (provided as a separate document to send to facility). These questions often require that the facility look up answers or consult with staff members and thus pre-collection often saves time during the actual assessment. The ICAR facilitator should decide if any of the responses need to be verbally reviewed or require further explanation at the beginning of the assessment. If no further clarification is needed, then the facilitator should start on the next section and refer to this section as needed.

Section 2: Includes various assessment modules for review during a discussion of policies and practices with the facility. These sections cover a variety of infection prevention practices. The questions are formatted to include:

- Closed-ended questions with "yes/no" response options
- Open-ended questions which prompt more descriptive responses
 - » For the open-ended questions, common responses are often listed below each question to aid in data collection but may contain answers that would not be considered a recommended IPC practice. The facilitator guide should be consulted for the recommended IPC practice
- Most modules also include corresponding observation components, which are intended for use during observations of infection prevention practices. These sections are meant to assess how some of the discussed policies and practices are being implemented. If this tool is being used as part of an in-person assessment, facilitators might consider expanding observations beyond what is listed in this tool.



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Helpful Tips When Conducting ICARS:

- Review and become familiar with the ICAR tools before entering the facility
 - » Know the recommended IPC practices for each question
 - » Be aware of any variations in State and Local regulations
 - » Shadow someone with experience performing ICARs before conducting one by yourself
- Request the facility complete the demographics section prior to the ICAR to save time during the visit
- Be flexible during the ICAR
 - » Identify which areas/topics may need to be prioritized
 - Review the demographics form
 - Discuss facility successes and challenges
- At the beginning of the ICAR, let the facility know specific processes you would like to observe and ask when the best time would be to observe each practice (room cleaning, glucose check, etc.)
- For large facilities, it may be helpful to conduct ICARs in teams. Examples include one ICAR facilitator conducting the interview, while another conducts observations, or two ICAR facilitators conducting the interview portions together, but then splitting up and conducting different observations simultaneously
 - » If this is not possible, ICARs in large facilities may be split across 2 days to decrease the burden on the facilities

The TeleICAR team within the Division of Healthcare Quality Promotion can provide training to public health jurisdictions on the use of the tool. For more information contact, teleicar@cdc.gov.