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

Module 1: Training, Auditing and Feedback Facilitator Guide

Training, Auditing and Feedback: This form is intended to aid an ICAR facilitator in generally assessing areas where training, auditing, and feedback are performed by the facility. Additional questions allow for a more detailed assessment of specific areas (e.g., hand hygiene, environmental cleaning).

At a minimum, a more detailed assessment should be conducted if interviews or observations identify gaps in a particular area. For example, if gaps in device reprocessing are identified during the ICAR assessment, a more detailed assessment of device reprocessing training, auditing and feedback, using the additional questions, might be warranted.

Training

1. Does the facility provide job-specific education and training in the following areas? *(Select all that apply)*

   Hand hygiene
   Use of personal protective equipment
   Cleaning and disinfection of environmental surfaces
   Reprocessing reusable medical equipment
   Safe injection practices
   Point of care blood testing
   Unknown
   Not assessed
   Other (specify): _____

Additional questions if doing a more detailed assessment:

   1a. Which HCP are targeted for training?

   1b. How often is training conducted? *(select all that apply)*

   Upon hire
   Annually
   Whenever new processes or products are implemented
   In response to outbreaks
   Unknown
   Not assessed
   Other (specify): _____

   1c. What content is included in the training? (See **Appendix** for examples of content that should be included depending on the area)

   1d. Following training, is HCP knowledge assessed (i.e., using a quiz or test)?

   Yes
   No
   Unknown
   Not Assessed

   1e. Following training, is HCP technique assessed (i.e., skill is demonstrated)?

   Yes
   No
   Unknown
   Not Assessed

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

1f. Does the facility maintain records of training?

Yes
No
Unknown
Not Assessed

Facilities should, "develop processes to ensure that all healthcare personnel understand and are competent to adhere to infection prevention requirements as they perform their roles and responsibilities."

Training should include all HCP who are assigned responsibility for a particular task. For example, all HCP should receive training on hand hygiene. However, training on point-of-care blood testing would only be provided to those responsible for performing such testing or for cleaning and disinfecting point-of-care blood testing equipment.

"Require training before individuals are allowed to perform their duties and at least annually as a refresher. Provide additional training in response to recognized lapses in adherence and to address newly recognized infection transmission threats (e.g., introduction of new equipment or procedures)."

Training should be job-specific and include information about why, how and when specific practices should be performed.

Competency-based assessment is defined as, "The verification of IP competency through the use of knowledge-based testing and direct observation. If direct observation is not included as part of a competency assessment, an alternative method to ensure that healthcare personnel possess essential knowledge, skills, and abilities should be used."

Sources:

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

https://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html

Notes

Audits

2. Does the facility audit adherence to recommended practices in the following areas? *(Select all that apply)*

Hand hygiene
Use of personal protective equipment
Cleaning and disinfection of environmental surfaces
Reprocessing reusable medical equipment
Safe injection practices
Point of care blood testing
Unknown
Not assessed
Other (specify): _____

Additional questions if doing a more detailed assessment:

2a. How does the facility audit adherence to recommended practices? *(select all that apply)*

Direct observation of practices
Unknown
Not assessed
Other (specify): _____

2b. What practices are assessed during audits? *(See **Appendix** for examples of content that should be included depending on the area)*

```


```

2c. Who conducts these audits? *(select all that apply)*

Director of nursing
Infection Preventionist
Environmental Services Director
Unknown
Not assessed
Other (please specify): _____

2d. How many observations are collected each month?   Specify: _____   Unknown   Not Assessed

"Monitor adherence to infection prevention practices and infection control requirements." Audits are an important means of noting when additional training in response to lapses may be needed. Audits include, "Direct observation or monitoring of healthcare personnel adherence to job-specific IP measures." Formal audits include collection and aggregation of data to determine what proportion of time personnel are adhering to facilities policies and processes.

"Train performance monitoring personnel and use standardized tools and definitions"

Sources:

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

https://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html

Audits should include assessment of critical practices.

CDC does not recommend a certain number of observations be collected. However, small sample sizes may result in bias and may not allow for valid assessment of improvements. In general, efforts should be made to assess the practices of all HCP who perform the particular practice being audited; such observations could count as their annual competency assessment.

Examples:

Hand hygiene: It is estimated that between 30-179 hand hygiene opportunities per patient day occur on inpatient hospital unit and 2-5 hand hygiene opportunities occur per patient bed hour in Emergency Departments.

Source: Steed, C. et al., Am J Infect Control. 2011 Feb;39(1):19-26. doi: 10.1016/j.ajic.2010.10.007.

Environmental Cleaning: "Previous experience suggests that conducting a baseline evaluation of all available surfaces (listed in the checklist) in a 10-15% sample of representative patient rooms is reasonable in a hospital with ≥150 beds. When hospitals have achieved a thoroughness of cleaning rate of >80%, the number of surfaces to be monitored can be decreased to those available in a 5% sample of rooms per evaluation cycle unless there is a deterioration in practice. In hospitals with less than 150 beds, all available surfaces (listed in the checklist) in a minimum of 15 rooms may be monitored for baseline and ongoing evaluation."

Source: **https://www.cdc.gov/hai/toolkits/appendices-evaluating-environ-cleaning.html**

Notes

```


```

Feedback

3. Does the facility have a process for addressing nonadherence to recommended practices?

      Yes
      No
      Unknown
      Not Assessed

Additional questions if doing a more detailed assessment:

3a. How is feedback about adherence or non-adherence to recommended practices provided to HCP? *(select all that apply)*

      One to one when lapses are observed/just in time
      Aggregated data by unit
      Unknown
      Not assessed
      Other (please describe):

_____

3b. To whom is audit data reported? *(select all that apply)*

      Front line personnel
      Unit Managers
      The Infection Prevention Committee
      The Quality Improvement Committee
      Unknown
      Not assessed
      Other (please specify): _____

3c. How frequently are these data shared?

      Weekly
      Monthly
      Quarterly
      Unknown
      Not assessed
      Other (specify): _____

"Provide prompt, regular feedback on adherence and related outcomes to healthcare personnel and facility leadership."

Feedback is defined as, "a summary of audit findings that is used to target performance improvement." Immediate verbal feedback, while valuable, does not replace targeted performance improvement activities.

Sources: **https://www.cdc.gov/hicpac/recommendations/core-practices.html**

https://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html

Notes

Appendix

Examples of content that should be included in training and assessed during auditing depending on the area being assessed:

Hand Hygiene: Indications for hand hygiene; Methods for hand hygiene (alcohol-based hand sanitizer vs soap and water) and when each should be used; Proper technique

Audits are most commonly conducted by Direct Observation or Automated Monitoring Systems and focus on if hand hygiene is performed when indicated, for example: Room entry and exit; Immediately before touching a patient; Before performing an aseptic task; Before moving from work on a soiled body site to a clean site on the same patient; After touching the patient or the patient's immediate surroundings; After contact with blood, body fluids or contaminated surfaces; Immediately after glove removal

Cleaning and disinfection of environmental surfaces: Measures personnel should take to protect themselves from chemical exposure (e.g., use of personal protective equipment); Where to access information about safe use of chemical disinfectants; How to use the label instructions; Which products to use on which surfaces and equipment; Contact time; Who is responsible for cleaning specific surfaces and reusable patient/resident care equipment; The process for cleaning a room/area; How to dispose of chemicals

Options for auditing practices include: Direct observation of cleaning; Florescent gel applied to surfaces prior to cleaning; ATP testing of surfaces after cleaning.

The facility should be asked about what high-touch surfaces in patient/resident rooms are included in auditing. Examples of surfaces to include: Bed Rails/controls; Tray Table; IV pole (grab area); Call Light/Box; Telephone; Bedside Table handle; Chair; Room Sink; Room Light Switch; Inner door handle; Inner door handle restroom; Restroom light switch; Restroom handles (grab bars); Restroom sink; Toilet seat; Toilet flush handle; Toilet spray bar; IV pump control; Multi-module monitor controls; Multi-module monitor touch screen; Multi-module monitor cables; Ventilator control panel; Mobile patient/resident care equipment

Use of Personal Protective Equipment (PPE): Types of PPE; Indications for PPE; how to correctly put on, use, and remove PPE

Reprocessing of reusable medical equipment: Proper selection and use of PPE; Proper preparation and discarding of chemicals; Steps for cleaning medical devices; Adherence to manufacturer reprocessing instruction; Correct use of performance indicators; Proper storage of medical devices after reprocessing is complete

If immediate-use steam sterilization (IUSS) is performed, verify staff are appropriately trained on such a practice. Audits should include assessment of how frequently and under what circumstances IUSS is performed.

Safe injection practices: Facility-approved locations for preparing medications (e.g., designated clean area away from water sources or other sources of contamination); Aseptic technique; Use of medications in accordance with label instructions (e.g., difference between single-dose and multi-dose containers); How to safely discard used injection equipment; Proper labeling and storage of medication containers

Point of care blood testing: Hand hygiene and proper use of gloves; Proper handling of clean supplies; Proper use (including discarding) of fingerstick devices; Running quality control testing; Confirming the POC blood testing meter is approved for multi-patient use and has reprocessing instructions; How to clean and disinfect POC blood testing meters; Proper storage of POC blood testing meters

Wound care: Hand hygiene; Proper handling of clean supplies; Proper selection and use of PPE; Proper storage of wound care equipment; Recommended steps for reprocessing reusable wound care equipment; Proper handling of medications (e.g., aseptic technique); Proper disposal of waste generated during the procedure; Recognizing signs of infection

---

Resources for training and auditing:

Hand Hygiene: **https://www.cdc.gov/handhygiene/campaign/related-resources.html**

Environmental Cleaning: **https://www.cdc.gov/hai/toolkits/evaluating-environmental-cleaning.html**

Personal Protective Equipment: **https://www.cdc.gov/hai/prevent/ppe.html**

Reprocessing Reusable Medical Equipment: **https://www.cdc.gov/infectioncontrol/guidelines/disinfection/index.html**

Safe Injection Practices: **https://www.cdc.gov/injectionsafety/index.html**

Point of Care Blood Testing: **https://www.cdc.gov/injectionsafety/blood-glucose-monitoring.html**