

# General Guide to an Infection Control Assessment and Response (ICAR) Consultation



**PURPOSE:** The New Jersey Department of Health (NJDOH), Communicable Disease Service (CDS) established the Infection Control Assessment and Response (ICAR) Unit to assist healthcare facilities (HCFs) with preventing healthcare-associated infections (HAIs) by assessing infection prevention programs, providing educational resources to target identified areas for improvement, sharing best practices for infection prevention and control by nationally recognized resources, and increasing facility-level infection prevention capacity.

**GOALS:** To collaborate with a variety of healthcare settings throughout the state to improve, strengthen, and facilitate autonomous facility infection prevention and control practices and the development of ongoing partnerships accomplished through:

- Providing infection prevention assessment tools, resources, and routine updates
- Developing a robust, collaborative relationship with HCFs and external partner organizations
- Detecting infection prevention and control performance gaps through assessments and observations
- Strengthening outbreak prevention and control strategies, reporting, and preparedness

## **PROCESS:**

### **1. Identification of participating facilities**

The ICAR Unit offers infection prevention and control focused consultative services to HCFs throughout New Jersey via passive and active engagement. The ICAR Unit may identify HCF partners based on referrals and data analytics, including CDC National Healthcare Safety Network and Centers for Medicare & Medicaid Services quality ratings.

### **2. Pre-consultation contact**

Once the HCF schedules consultative services, an e-mail invitation will be extended to the appropriate local health department, CDS, and HCF staff. The HCF infection preventionist and at least one additional management representative (e.g., administrator, director of nursing, quality improvement) should be available to facilitate a thorough experience and ensure timely dissemination of feedback and application of any recommendations.

### **3. ICAR consultation**

A consultation takes 2-6 hours, based on the setting. The following activities will be completed during this collaboration:

- Review of the facility's infection prevention and control program
- Observations of clinical and environmental infection prevention-related practices, including a review of conducting audits and providing just-in-time feedback to staff.
- Perform train-the-trainer demonstrations focused on hand hygiene, donning and doffing of personal protective equipment, and environmental cleaning techniques.

### **4. Post-consultation follow-up**

The facility will receive immediate feedback during the consultation, a written summary and a quality improvement questionnaire approximately one to two weeks after the consultation. Facilities will be contacted by the ICAR Unit approximately three months after the consultation to offer additional support and resources as needed.

Facilities interested in assessing their infection prevention and control programs and partnering to enhance patient/resident safety can schedule a free ICAR consultation [here](#). For additional information, please visit our [website](#) or contact the ICAR Unit at [CDS.ICAR@doh.nj.gov](mailto:CDS.ICAR@doh.nj.gov) or 609-826-5964.