

Infection Control Assessment and Response (ICAR) Consultations: Frequently Asked Questions



INFECTION CONTROL
ASSESSMENT &
RESPONSE

1. What will happen during an ICAR consultation?

You can expect an on-site ICAR consultation to last no more than one-half day (e.g., 2-6 hours, depending on the setting). A small public health team, which may comprise staff from the local health department, will be invited to participate with the healthcare facility staff and ICAR Unit. During the consultation, we will interview administration and infection prevention staff, observe infection prevention-related practices (when applicable), and provide train-the-trainer materials, educational resources, and qualitative feedback. Upon completion, the facility will receive pertinent resources and tools that may be utilized to enhance infection prevention and control practices in your facility. A "certificate of appreciation" will be provided to recognize collaboration with the ICAR Unit during prevention-focused ICAR consultations.

2. Which members of the healthcare facility team should participate in the ICAR consultation?

Suggested participants include, but are not limited to, representatives from the facility's administration, nursing, infection prevention, pharmacy, respiratory, and environmental services, and participants from interested departments. Key participants are suggested for each module of the assessment tool (e.g., the Respiratory Services Manager during the review of the Ventilator-Associated Events module).

3. Will an ICAR consultation be considered a state inspection?

No, this is not an inspection or survey. The ICAR Unit offers consultative services, which represent a voluntary collaboration between the facility team members and public health to improve infection prevention practices. ICAR consultations are scheduled with a mutually agreed upon date and time. ***The ICAR Unit is a non-regulatory group within the Communicable Disease Service at the New Jersey Department of Health.*** Identifiable data will not be shared with the Division of Health Facility Survey & Field Operations (HFS&FO) unless an egregious violation is observed (e.g., reusing a needle or syringe on multiple patients/residents). More information on *Steps for Evaluating an Infection Control Breach* and when to notify and involve key stakeholders can be found here: [CDC | HAI Outbreak Investigations Toolkit](#)

4. How will ICAR assessment tools be used?

The ICAR assessment tools were selected or developed to assess and guide healthcare facility adherence to basic infection prevention practices and performance improvement activities. Prior to the assessment, facilities will receive the assessment tool for completion, which will be reviewed during the consultation to guide, inform, and stimulate discussion. This process creates an opportunity for crucial self-assessment. Transparency is essential to gain optimal benefit from this experience.

5. Will we receive a report of your findings?

Yes, an individualized summary report related to the ICAR consultation will be shared with participants within approximately one to two weeks. Please let the team know if your facility does not want to receive a report. This is not a deficiency report; this summary highlights strong facility practices, identifies opportunities for improvement, and provides recommendations to support current infection prevention and control practices.

6. What will happen to the information I provide during the ICAR consultation?

During the ICAR consultation, relevant information needed to complete the assessment will be collected. Upon completion of the assessment, data will be de-identified and may be used for statewide education initiatives.

7. Who can I contact for additional information?

For additional information on ICAR consultations, please visit <http://www.nj.gov/health/cd/topics/hai.shtml>. To schedule a free ICAR consultation, click [here](#). For all other inquiries, please contact the ICAR Unit at CDS.ICAR@doh.nj.gov or 609-826-5964.