

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



INFECTION CONTROL
ASSESSMENT &
RESPONSE

1. What will happen during an ICAR consultation?

An ICAR consultation typically lasts between 2 and 6 hours, depending on the facility type. A small public health team, including representatives from the local health department, will participate alongside facility leadership, infection prevention staff, and the ICAR Unit. During the consultation, the team will:

- Interview administrative and infection prevention staff
- Observe infection prevention practices during a facility tour (when applicable)
- Provide train-the-trainer materials and educational resources
- Offer qualitative feedback to support improvement efforts

Following the consultation, the facility will receive relevant tools and resources to help strengthen infection prevention and control practices. For prevention-focused ICAR consultations, a certificate of appreciation will also be provided to recognize the facility's collaboration with the ICAR Unit.

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

Suggested participants may include, but are not limited to, representatives from administration, nursing, infection prevention, pharmacy, respiratory services, environmental services, dietary, and other interested departments.

Certain team members may be asked to participate specifically in modules relevant to their area of expertise (e.g., the Respiratory Services Manager for the Ventilator-Associated Events module) rather than for the full duration of the consultation

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

The ICAR Unit is a non-regulatory group within the Communicable Disease Service at the New Jersey Department of Health. The ICAR Unit offers consultative services, which represent a voluntary collaboration between facility team members and public health to improve infection prevention practices. It is not an inspection or survey. ICAR consultations are scheduled with a mutually agreed-upon date and time. Identifiable data will not be shared with the Division of Health Facility Survey & Field Operations (HFS&FO) unless an egregious infection control breach is observed (e.g., reusing a needle or syringe on multiple patients/residents) as defined within the [CMS S&C: 14-36-ALL](#). Infection control breaches that warrant referral to regulatory authorities will be referred to the Communicable Disease Service's Healthcare-Associated Infection Coordinator.

4. How will ICAR assessment tools be used?

The ICAR assessment tool and selected modules will help shape and guide the focus of your consultation. Once your session is scheduled, you will receive an email containing the ICAR Tool and the selected modules to complete an initial self-assessment. Being transparent in your responses is key to gaining the greatest benefit from this process.

Section 1 includes:

1. Infection Prevention & Control Program
2. Surveillance and Disease Reporting
3. Hand Hygiene
4. Standard Precautions and Personal Protective Equipment
5. Environmental Cleaning and Disinfection

Section 2 contains 15 additional modules. At the time of scheduling, you may choose up to three of these modules as your designated focus areas.

5. Will we receive a written report on findings?

Yes, an individualized summary report related to the ICAR consultation will be emailed to 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 regulatory deficiency report; this summary highlights strong facility practices, identifies opportunities for improvement, and provides recommendations, including resources to support current infection prevention and control practices.

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

During the ICAR consultation, the 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.

8. Will follow-up and ongoing support be provided after the ICAR consultation?

Yes, the ICAR Unit is available for routine infection prevention and control inquiries via e-mail at CDS.ICAR@doh.nj.gov. Upon completion of an ICAR consultation, follow-up support is offered via routine outreach. We currently use a virtual platform for facility Infection Preventionists and leadership to discuss progress and challenges in their Infection Prevention & Control Program. ICAR Unit members will be available to provide requested information and resources on infection prevention and control, including relevant current events.