

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



PURPOSE: The New Jersey Department of Health (NJDOH), Communicable Disease Service (CDS) established the Infection Control Assessment and Response (ICAR) Team to assist healthcare facilities (HCFs) with reducing the number of healthcare-associated infections (HAIs) by assessing their 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 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 performance gaps through on-site or remote interviews and observations
- Strengthening outbreak prevention strategies, reporting, and preparedness initiatives

PROCESS:

1. Identification of participating facilities

The ICAR Team will perform assessments collaborating with HCFs that voluntarily request and schedule an assessment consultation. When appropriate, the team may identify partners based on CDC National Healthcare Safety Network (NHSN) data, Centers for Medicare & Medicaid Services ratings, Health Facility Survey & Field Operations referrals, and public health concerns.

2. Pre-assessment contact

An e-mail invitation to participate in the assessment will be extended to the appropriate local health department, CDS, and HCF staff. Remote assessments will be performed via a [Microsoft Teams Meeting](#). The HCF infection preventionist and at least one additional management representative (e.g., administrator, director of nursing, quality improvement) should be available for the assessment to facilitate a thorough experience and ensure timely dissemination of feedback and application of any recommendations.

3. ICAR prevention assessment

The remote assessment should take no more than 1-3 hours. On-site assessment takes 4-6 hours, based on the setting. The following activities will be completed during this collaboration:

- Review of the CDC setting specific infection prevention and control assessment tool and COVID-19 addendum responses with post-assessment feedback and educational resources
- Observe clinical and environmental infection prevention practices, including a review of conducting audits and providing just in time feedback to staff
- Perform a train-the-trainer program focused on hand hygiene, personal protective equipment, and environmental cleaning

Note: Activities will be adapted when a virtual assessment platform is utilized.

4. Post-assessment follow-up

The facility will receive immediate feedback during the assessment and a summary of the findings approximately one to two weeks following the assessment.

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