



New Jersey Department of Health Infection Control Assessment and Response Team Frequently Asked Questions

Why is the New Jersey Department of Health (NJDOH) asking to visit our healthcare facility (HCF)?

The NJDOH is excited to participate in the Centers for Disease Control and Prevention (CDC) national initiative to improve infection control and prevention practices across the healthcare spectrum. The Infection Control Assessment and Response (ICAR) initiative is a collaborative effort from the CDC and NJDOH to assess infection prevention capacity throughout the state. ICAR is a great opportunity to share, learn, and improve the future of patient safety by reducing the acquisition of healthcare associated infections (HAIs).

What is the CDC's national initiative?

The CDC offered funding to participate in a nationwide effort to increase infection prevention capacity and reduce HAIs. NJDOH established the ICAR team within the Communicable Disease Service (CDS) to address this need. The ICAR team bolsters infection prevention and control practice and competency across the healthcare spectrum via on-site assessments, trainings, and educational resources.

What is the focus of the ICAR team?

The ICAR team works to:

- Establish and strengthen collaborative relationships between NJDOH, local health department representatives, and HCFs; streamlining communication between public health entities and improving the coordination of care
- Facilitate discussions with HCF leadership to assess infection prevention practices and providing infection prevention tools and resources
- Identify, discuss, and mitigate infection prevention gaps by interviewing, observing, and educating front-line staff and HCF leadership

Will the visit be considered a state inspection?

No, this visit is not an inspection. The ICAR team operates on an entirely voluntary basis, and all visits are announced in advance. The ICAR team is a non-regulatory group and will not share individual assessment documentation with the Division of Health Facility Survey & Field Operations (HFS&FO) unless an egregious violation is observed, such as reusing a needle or syringe on multiple patients. The visit is a collaboration between the ICAR team, local health department, and your facility team members to improve infection prevention practices.

What kind of infection prevention breach is considered egregious?

A breach is a deviation from recommended practices. Some are minor, others are major. CDC refers to major deviations as “egregious” or “Category A,” which are gross mistakes in infection control practices, typically with identifiable risk. These practices have been associated with bloodborne pathogen transmission in the past, therefore there is a very high likelihood of blood exposure as a result of the breach. Examples of “Category A” errors include the reuse of needles or syringes between patients or

the reuse of contaminated syringes to access multi-dose medication vials or intravenous fluid bags. In the event of observing a “Category A” breach, the ICAR team is mandated to report to HFS&FO. “Category B” breaches involve an anticipated lower likelihood of blood exposure when compared to a “Category A” breach. More information can be found here:
https://www.cdc.gov/hai/outbreaks/steps_for_eval_ic_breach.html

What will happen during the visit?

You can expect the on-site visit to last less than a day. A small team of 3-4 people, comprised of staff from the local and state health departments, will attend. Staff may include infection preventionists, nurses, epidemiologists, and registered environmental health specialists. During the visit, our team will conduct an interview with administration and infection prevention staff, collect direct observations, and provide educational resources in addition to qualitative feedback. Upon exit, the facility will receive resources and tools to improve infection prevention practices in the facility. The facility will also receive a personalized “Certificate of Appreciation,” to highlight collaboration with the ICAR team.

Which members of our healthcare team should participate in the visit?

Suggested participants may include, but are not limited to, representatives from Administration, Nursing, Infection Prevention, Pharmacy, and Environmental Services. Upon completion of your self-assessment, you will better understand the necessary participants based on the roles and responsibilities of staff within your facility.

What is the assessment tool and how will it be used?

The assessment tools were developed by CDC as part of the ICAR program to assess HCF adherence to basic infection prevention practices while guiding performance improvement activities. Setting specific assessment tools were developed for acute care hospitals, long-term care facilities, hemodialysis centers, and other outpatient settings. The appropriate assessment tool will be sent to each facility prior to the visit and will be reviewed during the visit to stimulate conversation and discussion. It is recommended that at all HCFs review and complete the assessment tool prior to the on-site assessment. These tools are available at: <http://www.cdc.gov/hai/prevent/infection-control-assessment-tools.html>.

Will we receive a report of your findings?

Yes. The facility will receive a summary report of the visit approximately four to six weeks following the assessment. If your facility does not want to receive a report, please let the ICAR team know during the visit. This is not a deficiency report; instead this summary highlights strong facility practices and offers opportunities for improvement. The summary report includes hyperlinked resources and guidance to supplement each facility’s program. The ICAR team is available at CDS.ICAR@doh.nj.gov to share additional resources, support, or guidance as necessary.

What will happen to the information I provide during the assessment?

During the assessment the ICAR team will record relevant information to complete the assessment tool. Once the assessment tool has been completed, the tool will be de-identified and limited “Yes/No” information will be electronically sent to CDC. In the future, this de-identified information may be used for statewide education initiatives.

Who can I contact for additional information?

For more information, please contact the ICAR Team at 609-826-5964 or CDS.ICAR@doh.nj.gov or visit <http://www.nj.gov/health/cd/topics/hai.shtml>.