

**Infection Control Assessment and Response (ICAR)**

**Competency Training: ICAR Shadowing**

**What is an ICAR?**

ICAR uses a consultative and collaborative approach with public health to assist healthcare facilities in systematically assessing the facility’s infection prevention and control practices, and to help guide quality improvement activities by addressing any identified gaps. The ICAR visits are non-regulatory and provided at no cost. This consultative service is provided onsite or via a tele visit (TeleICAR) utilizing video conferencing or a phone call. The TeleICAR usually takes up to two hours and the onsite visit generally takes longer, three to four hours. During the onsite visit in addition to completing the ICAR, environmental rounds are performed which include an observation of infection prevention and control practices, such as hand hygiene, use of personal protective equipment or isolation procedures.

**The ICAR Shadowing Program**

Public Health – Seattle and King County (PHSKC) has developed a structured process to train an Infection Preventionist (IP) to perform an ICAR. First the IP trainee will listen (shadow) in on the ICAR visit while an experienced IP leads the ICAR visit. Once the IP trainee has met the minimum number of shadows for that facility category, they will then lead the subsequent visits while the experienced IP trainer listens in. The IP trainer will provide assistance during the visit by providing guidance as needed.

**TeleICAR**

Preferably, the IP trainee will begin the competency training by performing TeleICARs. The onsite ICARs are more complex since it also includes environmental rounds. The IP will first shadow a **minimum** number of TeleICARs for the facility category and then will lead a **minimum** number of TeleICARs in that category, as noted in the chart below. For example, the IP will first shadow 3 long-term care facility TeleICARs (1SNF, 1 AL, and 1 AFH) and then the IP will lead 3 long-term care facility TeleICARs (1 SNF, 1AL, and 1 AFH).

|  |  |  |  |
| --- | --- | --- | --- |
| Facility Category | Type Facility | First Shadow  | Then Lead |
| Long-term Care | Skilled Nursing (SNF) | 1 SNF1 AL1 AFH | 1 SNF1 AL1 AFH |
| Assisted Living (AL) |
| Adult Family Home (AFH) |
| Acute Care | Acute Care Hospital (ACH) | 1 ACF1 ACF or LTAC1 CAH | 1 ACF1 ACF or LTAC1 CAH |
| Long-term Acute Care (LTAC) |
| Critical Access Hospital (CAH) |
| Outpatient | Outpatient (OP) | 1 OP | 1 OP |
| Ambulatory Surgery Care (ASC) | 2 ASC | 2 ASC |

**Onsite ICAR**

After the IP trainee shadows the **minimum** number of onsite ICARs for the facility category, they will lead a **minimum** number of onsite ICARs in that category, as noted in the chart below. For example, the IP will first shadow 3 long-term care facility onsite ICARs (1 SNF, 1 AL, and 1 AFH) and then the IP will lead 3 long-term care facility onsite ICARs (1 SNF, 1AL, and 1 AFH). For the onsite visits, we recommend that only one person at a time shadow the visit. Having many public health employees might overwhelm the facility. If more staff wish to attend the onsite visit, it is best to ask the facility ahead of time. For example, the PHSKC IP may ask the Washington Department of Health IP to also attend the visit. We recommend that the IP plan to arrive 15 minutes ahead of time in case there are issues with traffic, parking, etc.

|  |  |  |  |
| --- | --- | --- | --- |
| Facility Category | Type Facility | First Shadow | Then Lead |
| Long-term Care | Skilled Nursing (SNF) | 1 SNF1 AL1 AFH | 1 SNF1 AL1 AFH |
| Assisted Living (AL) |
| Adult Family Home (AFH) |
| Acute Care | Acute Care Hospital ACH) | 1 ACF1 ACF or LTAC1 CAH  | 1 ACF1 ACF or LTAC1 CAH |
| Long-term Acute Care (LTAC) |
| Critical Access Hospital (CAH) |
| Outpatient | Outpatient (OP) | 1 OP | 1 OP |
| Ambulatory Surgery Care (ASC) | 2 ASC | 2 ASC |

**Scheduling the ICARs**

The IP trainer(s) will schedule the ICAR, include the trainee on the facility invite and log the number of facilities the trainee shadows and leads. We recommend the trainee keep up with this as well.

**Competency Check Off**

The above charts list only the minimum number required. How many ICARs the IP trainee shadows or leads will depend on their skill, experience in performing facility assessments and the type of facilities they have worked with. Once the IP trainee feels confident, they can lead an ICAR. If they need to shadow a few more ICARs, that is ok.

While the IP is leading each ICAR, the IP trainer will perform a competency check off and provide written feedback after each visit. Once the IP trainer determines that the IP trainee is proficient for that facility category, they will begin to perform ICARs for that facility category on their own. For example, after the trainee has led a minimum of 3 long-term care facility TeleICARs (1 SNF, 1 AL, 1 AFH) and has met the measures in the competency check off without any improvement needs, they may begin to perform TeleICARs solo. The competency check off which lists the different measures that the IP trainee will be evaluated on is below. Part of the competency check off includes the report provided to the facility, the letter and completed assessment tool. The IP trainer should review and become familiar with the measures in the competency check off. If they have any questions, they should ask for further details from their supervisor and/or IP trainer.

**Infection Control Assessment and Response (ICAR)**

**Competency Check Off**

|  |
| --- |
| **Type of Visit:** [ ]  Tele Visit [ ]  Onsite **Type Facility:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Employee Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **Passed** | **Needs Improvement** |
| **Introductions** |  |  |
| Introduces themself |[ ] [ ]
| Asks facility staff and others on the visit to introduce themselves |[ ] [ ]
| Explains purpose of the visit |[ ] [ ]
| Explains role of the LHJ versus DSHS |[ ] [ ]
| Notes that visit is non-regulatory and is for support |[ ] [ ]
| **Demographics** |  |  |
| Completes demographics section prior to visit |[ ] [ ]
| Verifies with facility that information is correct |[ ] [ ]
| **Assessment Process** |  |  |
| Asks if there are any initial questions/needs before getting started |[ ] [ ]
| Uses active listening skills |[ ] [ ]
| Uses motivational interviewing skills |[ ] [ ]
| Professional and supportive attitude |[ ] [ ]
| Recommendations follow CDC and DOH guidelines & CMS regulations |[ ] [ ]
| Focuses more intently on sections of ICAR as needed |[ ] [ ]
| Time management is appropriate (e.g., not over 2 hours for TeleICAR) |[ ] [ ]
| Clarity of recommendations |[ ] [ ]
| **End of Visit** |  |  |
| Ask facility if they have any other questions or needs |[ ] [ ]
| Asks other participants on the visit if they have anything to add or ask |[ ] [ ]
| Provides high-level summary including areas for improvement |[ ] [ ]
| Thank the facility for participating |[ ] [ ]
| Informs facility that report will be emailed within 2-5 business days |[ ] [ ]
| **Onsite Measures** |  |  |
| On time (If late (e.g., due to traffic), notifies IP Trainer & facility) |[ ] [ ]
| Professional dress code: business casual |[ ] [ ]
| Appropriate PPE Use (e.g., mask for source control & when indicated eye protection, correct donning/doffing) |[ ] [ ]
| Hand hygiene done when indicated (must be role model at all times) |[ ] [ ]
| Practices social distancing |[ ] [ ]
| **Report** |  |  |
| On Public Health – Seattle & King County Letterhead |[ ] [ ]
| Letter includes an introductory paragraph with purpose of the visit |[ ] [ ]
| Grammar and spelling is correct |[ ] [ ]
| Appropriate guidelines and resources provided |[ ] [ ]
| Timeliness (within 2-5 business days) |[ ] [ ]
| Lists prioritized recommendations |[ ] [ ]
| Includes IP name with contact information |[ ] [ ]
| Sends letter to facility in PDF format and completed ICAR tool |[ ] [ ]
| **Comments:** |
| **Evaluator’s Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |