

Goal of the ICAR

The goal of the assessment is to improve patient safety by identifying gaps in facility ICP practices and provide support as indicated. The ICR is there to benefit patients and facilities and the consultant can address any IPC questions or concerns that the facility may have, so feel free to ask questions throughout the process.

Additional Information

The site assessment is a combination of staff interviews and direct observation of practices in the facility. A copy of the ICAR tool will be provided to the facility prior to the visit. This way you can go through the questions and reach out to other staff as needed prior to the visit.

After the ICAR

Once the ICAR is completed, within two to five days, the healthcare facility will receive the completed ICAR tool, a letter providing guidelines and other resources to help address identified opportunities for improvemnt. The report is not shared

with other organizations. It is your report to use as a tool to identify opportunities for improvement and take action as needed.

Building Partnerships

The healthcare facility's collaboration with public health will help build relationships which will result in a stronger healthcare system for all.



For questions or to schedule your ICAR assessment, please contact [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED].

INFECTION CONTROL ASSESSMENT AND RESPONSE (ICAR)



ICAR uses a consultative and collaborative approach with public health to:

- systematically assess a healthcare facility's infection prevention and control (IPC) practices and to
- guide quality improvement activities by addressing any identified gaps.
- The ICAR is free, voluntary, and non-regulatory in nature.

Public Health 
Seattle & King County



Consultative Service

Public health experts will meet with interested healthcare facilities and conduct a comprehensive infection prevention and control assessment using a tool based on evidence-based practice from the Centers for Disease Control and Prevention (CDC). The visits are consultative, non-regulatory and provided at no cost. Participation is completely voluntary. The consultative services can be provided onsite or via a tele visit utilising a variety of video conferencing platforms. The onsite visit generally takes three to four hours which includes observation of infection prevention and control practices, such as hand hygiene, use of personal protective equipment or isolation procedures.

The Items Assessed Support the Key Strategies of:

- Keeping infections out of the facility
- Identifying infections as early as possible
- Preventing spread of infections in the facility
- Assessing and optimizing personal protective equipment (PPE) supplies
- Identifying and managing severe illness with infections, for example, COVID-19



The Areas Assessed Include:

- Visitation policy
- Education, monitoring and screening of healthcare personnel (HCP)
- Education, monitoring and screening of patients or residents
- Ensuring availability of PPE and other supplies
- Ensuring adherence to recommended infection prevention and control (IPC) practices, for example, hand hygiene
- Communicating with the health department and other healthcare facilities