

# NURSING HOME COVID-19 INFECTION CONTROL ASSESSMENT AND RESPONSE (ICAR) TOOL

| VERSION 3.0 |

Date of the assessment: \_\_\_\_\_

Name of ICAR facilitator: \_\_\_\_\_



**U.S. Department of  
Health and Human Services**  
Centers for Disease  
Control and Prevention

## Section 1. Facility Demographics and Critical Infrastructure

This section should be completed by the facility prior to the ICAR (provided as separate PDF to send to facility: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/nursing-home-icar-section1-demographics.pdf>).

1. Facility name: \_\_\_\_\_
2. County in which the facility is located: \_\_\_\_\_
3. Type of care provided by the facility (please select all that apply):

Skilled nursing	Ventilator care	Psychiatric care
Subacute rehabilitation	Tracheostomy care	In-facility dialysis
Long-term care	Dementia/memory care	Other, please specify: _____
4. Total number of licensed beds in the facility: \_\_\_\_\_
5. Total number of residents currently in the facility: \_\_\_\_\_
6. Total number of units in the facility: \_\_\_\_\_
7. Total number of each resident room type in the facility:
  - Singles/Privates: \_\_\_\_\_
  - Doubles/Semi-Privates: \_\_\_\_\_
  - Triples: \_\_\_\_\_
  - Quads: \_\_\_\_\_
  - Other, please specify: \_\_\_\_\_
8. Current number of healthcare personnel (HCP) working in the facility:
  - 8a. Total number of HCP: \_\_\_\_\_
  - 8b. Number of nurses (RNs, LVNs, etc.): \_\_\_\_\_
  - 8c. Number of nursing aides: \_\_\_\_\_
  - 8d. Number of environmental service staff (i.e., housekeeping): \_\_\_\_\_
  - 8e. Number of ancillary personnel (physical therapy, nutrition services, etc.): \_\_\_\_\_

"HCP refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to residents or infectious materials, including body substances (e.g., blood, tissue, and specific body fluids); contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air." HCP include, but are not limited to, emergency medical service personnel, nurses, nursing assistants, physicians, technicians, therapists, and persons not directly involved in resident care, but who could be exposed to infectious agents that can be transmitted in the healthcare setting (e.g., clerical, dietary, environmental services, laundry, security, engineering and facilities management, administrative, billing, and volunteer personnel).

Source: <https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/appendix/terminology.html>
9. In the last 6 months, has the facility had **any** infection prevention and control (IPC) assistance (e.g., consultation, assessment, survey) from groups outside the facility?

Yes	No	Unknown
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*If YES,*

**9a.** From whom (please select all that apply):

Public health          Survey agency          Corporate entity          Other, please specify: \_\_\_\_\_

**9b.** Please summarize any changes made in IPC policies or practices as a result of the assistance (account for all on-site visits if more than one has occurred).

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**10.** Which of the following describes the current level of SARS-CoV-2 transmission in the county where your facility is located?

Low                          Moderate                          Substantial                          High                          Unknown

**11.** Has your facility had any residents with SARS-CoV-2 infection (asymptomatic or symptomatic) *in the previous 90 days*?

Yes                          No                          Unknown

*If YES,*

**11a.** Total number of residents with SARS-CoV-2 infection currently in the facility who have not met criteria for discontinuation of Transmission-Based Precautions (i.e., isolation): \_\_\_\_\_

**11b.** Date *most recent* resident(s) with SARS-CoV-2 infection had a positive viral test (asymptomatic or symptomatic): \_\_\_\_\_

**11c.** Total number of residents with at least one positive viral test for SARS-CoV-2 in the previous 90 days (include those diagnosed both at the facility and at other locations): \_\_\_\_\_

**12.** What proportion of your residents are fully vaccinated against SARS-CoV-2?

Greater than 90%          Between 50-90%          Less than 50%          None                          Unknown

**13.** Has your facility had any HCP with SARS-CoV-2 infection (asymptomatic or symptomatic) *in the previous 90 days*?

Yes                          No                          Unknown

*If YES,*

**13a.** Total number of HCP with SARS-CoV-2 infection that have not met criteria to return to work: \_\_\_\_\_

**13b.** Date *most recent* HCP with SARS-CoV-2 infection had a positive viral test (asymptomatic or symptomatic): \_\_\_\_\_

**13c.** Total number of HCP with at least one positive viral test for SARS-CoV-2 in the previous 90 days: \_\_\_\_\_

**14.** What proportion of your HCP are fully vaccinated against SARS-CoV-2?

Greater than 90%          None  
Between 50-90%          Unknown  
Less than 50%

15. If facility PPE supply and demand remains in its current state, with conventional use of PPE, do you have greater than 2 weeks supply of the following?

**Eye protection (face shields or goggles)**

Yes No Unknown

**Facemasks**

Yes No Unknown

**Disposable, single-use respirators (such as N95 filtering facepiece respirators)**

Yes No Unknown

**Elastomeric respirators**

Yes No Unknown N/A

**Powered air purifying respirators (PAPR)**

Yes No Unknown N/A

**Gowns**

Yes No Unknown

**Gloves**

Yes No Unknown

16. List the EPA registration numbers for cleaning and disinfection products used in the facility (if one product is used to clean and another to disinfect, list both products):

16a. For high touch surfaces in resident rooms: \_\_\_\_\_

16b. For high touch surfaces in common areas: \_\_\_\_\_

16c. For shared, non-disposable resident equipment: \_\_\_\_\_

**NOTES**

Sections 2-9 are intended for a discussion about IPC policies and practices with the facility either remotely or in-person prior to touring the facility.

17. Currently, what is the facility's greatest challenge with SARS-CoV-2 infection prevention and control?

18. Are there any successes or lessons learned that you would like to share?

## Section 2. Routine Infection Prevention Practices During the COVID-19 Pandemic

### 2.A. Source Control, Physical Distancing, and Universal Use of Personal Protective Equipment

19. Can the facility describe what is meant by source control?

Yes                      No                      Not assessed

20. What options for source control are used by HCP while at the facility (please select all that apply)?

NIOSH-approved N95 respirator	Other, please specify: _____
A respirator approved under standards used in other countries (e.g., KN95)	Unknown
A well-fitting facemask	Not assessed

21. When do HCP discard their source control (please select all that apply)?

Whenever it is removed during the shift (e.g., for breaks)	Other, please specify: _____
Whenever soiled, damaged, or hard to breathe through	Unknown
At the end of a shift	Not assessed
Source control is discarded, and PPE is donned when indicated by patient factors (e.g., caring for a patient with COVID-19)	

22. Do HCP always wear source control when they are in areas of the facility in which they could encounter residents?

Yes                      No                      Unknown                      Not assessed

23. Are there any circumstances in which HCP might choose to NOT use source control?

Yes                      No                      Unknown                      Not assessed

*If YES,*

23a. With which of the following criteria in place (please select all that apply)?

Community transmission is low or moderate	Other, please specify: _____
HCP are fully vaccinated	Unknown
Source control is removed only in well-defined areas not accessed by residents (e.g., break rooms)	Not assessed

24. When transmission in the community is **substantial or high**, do HCP always wear eye protection during resident care activities?

Yes	Unknown
No	Not assessed

25. When transmission in the community is **substantial or high**, do HCP wear a NIOSH-approved N95 or equivalent or higher respirator when aerosol generating procedures are being performed?

Yes	No aerosol generating procedures performed	Not assessed
No	Unknown	

26. How is physical distancing of HCP being encouraged (please select all that apply)?

Breaks are scheduled	Other, please specify: _____
Seating in breakrooms or meeting rooms is limited to allow for physical distancing	Physical distancing of HCP is not being encouraged
Audits of breakrooms to ensure compliance	Unknown
	Not assessed

27. Do residents use source control?

Yes	No	Unknown	Not assessed
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*If YES,*

27a. Are there certain times or certain residents that might **NOT** be required to use source control?

Yes	No	Unknown	Not assessed
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*If YES,*

27b. How does the facility determine which residents are **NOT** required to wear source control (please select all that apply)?

Fully vaccinated residents	Residents that are not moderately or severely immunocompromised
Residents not suspected or confirmed to have SARS-CoV-2	Residents that are NOT at increased risk for severe disease
Residents that have not had close contact with someone with SARS-CoV-2 infection in the previous 14 days	Other, please specify: _____
	Unknown
	Not assessed

27c. When might residents **NOT** be required to use source control (please select all that apply)?

When community transmission is low to moderate	During outdoor visitation with fully vaccinated visitors
When in their room	Other, please specify: _____
In communal areas with other fully vaccinated residents	Unknown
During indoor visitation with fully vaccinated visitors	Not assessed

28. Does the facility have a process for identifying residents at risk for severe disease?

Yes	No	Unknown	Not assessed
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*If YES,*

28a. Please describe this process:

29. Do **visitors, vendors, and contractors** (i.e., all those entering the facility) always wear source control?

Yes                      No                      Unknown                      Not assessed

*If YES,*

29a. Are there any circumstances in which **visitors** are **NOT** required to use source control?

Yes                      No                      Unknown                      Not assessed

*If YES,*

29b. With which of the following criteria in place (please select all that apply)?

Community transmission is low or moderate

Visitors are fully vaccinated

Resident is fully vaccinated

Resident is not suspected or confirmed to have SARS-CoV-2

Resident has not had close contact with someone with SARS-CoV-2 infection in the previous 14 days

Visitors have not had close contact with someone with SARS-CoV-2 infection in the previous 14 days

Resident is not moderately or severely immunocompromised

Other, please specify: \_\_\_\_\_

Unknown

Not assessed

## NOTES

## 2.B. Visitation Policies and Procedures

30. Has the facility provided updated information about visitation to families of residents?

Yes                      No                      Unknown                      Not assessed

30a. When was the visitation plan/information last updated?

\_\_\_\_\_

31. How does the facility encourage visitor adherence to SARS-CoV-2 IPC measures (please select all that apply)?

Visitor movement in the facility is limited (i.e., visitors go directly to visit the resident)

Visits are scheduled so that the facility can maintain physical distancing

Visits occur in a designated area

If in-room visits occur, the facility attempts to maintain requirements for physical distancing

Visitors are not monitored

Other, please specify: \_\_\_\_\_

Unknown

Not assessed

**NOTES**

**Section 3. Infection Prevention and Control Program**

**3.A. The Infection Prevention Program**

**32.** Does the facility have at least one individual with training in infection control who provides on-site management of the IPC program?

Yes                      No                      Unknown                      Not assessed

*If YES,*

**32a.** What type of IPC training has the individual received (please select all that apply)?

- |  |                              |
|--|------------------------------|
| CDC Nursing Home Infection Preventionist Training Course | Other, please specify: _____ |
| Corporate training program                               | Unknown                      |
| State or local health department led trainings           | Not assessed                 |
| Certification in Infection Control (CIC)                 |                              |

**32b.** Does the Infection Preventionist have other ongoing job duties?

Yes                      No                      Unknown                      Not assessed

*If YES,*

**32c.** Please specify:

\_\_\_\_\_

**NOTES**



### 3.B. Hand Hygiene

33. Does the facility encourage the use of alcohol-based hand sanitizer with 60-95% alcohol in most clinical situations unless the hands are visibly soiled?  
 Yes                      No                      Unknown                      Not assessed

34. Does the facility have alcohol-based hand sanitizer inside of each resident room?  
 Yes                      No                      Unknown                      Not assessed

*If NO,*

34a. Why doesn't the facility have alcohol-based hand sanitizer in each room (please select all that apply)?

- |  |                              |
|--|------------------------------|
| They have been told they can't have it in resident rooms | Other, please specify: _____ |
| They didn't know they should put it in resident rooms    | Unknown                      |
| They can't afford it                                     | Not assessed                 |
| They can't acquire it due to current shortage            |                              |

35. Does the facility have alcohol-based hand sanitizer in hallways containing resident rooms?

- |   |              |
|---|--------------|
| Yes, outside each resident room                                     | Other        |
| Yes, in multiple locations in the hallway but not outside each room | Unknown      |
| No  | Not assessed |

35a. If *OTHER*, please specify:

36. Where are sinks located for HCP handwashing before and after resident care (please select all that apply)?

- |  |                              |
|--|------------------------------|
| In the hallways with resident rooms    | Other, please specify: _____ |
| At nurses' stations                    | Unknown                      |
| In resident bathrooms                  | Not assessed                 |
| In resident rooms, not in the bathroom |                              |

#### NOTES

### 3.C. Environmental Cleaning and Disinfection

37. Can a facility representative explain the meaning of a disinfectant contact time?

- Yes                      No                      Not assessed

38. Does the facility representative know the contact time of the facility's disinfectant product(s)?

- Yes                      No                      Not assessed

39. Does the facility use disinfecting agents such as liquid bleach that require a pre-cleaning step?

- Yes                      No                      Unknown                      Not assessed

**40.** Do any of the facility's cleaning or disinfecting agents require additional preparation prior to use (i.e., mixing with other chemicals, diluting with water)?

Yes                      No                      Unknown                      Not assessed

*If YES,*

**40a.** Which agents require preparation prior to use?

**40b.** Who is preparing these agents (please select all that apply)?

Environmental services (EVS) supervisor                      Other, please specify: \_\_\_\_\_  
Individual EVS staff                      Unknown  
Not assessed

**40c.** Does the EVS staff wear the recommended PPE for agent preparation?

Yes                      No                      Unknown                      Not assessed

**40d.** Are each of the agents prepared according to the product label?

Yes                      No                      Unknown                      Not assessed

**40e.** How long does the facility store agents that require preparation?

Stored for 24 hours                      Unknown  
Less than 24 hours                      Not assessed  
More than 24 hours

**NOTES**

## Section 4. Evaluating and Managing Healthcare Personnel (HCP) and Visitors

### 4.A. Evaluating and Managing Healthcare Personnel (HCP)

41. What is the facility process for screening HCP when they arrive for their shift?

Individual screening on arrival  
Electronic monitoring system

Self-monitoring with attestation  
Other, please specify: \_\_\_\_\_

The facility does not screen HCP  
Unknown  
Not assessed

42. Are all HCP, even those that are fully vaccinated, assessed for the presence of any of the following elements before each work shift (please select all that apply)?

A positive viral test for SARS-CoV-2 within the previous 10 days

[Symptoms of COVID-19](#)

High risk exposures for which [quarantine](#) or [exclusion from work are recommended](#)

Other, please specify: \_\_\_\_\_

HCP not assessed before each work shift

Unknown

Not assessed

43. What symptoms of SARS-CoV-2 infection are included in screening of HCP (please select all that apply)?

Fever or Chills

New or worsening cough

Shortness of breath

Muscle aches

New onset loss of taste or smell

Fatigue

Headache

Sore throat

Runny nose

GI symptoms such as nausea, vomiting, diarrhea

Other, please specify: \_\_\_\_\_

Unknown

Not assessed

#### NOTES

### 4.B. Healthcare Personnel Return to Work

44. When would the facility allow HCP with SARS-CoV-2 infection that remained **asymptomatic AND** who are **not** moderately to severely immunocompromised to return to work (please select all that apply)?

10 days have passed since the date of their first positive viral diagnostic test (if not moderately to severely immunocompromised)

Using a test-based strategy

Other, please specify: \_\_\_\_\_

Unknown

Not assessed

45. When would the facility allow HCP with SARS-CoV-2 infection with **mild to moderate illness AND** who are *not moderately to severely immunocompromised* to return to work (please select all that apply)?

At least 10 days have passed *since symptoms first appeared*

Other, please specify: \_\_\_\_\_

At least 24 hours have passed *since last fever* without the use of fever-reducing medications

Unknown

Symptoms (e.g., cough, shortness of breath) have improved

Not assessed

A test-based strategy

46. When would the facility allow HCP with SARS-CoV-2 infection that had **severe to critical illness OR** who are moderately to severely immunocompromised return to work (please select all that apply)?

At least 10 days and up to 20 days have passed *since symptoms first appeared*

Using a test-based strategy

At least 24 hours have passed *since last fever* without the use of fever-reducing medications

After consulting with an infectious disease physician

Symptoms (e.g., cough, shortness of breath) have improved

Other, please specify: \_\_\_\_\_

Unknown

Not assessed

**NOTES**

**4.C. Evaluating and Managing Visitors, Vendors, or Contractors**

47. Does the process for evaluating visitors, vendors, or contractors include assessment for the presence of any of the following elements (please select all that apply)?

A positive viral test for SARS-CoV-2 in the previous 10 days

Other, please specify:

[Symptoms of COVID-19](#)

\_\_\_\_\_

High risk exposures for which [quarantine](#) or [exclusion from work are recommended](#)

Unknown

Visitors, vendors, or contractors not assessed before entering facility

Not assessed

48. Does symptom screening for visitors, vendors, or contractors include the same symptoms as for HCP?

Yes

No

Unknown

Not assessed

**NOTES**

## Section 5. Evaluating and Managing Residents

### 5.A. New Admissions, Readmissions, Residents that Leave the Facility

49. How does the facility determine where new admissions can be placed (please select all that apply)?

New admissions with **confirmed SARS-CoV-2** who have **not met** criteria to discontinue Transmission-Based Precautions are placed in the COVID-19 care unit

Unvaccinated new admissions and readmissions are placed in a 14-day quarantine, even if they test negative on admission

New admissions that are fully vaccinated or within 90 days of a SARS-CoV-2 infection **are not** placed in quarantine

All new admissions are quarantined with no exceptions

Other, please specify:

---

Unknown

Not assessed

50. Are residents that leave the facility for more than 24 hours managed in the same way as new admissions and readmissions?

Yes

No

Unknown

Not assessed

51. What actions are taken when residents leave the facility (please select all that apply)?

Residents are reminded to follow recommendations for source control, physical distancing and hand hygiene

Those accompanying residents are educated about IPC practices

Regular communication occurs with clinics that provide ongoing care to residents about potential exposures (either at the clinic or the nursing home)

Other, please specify:

---

No actions taken

Unknown

Not assessed

#### NOTES

## 5.B Resident Monitoring

52. Ask the facility to describe how **asymptomatic residents** are monitored for signs and symptoms of COVID-19:

52a. Monitored at least daily?

Yes                      No                      Unknown                      Not assessed

53. Are resident temperatures measured?

Yes                      No                      Unknown                      Not assessed

54. How does the facility define fever (please select all that apply)?

Oral temperature of 100.0 degrees F or higher

Other, please specify: \_\_\_\_\_

Repeated oral temperature of greater than 99.0 degrees F

Unknown

Single temperature greater than 2 degrees F over baseline from any site

Not Assessed

55. Does the facility use pulse oximetry to measure oxygen saturation daily?

Yes                      No                      Unknown                      Not assessed

*If YES,*

55a. Are all personnel that measure oxygen saturation levels educated on when to alert nursing personnel to abnormal values?

Yes                      No                      Unknown                      Not assessed

56. Are residents assessed for the same symptoms of SARS-CoV-2 as HCP and visitors?

Yes                      No                      Unknown                      Not assessed

### NOTES

## Section 6. Care of Residents Suspected or Confirmed to Have SARS-CoV-2 Infection

### 6.A. The COVID-19 Care Area

57. Does the facility **currently have** or **plan to have** a designated COVID-19 care unit for residents with confirmed SARS-CoV-2 infections?

Yes                      No                      Unknown                      Not assessed

*If YES,*

57a. Area is physically separated from rooms with residents not known to be infected.

Yes                      No                      Unknown                      Not assessed

57b. Are HCP providing care for SARS-CoV-2 residents dedicated to the COVID-19 care area?

Yes                      No                      Unknown                      Not assessed

*If YES,*

57c. Are EVS staff (i.e., housekeepers) included among HCP dedicated to the COVID-19 care area?

Yes                      No                      Unknown                      Not assessed

#### NOTES

### 6.B. Residents with Confirmed SARS-CoV-2 Infection

58. Describe **where** a resident with confirmed SARS-CoV-2 infection would be roomed (please select all that apply):

In a designated area for residents with confirmed SARS-CoV-2 infections

Other, please specify: \_\_\_\_\_

Unknown

Not in a designated area for residents with confirmed SARS-CoV-2 infections, please specify where:

Not assessed

\_\_\_\_\_

59. Describe **with whom** a resident with confirmed SARS-CoV-2 infection would be roomed (please select all that apply):

Without roommates

Other, please specify: \_\_\_\_\_

With roommate(s) with confirmed SARS-CoV-2 infection

Unknown

With roommate(s) without confirmed SARS-CoV-2 infection

Not assessed

60. How often are residents with **suspected or confirmed** SARS-CoV-2 infection monitored for signs and symptoms of severe illness?

Fewer than three times a day

Unknown

At least three times a day

Not assessed

## NOTES

### 6.C. PPE Use

61. What PPE do HCP wear when caring for a resident with suspected or confirmed SARS-CoV-2 infection (please select all that apply)?

Gown

Other, please specify: \_\_\_\_\_

Gloves

Unknown

Eye Protection

Not assessed

NIOSH approved N95 or equivalent or higher respirator

62. Is all PPE readily available outside of the room of each resident on SARS-CoV-2 transmission-based precautions?

Yes

No

Unknown

Not assessed

63. Where do HCP put on (don) PPE (please select all that apply)?

Immediately prior to entering the room of a resident on transmission-based precautions for SARS-CoV-2

Other, please specify: \_\_\_\_\_

Immediately prior to entering the COVID-19 care area

Unknown

Not assessed

64. Is alcohol-based hand sanitizer with 60-95% alcohol immediately available for HCP to use when donning or doffing PPE?

Yes

No

Unknown

Not assessed

65. When do HCP remove (doff) PPE (please select all that apply)?

Gloves and gown are removed and discarded (or placed in soiled linen if gown is launderable) immediately prior to exiting the resident room

Respirators (if use is not extended) are removed and discarded immediately outside the resident room

Eye protection (if use is not extended) is removed immediately outside the resident room

Other, please specify: \_\_\_\_\_

Unknown

Not assessed



- |   |     |    |              |              |
|---|-----|----|--------------|--------------|
| <b>66.</b> Is PPE immediately discarded following use?                      | Yes | No | Unknown      | Not assessed |
| <b>67.</b> Following removal of PPE, do HCP put on new source control?      | Yes | No | Unknown      | Not assessed |
| <b>68.</b> Can the respondent describe what extending the use of PPE means? | Yes | No | Not assessed |              |

**NOTES**

**6.D. Respirators**

- |   |     |    |         |              |
|---|-----|----|---------|--------------|
| <b>69.</b> Are all respirators that are used as PPE in the facility NIOSH approved?     | Yes | No | Unknown | Not assessed |
| <b>70.</b> Are all HCP currently fit-tested for the type of respirator they are using?  | Yes | No | Unknown | Not assessed |
| <i>If YES,</i>  |     |    |         |              |
| <b>70a.</b> Are HCP medically cleared prior to fit-testing?                             | Yes | No | Unknown | Not assessed |
| <b>71.</b> Are HCP trained on the use of their respirators?                             | Yes | No | Unknown | Not assessed |
| <b>72.</b> Is the facility currently practicing extended use of disposable respirators? | Yes | No | Unknown | Not assessed |
| <b>73.</b> Is the facility currently reusing disposable respirators?                    | Yes | No | Unknown | Not assessed |

**NOTES**

## 6.E. Eye Protection

**74.** What type of eye protection is the facility using (please select all that apply)?

Single use, disposable face shields/goggles

Other, please specify: \_\_\_\_\_

Reusable face shields/goggles

Unknown

Not assessed

**75.** Is the facility currently practicing extended use of eye protection?

Yes

No

Unknown

Not assessed

**76.** Is the facility currently reusing eye protection?

Yes

No

Unknown

Not assessed

*If YES,*

**76a.** What type of eye protection is the facility currently reusing (please select all that apply)?

Reusable face shields/goggles

Unknown

Single use, disposable face shields/goggles

Not assessed

**76b.** Do HCP clean and disinfect eye protection immediately after removal?

Yes

No

Unknown

Not assessed

**76c.** Do HCP clean and disinfect eye protection if soiled?

Yes

No

Unknown

Not assessed

**76d.** Where do HCP store reusable eye protection (please select all that apply)?

In a designated storage area within the facility

Other, please specify:

Somewhere in the facility but not in a designated storage area

HCP store them outside the building (e.g., in their cars)

Unknown

Not assessed

**76e.** Are disposable face shields/goggles dedicated to one HCP?

Yes

Not assessed

No

Disposable face shields/goggles not used in the facility

Unknown

### NOTES

## 6.F. Gowns

77. What types of gowns are being used (please select all that apply)?

Disposable isolation

Other, please specify: \_\_\_\_\_

Not assessed

Launderable

Unknown

78. Are gowns worn by HCP outside of resident rooms?

Yes

No

Unknown

Not assessed

*If YES,*

78a. Under what circumstance are they worn by HCP outside of resident rooms?

\_\_\_\_\_

78b. Do HCP wear the same gown to care for more than one resident?

Yes

No

Unknown

Not assessed

### NOTES

## 6.G. Gloves

79. Are gloves changed between the care of different residents?

Yes

No

Unknown

Not assessed

80. Are gloves being worn by HCP outside of resident rooms?

Yes

No

Unknown

Not assessed

*If YES,*

80a. Under what circumstances are they being worn by HCP outside of resident rooms?

\_\_\_\_\_

### NOTES

## 6.H. Duration of Transmission-Based Precautions for SARS-CoV-2 Infection

81. When would the facility discontinue Transmission-Based Precautions for residents with SARS-CoV-2 infection who remained **asymptomatic AND** who **are not** moderately or severely immunocompromised (i.e., end isolation) (please select all that apply)?

At least 10 days have passed since the date of their first positive viral diagnostic test

Other, please specify: \_\_\_\_\_

Using a test-based strategy

Unknown

Not assessed

82. When would the facility discontinue Transmission-Based Precautions for SARS-CoV-2 infected residents with **mild to moderate illness AND** who **are not** moderately or severely immunocompromised (i.e., end isolation) (please select all that apply)?

At least 10 days have passed *since symptoms first appeared*

Other, please specify: \_\_\_\_\_

At least 24 hours have passed *since last fever without the use of fever-reducing medications*

Unknown

Not assessed

Symptoms (e.g., cough, shortness of breath) have improved

83. When would the facility discontinue Transmission-Based Precautions for SARS-CoV-2 infected residents with **severe to critical illness OR** who **are** moderately or severely immunocompromised (i.e., end isolation) (please select all that apply)?

At least 10 days and up to 20 days have passed *since symptoms first appeared*

At least 24 hours have passed *since last fever without the use of fever-reducing medications*

Symptoms (e.g., cough, shortness of breath) have improved

After consulting with an infectious disease physician

Using a test-based strategy

Other, please specify: \_\_\_\_\_

Unknown

Not assessed

### NOTES

## Section 7. SARS-CoV-2 Testing

84. Where is viral laboratory testing for SARS-CoV-2 conducted (please select all that apply)?

At the facility

Other, please specify: \_\_\_\_\_

At a contracted laboratory

Unknown

Not assessed

85. What type of testing for SARS-CoV-2 is conducted (please select all that apply)?

Point of care antigen testing

Other, please specify: \_\_\_\_\_

Rapid molecular point of care testing (e.g., Abbott BinaxNow)

Unknown

Nucleic Acid Amplification Tests (NAAT) (e.g., Reverse-transcriptase polymerase chain reaction [RT-PCR])

Not assessed

- 86.** How long does it typically take for viral testing results to return?  
 Less than 48 hours                      Greater than 48 hours                      Unknown                      Not assessed
- 87.** If antigen testing is utilized, does the facility confirm negative antigen test results from symptomatic residents and HCP with a Nucleic Acid Amplification Test (NAAT) (e.g., reverse-transcriptase polymerase chain reaction (RT-PCR)) within 48 hours?  
 Yes                      Facility not using rapid antigen testing  
 No                      Not assessed  
 Unknown
- 88.** Do all residents and HCP with even mild symptoms of COVID-19, receive a viral test as soon as possible regardless of vaccination status?  
 Yes                      No                      Unknown                      Not assessed
- 89.** Is the facility able to perform routine testing of HCP based on the level of community transmission in the county where they are located as per CMS guidance?  
 Yes                      No                      Unknown                      Not assessed
- 90.** Where in the facility are specimens collected for residents (please select all that apply)?  
 In the resident's room with the door closed                      Unknown  
 Other, please specify:                      Not assessed  
 \_\_\_\_\_
- 91.** Where in the facility are specimens collected for HCP (please select all that apply)?  
 An outdoor location  
 A designated room inside the facility with the door closed with one HCP at a time  
 A large room (e.g., gymnasium) where sufficient space can be maintained between swabbing stations (e.g., greater than 6 feet apart)  
 Other, please specify: \_\_\_\_\_  
 Unknown  
 Not assessed

**NOTES**

## Section 8. New SARS-CoV-2 Infection among HCP or Residents

92. When a new case of SARS-CoV-2 is identified, does the facility increase the frequency of monitoring all residents to every shift?

Yes                      No                      Unknown                      Not assessed

93. Are symptomatic residents restricted to their rooms?

Yes                      No                      Unknown                      Not assessed

94. Are Transmission-Based Precautions used when caring for symptomatic residents, while test results are pending?

Yes                      No                      Unknown                      Not assessed

95. If symptomatic residents have negative viral tests, when are Transmission-Based Precautions stopped (please select all that apply)?

After one negative respiratory specimen tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA

If a higher level of clinical suspicion for SARS-CoV-2 infection exists despite one negative SARS-CoV-2 RNA test, Transmission-Based Precautions would be continued until a second SARS-CoV-2 RNA test is performed and results as negative

Other, please specify: \_\_\_\_\_

Unknown

Not assessed

96. In response to new cases of SARS-CoV-2, who does the facility test (please select all that apply)?

All staff with symptoms are tested

All residents with symptoms are tested

Close contacts are tested

HCP with higher risk exposures are tested

All staff and residents on affected units

All staff and residents are tested if contact and exposures cannot be clearly identified

Other, please specify: \_\_\_\_\_

Unknown

Not assessed

97. How does the respondent define a higher-risk HCP exposure (please select all that apply)?

Close contact of 15 minutes or more duration

HCP not wearing a respirator or facemask

HCP not wearing eye protection if the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask

HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure

Other, please specify: \_\_\_\_\_

Unknown

Not assessed

98. Are HCP higher-risk exposures and residents with close contact tested regardless of vaccination status?

Yes                      No                      Unknown                      Not assessed

If *YES*,

**98a.** When are HCP with higher-risk exposures and residents with close contact tested (please select all that apply)?

Not earlier than 2 days after exposure

Other, please specify: \_\_\_\_\_

Again 5-7 days after exposure

Unknown

Not assessed

**98b.** Which residents and HCP are included among those tested (please select all that apply)?

All residents with close contact, regardless of vaccination status

All HCP with higher-risk exposures, regardless of vaccination status

Residents that have recovered from SARS-CoV-2 infection in the previous 90 days are **NOT** tested

HCP that returned to work following SARS-CoV-2 infection in the previous 90 days are **NOT** tested

Other, please specify: \_\_\_\_\_

Unknown

Not assessed

**99.** If testing of close contacts reveals additional HCP or residents with SARS-CoV-2 infection, what approach does the facility take to identify additional cases/contacts (please select all that apply)?

Targeted testing if contacts are limited in number and clearly identifiable

Facility or group-wide approach if unable to identify contacts

Facility or group-wide approach if contacts are too numerous to manage

Other, please specify: \_\_\_\_\_

Unknown

Not assessed

**100.** When performing an outbreak response to a known case, how would the facility manage unvaccinated residents and HCP (please select all that apply)?

Unvaccinated residents are restricted to their rooms, even if testing is negative

HCP caring for unvaccinated residents use an N95 or higher-level respirator, eye protection, gloves and gown when providing care

Unvaccinated residents do not participate in group activities

Other, please specify: \_\_\_\_\_

Unknown

Not assessed

**101.** When performing an outbreak response to a known case, how would the facility manage fully vaccinated residents and HCP (please select all that apply)?

Fully vaccinated residents are NOT restricted to their rooms

Other, please specify: \_\_\_\_\_

HCP do NOT use full PPE when caring for fully vaccinated residents

Unknown

Not assessed

## NOTES

## Section 9. Continuous Quality Improvement

**102.** Have all HCP recently **demonstrated competency** in:

**102a.** Hand hygiene with alcohol-based hand sanitizer

Yes	No	Unknown	Not assessed
-----	----	---------	--------------

**102b.** Hand hygiene with soap and water

Yes	No	Unknown	Not assessed
-----	----	---------	--------------

**102c.** Selecting the correct PPE for the anticipated task (e.g., using all recommended PPE for the care of residents with SARS-CoV-2 infection)

Yes	No	Unknown	Not assessed
-----	----	---------	--------------

**102d.** Donning and doffing PPE

Yes	No	Unknown	Not assessed
-----	----	---------	--------------

**102e.** Use of cleaning and disinfection products for resident rooms for all HCP with cleaning responsibility such as EVS, nursing aides, etc.

Yes	No	Unknown	Not assessed
-----	----	---------	--------------

**102f.** Use of cleaning and disinfection products for resident equipment for all HCP with cleaning responsibility such as EVS, nursing aides, etc. (e.g., vital signs equipment)

Yes	No	Unknown	Not assessed
-----	----	---------	--------------

**103.** Does the facility **audit** (i.e., monitor and document) HCP compliance with the following IPC practices?

**103a.** Hand Hygiene

Yes	No	Unknown	Not assessed
-----	----	---------	--------------

**103b.** Selection of the correct PPE for the anticipated task (e.g., using all recommended PPE for the care of residents with SARS-CoV-2 infection)

Yes	No	Unknown	Not assessed
-----	----	---------	--------------

**103c.** PPE donning and doffing

Yes	No	Unknown	Not assessed
-----	----	---------	--------------

**103d.** Cleaning and disinfection of resident rooms

Yes	No	Unknown	Not assessed
-----	----	---------	--------------

**103e.** Cleaning and disinfection of resident equipment (e.g., vital signs equipment)

Yes	No	Unknown	Not assessed
-----	----	---------	--------------

### NOTES



## End remote TeleICAR assessment if video tour is not planned. Continue to the next sections if video or in-person tour are planned.

**Sections 10a-10f:** The following sections should be completed during a video tour as part of a remote assessment or as part of an in-person tour of the facility. These sections are intended to visualize how facilities are implementing some of the previously discussed policies and practices. If the tool is used during an in-person tour, check “not applicable” under the “video assessment attempted” element for each section but proceed to record responses for the rest of the section. If the ICAR facilitator is unable to visualize any of listed elements during a video or in-person tour, answer “not assessed” for that element.

In the notes sections, be sure to note when there are discrepancies between what was discussed during the policy and procedures discussion and what was visualized as part of the tour.

### Considerations when using video during remote assessments:

It is important to acknowledge that video tours of facilities during remote assessments have their own limitations and challenges to include technical issues, limited internet service in some facilities, and the general inability to visualize the facility in the same way one could during an on-site visit. However, video can increase the quality of the remote assessment by allowing a facilitator to visualize how facilities are implementing some essential IPC practices when compared to conducting an assessment via phone alone.

#### Some factors to consider:

- To ensure resident privacy, recordings and pictures during the assessment are generally discouraged.
- During the ICAR scheduling process, the facilitator should emphasize their desire to conduct a video tour as part of the assessment process and determine the facility’s ability to utilize a video conferencing platform to conduct the tour. The tour will require movement to different parts of the facility and thus will require the video conferencing platform to be located on a moveable device such as a laptop or cell phone.
- If the facility is unable to complete both the policies and practices discussion and video tour on the same day, the video tour could be delayed to another day.
- In general, the average video tour will take 20-30 minutes to complete.

## Begin tour: If HCP, visitors, or vendors are being actively screened, ask to see the screening areas.

## Section 10. Facility Tour

### 10.A. Screening Stations

#### 104. Video assessment attempted

Yes

No (**SKIP TO 112**)

Not applicable, assessment part of an on-site visit

#### 105. Who is being screened at this location (please select all that apply)?

HCP

Other, please specify: \_\_\_\_\_

Visitors

Not assessed

#### 106. The facility entry is monitored.

Yes

No

Not assessed

#### 107. What PPE is worn by HCP performing the screening (please select all that apply)?

Respirators

Gloves

Facemasks

Other, please specify: \_\_\_\_\_

Eye Protection

Not assessed

Gowns

**108.** If temperatures are actively taken, what type of thermometer is being used (please select all that apply)?

- |  |                              |
|--|------------------------------|
| No touch                               | Other, please specify: _____ |
| Oral                                   | Unknown                      |
| Ear/Tympanic                           | Not assessed                 |
| Temperatures are not actively measured |                              |

**109.** Screening questions assess the following (please select all that apply):

- |   |  |   |
|---|--|---|
| Temperature of 100.0F (37.8C) or higher | New onset loss of taste or smell               | If they have been told they should quarantine after close contact with someone who has COVID-19 |
| Subjective fever                        | Fatigue  |   |
| Chills                                  | Headache                                       | Other, please specify: _____  |
| New or worsening cough                  | Sore throat                                    | _____   |
| Shortness of breath                     | Runny nose                                     | Unknown   |
| Muscle aches                            | GI symptoms such as nausea, vomiting, diarrhea | Not assessed  |

**110.** Alcohol-based hand sanitizer with 60-95% alcohol is available at the entry to the facility.

- |     |    |              |
|-----|----|--------------|
| Yes | No | Not assessed |
|-----|----|--------------|

**111.** All persons entering the facility wear source control.

- |     |    |              |
|-----|----|--------------|
| Yes | No | Not assessed |
|-----|----|--------------|

**NOTES** (especially note areas where discrepancies may have existed between the discussion and facility tour)

**Ask to be brought onto a resident floor not currently housing residents with SARS-CoV-2 infections to assess Sections 10B – 10E.**

## 10.B. Hand Hygiene

### 112. Video assessment attempted

Yes

No (**SKIP TO 117**)

Not applicable, assessment part of an on-site visit

**Ask facility to activate/push several alcohol-based hand sanitizer dispensers.**

### 113. All demonstrated dispensers are functional.

Yes

No

Not assessed

### 114. Alcohol-based hand sanitizer is located **outside** resident rooms.

Yes

No

Not assessed

### 115. Alcohol-based hand sanitizer is located **inside** resident rooms.

Yes

No

Not assessed

### 116. List other locations where alcohol-based hand sanitizer can be found (e.g., medicine carts, nursing stations) on the resident floor:

---

**NOTES** (especially note areas where discrepancies may have existed between the discussion and facility tour)

**Ask the facility to show you several examples of HCP wearing PPE on the resident floor.**

## 10.C. PPE Use

### 117. Video assessment attempted

Yes

No (**SKIP TO 123**)

Not applicable, assessment part of an on-site visit

### 118. All visualized HCP are correctly wearing facemasks or respirators in the facility.

Yes

No

Not assessed

119. HCP are wearing eye protection for all resident care encounters if there is **substantial to high community transmission**.

Yes

No

Not applicable

Not assessed

120. Describe where personnel get new PPE (please select all that apply):

In carts outside of resident rooms

From a donning area on the COVID-19 care unit

From the nurse's stations

Other, please specify: \_\_\_\_\_

Not assessed

121. A dedicated area is used to clean and disinfect eye protection.

Yes

No

Not applicable

Not assessed

122. Eye protection is stored in a clean area that avoids contamination.

Yes

No

Not applicable

Not assessed

**NOTES** (especially note areas where discrepancies may have existed between the discussion and facility tour)

**Ask to interview a frontline HCP on the floor such as a nurse or nurse's aide.**

## 10.D. Frontline HCP Interview

123. Interviewed frontline HCP

Yes

No (**SKIP TO 128**)

124. HCP describe when they perform hand hygiene (please select all that apply):

Before touching a resident

After touching a resident

Before clean/aseptic procedures

After body fluid exposure

After touching resident surroundings

Other, please specify: \_\_\_\_\_

Not assessed

**125.** HCP describe when they use alcohol-based hand sanitizer (ABHS):

- In most clinical situations
- Not in most clinical situations.
- Not assessed

**125a.** If *NOT* in most clinical situations, please describe why ABHS is not used:

**126.** HCP can describe when they would perform hand hygiene using soap and water (please select all that apply):

- When hands are visibly soiled
- Before eating and drinking
- After using the restroom
- During an outbreak of *Clostridioides difficile* or norovirus
- If they work in the kitchen
- Other, please specify: \_\_\_\_\_
- Unknown
- Not assessed

**127.** Watch or ask a frontline HCP to describe how they would doff PPE.

**127a.** Select one:

- The facilitator observed HCP doff PPE
- The facilitator listened to HCP describe the doffing process
- Not assessed

**127b.** Was this done in a manner that limited self-contamination?

- Yes
- No
- Not assessed

**127c.** Did the HCP perform hand hygiene after doffing PPE?

- Yes
- No
- Not assessed

**NOTES** (especially note areas where discrepancies may have existed between the discussion and facility tour)

**Ask to interview an EVS staff member (i.e., housekeeper).**

**10.E. Environmental Services (i.e., housekeeping)**

**128.** Interviewed EVS staff member

Yes

No (**SKIP TO 132**)

**129.** EVS staff member can name several high touch surfaces in a room.

Yes

No

Not assessed

**130.** EVS staff member can state the contact time of disinfection products.

Yes

No

Not assessed

**131.** EVS staff member can describe the order in which they clean a resident room.

Yes

No

Not assessed

**NOTES** (especially note areas where discrepancies may have existed between the discussion and facility tour)

**Ask to view the facility's designated COVID-19 area. If there are no current residents with SARS-CoV-2 infection, ask to see the location where the care area would be created.**

**10.F. Designated COVID-19 Care Area**

**132. Video assessment attempted**

Yes

No (**END VIDEO**)

Not applicable, facility does not plan on creating a designated COVID-19 area (**END VIDEO**)

Not applicable, assessment part of an on-site visit

**133.** The designated COVID-19 care area is physically separated from other rooms or units housing residents without confirmed SARS-CoV-2 infections.

Yes

No

Not assessed

**134.** Alcohol-based hand sanitizer is available **inside** each room.

Yes

No

Not assessed

**135.** Alcohol-based hand sanitizer is available **outside** of each room.

Yes

No

Not assessed

<b>136.</b> Dedicated medical equipment is used for this care area.	Yes	No	Not assessed	Not applicable, no residents currently on this unit
<b>137.</b> Dedicated medical equipment is stored in the resident room.	Yes	No	Not assessed	Not applicable, no residents currently on this unit
<b>138.</b> Entrance to COVID-19 care area is controlled.	Yes	No	Not assessed	Not applicable, no residents currently on this unit
<b>138a.</b> Signage indicating only designated HCP should enter is present.	Yes	No	Not assessed	Not applicable, no residents currently on this unit
<b>139.</b> Room doors are kept closed (unless resident safety concerns require opening).	Yes	No	Not assessed	Not applicable, no residents currently on this unit
<b>140.</b> PPE is available for donning at entrance to each room for COVID-19 residents.	Yes	No	Not assessed	Not applicable, no residents currently on this unit
<b>141.</b> HCP doff gowns and gloves prior to exiting the room.	Yes	No	Not assessed	Not applicable, no residents currently on this unit

**NOTES** (especially note areas where discrepancies may have existed between the discussion and facility tour)

[cdc.gov/coronavirus](https://cdc.gov/coronavirus)



**U.S. Department of  
Health and Human Services**  
Centers for Disease  
Control and Prevention