Infection Control Assessment and Response (ICAR) Tool for General Infection Prevention and Control (IPC) Across Settings

Module 3: Transmission Based Precautions (TBP) Facilitator Guide

Transmission-Based Precautions (TBP): This form is intended to aid an ICAR facilitator in the review of a healthcare facility's TBP practices and policies (Part A) and guide TBP facility (Part B) and healthcare personnel (Part C) observations. This form is intended primarily for use in acute care facilities and long-term care facilities. Parts D and E can be used to conduct a targeted assessment of practices in outpatient healthcare facilities.

Note: Transmission-Based Precautions should be used in addition to Standard Precautions. Additional information on precautions can be found in Guidelines for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (https://www.cdc.gov/infection-control/hcp/isolation-precautions/index.html)

Part A. TBP Interview Questions

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	se name the different types of TBP the facility uses and some common pathogens for which each is used (<i>select all that apply</i>): Contact Precautions — Common pathogens for which it is utilized:	
Dı	roplet Precautions — Common pathogens for which it is utilized:	
Ai	irborne Precautions — Common pathogens for which it is utilized:	
Er	Enhanced Barrier Precautions — Common indications and pathogens for which it is utilized:	
0	ther (please specify Precaution type and common pathogens for which it is utilized):	

Implement additional precautions (i.e., Contact, Droplet, and/or Airborne Precautions) for patients with documented or suspected diagnoses where contact with the patient, their body fluids, or their environment presents a substantial transmission risk despite adherence to Standard Precautions.

Adapt transmission-based precautions to the specific healthcare setting, the facility design characteristics, and the type of patient interaction."

Source: Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings (HICPAC)

https://www.cdc.gov/infection-control/hcp/core-practices/

"Use Contact Precautions for patients with known or suspected infections that represent an increased risk for contact transmission.

Use **Droplet Precautions** for patients known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing, or talking.

Use **Airborne Precautions** for patients known or suspected to be infected with pathogens transmitted by the airborne route (e.g., tuberculosis, measles, chickenpox, disseminated herpes zoster)."

Source: https://www.cdc.gov/infection-control/hcp/basics/transmission-based-precautions.html

Use Contact, Droplet, or Airborne precautions by pathogen type and duration as specified in CDC's Guideline for Isolation Precautions, Appendix A https://www.cdc.gov/infection-control/hcp/isolation-precautions/appendix-a-type-duration.html

Enhanced Barrier Precautions are **recommended in nursing homes** (when Contact Precautions do not otherwise apply) for residents with any of the following:

- · Wounds or indwelling medical devices, regardless of MDRO colonization status
- · Infection or colonization with an MDRO

Source: https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/ppe.html



2. Describe how the facility:2a. Identifies patients/residents who require TBP at initial points of entry to the facility (e.g., emergency department, admission):	
2b. Identifies currently admitted patients/residents who require TBP due to changes in status:	
"Develop and implement systems for early detection and management (e.g., use of appropriate infection control measures, including isolation precautions, personal protective equipment [PPE]) of potentially infectious persons at initial points of patient encounter in outpatient settings (e.g., triage areas, emergency departments, outpatient clinics, physician offices) and at the time of admission to hospitals and long-term care facilities." I.B.9. **Source:** Guideline for Isolation Precautions, page 77: https://www.cdc.gov/infection-control/hcp/isolation-precautions** A system for identification and management of patients or residents requiring TBP might include: Checklists that highlight critical information to collect during nurse report prior to admission, use of interfacility transfer forms, electronic reporting of significant laboratory results to personnel responsible for implementing precautions, standard evidence-based protocols for use and duration of TBP for common syndromes/pathogens, and ongoing monitoring of patients or residents for changes in status during their admission.	
3. Who can initiate TBP for patients/residents in the facility (select all that apply)? Infection preventionists Physicians Mid-level providers (i.e., physician assistants, nurse practitioners) Nursing supervisors Patient/resident care nurses Patient care technicians (i.e., CNAs) Other (specify):	
Unknown Not assessed	
"Since the infecting agent often is not known at the time of admission to a healthcare facility, Transmission-Based Precautions are used empirically, according to the clinical syndrome and the likely etiologic agents at the time, and then modified when the pathogen is identified or a transmissible infectious etiology is ruled out." "Delegate authority to infection control personnel or their designees (e.g., patient care unit charge nurses) for making infection control decisions concerning patient placement and assignment of Transmission-Based Precautions" I.B.3 **Source:* Guideline for Isolation Precautions, page 77: https://www.cdc.gov/infection-control/hcp/isolation-precautions	
3a. Describe how these individuals know which TBP are needed (i.e., easy to access facility policies, specific trainings):	
The facility should provide easy access to TBP requirements for frontline personnel. This may include online policies, competency-based training, or other methods to verify personnel recognize and act when situations for which TBP are recommended arise.	
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No Unknown
Not assessed
4a. List some of the common reasons empiric TBP are used in the facility (select all that apply): Unexplained acute diarrhea Unexplained respiratory infections Rash/exanthems of unknown etiology Meningitis Skin or wound infections Following the exposure to others with a contagious disease/pathogen Fever or other changes in health status until contagious diseases are ruled out Other (specify): Unknown Not assessed
Not assessed
"Diagnosis of many infections requires laboratory confirmation. Since laboratory tests, especially those that depend on culture techniques, often require two or more days for completion, Transmission-Based Precautions must be implemented while test results are pending based on the clinical presentation and likely pathogens. Use of appropriate Transmission-Based Precautions at the time a patient develops symptoms or signs of transmissible infection, or arrives at a healthcare facility for care, reduces transmission opportunities. While it is not possible to identify prospectively all patients needing Transmission-Based Precautions, certain clinical syndromes and conditions carry a sufficiently high risk to warrant their use empirically while confirmatory tests are pending (Table 2). Infection control professionals are encouraged to modify or adapt this table according to local conditions." Source: Guideline for Isolation Precautions, Appendix A, Table 2. https://www.cdc.gov/infection-control/hcp/isolation-precautions/appendix-a-table-2.html
Notes

4. Are there situations where patients/residents might be placed on TBP pending a diagnosis (i.e., empiric TBP)?

Signage placed at room entry
PPE supplies placed at room entry
Medical equipment dedicated to patients/residents who are on TBP
Transfer to single patient/resident room, if indicated and available
Patient and family members are educated about TBP to include hand hygiene and PPE use expectations Other (<i>specify</i>):
Unknown Not assessed
"Signs are intended to signal to individuals entering the room the specific actions they should take to protect themselves and the resident. To do this effectively, the sign must contain information about the type of Precautions and the recommended PPE to be worn when caring for the resident. Generic signs that instruct individuals to speak to the nurse are not adequate to ensure Precautions are followed. Signs should <u>not</u> include information about the resident's diagnosis or the reason for the Precautions (e.g., presence of a resistant pathogen); inclusion of that information would violate HIPAA and resident dignity."
Source: https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/faqs.html
PPE supplies should be well-stocked and easy to access prior to room entry:
"Ensure that healthcare personnel have immediate access to and are trained and able to select, put on, remove, and dispose of PPE in a manner that protects themselves, the patient, and others."
Source: Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings (HICPAC)
https://www.cdc.gov/infection-control/hcp/core-practices/
Multi-use medical equipment (stethoscopes, blood pressure cuffs) should be dedicated to the patient on isolation:
"In all healthcare settings, providing patients who are on Transmission-Based Precautions with dedicated noncritical medical equipment (e.g., stethoscope, blood pressure cuff, electronic thermometer) has been beneficial for preventing transmission. When this is not possible, disinfection after use is recommended."
"Include multi-use electronic equipment in policies and procedures for preventing contamination and for cleaning and disinfection, especially those items that are used by patients, those used during delivery of patient care, and mobile devices that are moved in and out of patient rooms frequently (e.g., daily)"
Source: Guideline for Isolation Precautions, pages 63 and 84: https://www.cdc.gov/infection-control/hcp/isolation-precautions
Patient/resident requiring TBP placement:
"Include the potential for transmission of infectious agents in patient-placement decisions. Place patients who pose a risk for transmission to others (e.g., uncontained secretions, excretions or wound drainage; infants with suspected viral respiratory or gastrointestinal infections) in a single-patient room when available."
Source: Guideline for Isolation Precautions, page 83 https://www.cdc.gov/infection-control/hcp/isolation-precautions
Visitor education:
"Provide appropriate infection prevention education to patients, family members, visitors, and others included in the caregiving network."
"The use of gowns, gloves, or masks by visitors in healthcare settings has not been addressed specifically in the scientific literatureSpecific recommendations may vary by facility or by unit and should be determined by the level of interaction."
Source: Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings (HICPAC)
https://www.cdc.gov/infection-control/hcp/core-practices/
https://www.cdc.gov/infection-control/hcp/isolation-precautions
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5. Which actions are taken when a patient/resident is placed on TBP (*select all that apply*)?

6. Can the facility provide examples of their TBP signage?

Yes

No

Unknown

Not assessed

Examples of Contact, Droplet, and Airborne signage are available at: https://www.cdc.gov/infection-control/hcp/basics/transmission-based-precautions.html

An example of signage for Enhanced Barrier Precautions is available at: https://www.cdc.gov/long-term-care-facilities/media/pdfs/enhanced-barrier-precautions-sign-p.pdf

If YES:

6a. What information is captured on the signage (*select all that apply*):

Type of TBP (e.g., Contact Precautions)

Required PPE

PPE use instructions (e.g., when to don or doff the PPE)

Reminder to perform hand hygiene

Disinfectant/cleaning instructions

Pathogen name

Instructions to inquire at nurse's station

Stop sign

Other (specify):

Unknown

Not assessed

"Signs are intended to signal to individuals entering the room the specific actions they should take to protect themselves and the resident. To do this effectively, the sign must contain information about the type of Precautions and the recommended PPE to be worn when caring for the resident. Generic signs that instruct individuals to speak to the nurse are not adequate to ensure Precautions are followed. Signs should not include information about the resident's diagnosis or the reason for the Precautions (e.g., presence of a resistant pathogen); inclusion of that information would violate HIPAA and resident dignity."

Source: https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/faqs.html

Facilities should alert environmental services personnel if a different process or disinfectant (e.g., disinfectant with a specific label claim against the suspected pathogen) is recommended when cleaning and disinfecting the room. This can be accomplished by a variety of methods including specifying the disinfectant on the TBP signage.

6b. Does TBP signage remain in place until after terminal cleaning has been completed following patient/resident discharge or the discontinuation of TBP?

Yes

No

Unknown

Not assessed

In general, signage should remain in place until after terminal cleaning has been completed by environmental services (EVS) personnel. This can help signal to EVS if there is additional PPE or specific disinfectants that should be used for terminal cleaning or if they need to wait for a specific number of air changes before entering the room (e.g., airborne precautions).

7. How does the facility ensure equipment and supplies needed for TBP are always readily available at point of use (select all that apply)?

Designated personnel are assigned this task

Personnel caring for the patient/resident restock their supplies as needed

Supervisors or charge nurses restock supplies as needed

Other (specify):

Unknown

Not assessed

"Healthcare organizations can demonstrate a commitment to preventing transmission of infectious agents by incorporating infection control into the objectives of the organization's patient and occupational safety programs... A key administrative measure is provision of fiscal and human resources for maintaining infection control and occupational health programs that are responsive to emerging needs. Specific components include...adequate supplies and equipment including facility ventilation systems."

Source: Guideline for Isolation Precautions, page 43: https://www.cdc.gov/infection-control/hcp/isolation-precautions

8. [Does the facility always place patients/residents requiring TBP in a private room? Yes No Unknown Not assessed
or [Soil In a "pl. "pl. For "Pl. roo Soil In g	Ingle-patient rooms are always indicated for patients placed on Airborne Precautions and are preferred for patients who require Contact Droplet Precaution." Incree: Guideline for Isolation Precautions, page 58 https://www.cdc.gov/infection-control/hcp/isolation-precautions Incree: Guideline for Isolation Precautions, page 58 https://www.cdc.gov/infection-control/hcp/isolation-precautions Incree: Guideline for Isolation Precautions in an examination room or cubicle as soon as possible."V.B.2.c. In patients requiring airborne precautions in ambulatory or long-term care settings without airborne infection isolation rooms (AIIR) In patients requiring airborne precautions in ambulatory or long-term care settings without airborne infection isolation rooms (AIIR) In patients requiring airborne precautions in ambulatory or long-term care settings without airborne infection isolation rooms (AIIR) In patients requiring airborne precautions in ambulatory or long-term care settings without airborne infection isolation rooms (AIIR) In patients requiring airborne precautions in ambulatory or long-term care settings without airborne infection isolation rooms (AIIR) In patients requiring airborne precautions in ambulatory or long-term care settings without airborne infection isolation rooms (AIIR) In patients requiring airborne precautions in an examination room or cubicle as soon as possible."V.B.2.c. In patients requiring airborne precautions in an examination room or cubicle as soon as possible."V.B.2.c. In patients requiring airborne precautions in an examination room or cubicle as soon as possible."V.B.2.c. In patients requiring airborne precautions in an examination room or cubicle as soon as possible."V.B.2.c. In patients requiring airborne precautions in an examination room or cubicle as soon as possible."V.B.2.c. In patients requiring airborne precau
If <u>NC</u>	Which criteria are used to determine which patients/residents on TBP could room together? Will room patients/residents with the same pathogen together (i.e., cohorting) Will room a patient/resident with pathogens requiring TBP with a roommate at lower risk for acquiring the pathogen (i.e., roommate is not immunocompromised) Will not separate roommates even if one has a newly identified pathogen requiring TBP Other (specify):
	Unknown Not assessed
pre mo Col· "W trainincipro Soo In Co. " Soo Gu Dee head or 1	shorting is the practice of grouping together patients who are colonized or infected with the same organism to confine their care to one area and vent contact with other patients. Cohorts are created based on clinical diagnosis, microbiologic confirmation when available, epidemiology, and de of transmission of the infectious agent. It is generally preferred not to place severely immunosuppressed patients in rooms with other patients. rorting has been used extensively for managing outbreaks Modeling studies provide additional support for cohorting patients to control outbreaks." hen there are only a limited number of single-patient rooms, it is prudent to prioritize them for those patients who have conditions that facilitate insmission of infectious material to other patients (e.g., draining wounds, stool incontinence, uncontained secretions) and for those who are at reased risk of acquisition and adverse outcomes resulting from HAI (e.g., immunosuppression, open wounds, indwelling catheters, anticipated longed length of stay, total dependence on HCWs for activities of daily living)." **Increase Guideline for Isolation Precautions, pages 58-59: https://www.cdc.gov/infection-control/hcp/isolation-precautions** **Increase when patients or residents must be roomed together some steps may be taken to minimize the risk of transmission: **Maintaining spatial separation of at least 3 feet between roommates.** **Using privacy curtains to limit direct contact.** **Cleaning and disinfecting any shared reusable equipment.** **Cleaning and disinfecting environmental surfaces on a more frequent schedule.** **Having healthcare personnel change personal protective equipment (if worn) and performing hand hygiene when moving between roommates urce: https://www.cdc.gov/candida-auris/hcp/infection-control/* **Ideline for Isolation Precautions, pages 87, 89: https://www.cdc.gov/infection-control/hcp/isolation-precautions* **Cisions about cohorting and room sharing can be challenging and nuanced. Questions about practice

 9. Does the facility restrict movement unless medically necessary for patients/residents on TBP? Yes No Unknown Not assessed
"In acute care hospitals and long-term care and other residential settings, limit transport and movement of patients outside of the room to medically-necessary purposes." Source: Guideline for Isolation Precautions, page 87: https://www.cdc.gov/infection-control/hcp/isolation-precautions Residents placed on Enhanced Barrier Precautions are not restricted to their room or limited from participation in group activities. Source: https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/ppe.html
 10. When movement does occur, does the facility ensure that infected or colonized areas of the patient's body are contained and covered (e.g., wearing a mask during a respiratory illness)? Yes No Unknown Not assessed
"When transport or movement in any healthcare setting is necessary, ensure that infected or colonized areas of the patient's body are contained and covered." In addition, for patients/residents on Contact Precautions, HCP should: "Remove and dispose of contaminated PPE and perform hand hygiene prior to transporting patients on Contact Precaution. Don clean PPE to handle the patient at the transport destination." Source: Guideline for Isolation Precautions, page 87: https://www.cdc.gov/infection-control/hcp/isolation-precautions
Infection preventionists Physicians Mid-level providers (i.e., physician assistants, nurse practitioners) Nursing supervisors Patient/resident care nurses Patient care technicians (i.e., CNAs) Other (specify):
Unknown Not assessed 12. Please describe which criteria the facility uses for discontinuation of TBP practices for these common pathogens: See CDC's Guideline for Isolation Precautions, Appendix A for a general summary of Contact, Droplet, or Airborne Precautions to include duration for most pathogen type. https://www.cdc.gov/infection-control/hcp/isolation-precautions/appendix-a-type-duration.html . Often more detailed information on duration of TBP can be found on CDC's pathogen specific websites. 12a. C. difficile Describe criteria:
Unknown Not assessed Not applicable
Continue Contact Precautions until diarrhea ceases or for several days following cessation. "Because C. diff-infected patients continue to shed the organism for a number of days following cessation of diarrhea, some institutions routinely continue isolation and contact precautions for either several days beyond symptom resolution or until discharge, depending upon the type of setting and average length of stay." Source: https://www.cdc.gov/c-diff/hcp/clinical-overview/

D	Describe criteria:
N	Inknown Iot assessed Iot applicable
resolution of fe Droplet Precau may shed influ	nutions should be implemented for patients with suspected or confirmed influenza for 7 days after illness onset or until 24 hours after the ever and respiratory symptoms, whichever is longer, while a patient is in a healthcare facility. In some cases, facilities may choose to apply utions for longer periods based on clinical judgment, such as in the case of young children or severely immunocompromised patients, who uenza virus for longer periods of time." 5://www.cdc.gov/flu/hcp/infection-control/healthcare-settings.html
12c. SARS	S-CoV-2 Describe criteria:
N	Jnknown Iot assessed Iot applicable
Patients with At least 10 At least 24 Symptoms Patients who At least 10 Patients with At least 10 At least 24 Symptoms Consider of	ions, a symptom-based strategy should be used for the discontinuation of TBP for SARS-CoV-2 infection: mild to moderate illness who are not moderately to severely immunocompromised: days have passed since symptoms first appeared and hours have passed since last fever without the use of fever-reducing medications and s (e.g., cough, shortness of breath) have improved were asymptomatic throughout their infection and are not moderately to severely immunocompromised: days have passed since the date of their first positive viral diagnostic test. severe to critical illness or who are not moderately to severely immunocompromised: days and up to 20 days have passed since symptoms first appeared and hours have passed since last fever without the use of fever-reducing medications and s (e.g., cough, shortness of breath) have improved consultation with infection control experts ormation to include illness severity and immunocompromised see this link: https://www.cdc.gov/covid/hcp/infection-control By for patients who are moderately to severely immunocompromised see this link: https://www.cdc.gov/covid/hcp/infection-control
	p A Streptococcus skin or wound infection Describe criteria:
N	Inknown Iot assessed Iot applicable
therapy and ur	plet + Standard Precautions for a group A <i>Streptococcus</i> skin or wound infection should be used until 24 hours after initiation of effective ntil wound drainage stops or can be contained by a dressing. Standard precautions may be used if dressing covers and contains drainage. Eline for Isolation Precautions, Appendix A, page 112: https://www.cdc.gov/infection-control/hcp/isolation-precautions
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12b. Seasonal Influenza

1	
Unl	known
Not	assessed
Not	applicable
	s insufficient information for CDC to make general recommendations on when Contact Precautions can be discontinued for individuals cted with a novel or targeted multidrug-resistant organisms. Individuals can remain colonized for prolonged periods (>6 months)
• exposure to	antibiotics
	an invasive device
	r of hospital admissions
	om or discharge to a long-term care facility care and long-term acute care hospitals should:
•	
	ntact Precautions for the duration of the index hospital stay when infection or colonization is first detected.
	continuing Contact Precautions on a case-by-case basis assuming at least these criteria are met:
	months have elapsed since the last positive culture
 Any relate 	d clinical infection is resolved and antimicrobial use has stopped
 An adequal 	ate number of screening samples, (at least 2 consecutive samples obtained at least 1 week apart) have not identified pathogen of concern
	ely resistant organisms such as those with susceptibility to ≤2 antibiotic classes or carbapenemase producing organism, hospitals der maintaining Contact Precautions indefinitely.
ight be approp	Precautions are intended to be used for the duration of a resident's stay in a facility. A transition back to Standard Precautions, alone, riate for residents placed on Enhanced Barrier Precautions solely because of the presence of a wound or indwelling medical device heals or the device is removed.
ources: https:/	//www.cdc.gov/cre/hcp/infection-control/
	dance: https://www.cambridge.org/core/services/aop-cambridge-core/content/view/94E38FDCE6E1823BD613ABE4E8CB5E56/
	2458a.pdf/div-class-title-duration-of-contact-precautions-for-acute-care-settings-div.pdf
ttps://www.c	dc.gov/candida-auris/hcp/infection-control/
	
illialiceu balliei	r Precautions FAQs: https://www.cdc.gov/long-term-care-facilities/hcp/prevent-mdro/faqs.html
12f. Other p	pathogens relevant to the facility
	actiogens relevant to the facility
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Des	cribe criteria:
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	scribe criteria:
Unk	cribe criteria:
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Unl Not Not ee Guideline for ttps://www.co	known assessed applicable r Isolation Precautions, Appendix A for information about specific pathogens/conditions
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Unl Not Not ee Guideline for https://www.co	known assessed applicable r Isolation Precautions, Appendix A for information about specific pathogens/conditions
Uni Not Not e Guideline for tps://www.co	known assessed applicable r Isolation Precautions, Appendix A for information about specific pathogens/conditions

	e patient is transferred to another facility while on TBP, how does the facility communicate to receiving facilities the need for TBP inuation (select all that apply)?
	Nurse to nurse report/verbal communication
	Interfacility transfer form used
	Culture results are sent in the records
	Through the transporting agency
	Not communicated
	Unknown
	Not assessed
	Other (specify):
"Notify are tran	accepting facilities and the transporting agency about suspected infections and the need for transmission-based precautions when patients sferred."
	Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings (HICPAC) //www.cdc.gov/infection-control/hcp/core-practices/
patients lack of f	s to communicate, both before and after transitions of care, are common and cause significant patient harm. In addition to harming individual spoor coordination between facilities contributes to the spread of antibiotic resistant infections across all healthcare facilities. Furthermore, eedback when a healthcare associated infection (HAI) is identified in a different setting than the one the patient likely acquired the HAI has the all to hinder communicable disease surveillance, prevention, and control activities."
Source	CSTE 16-ID-09 Position Statement: https://cdn.ymaws.com/www.cste.org/resource/resmgr/2016ps/16_ID_09.pdf
need to transfer are the	bectations and desired actions for interfacility communication should be provided to all healthcare facilities to include the data elements that be routinely communicated (e.g., organisms, infection or colonization status, infection control actions), the modes of communication (e.g., forms, verbal, electronic), and documentation to ensure information was communicated and received. In addition, facilities must determine who responsible parties for sending and receiving this information and what role transport personnel play in this process.
	Modified from CSTE 16-ID-09 Position Statement: https://cdn.ymaws.com/www.cste.org/resource/resmgr/2016ps/16_ID_09.pdf
	example interfacility transfer form can be found here: https://www.cdc.gov/healthcare-associated-infections/media/pdfs/interfacility-ier-form-508.pdf
- Clarist	
is recom 14. Does	ities that care for patients/residents for which respirator (N95 or higher-level respirator) use for healthcare personnel mended (e.g. SARS-CoV-2, Tuberculosis): It the facility have a respiratory protection program for healthcare personnel that includes:
14a.	Medical clearance for respirator use
	Yes
	No
	No Unknown
	No
14b	No Unknown
14b	No Unknown Not assessed Respirator use training Yes
14b	No Unknown Not assessed Respirator use training Yes No
14b	No Unknown Not assessed Respirator use training Yes No Unknown
14b	No Unknown Not assessed Respirator use training Yes No
	No Unknown Not assessed Respirator use training Yes No Unknown
	No Unknown Not assessed Respirator use training Yes No Unknown Not assessed Annual Fit testing Yes
	No Unknown Not assessed Respirator use training Yes No Unknown Not assessed Annual Fit testing Yes No
	No Unknown Not assessed Respirator use training Yes No Unknown Not assessed Annual Fit testing Yes

lf	YFS.

14d. Wh	o performs the fit testing?
	Designated person within the facility
	Contracted company: HCP fit tested at the healthcare facility
	Contracted company: HCP fit tested at another site (i.e., at a building run by the contracting company)
	Unknown
	Not assessed Other (specify):
	Other (specify)
protection (2 of toxic mate	protection is broadly regulated by Occupational Safety and Administration (OSHA) under the general industry standard for respiratory 19CFR1910.134) which requires that U.S. employers in all employment settings implement a program to protect employees from inhalation 19 crials. OSHA program components include medical clearance to wear a respirator; provision and use of appropriate respirators, including 19 certified N95 and higher particulate filtering respirators; education on respirator use and periodic re-evaluation of the respiratory 19 crogram."
Source: Gui	deline for Isolation Precautions, page 55: https://www.cdc.gov/infection-control/hcp/isolation-precautions
"The physici hospital doe occupationa For fit testin	an or other licensed healthcare professional (PLHCP) may be a hospital employee but must not be the employee's supervisor. If the s not have internal occupational health services, the PLHCP may be a contracted provider. The best outside sources for such evaluations are I medicine providers or clinics. These clinics provide medical clearance for respirator use and may also provide fit testing services."
properly put	on and take off the respirator."
	os://www.cdc.gov/niosh/docs/2015-117/pdfs/2015-117.pdf?id=10.26616/NIOSHPUB2015117
tasks, and th	earance and fit testing must take place at an offsite location, considerations regarding distance, allotment of time to HCP to complete these e sharing of documentation need to be considered.
	cources: OSHA General Industry Standard 29CFR1910.134: https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134
_	AQs: https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/respsource3fittest.html hcare Respiratory Protection Resources (information on the key requirements necessary for an effective hospital respiratory
	rogram): https://www.cdc.gov/niosh/docs/2015-117/
Yes No Unk	facility have airborne infection isolation rooms (AIIR)? nown assessed
IF <u>YES</u> : Does	the facility have the following elements in place for the maintenance and monitoring of their airborne infection isolation rooms (AIIR)?
	east 6 (for existing facilities) or \geq 12 (for renovated or new construction) air changes per hour depending upon facility age per state licensure rules.
	Yes
	No No
	Unknown Not assessed
15b. Dir	ect exhaust of air to outside. If not possible, all air returned to air handling system or adjacent spaces is directed through
HE	PA filter.
	Yes
	No Unknown
	Not assessed

15c. When in use for patient/resident care, air pressure is monitored daily with visual indicators (e.g., smoke tubes, flutter strips), regardless of the presence of differential pressure sensing devices (e.g., manometers). Yes No Unknown Not assessed
 In acute care hospitals and long-term care settings, place patients who require Airborne Precautions in an AIIR that has been constructed in acute care hospitals and long-term care settings, place patients who require Airborne Precautions in an AIIR that has been constructed in accordance with current guidelines. Provide at least six (existing facility) or 12 (new construction/renovation) air changes per hour. Direct exhaust of air to the outside. If it is not possible to exhaust air from an AIIR directly to the outside, the air may be returned to the airhandling system or adjacent spaces if all air is directed through HEPA filters. Whenever an AIIR is in use for a patient on Airborne Precautions, monitor air pressure daily with visual indicators (e.g., smoke tubes, flutter strips), regardless of the presence of differential pressure sensing devices. Keep the AIIR door closed when not required for entry and exit." Ource: Guideline for Isolation Precautions, page 90: https://www.cdc.gov/infection-control/hcp/isolation-precautions
Notes

Part B. Transmission-Based Precautions (TBP) Facility Observations

This section is intended to guide direct observations of how the facility is implementing many of the policies and practices discussed in Part A. If available, observe at least three rooms under TBP and if possible, observe more than one type of TBP being used (e.g., observe one room under Droplet and one under Contact Precautions). However, the reason for performing the ICAR may also inform where observation time is best spent such as focusing on Contact Precautions rooms in the setting of a multidrug-resistant organism outbreak.

Ideally this section is completed by directly observing this information; however, if this is not possible, interviewing healthcare personnel to obtain this information can also be informative. Whether information was collected through direct observation or via interview should be noted during data collection.

For each observed room, select the type(s) of TBP utilized and then select all the listed elements that are present. An unmarked box should indicate that the element was not present. If an element could not be observed or endorsed by interview of healthcare personnel, this should be indicated in the provided notes section.

Location #1	Unit:	Room:	# occupied beds in room:
Direct obs. of el	ements Intervi	ew of frontline HCP	
TBP Type (select all t	hat apply):		
Contact Dr	oplet Airborne	Enhanced Barrier	Other (specify):
Waste receptace exiting room	ent at entry lies of gowns and glo le readily available for nand sanitizer (ABHS)	ves stocked at room en r doffing PPE prior to is readily available for	If >1 patient or resident in room Clear separation between patient/resident care areas (e.g., a privacy curtain) Personnel doff gown and gloves and clean hands when moving between patients/residents Enough space (3 feet) exists between beds to allow for clinical care to occur from either side of the bed
Waste receptaci immediately up	ent at entry ies of masks stocked a le readily available for	doffing PPE	If >1 patient or resident in room Clear separation between patient/resident care areas (e.g., a privacy curtain) Personnel clean hands when moving between patients/residents Enough space (3 feet) exists between beds to allow for clinical care to occur from either side of the bed
Room door is ke Waste receptac protection outs If reusable supp dedicated area	ent at entry ies of respirators stock ept closed le readily available for	doffing of respiratory are used, there is a fection	If >1 patient or resident in room Clear separation between patient/resident care areas (e.g., a privacy curtain) Personnel clean hands when moving between patients/residents Enough space (3 feet) exists between beds to allow for clinical care to occur from either side of the bed
Signage is prese Adequate suppl Waste receptacl exiting room	ies of gowns and glov le readily available for nand sanitizer (ABHS)	es stocked at room entr	If >1 resident in room Clear separation between resident care areas y (e.g., a privacy curtain) Personnel doff gown and gloves and clean hands when moving between residents Enough space (3 feet) exists between beds to allow for clinical care to occur from either side of the bed
Other (specify):			
type of precaution) Signage is prese Adequate suppl stocked at room Waste receptacl exiting room	ent at entry lies of PPE necessary f n entry e readily available for nand sanitizer (ABHS)		If >1 patient or resident in room Clear separation between patient/resident care areas (e.g., a privacy curtain) Personnel clean hands when moving between patients/residents Enough space (3 feet) exists between beds to allow for clinical care to occur from either side of the bed Other (specify):
lotes			

Location #2	Unit:	Room:	# occupied beds in room:
Direct obs. of e	lements Interv	riew of frontline HCP	
TBP Type (select all	that apply):		
Contact D	roplet Airborne	Enhanced Barrier	Other (specify):
Waste receptade exiting room	ent at entry blies of gowns and glo tle readily available fo hand sanitizer (ABHS)	ves stocked at room en r doffing PPE prior to is readily available for	If >1 patient or resident in room Clear separation between patient/resident care areas (e.g., a privacy curtain) Personnel doff gown and gloves and clean hands when moving between patients/residents Enough space (3 feet) exists between beds to allow for clinical care to occur from either side of the bed
Waste receptac immediately up	ent at entry lies of masks stocked a le readily available fo	r doffing PPE	If >1 patient or resident in room Clear separation between patient/resident care areas (e.g., a privacy curtain) Personnel clean hands when moving between patients/residents Enough space (3 feet) exists between beds to allow for clinical care to occur from either side of the bed
Room door is k Waste receptad protection out: If reusable sup dedicated area	ent at entry lies of respirators stocl ept closed le readily available fo	r doffing of respiratory) are used, there is a nfection	If >1 patient or resident in room Clear separation between patient/resident care areas (e.g., a privacy curtain) Personnel clean hands when moving between patients/residents Enough space (3 feet) exists between beds to allow for clinical care to occur from either side of the bed
Signage is pres Adequate supp Waste receptac exiting room	lies of gowns and glow le readily available fo hand sanitizer (ABHS)	res stocked at room entr	If >1 resident in room Clear separation between resident care areas (e.g., a privacy curtain) Personnel doff gown and gloves and clean hands when moving between residents Enough space (3 feet) exists between beds to allow for clinical care to occur from either side of the bed
Other (specify):			
type of precaution) Signage is pres Adequate supp stocked at roor Waste receptace exiting room	ent at entry slies of PPE necessary n entry ele readily available fo hand sanitizer (ABHS)		If >1 patient or resident in room Clear separation between patient/resident care areas (e.g., a privacy curtain) Personnel clean hands when moving between patients/residents Enough space (3 feet) exists between beds to allow for clinical care to occur from either side of the bed Other (specify):
Notes			

Location #3	Unit:	R	oom:	# occupied beds in room:
Direct obs. of e	lements	Intervie	w of frontline HCP	
TBP Type (select all		A • I	Edward Dodge	0.1((.)
Contact D	Proplet i	Airborne	Enhanced Barrier	Other (specify):
Waste receptace exiting room	ent at entry blies of gowr cle readily av hand sanitiz	is and glove ailable for d	s stocked at room ent offing PPE prior to readily available for	If >1 patient or resident in room Clear separation between patient/resident care areas (e.g., a privacy curtain) Personnel doff gown and gloves and clean hands when moving between patients/residents Enough space (3 feet) exists between beds to allow for clinical care to occur from either side of the bed
Droplet (Select all the Signage is pres Adequate supp Waste receptace immediately up ABHS readily as	ent at entry lies of masks le readily av pon room ex	stocked at r ailable for d it	offing PPE	If >1 patient or resident in room Clear separation between patient/resident care areas (e.g., a privacy curtain) Personnel clean hands when moving between patients/residents Enough space (3 feet) exists between beds to allow for clinical care to occur from either side of the bed
protection out:	sent at entry lies of respira ept closed cle readily av side the roor plies (e.g., PA for cleaning	ators stocked ailable for d m. APR/CAPR) a and disinfe	offing of respiratory re used, there is a ction	If >1 patient or resident in room Clear separation between patient/resident care areas (e.g., a privacy curtain) Personnel clean hands when moving between patients/residents Enough space (3 feet) exists between beds to allow for clinical care to occur from either side of the bed
Waste receptace exiting room	ent at entry lies of gown: le readily av hand sanitize	s and gloves ailable for d	stocked at room entry offing PPE prior to readily available for	If >1 resident in room Clear separation between resident care areas (e.g., a privacy curtain) Personnel doff gown and gloves and clean hands when moving between residents Enough space (3 feet) exists between beds to allow for clinical care to occur from either side of the bed
Other (specify):				
exiting room	ent at entry blies of PPE n n entry tle readily av hand sanitize	ecessary for ailable for d		If >1 patient or resident in room Clear separation between patient/resident care areas (e.g., a privacy curtain) Personnel clean hands when moving between patients/residents Enough space (3 feet) exists between beds to allow for clinical care to occur from either side of the bed Other (specify):
lotes				

Part C. Transmission-Based Precautions Healthcare Personnel (HCP) Observations

This section is intended to guide direct observations of HCP utilizing the necessary PPE by TBP type. Standard Precautions should always be implemented in addition to Transmission-Based Precautions. For example, if inserting a peripheral IV catheter into a patient on Airborne Precautions, gloves (Standard Precautions) in addition to a respirator (Airborne Precautions) should be used and documented by the ICAR facilitator.

In general, these observations should be conducted covertly (i.e., HCP are not aware they are being observed), and the ICAR facilitator should collect as many observations as feasible across a variety of HCP types and care units. While the ICAR facilitator should aim to observe as many of the listed elements as possible, often times, only partial observations can be made such as only observing a HCP don but not doff PPE. However, this can still provide valuable information on overall IPC practices in a facility.

These observations are largely intended for facilities utilizing conventional PPE practices. More information regarding PPE optimization strategies can be found here: https://www.cdc.gov/niosh/topics/pandemic/conserving.html

In addition, the order of listed donning and doffing practice observations are not intended to suggest a specific donning or doffing sequence. A suggested donning and doffing sequence to include ways to doff PPE while limiting self-contamination can be found at the following link: https://www.cdc.gov/healthcare-associated-infections/media/pdfs/PPE-Sequence-P.pdf

f Pre	ecautions:	Hand hy	ygiene (HH) pr	ior to donning	to donning:	
ntac oplet born ner (:	t Standard	Soap No H	hol-rub o and water IH done er (<i>specify</i>):	Not observ	ed	
Is	s PPE donned correctly? Note: The order of observations is r	not intended to	suggest a donn	ing sequence as	this may vary.	
a	Gown fully covers torso from neck to knees, arms to end of wrists, and wrap around back	Yes	No	N/A	Not observed	
b	o) Gown is tied per manufacturer recommendation	Yes	No	N/A	Not observed	
C)	c) Gloves cover the wrist of the gown	Yes	No	N/A	Not observed	
d	l) Eye protection fully covers eyes on all sides	Yes	No	N/A	Not observed	
e	e) Facemask covers nose and mouth	Yes	No	N/A	Not observed	
f)) Respirator fits snugly to face below the chin	Yes	No	N/A	Not observed	
	Select if Not all recommended PPE worn, list mis					
Is	s PPE doffed correctly Note: The order of observations is not	tintended to su	ggest a doffing	sequence as this	s may vary.	
a	 Gloves removed prior to room exit or before moving to a roommate 	Yes	No	N/A	Not observed	
b	 Gloves removed in manner that limited self-contamination 	Yes	No	N/A	Not observed	
C)	 Gown removed prior to room exit or before moving to a roommate 	Yes	No	N/A	Not observed	
d	Gown removed in a manner that limited self-contamination	Yes	No	N/A	Not observed	
е	e) Eye protection is removed by handling head band or earpieces	Yes	No	N/A	Not observed	
f)) Facemask is removed by touching only the straps	Yes	No	N/A	Not observed	
g	 Respirator is removed by pulling bottom strap over head, followed by top strap after room exit 	Yes	No	N/A	Not observed	
	land hygiene (HH) after doffing PPE:					
Н	Alcohol-rub Soap and water No HH do	one N	Not observed			
Н	•					
Н	Other (specify):					

of Precaut	ions:			Hand hy	/giene (HH) pri	or to donning	•
Contact Oroplet Airborne Other (<i>speci</i>	Enhanced Bar Standard fy):	rier		Alcol Soap No H	hol-rub and water IH done er (s <i>pecify</i>):	Not observ	
Is PPE	donned correctly	? Note: The order of ob	servations is not ii	ntended to	suggest a donni	ng sequence as	this may vary.
		rso from neck to knees, , and wrap around bac		Yes	No	N/A	Not observed
b) Go	wn is tied per mar	ufacturer recommend	ation	Yes	No	N/A	Not observed
c) Glo	ves cover the wris	t of the gown		Yes	No	N/A	Not observed
d) Eye	protection fully c	overs eyes on all sides		Yes	No	N/A	Not observed
e) Fac	emask covers nos	e and mouth		Yes	No	N/A	Not observed
f) Re	spirator fits snugly	to face below the chin	1	Yes	No	N/A	Not observed
	elect if Not all re	ecommended PPE we	orn, list missing	items:			
	•	Note: The order of obser		ended to su	ggest a doffing s	equence as thi	s may vary.
mo	ving to a roomma	te		Yes	No	N/A	Not observed
sel	f-contamination	anner that limited		Yes	No	N/A	Not observed
	wn removed prior oving to a roomma	to room exit or before ate		Yes	No	N/A	Not observed
-	wn removed in a r f-contamination	nanner that limited		Yes	No	N/A	Not observed
	e protection is rem ad band or earpied			Yes	No	N/A	Not observed
f) Fac	emask is removed	by touching only the	straps	Yes	No	N/A	Not observed
		d by pulling bottom str by top strap after room		Yes	No	N/A	Not observed
Hand	hygiene (HH) afte	er doffing PPE:					
	cohol-rub :her (<i>specify</i>):	Soap and water	No HH done	١	lot observed		
es							

Is PPE donned coarms to end of b) Gown is tied p c) Gloves cover to d) Eye protection e) Facemask cover f) Respirator fits Select if No Is PPE doffed corresponding to a recommon to a recommendation to a recommon to a recommendation to a recommon to a recommendation to a recommenda	correctly? Note: The order of observers torso from neck to knees, of wrists, and wrap around back per manufacturer recommend the wrist of the gown on fully covers eyes on all sides wers nose and mouth as snugly to face below the chir ot all recommended PPE were or the prior to room exit or before the prior to room exit or before the commended prior to room exit or before the commended prior to room exit or before the prior th	servations is not intend , , k Yes lation Yes Yes Yes orn, list missing iten	No No No No No No	N/A N/A N/A N/A N/A	
a) Gown fully covarms to end of on arms to end of on arms to end of on the cover to d) Eye protection e) Facemask cover to d) Eye protection e) Facemask cover to d) Respirator fits Select if No and the covariant of the covarian	overs torso from neck to knees, of wrists, and wrap around back per manufacturer recommend the wrist of the gown on fully covers eyes on all sides wers nose and mouth as snugly to face below the chir ot all recommended PPE we correctly Note: The order of observed prior to room exit or before roommate	k Yes lation Yes Yes Yes Yes Orn, list missing iten rvations is not intended	No No No No No No	N/A N/A N/A N/A N/A	Not observed Not observed Not observed Not observed
arms to end of b) Gown is tied p c) Gloves cover t d) Eye protection e) Facemask cove f) Respirator fits Select if No Is PPE doffed cor a) Gloves remove moving to a re b) Gloves remove self-contamina c) Gown remove moving to a re d) Gown remove self-contamina e) Eye protection head band or	of wrists, and wrap around back per manufacturer recommend the wrist of the gown on fully covers eyes on all sides wers nose and mouth as snugly to face below the chir ot all recommended PPE we prectly Note: The order of observed and prior to room exit or before the prior to room exit or before	k Yes lation Yes Yes Yes Yes n Yes orn, list missing iten rvations is not intended	No No No No No	N/A N/A N/A N/A	Not observed Not observed Not observed Not observed
c) Gloves cover to d) Eye protection e) Facemask cove f) Respirator fits Select if No Is PPE doffed cor a) Gloves remove moving to a re b) Gloves remove self-contaming c) Gown remove moving to a re d) Gown remove self-contaming e) Eye protection head band or	the wrist of the gown on fully covers eyes on all sides wers nose and mouth s snugly to face below the chir ot all recommended PPE we orrectly Note: The order of observed prior to room exit or before roommate	Yes Yes Yes n Yes orn, list missing iten rvations is not intended	No No No No	N/A N/A N/A N/A	Not observed Not observed Not observed
d) Eye protection e) Facemask cove f) Respirator fits Select if No Is PPE doffed cor a) Gloves remove moving to a re b) Gloves remove self-contamina c) Gown remove moving to a re d) Gown remove self-contamina e) Eye protection head band or	on fully covers eyes on all sides eyers nose and mouth is snugly to face below the chir ot all recommended PPE we have a side of the commended price to room exit or before roommate	Yes Yes Yes Yes Orn, list missing iten rvations is not intended	No No No	N/A N/A N/A	Not observed Not observed
e) Facemask covers f) Respirator fits Select if No Is PPE doffed core a) Gloves remove moving to a result. b) Gloves remove self-contaminate of Gown remove self-contaminate. e) Eye protection head band or self-contaminate.	vers nose and mouth s snugly to face below the chir ot all recommended PPE we orrectly Note: The order of observed prior to room exit or before roommate	Yes n Yes orn, list missing iten rvations is not intendea	No No	N/A N/A	Not observed
f) Respirator fits Select if No Is PPE doffed cor a) Gloves remove moving to a ro b) Gloves remove self-contamina c) Gown remove moving to a ro d) Gown remove self-contamina e) Eye protection head band or	or all recommended PPE was all recommended PPE was a series of the order of observed prior to room exit or before roommate	n Yes orn, list missing iten rvations is not intendea	No ns:	N/A	
Is PPE doffed cor a) Gloves remove moving to a re b) Gloves remove self-contamina c) Gown remove moving to a re d) Gown remove self-contamina e) Eye protection head band or	or all recommended PPE we or all recommended	orn, list missing iten	ns:		Not observed
 Is PPE doffed cor a) Gloves remove moving to a ro b) Gloves remove self-contamina c) Gown remove moving to a ro d) Gown remove self-contamina e) Eye protection head band or 	orrectly Note: The order of observed prior to room exit or before roommate	rvations is not intendea			
 a) Gloves remove moving to a result of the self-contaminate of the se	ved prior to room exit or before roommate		to suggest a doffing		
moving to a roself-contaminate b) Gloves remove self-contaminate d) Gown remove self-contaminate) Eye protection head band or self-contaminate band or self-contaminate d)	roommate	Δ		sequence as this	s may vary.
c) Gown remove moving to a re d) Gown remove self-contamina e) Eye protection head band or		Yes	No	N/A	Not observed
moving to a re d) Gown remove self-contamina e) Eye protection head band or a		Yes	No	N/A	Not observed
self-contamina e) Eye protection head band or		Yes	No	N/A	Not observed
head band or		Yes	No	N/A	Not observed
	•	Yes	No	N/A	Not observed
	removed by touching only the	·	No	N/A	Not observed
	removed by pulling bottom sti llowed by top strap after room		No	N/A	Not observed
Hand hygiene (H Alcohol-rub	HH) after doffing PPE: Soap and water	No HH done	Not observed		
Other (specify	fy):				

	ns:			Hand hy	/giene (HH) pri	or to donning:	:
ntact oplet borne her (<i>specify</i>):	Enhanced Bar Standard	rrier		Soap No H	hol-rub and water H done r (specify):	Not observ	ed
Is PPE do	nned correctly	? Note: The order of obs	servations is not ii	ntended to	suggest a donni	ng sequence as	this may vary.
		rso from neck to knees, , and wrap around bac		Yes	No	N/A	Not observed
b) Gown	is tied per mar	nufacturer recommend	ation	Yes	No	N/A	Not observed
c) Glove	s cover the wris	st of the gown		Yes	No	N/A	Not observed
d) Eye pı	otection fully o	overs eyes on all sides		Yes	No	N/A	Not observed
e) Facen	nask covers nos	e and mouth		Yes	No	N/A	Not observed
f) Respi	rator fits snugly	to face below the chin	1	Yes	No	N/A	Not observed
Sele	ect if Not all re	ecommended PPE wo	orn, list missing	items:			
	•	Note: The order of obser		ended to su	ggest a doffing s	sequence as this	s may vary.
movir	ng to a roomma		2	Yes	No	N/A	Not observed
self-co	ontamination	anner that limited		Yes	No	N/A	Not observed
movi	ng to a roomm			Yes	No	N/A	Not observed
self-co	ontamination	manner that limited		Yes	No	N/A	Not observed
head	band or earpied			Yes	No	N/A	Not observed
f) Facen	nask is removed	by touching only the	straps	Yes	No	N/A	Not observed
		d by pulling bottom str by top strap after room		Yes	No	N/A	Not observed
Hand hy	giene (HH) afte	er doffing PPE:					
	nol-rub r (<i>specify</i>):	Soap and water	No HH done	١	lot observed		
	() · · · //·						
;							

Precaution	ns:			Hand hy	giene (HH) pri	ior to donning:	
ntact plet porne	Enhanced Ba Standard	ırrier		Alcol Soap No H	nol-rub and water H done r (<i>specify</i>):	Not observed	d
Is PPE do	onned correctl	y? Note: The order of ob	servations is not i	ntended to :	suggest a donn	ing sequence as ti	his may vary.
		rso from neck to knees s, and wrap around bac		Yes	No	N/A	Not observed
b) Gowr	is tied per ma	nufacturer recommend	lation	Yes	No	N/A	Not observed
c) Glove	s cover the wri	st of the gown		Yes	No	N/A	Not observed
d) Eye p	rotection fully	covers eyes on all sides		Yes	No	N/A	Not observed
e) Facen	nask covers no:	se and mouth		Yes	No	N/A	Not observed
f) Respi	rator fits snugly	y to face below the chir	า	Yes	No	N/A	Not observed
Sele	ect if Not all r	ecommended PPE w	orn, list missing	items:			
Is PPE do	offed correctly	Note: The order of obse	rvations is not inte	ended to su	ggest a doffing	sequence as this i	nay vary.
movii	ng to a roomm		e	Yes	No	N/A	Not observed
self-c	ontamination	nanner that limited		Yes	No	N/A	Not observed
movi	ng to a roomm			Yes	No	N/A	Not observed
self-c	ontamination	manner that limited		Yes	No	N/A	Not observed
	rotection is ren band or earpie	noved by handling ces		Yes	No	N/A	Not observed
f) Facen	nask is remove	d by touching only the	straps	Yes	No	N/A	Not observed
		d by pulling bottom st by top strap after room		Yes	No	N/A	Not observed
•	giene (HH) aft nol-rub	er doffing PPE: Soap and water	No HH done	Ņ	lot observed		
Othe	r (specify):						

b) Gown is tied per manufacturer recommendation Yes No N/A Not observer c) Gloves cover the wrist of the gown Yes No N/A Not observer d) Eye protection fully covers eyes on all sides Yes No N/A Not observer e) Facemask covers nose and mouth Yes No N/A Not observer f) Respirator fits snugly to face below the chin Yes No N/A Not observer Select if Not all recommended PPE worn, list missing items: Is PPE doffed correctly Note: The order of observations is not intended to suggest a doffing sequence as this may vary. a) Gloves removed prior to room exit or before moving to a roommate Yes No N/A Not observer b) Gloves removed in manner that limited self-contamination Yes No N/A Not observer c) Gown removed prior to room exit or before moving to a roommate Yes No N/A Not observer d) Gown removed in a manner that limited self-contamination Yes No N/A Not observer e) Eye protection is removed by handling head band or earpieces Yes No N/A Not observer f) Facemask is removed by touching only the straps Yes No N/A Not observer g) Respirator is removed by pulling bottom strap	ontact Enhanced Barrier roplet Standard Soap and water roplet Standard Soap and water roplet Standard Soap and water thorne ther (specify): Is PPE donned correctly? Note: The order of observations is not intended to suggest a donning sequence as this may vary. a) Gown fully covers torso from neck to knees, arms to end of wrists, and wrap around back Yes No N/A Not observed b) Gown is tied per manufacturer recommendation Yes No N/A Not observed d) Eye protection fully covers eyes on all sides Yes No N/A Not observed e) Facemask covers nose and mouth Yes No N/A Not observed e) Facemask covers nose and mouth Yes No N/A Not observed f) Respirator fits snugly to face below the chin Yes No N/A Not observed Select if Not all recommended PPE worn, list missing items: Is PPE doffed correctly Note: The order of observations is not intended to suggest a doffing sequence as this may vary. a) Gloves removed prior to room exit or before moving to a roommate Yes No N/A Not observed self-contamination Yes No N/A Not observed of Gown removed prior to room exit or before moving to a roommate Yes No N/A Not observed d) Gown removed prior to room exit or before moving to a roommate Yes No N/A Not observed d) Gown removed prior to room exit or before moving to a roommate Yes No N/A Not observed d) Gown removed prior to room exit or before moving to a roommate Yes No N/A Not observed d) Gown removed by to public placed by handling head band or earpieces Yes No N/A Not observed f) Facemask is removed by touching only the straps Yes No N/A Not observed g) Respirator is removed by touching only the straps Yes No N/A Not observed g) Respirator is removed by touching only the straps Yes No N/A Not observed g) Respirator is removed by touching only the straps Yes No N/A Not observed g) Respirator is removed by touching only the straps Yes No N/A Not observed g) Respirator is removed by touching only the straps Yes No N/A Not observed Other (specify):
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Alcohol-rub Soap and water No HH done Not observed	Alcohol-rub Soap and water No HH done Not observed Other (specify):
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NOTE: This Section is Intended to be Used for a Targeted Assessment Of Practices in Outpatient Healthcare Facilities

Part D: Targeted Assessment Of Practices in Outpatient Healthcare Facilities

nt	ervie	ew Questions
۱.	Desc	ribe how the facility identifies potentially infectious persons at initial points of patient encounter and determines the need for TBP.
р	recauti	p and implement systems for early detection and management (e.g., use of appropriate infection control measures, including isolation ions, personal protective equipment [PPE]) of potentially infectious persons at initial points of patient encounter in outpatient settings age areas, emergency departments, outpatient clinics, physician offices)." I.B.9.
		Guideline for Isolation Precautions, page 77: https://www.cdc.gov/infection-control/hcp/isolation-precautions
		es of clinical conditions (e.g., rash, respiratory symptoms, acute diarrhea) warranting empiric Transmission-Based Precautions are addressed s://www.cdc.gov/infection-control/hcp/isolation-precautions/appendix-a-table-2.html
2.	How	does the facility ensure PPE is always readily available at point of use (select all that apply)?
	ı	Designated personnel are assigned this task
		Personnel caring for the patient restock their supplies as needed
		Supervisors or charge nurses restock supplies as needed Other (<i>specify</i>):
		Unknown
		Not assessed
o fo	bjectiv or main upplies	care organizations can demonstrate a commitment to preventing transmission of infectious agents by incorporating infection control into the es of the organization's patient and occupational safety programsA key administrative measure is provision of fiscal and human resources staining infection control and occupational health programs that are responsive to emerging needs. Specific components includeadequate and equipment including facility ventilation systems." Guideline for Isolation Precautions, page 43: https://www.cdc.gov/infection-control/hcp/isolation-precautions
ı	Notes	
L		
		atient facilities that care for patients for which respirator (N95 or higher-level respirator) use for healthcare personnel mended (e.g. SARS-CoV-2, Tuberculosis):
3.	Does	the facility have a respiratory protection program for healthcare personnel that includes:
	3a.	Medical clearance for respirator use
		Yes
		No
		Unknown
		Not assessed
	3b.	Respirator use training
		Yes
		No Unknown
		Not assessed
	3c.	Annual Fit testing
	JC.	Annual Fit County

Yes No Unknown Not assessed If YES:

3d.	Who	performs	the	fit t	estina?
Ju.	VVIIO	Dellollis	uie	HIL L	esunu:

Designated person within the facility

Contracted company: HCP fit tested at the healthcare facility

Contracted company: HCP fit tested at another site (i.e., at a building run by the contracting company)

Other (specify):

Unknown

Not assessed

"Respiratory protection is broadly regulated by Occupational Safety and Administration (OSHA) under the general industry standard for respiratory protection (29CFR1910.134) which requires that U.S. employers in all employment settings implement a program to protect employees from inhalation of toxic materials. OSHA program components include medical clearance to wear a respirator; provision and use of appropriate respirators, including fit-tested NIOSH-certified N95 and higher particulate filtering respirators; education on respirator use and periodic re-evaluation of the respiratory protection program."

Source: Guideline for Isolation Precautions, page 55: https://www.cdc.gov/infection-control/hcp/isolation-precautions

For medical clearance:

"The physician or other licensed healthcare professional (PLHCP) may be a hospital employee but must not be the employee's supervisor. If the hospital does not have internal occupational health services, the PLHCP may be a contracted provider. The best outside sources for such evaluations are occupational medicine providers or clinics. These clinics provide medical clearance for respirator use and may also provide fit testing services."

For fit testing:

"Fit testing must be performed by an individual knowledgeable in respiratory protection, and qualified to follow the protocol and train the employee to properly put on and take off the respirator."

Source: https://www.cdc.gov/niosh/docs/2015-117/pdfs/2015-117.pdf?id=10.26616/NIOSHPUB2015117

If medical clearance and fit testing must take place at an offsite location, considerations regarding distance, allotment of time to HCP to complete these tasks, and the sharing of documentation need to be considered.

Additional sources:

Motoc

OSHA General Industry Standard 29CFR1910.134: https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.134

Fit Testing FAQs: https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/respsource3fittest.html

NIOSH Healthcare Respiratory Protection Resources (information on the key requirements necessary for an effective hospital respiratory protection program): https://www.cdc.gov/niosh/npptl/hospresptoolkit/default.html

votes
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4. Do	es the facility have airborne infection isolation rooms (AIIR)? Yes No Unknown Not assessed
	Does the facility have the following elements in place for the maintenance and monitoring of their airborne infection isolation rooms (AIIR). At least 6 (for existing facilities) or ≥ 12 (for renovated or new construction) air changes per hour depending upon facility age or per state licensure rules. Yes No Unknown Not assessed
4b	Direct exhaust of air to outside. If not possible, all air returned to air handling system or adjacent spaces is directed through HEPA filter. Yes No Unknown Not assessed
4 c.	 When in use for patient/resident care, air pressure is monitored daily with visual indicators (e.g., smoke tubes, flutter strips), regardles of the presence of differential pressure sensing devices (e.g., manometers). Yes No Unknown Not assessed
with c P D Sy W K	tute care hospitals and long-term care settings, place patients who require Airborne Precautions in an AllR that has been constructed in accordance current guidelines. Trovide at least six (existing facility) or 12 (new construction/renovation) air changes per hour. Direct exhaust of air to the outside. If it is not possible to exhaust air from an AllR directly to the outside, the air may be returned to the air-handling system or adjacent spaces if all air is directed through HEPA filters. Whenever an AllR is in use for a patient on Airborne Precautions, monitor air pressure daily with visual indicators (e.g., smoke tubes, flutter strips), egardless of the presence of differential pressure sensing devices. Geep the AllR door closed when not required for entry and exit." The extra care hospitals and AllR that has been constructed in accordance current guidelines.
Not	es

Part E. Observation of PPE use as part of Standard and Transmission-Based Precautions in Outpatient Settings

Standard Precautions should always be implemented in addition to Transmission-Based Precautions. For example, if inserting a peripheral IV catheter into a patient on Airborne Precautions, gloves (Standard Precautions) in addition to a respirator (Airborne Precautions) should be used and documented by the ICAR facilitator.

Conduct as many observations as possible during visit.

In general, the ICAR facilitator should conduct these observations without notifying the healthcare worker that they are being observed. Ideally all questions are completed but partial observations can still be useful. These observations are intended for facilities utilizing conventional PPE capacity (https://www.cdc.gov/niosh/topics/pandemic/conserving.html).

of Precautions:	Hai	nd hygiene (HH) p	rior to donnin	g:
Contact Standard Droplet Nirborne Other (<i>specify</i>):		Alcohol-rub Soap and water No HH done Other (<i>specify</i>):	Not obse	rved
Is PPE donned correctly? Note: The order of	observations is not intendea	to suggest a donni	ing sequence as	this may vary.
a) Gown fully covers torso from neck to kne arms to end of wrists, and wrap around b		No	N/A	Not observed
b) Gown is tied per manufacturer recomme	ndation Yes	No	N/A	Not observed
c) Gloves cover the wrist of the gown	Yes	No	N/A	Not observed
d) Eye protection fully covers eyes on all sid	es Yes	No	N/A	Not observed
e) Facemask covers nose and mouth	Yes	No	N/A	Not observed
f) Respirator fits snugly to face below the cl	hin Yes	No	N/A	Not observed
				
Is PPE doffed correctly Note: The order of ob a) Gloves removed prior to room exit				
Is PPE doffed correctly Note: The order of oba) Gloves removed prior to room exitb) Gloves removed in manner that limited	servations is not intended to Yes	suggest a doffing s	sequence as thi	s may vary. Not observed
a) Gloves removed prior to room exitb) Gloves removed in manner that limited self-contamination				Not observed
a) Gloves removed prior to room exitb) Gloves removed in manner that limited	Yes	No	N/A	Not observed
a) Gloves removed prior to room exitb) Gloves removed in manner that limited self-contamination	Yes Yes	No No	N/A N/A	Not observed
 a) Gloves removed prior to room exit b) Gloves removed in manner that limited self-contamination c) Gown removed prior to room exit d) Gown removed in a manner that limited 	Yes Yes Yes	No No No	N/A N/A N/A	Not observed Not observed Not observed
 a) Gloves removed prior to room exit b) Gloves removed in manner that limited self-contamination c) Gown removed prior to room exit d) Gown removed in a manner that limited self-contamination e) Eye protection is removed by handling 	Yes Yes Yes Yes Yes	No No No	N/A N/A N/A	Not observed Not observed Not observed Not observed
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self-contamination Yes No N/A No c) Gown removed prior to room exit Yes No N/A No d) Gown removed in a manner that limited self-contamination Yes No N/A No e) Eye protection is removed by handling head band or earpieces Yes No N/A No f) Facemask is removed by touching only the straps Yes No N/A No g) Respirator is removed by pulling bottom strap over head, followed by top strap after room exit Yes No N/A No Hand hygiene (HH) after doffing PPE Alcohol-rub Soap and water No HH done Not observed Other (specify):	lot observed
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self-contamination Yes No N/A No e) Eye protection is removed by handling head band or earpieces Yes No N/A No f) Facemask is removed by touching only the straps Yes No N/A No g) Respirator is removed by pulling bottom strap over head, followed by top strap after room exit Yes No N/A No Hand hygiene (HH) after doffing PPE Alcohol-rub Soap and water No HH done Not observed Other (specify):	lot observed
head band or earpieces Yes No N/A No f) Facemask is removed by touching only the straps Yes No N/A No g) Respirator is removed by pulling bottom strap over head, followed by top strap after room exit Yes No N/A No Hand hygiene (HH) after doffing PPE Alcohol-rub Soap and water No HH done Not observed Other (specify):	lot observed
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